

Patient Testimonial

Once An Athlete, Always An Athlete *By: William Best*

I've been an athlete all my life, but at age 69 I was beginning to find it hard to do some of the activities I had grown fond of doing. This included skiing, horseback riding and golf. Osteoarthritis in my hip had begun to restrict my ability to twist. While there was no particular pain, there was restricted movement. This caused skiing to deteriorate, as the hip would not rotate adequately. It was becoming difficult for me to ride horses as well. And golf.....well, let's not discuss that disappointment. But here's my story.....

Recently, my wife had a total hip arthroplasty with Dr. Rafael Sierra at Mayo Rochester, which turned out really well, so we went in to discuss the possibilities of a hip replacement for me. At the meeting, we discussed the need for the hip replacement and, in particular, the approach to the procedure (anterior versus posterior). The anterior approach seems to be the more preferred choice these days, but with that, is a small potential to do damage to the nerve bundle located near the incision. However, the recovery time for the anterior approach is 1-2 weeks quicker. I decided on the posterior approach, since the small risk of nerve damage was not worth the shorter recovery period in my mind.

Another consideration is leg length. Normally, the operative leg is intentionally left a bit longer (up to one centimeter), as this helps to prevent potential dislocation during rehab. However, even this small amount would impact skiing. Thus, close measurements were taken to ensure equal leg length for me. The procedure was scheduled, and everything went according to plan. With little pain, I was released from the hospital in 36 hours. Please note, this procedure was done prior to the CMS acceptance of doing the procedure in an ambulatory surgery center (ASC), where a patient can be released the same day. I had little pain and was able to control what pain there was with regular Tylenol.

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I came back for a checkup and wanted some rehab exercises to get me ready for the next ski season. Many orthopaedic surgeons will not prescribe any rehab exercises, as they are not needed for day-to-day activities. But skiing at Jackson Hole requires a bit more. So, I was given an exercise routine, by a Mayo therapist (who just happened to be the rehab therapist for the Minnesota Vikings). Needless to say, the routine was strenuous, but it got me ready for the next ski season. These days, I am skiing 45-50 days annually on the black diamond runs, in Jackson Hole and riding horses, but regrettably my golf game has not improved. If you are considering a total hip replacement, I would have a few recommendations (*my opinion only*):

- Seriously consider the posterior approach versus anterior approach. For me, a couple of extra weeks of rehab was not worth the potential damage to the nerve bundle (while rare, it can happen)
- Pay special attention to the anesthesia combination you will receive, understand your pain threshold, and minimize pain relievers.
- While many doctors will tell you that rehab is not critical in THA, I found that the extra rehab exercises seriously improved my skiing and horseback riding.
- Lose some weight. I dropped ten pounds before the operation. This reduces stress on the joints, and results in better outcomes.

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On another topic, I am concerned for seniors like myself who are experiencing the continual reduction of CMS reimbursement for THA and TKA procedures. It is becoming non-economic for doctors to perform such procedures and they will likely begin to restrict their Medicare/Medicaid patients and some already have. In recent years, the increasing demands for Electronic Health Records, increased productivity, and limited bundled payments have put further pressures on the cost of care, while revenue continues to decline, even in an inflationary environment.

In some settings, the cost of a total hip or total knee procedure exceeds the revenue that the hospital/doctor receives from Medicare. Given this situation, in the future, more doctors will likely opt out of caring for Medicare/Medicaid patients. Given the already constrained supply of orthopaedic surgeons, eventually, such procedures may become rationed by CMS, as they are in Canada and the UK. I can even imagine a situation where CMS applies triage standards to who can get these life enhancing and changing procedures. As seniors, this would have a devastating impact on our overall health and well-being. If you agree with this message and would like total joint replacement surgeries to continue without possible restricted access to care or rationing, please spread the word!