

# Tiny Cut Means Less Pain, Quicker Recovery

BY KAAREN VALENTA

A local orthopedic surgeon is pioneering minimally invasive hip replacement surgery, a technique designed to produce less pain and blood loss, a smaller scar, and most importantly, a quicker recovery. Robert Deveney, MD, is one of a handful of surgeons across the country that is using the new technique. "I use a three- to four-inch incision, at most, rather than the traditional eight- to ten-inch incision," he said. "It is much less invasive."

Dr Deveney has been performing surgery at Danbury Hospital for the past 14 years. During that time he began to develop techniques for minimally invasive hip replacement surgery, and has incorporated it into his practice during the past year and a half. "I've seen a tremendous benefit for the patients and definitely feel that this type of surgery will become the standard," he said. "Rehabilitation is greatly improved. A patient recovers much more quickly, and much more comfortably." His patients agree.

Joyce Buttikofer, who will be 70 next month, is delighted with the results. "It was really amazing," she said. "I was up out of bed the day after the operation and was surprised that there was so little pain. I only had some restlessness the first couple of nights because I was stuck in one position while I slept, but I had no pain at all during the day." She had been especially concerned about use of blood transfusions during surgery. "I am a Jehovah Witness which meant the blood issue was important," she said. "I cannot have stored blood. But there was very little blood loss with this surgery." Always an active woman, it was only in recent years that she began to be disabled by pain. "Five years ago I was walking a couple of miles a day with friends," she said. "Then I developed a pain in the groin area. My sister had a hip replacement, so I don't know if it is genetic, but I got progressively worse until I was referred to Dr Deveney. By that point walking was so painful I was using a cane and leaning on the grocery cart for support when I shopped." She underwent hip replacement surgery on December 9 at Danbury Hospital and within a few days was transferred to Bethel Health Care for rehabilitation. "The nurses at the hospital and at Bethel Health Care kept telling me what a small incision I had," she said. "Until then, I didn't realize that it was different. They told me I was on a fast track as soon as I went into therapy and they were right. I came home the day before Christmas. My hip is healing very nicely. I was very pleased with the surgery and I'd recommend it highly," she said.

An attending physician at Danbury Hospital, Dr Deveney is in private practice at Danbury Orthopedic Associates, PC. In an interview at his office at 228 White Street, he said the minimally invasive hip replacement surgery is a little more difficult to do, but it has so many advantages for the patient that he expects that eventually surgeons everywhere will be using it whenever possible. "It enables patients to recover much more independence much more quickly," he said. "Their ability to ambulate is much improved." But surgeons will have to learn how to do the surgery. "It is partly a change in technique and partly a change in instrumentation," Dr Deveney said, displaying an array of instruments that are significantly smaller than those traditionally used. The hip socket is shaped like a ball and a cup, he said. "I like to explain that it resembles a tennis ball and a teacup. Invert the tea cup upside down and put the tennis ball into it." The "ball," that section of bone at the top of the leg bone, or femur, is removed first. Then the acetabulum, or socket, is prepared to receive the new cup. The cartilage is removed from the acetabulum using a special reamer, which forms the bone in a hemispherical shape to exactly fit the new ball. The ball is attached to a tapered stem that will slide inside a hollowed-out section of the femur. The ball and stem generally are metal, although some prosthesis have a ceramic ball attached to the metal stem. The cup is a



*Orthopedic surgeon Robert Deveney is pioneering minimally invasive hip replacement surgery at Danbury Hospital. A Newtown resident, he has been in practice at Danbury Orthopedic Associates for the past 14 years. --Bee Photos, Valenta*

metal shell with an extremely tough plastic inner socket liner that acts like a bearing. Prosthesis may be either cemented -- held in place by a type of epoxy cement that attaches the metal to the bone -- or uncemented, which uses a fine mesh of holes on the surface area that touches the bone, allowing the bone to grow into the mesh and become "part of" the bone.

Dr Deveney said that although the same basic procedures are done in all hip replacement surgery, the smaller incision and the development of smaller instruments is the key to his minimally invasive procedure technique. "Surgeons don't need specialized instruments. They can use the standard instruments. But I've come up with modifications that allow me to do it more easily," he said, explaining that an instrument manufacturer then made prototypes for him to use. For years manufacturers also custom-made the hip replacement parts individually for each patient, using x-rays to size them, but now surgeons have a large selection of ready-made sizes available when they begin the surgery. "This is better because sometimes when they are in surgery, it turns out that a slightly different size or length is more appropriate for the patient, and now these are already in the operating room," Dr Deveney said.

Many of the surgeries that Dr Deveney does are revisions, hip replacements that have worn out and have to be replaced. "The newer materials are supposed to last much longer," he said. "Today they can last 20 years. As time goes on, with improvements of design and materials, they may last a lifetime. We will have to wait and see." While the number of revisions may decrease, the number of new hip replacements continues to increase as the population ages and hip joints degenerate from conditions such as osteoarthritis, commonly referred to as "wear and tear arthritis." Approximately 300,000 hip replacements are done annually, with projections for as many as 600,000 a year by 2015.

"The baby boomers are coming of age," Dr Deveney said. "There is a huge populace moving into their 50s, 60s, and 70s and hip replacements will continue as the population ages. "But the operations are by no means age-specific," he said. "I operate on people from their 30s to their 90s. Often it's because of motor vehicle accidents or falls, sometimes because of congenital problems." "So many patients will live with pain for a long time before having surgery -- the fear factor," he said. "But often what they fear is so different from the reality. After the surgery they often say, 'if I had known it would be this easy, I would have done it earlier.'" Dr Deveney said he cannot say with 100 percent certainty that he can do minimally invasive surgery on a patient, but in the few cases that it is not possible, he usually can still do the surgery with a much smaller incision. "My goal is to give a functional, painless hip replacement, and I wouldn't do anything to compromise the end result," he said.

A native of Long Island, Dr Deveney is a graduate of Adelphi University and the State University of New York. He was fellowship-trained in a five-year residency program at Roosevelt Hospital and the New York Orthopaedic Hospital at Columbia Presbyterian Medical Center. He followed this with an extra year of training in adult reconstructive surgery at Piedmont Hospital at the Emory University School of Medicine in Atlanta, Ga. During those years he also taught at Columbia University and Emory. He is board-certified in orthopedic surgery, a fellow of the American Academy of Orthopaedic Surgeons and a diplomat of the National Board of Medical Examiners. He lives in Newtown with his wife and three children.