

Improving Lives and Outcomes

How Orthopedic Surgery is Solving Problems



Now that minimally invasive procedures are the norm, patients are recovering more quickly from orthopedic injuries and illnesses. Learn how far the field has come, how greatly patients' lives are impacted by successful surgeries, and where orthopedics research is headed.

By Lindsey Gapen, managing editor

When the Doctor Becomes the Patient

Dr. John Daniels, an orthopedic surgeon at OrthoIllinois, has operated on thousands of patients throughout his career. But not even that could fully prepare him to be on the other side of the operating table.

“I’m 56 years old, and I have a condition called hip dysplasia,” says Daniels, who subspecializes in hip and knee reconstruction. “This is a condition where the ball doesn’t fully fit into the socket of your hip. Patients with hip dysplasia generally develop pretty significant, painful symptoms in their 50s.”

Before experiencing ongoing pain in his hip, Daniels was very active. He’d climb mountains, run triathlons and even run marathons. But suddenly it got to a point where he couldn’t walk across a parking lot without needing a pain medication like Advil or Aleve. It was a huge impedance on his lifestyle. Something needed to change.

“The pain of arthritis and hip dysplasia tends to come and go, and I think that’s why patients wait to get an operation,” Daniels says. “You can be in a lot of pain one day, and then all of a sudden you’re fine. But ultimately, it just continues to get worse.”

Now that replacement joints are lasting longer, the days of waiting as long as possible to undergo an operation are long gone. Daniels underwent a total-hip replacement procedure and was back to work within six weeks. Now, four months later, he's back to walking three to five miles a day, riding his bike regularly and playing golf. He's hoping to play tennis again soon.

People oftentimes ask him how he knew it was time to get the operation.

"I usually run through five scenarios with patients," Daniels says. "Are you having pain most days of the week? Does the pain get over a five or a six? Do you need medications? Does it bother you at night? And have you had conservative treatment that failed? If you answer yes to those things, if your lifestyle revolves around your hip or knee, then you're becoming a candidate to get your hip or knee replaced."



John Daniels, MD
*Hip & Knee Joint
Replacement Specialist*

When it comes to hip and knee reconstruction, Daniels says there are four improvements that have made the procedures less intrusive.

The first improvement is seen in anesthetics.

"There are nerve-block techniques where you can numb the patient's leg without taking away their function," Daniels says. "Therefore, their pain is controlled postoperatively and we don't have to use as many opioids."

Second, when it comes to surgery, orthopedists have refined their approaches. "We're using smaller incisions for less muscle and tendon disruption," Daniels says.

Third, the sizes of hip and knee implants have improved. "We've asked manufacturers to give us

more sizes and shapes to better fit the bone," Daniels says. "Imagine your shoe being a size nine instead of a 9.5. That's where we were 10-15 years ago. And now, there are so many options in modularity that we can really get a much better fit for the patient."

Finally, advanced technology has come into play. For example, a device called OrthoCenter can give surgeons live feedback during a total knee replacement procedure.

Now that he's had his own hip replaced, Daniels has a new appreciation for his patients.

"It's amazing," he says. "You really realize how much trust patients have in you. Even though I've done thousands of these operations, there's still the element of the unknown. That's why I think patients are afraid. But, almost every patient will tell you after their surgery that they're so glad they did it, and they should have done it sooner. I hear that all the time."