

Avoiding Knee Surgery



FHCN PHOTO BY MARC EDWARDS

Neil Salvati

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Robert D. Mehrberg, MD, is a board-certified physiatrist, certified in physical medicine and rehabilitation, as well as in electrodiagnostic medicine. He completed his undergraduate studies and earned his medical degree at Tulane University, New Orleans, LA. He served his internship and his residency in physical medicine and rehabilitation at Eastern Virginia Medical School, Norfolk, where he was appointed chief resident. Dr. Mehrberg has lectured on, written, or coauthored numerous articles, abstracts, presentations, and publications concerned with the treatment and well being of rehabilitation patients. Dr. Mehrberg is a member of the American Association of Electrodiagnostic Medicine, American Academy of Physical Medicine and Rehabilitation, and Association of Academic Physiatrists.



Pierre R. Hyppolite, MD, is fellowship-trained in spinal cord injury through the University of Miami's Jackson Memorial Hospital/Miami VA Medical Center. He is a graduate of the Faculte De Medicine Et De Pharmacie Universite D'état d'Haiti, where he earned his medical degree and served his medical internship. Dr. Hyppolite attended Yale University School of Public Health and served an internal medicine internship at the New York Medical College's Our Lady of Mercy Medical Center. He completed his residency in physical medicine and rehabilitation at NYMC's Metropolitan Hospital Center. Dr. Hyppolite is an associate member of the American Academy of Physical Medicine and Rehabilitation and the American Paraplegia Society. He is fluent in English, French, and Creole.

When pain from chronic osteoarthritis strikes, it's possible to delay or even avoid total knee replacement with a noninvasive treatment.

"I hurt my right knee in 1998 and it bothered me occasionally," remembers Neil Salvati. "I figure that I'll have to have a knee replacement down the road at some point, although I really don't want one."

After his knee injury, Neil ultimately went for two arthroscopic procedures to have debris within the knee joint cleaned up.

"I had it scoped in 2002 and 2004," he explains. "It was pretty good after that."

Still, as time marched on, Neil inevitably found himself suffering from more knee pain. He consulted Pierre R. Hyppolite, MD, of Southwest Florida Rehab & Pain Management Associates.

"Dr. Hyppolite mentioned a treatment called Supartz, and said that it's been used in Japan since the 1980s with good results," says Neil. "He took x-rays and told me I could use it in both knees. We got in touch with Medicare, and they approved the treatment."

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PIERRE R. HYPPOLITE, MD

About Supartz

"Patients with knee arthritis who have already tried medications like Aleve, Naproxen, or Tylenol, physical therapy, and sometimes even cortisone injections, may still find themselves with debilitating pain," explains Dr. Hyppolite. "Arthritis pain interferes with their quality of life, their ability to ambulate, and sometimes they need an assistive device, such as a cane or a walker. Obviously, they have significant limitations in their ability to perform most activities of daily living."

Many doctors will recommend total knee replacement surgery for such patients. However, for patients like Neil – who wish to delay or even avoid surgery altogether – Supartz may provide a solution, adds Dr. Hyppolite.

"Studies like x-rays or MRI document the extent of the arthritis, and some of these patients are candidates for a knee replacement procedure," he confirms. "However, they may want to avoid surgery as much as possible."

Supartz is a highly purified solution of sodium hyaluronate, and is used to supplement the viscosity of the joint fluid, thereby lubricating the joint.

"Sodium hyaluronate is produced by the tissues of the knee joint, and usually provides lubrication and functions like a shock absorber," explains Dr. Hyppolite. "In cases of severe osteoarthritis, the function is lost, and we can replace it with Supartz."

The Supartz treatment regimen is a simple one.

"Initially, it's a weekly injection and we deliver a total of three injections, which should provide excellent pain relief for at least six to nine months," says Dr. Hyppolite. "It's a simple office procedure, well-tolerated by most patients, and has a high level of efficacy – at least ninety-five percent."

Successful treatment

As a patient looking to avoid knee surgery, Neil was completely satisfied with Supartz as a treatment plan.

"I received three injections in each knee over a six-week period, first the left knee and then the right," he reports. "It didn't hurt when Dr. Hyppolite gave me the injections because he numbed the knee joint first."

And the results?

"The right knee is ninety-eight to ninety-nine percent perfect. I don't have any real pain since the injections. The left knee is between eighty-five and ninety percent, maybe higher," says Neil. "So to me, before I get a knee replacement, I'd rather do this. I would definitely recommend it."

He thanks Dr. Hyppolite and the staff of Southwest Florida Rehab & Pain Management for their help.

"They're all very helpful, and they care about their patients," he assures. "Dr. Hyppolite is hands-on, knowledgeable, very caring, and he really listens to you. My brother is a doctor, and I feel as confident with Dr. Hyppolite as I would if he were my brother." **FHCN—Michael J. Sahmo**

Relief at last

The staff at Southwest Florida Rehab & Pain Management Associates and Southwest Florida Neurosurgical Associates welcome your questions and comments regarding this article. For additional information or to schedule a consultation, please call or visit one of their conveniently located offices: in Fort Myers at **(239) 432-0774**, **12700 Creekside Ln., Suite 301**, and in Cape Coral at **(239) 772-5577**, **632 Del Prado Blvd. North, Suite 101**.

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