

No Bones About It

A Quarterly Patient Newsletter from Orthopaedic Surgery Associates of Marquette, P.C.

New Developments in Hand Surgery

By: Clayton A. Peimer, M.D.

The subspecialty of hand surgery was defined by events in the Second World War and Korea; it is a subspecialty too new to even have a Latin name. Orthopaedic, Plastic and General surgeons may be qualified and experienced to treat hand problems. A smaller number of surgeons, like myself, specialize only in upper limb, taking care of problems and diseases that affect the bones, joints, muscles and tendons as well as nerves, from birth differences to acquired diseases and injuries. So, what's new?

DUPUYTREN'S DISEASE NEW CHOICES

This is a benign and slowly worsening palm thickening that primarily affects the hands of Caucasians descended from Scandinavians and Northern Europeans, often with a family history, but also associated with diabetes, liver disease and epilepsy. Nodules in the palm develop and may progress to cause the fingers to curl into the palm and be unable to straighten (other diseases may do this, so patients need to be examined to make the correct diagnosis). The deformity is painless but dysfunction can be significant when you can't open your hand, fit into a pair of gloves, hold a golf club, hammer or apply makeup. Although first described in Old Norse, the disease is named for Baron Dupuytren, Napoleon's famous surgeon and chief of the French army medical corps, after he famously performed surgery on a patient with the deformity in about 1831.

During the past 180 years the only treatment has been surgery and extended therapy. Surgery can treat the deformity by cutting or removing the cords; however, it does not "cure" the disease; recurrences are common. Often, extended therapy is required post-op to achieve maximum motion. Since March 2010, the FDA has approved a new treatment by injection of a drug called collagenase which actually dissolves the cord and allows correction by manipulation. I was one of the 16 principal study investigators in the U.S. before FDA approval; and was a study director. Since FDA approval, I have successfully treated five dozen more patients by injection and avoided surgery in every one. This treatment represents a major and significant change in the choices that one can offer a patient with this deformity, also lowering total cost and getting recovery in a week or two and without surgery.

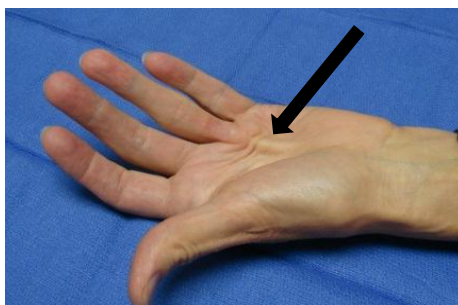


Figure 1a: Ring finger/palm "cord" causing deformity in the left ring finger

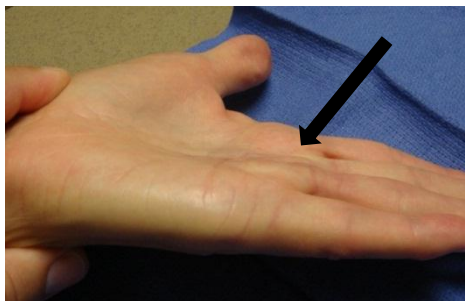


Figure 1b: After collagenase injection: cord is gone; there is full straightening and no pain.

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Figure 2: Endoscopic CTR in a bloodless release without palm incision allows full visualization, complete release and full relief.

CARPAL TUNNEL SYNDROME LESS SURGERY

The common problem of carpal tunnel syndrome (CTS) is one of irritation of a nerve in a bony tunnel in the wrist (carpal = wrist). With aging, weight gain, fluid retention, and often associated with other diseases like diabetes and arthritis, CTS may cause burning pain, numbness; and may risk muscle loss if progressive and untreated.

For the majority of patients (often women, and generally over about age 40) the onset of symptoms can be effectively resolved with simple, non-surgical measures including splinting, activity modification, medication; and, in some, injection of tissues near the nerve. These non-surgical treatments can be highly effective and may be all that is required to fully relieve symptoms.

Since the 1930s, surgery has been done for patients with CTS to physically “increase” the size of this canal by “opening its roof.” The operation is highly effective if the diagnosis is correct, complete and the ligament is fully released. Nonetheless, an open palm incision (releasing the ligament from the outside-in) often leaves patients with palmar soreness and short-term disability.

Endoscopic method carpal tunnel release (CTR) has been done with equal success but shorter disability in patients since the 1980s. Again, I was one of the early principal investigators of this technique (Figure 2) where a scope is inserted into the canal from a ½-inch wrist incision, allowing complete division of the ligament without incision in the hand. The ligament release and pressure decrease are equal to the open procedure; but, in the vast majority, recovery is much more rapid because of the small incision away from the hand.

Most patients with carpal tunnel syndrome do not need surgery; however, for those who do, endoscopic method release can be a significantly superior choice.

Many changes occur in medicine in evolutionary fashion. In all cases, treatment choices need to be tailored to the desires and lifestyles of our patients in the context of their diagnoses and treatment responses. We are happy to help if you need us.

Business Corner

Patient’s Records & Medical Forms Requests

Inevitably, for a variety of reasons, there comes a day when you as an OSAM patient will need copies of their medical records and/or various forms completed by our staff regarding your medical status or treatment. We understand that obtaining such information is usually required as soon as possible. Below are some helpful hints to ensure your request is processed in a timely and efficient manner.

- *If your request is being sent to a third-party, please make sure you have signed and completed a “Release of Information” form authorizing us to release your medical information to the third-party.*
- *Be specific regarding the date range of the treatment period required to be copied. Fewer pages takes less time.*
- *Ensure your request has the complete mailing address of where you want the copies or form(s) sent. You may also pick them up in person.*
- *For minor children under the age of 18, please make sure the request is signed by a parent or legal guardian.*
- *Submit your request with as much lead-time as possible for any deadline you may be under. Typically, we will require up to ten (10) working days to process your request.*

Please keep in mind we receive an average of twenty-five requests for medical information daily and these requests are usually processed in the order they are received. Requests may be expedited based on the medical urgency for coordination of care with other medical facilities.