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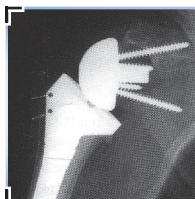
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Our business hours are
Monday - Thursday 9 - 5
Friday 9 - 4

Welcome to our second Newsletter. Thank you for the feedback and response to our previous issue. We continue to encourage this feedback and future suggestions that you would like discussed.



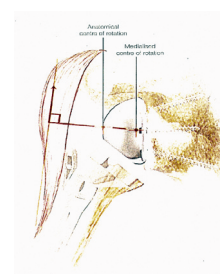
REVERSE SHOULDER ARTHROPLASTY

Dr David Christie

The management of elderly patients with a damaged or an unreparable torn rotator cuff is a significant problem, because the condition causes severe pain and inability to use their shoulder for everyday activities.

Large or massive rotator cuff tears, involving multiple tendons, will often lead to Glenohumeral joint osteoarthritis over many years (Cuff Arthropathy). Treatment of Cuff Arthropathy using a conventional shoulder replacement results in highly variable success rates. Functional outcome is often poor and insufficient dynamic joint stabilisation can lead to superior humeral head migration with destabilisation of the glenohumeral rotation, and thus inadequate range of movement.

Reverse shoulder arthroplasty was developed specifically to allow restoration of a stable, pain-free joint, with sufficient strength and movement to achieve a functional outcome with a damaged rotator cuff. It reverses the normal relationship of the scapular and humeral components (artificial ball is attached to the glenoid and the socket is placed onto the humerus) such that the shoulder centre of rotation is moved medially. This allows the three muscles of the Deltoid group to compensate for the rotator cuff deficiency by providing the stability required to allow a more normal functioning rotation of the shoulder joint.



Indications – appropriately used in people 65 years or older with significant pain and little or no shoulder movement who have no option for surgical cuff tendon repair

1. Rotator cuff-deficient shoulder with severe arthritis (Cuff Arthropathy) – most common
2. Complex Proximal Humeral Fractures
3. Revision of Failed Standard Shoulder Replacement
4. Failure of rotator cuff surgery
5. Proximal Humeral Tumour

Contraindicated for young or physically active people and patients without functioning Deltoid muscles due to Axillary nerve palsy.

Reverse shoulder arthroplasty has significantly improved the quality of life of many elderly patients with deficient rotator cuff tendons by providing a reliable and pain-free solution with restoration of reasonable shoulder movement range.

ACUTE KNEE INJURY SERVICE

Treating your patients within 2 working days for:

- Acute sporting / recreational knee injuries
- Your patient will be assessed and treated by our specialist Orthopaedic Surgeons
- For urgent management, MRI scans are available within two working days by special arrangement

Bare Bones
 Spring Edition
 2007

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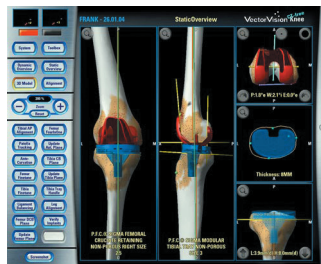


CAS FOR HIPS AND KNEES

Dr Angus Nicoll

Computer Assisted Surgery (CAS) implies the use of high level computing power in surgery, with the aim of making the surgery more accurate. It is not robotic surgery, but rather the use of a computer generated virtual knee guidance system as a tool.

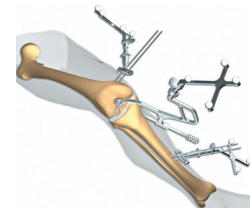
which indicates the position and attitude of any instrument and the surface that it rests upon. The result is better information before a bone cut is made and a quality check afterwards. If an error has been made, even one of 2-3 degrees or 2-3 mm, it can be corrected.



The patient is prepared for surgery in the usual manner. The computer navigation process involves two pins being fixed to the bones of the patient. An infra-red signal source enables the computer to identify the position of these fixed pins and uses them as a reference to other anatomical landmarks. Once the anatomical map is complete it is possible to 'navigate' around the region with the computer keeping track, much as GPS keeps track of the position of a plane, boat or car.

Modified instruments are used with signal sources. These communicate with the computer

CAS provides constant guidance throughout the operation. It has been shown to be very helpful in situations where the joint is badly deformed and when there has been previous surgery in the area.



Computer assisted Surgery is available for patients undergoing total knee replacement or hip resurfacing arthroplasty. Computer Assisted anterior cruciate ligament reconstruction is currently being trialed internationally.

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