

# DORR RESEARCH FOUNDATION

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General Information 323-747-6641

New Patient
Appointments
with
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or

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#### **HOAX** by Lawrence D. Dorr, M.D.

edicine has changed from its image of a trusting relationship between a doctor and his patient to a business relationship. Much of this has occurred because of the growth of the urban culture over the agriculture commu-

nities. In orthopedics a second reason is the marketing power of companies because orthopedics treats its patients with devices: rods and plates for trauma and spine, and implants for

joint replacement. These companies now have the money to market their products to doctor and patients. Decisions are frequently made today based on marketing, and not on scientific data. That is a huge paradigm shift for a profession which prided itself on making good decisions for the patient. The doctor was the patient's advocate.

Marketing, and the economics of medicine which has shifted from the doctor to the businesses of

medicine including the government, has forced doctors to become advocates for their practice, indeed for their survival. The profession of medicine takes second place.

The government tries to legislate quality of medical care but it can't be done because that comes from the heart of the doctor. But when the practice of a doctor is jeopardized, the pressure to forget

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Save the Date: October 28, 2017

# **Annual Gala Dinner**

Honoring Operation Smile Co-Founders William and Kathy Magee.

For tickets or more information, contact Jeri Ward @ 310-493-8073 or Jeriopwalk@yahoo.com

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#### **Encouragement** by Dr. Paul K. Gilbert

oint replacement surgery is a daunting prospect. It is estimated that there are thousands of people in this country who would benefit greatly from this remarkable surgery, but they are reluctant to take the step. This stems largely from misconceptions about the pain and risks involved.

There are ample statistics available to alleviate these fears. The majority of people who go through joint replacement surgery do so in a routine fashion. It is very common for people to wish that they had done the procedure a lot sooner. There are those that have a rough go and you will hear those stories but, in the end, these issues resolve quickly and they are very satisfied with their knee or hip and their mobility. Rare is the person who wishes they had not had surgery.



Dr. Gilbert and Mary Ellen Sieben R.N.

#### Ladies – Want to be an Angel?

Operation Walk Angels is a group of women who provide support for our Operation Walk missions overseas. For more information on how to become part of this group, contact Jeri Ward at jeriopwalk@yahoo.com or 310-493-8073.



Dr. Paul Gilbert roasting marshmallows over the steam vent at the Pacaya volcano in Guatemala.

As we return from an Operation Walk mission in Guatemala, it is remarkable to note how people with so little resources can navigate their recovery largely on their own.

We are so grateful for all of our patients who have been through the surgery and provide encouragement to others. To hear about the surgery from someone who has been through it can be invaluable. You become their advocate and mentor.

Also know, that with Dr. Dorr and myself, you have a whole team of people looking out for you and your health. And, not every knee and hip that we see need surgery. Joint preservation techniques may be all one needs. Talk to your friends!

### FREE COMMUNITY TALK **SCHEDULE:**

**September 20, 2017** Pasadena, CA 6:30 – 8 pm

**September 30, 2017** Bakersfield, CA 11 am - noon

October 21, 2017 South Bay 10 am - noon

> Please call 323-747-6641 for locations and to register.

### Contact Us at 323-747-6641

#### **HOAX**, continued from page 1

scientific medicine and give in to the marketing becomes overwhelming.

This change in medicine is the cause of the biggest HOAX orthopedics has perpetrated on the public. Marketing that promotes an anterior

approach for hip replacement as a superior outcome is just not true. And it has hurt patients because the public has been swamped by marketing that includes newspaper articles that proclaims this as the truth. And this false advertising has been purposefully done by orthopedic companies who sell products they advertise as best for the anterior approach. They know if they can brainwash patients (and doctors!) that there will be patient pressure on doctors to switch to this approach because patients are sure it will give them a better outcome.

This is a HOAX because innu-

merable scientific studies cannot prove superiority of the anterior approach for outcomes. What the studies do show is that the anterior operation is difficult to learn, and for most surgeons it takes performing 100 operations to be excellent at it. Unfortunately, the complications are very high during these first operations but doctors usually do not inform patients of their inexperience. It has been advertised as being protective against postoperative dislocation but studies do not show that. And it has the complication of potential fracture (breakage) of the femur bone that is 3 times higher than a posterior approach. It claims "no muscle cut" which is untrue, and it has no evidence of better function

either in clinical studies or gait (walking) studies.

Worse, the recent studies in the U.S. show it has

increased failures after 3-5 years from loosening of the femoral stem – the same stem the company says improves the result! And there are NO studies that show the results beyond one year, and don't most patients want a long-term result?

The only study of results at 10 years is that of Dr. Dorr with the Miniposterior approach in his patients with 93% of patients grading themselves excellent, and 6% as very good. Why haven't the anterior approach surgeons published 10 year results? It has been performed in the United States in its current form for over 20 years – 5 years longer than the minimally invasive posterior approach!

This is a HOAX because it is entirely unfair to the doctors who do a posterior approach and are better surgeons than some who do the anterior one. For sure, there are excellent surgeons who do the

anterior approach, and their results will be as good as an excellent posterior surgeon. There are surgeons who believe in the principles of the anterior approach and they should do it. But not all surgeons are equal. If a patient is prejudiced by marketing to the anterior approach, they can end up with an inferior surgeon rather than a superon sugerion if they had chosen the one who does the hip replacement with a posterior approach. Doctors should just tell patients, "I do the anterior approach", or "I do the posterior approach" and say "I am good at it". There only needs to be confidence and trust between the doctor and the patient. Lying to the patient by companies that one approach or the other is better undermines the integrity of the doctor and of medicine.



Dr. Lawrence Dorr in a rare quiet moment during our recent Guatemala **Operation Walk.** 

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### www.drdorr.com

#### Who Inspires Us? By Jeri Ward

hrough the years, many people have told me that Dr. Dorr has been an inspiration to them. Young medical students, established surgeons, patients, colleagues and family hold him in high esteem. We all know people who have inspired us in our lives, but who inspires people like Dr. Dorr? Where do WE find our inspiration?

Meet Dr. William and Kathy Magee, founders of Operation Smile. Operation Smile was founded by the Magees in 1982 and has provided hundreds of

thousands of free surgeries to children and young adults in developing countries who are born with facial deformities, cleft lip or cleft palate.

Dr. Magee has not only helped to change the lives of these children, but has trained and mentored thousands of physicians worldwide. There is hardly an area of the world that Operation Smile has not touched, providing help and education in a global effort to change the stigma of children with facial deformities.

When Kathy's hip arthritis affected her busy life, she turned to Dr. Dorr for help. During her visits, we learned more and more about

#### Follow us on Twitter!

You can follow **Operation Walk** surgical missions on Twitter.







Dr. William P. Maaee, Jr. and his wife Kathy Magee will be honored October 28.

organizing a charitable program. I was invited to attend an Operation Smile meeting that outlined how to set up a successful overseas mission. During this program in Alexandria, VA in 1997, I was able to see the organization in action. The Operation Smile office was a hub of activity. A huge whiteboard laid out all upcoming trip locations and volunteer teams. We learned how to find resources for supplies we needed and how to inspect hospitals that we could potentially operate in

overseas. Really valuable information provided covered potential problems that medical teams could encounter. We learned so much from them in just a couple of days.

Right then we were inspired to found Operation Walk, as an organization that would provide free hip or knee replacement surgeries to help needy people regain mobility and return to productive lives following the Operation Smile model.

We will be honoring Dr. William and Kathy Magee at our 21st annual gala on October 28, 2017 at the Regent Beverly Wilshire Hotel. Please join us to hear their story and the story of Operation Walk. Together our teams have helped people in developing countries to have better and happier lives. We are delighted to spend an evening with those that inspired us to help those in need.

Come and be inspired!

Please contact us for more information on our gala event at jeriopwalk@yahoo.com

# www.operationwalk.org

### **Research Fellow Joins Us from Japan**

am Taro Tezuka, an Assistant Professor in Yokohama City University Hospital in Japan. My specialty is joint surgery, especially hip surgery including Total Hip Arthroplasty (THA), revision THA or osteotomies. I studied Minimally Invasive Surgery (MIS) total hip replacement using a computer navigation system with Dr. Yutaka Inaba, who also served a Fellowship with Dr. Lawrence Dorr. I have published an academic paper about the clinical results of THAs. The theme of my study at USC is the correlation between clinical results of THAs and spino-pelvic tilt. It is a great pleasure to have an opportunity to study and work here.



Taro Tezuka M.D.

#### **HOAX**, continued from page 3

Marketing often pressures patients to choose a doctor that is not their first choice when their first choice for a surgeon performs the posterior approach. And they think the scientific data supports their choice. For some it is not even a choice because the marketing is so one-sided. It is a shame the leading orthopedic societies have not had the gumption to loudly declare to the public that the scientific data does not match the marketing. They have not supported their member doctors, and have not been advocates for patients. Patients have been the biggest losers

because they have unrealistic expectations for a superior outcome based on a surgical approach and do not base their decision on the surgeon. They falsely misplace their confidence and trust in the approach when their outcome will depend on the surgeon!

Medicine has become a business, and businesses need to make a profit. In the future patients will need to be skeptical of marketing for medical care just as they are when listening to marketing for products. What a shame.

# Do You Need a Speaker for Your Group?

If you have a group that would like a talk on hip or knee replacement surgery, please contact Jeri Ward R.N. @ 310-493-8073. Dates, time, and subject tailored to your group.

### www.operationwalk.org

#### **Operation Walk Guatemala**

August 19-25, 2017 in Antigua, Guatemala. The Hermano Pedro Hospital in Antigua serves thousands of poor people from the surrounding communities and villages. The local orthopedic surgeons have a list of over 1,000 people that need hip or knee replacement surgery, but cannot afford it and have cases that are too difficult for the local surgeons to perform.

Sixty-five patients had been screened and hoped to be chosen by the Operation Walk surgical team to receive much needed surgery.

The waiting area was crowded with people whose aching limbs required help from family members to move from chairs to exam tables. Many patients took buses from 2-5 hours to reach the hospital. As they were examined, some of our surgeons were shocked at the severity of arthritis they saw. Patients in the USA would seek help long before their pain developed into a major deformity.

One patient, Rogelio, had such a severe deformity. He has tried over 40 times to be accepted into a surgical program, but had been turned away due to the complexity of his case. This time he came to Operation Walk and met Dr. Lawrence Dorr and Dr. Paul Gilbert. After a 5 hour bus ride from his village and a full examination, our surgeons decided he should undergo a double knee replacement.

Rogelio had left home at the age of 10 to work in a factory. He had never been to school. He worked in farming until his legs got too bad to do physical work, and started working as a toll collector on the local bus. He could not even sustain that job for long. He had been unable to work for the past two years.

A relief group that visited his village helped to send him to Hermano Pedro Hospital in hope





Rogelio before and after surgery.

that our medical team could help him. He tried so many times to get help that on the day we met him he was unaccompanied. He explained that he had been turned away so many times, "I did not have the heart to disappoint my family one more time". We were happy to act as extended family as he received the good news that Dr. Dorr and Dr. Gilbert could help him.

The photos you see show Rogelio before surgery, then standing 1½ hours after surgery in the recovery room.

He walked out of the hospital two days later (and an inch taller!) to stay at the home of his sister for his recovery. Thank you to all who helped make his, and many others surgeries, a reality. If I could give all of the readers a gift, it would be to feel the love and appreciation from the people Operation Walk serves. Mucho Gracias!

### www.drdorr.com

### Meet Operation Walk Volunteer Michelle Burdette R.N.

peration Walk teams consist of health professionals from across the United States. Meet Michelle Burdette R.N. from San Antonio, Texas. Michelle is an E.R. nurse whom we met 7 years ago as we helped the Women's Orthopedic Global Outreach (WOGO) form an Operation Walk Team.

We were impressed with Michelle's nursing skills and invited her to volunteer on several missions with the Los Angeles Operation Walk team. Michelle is able to work in the post op ward as well as in the recovery room. She has the unique ability to zero in quickly on any changes or developments in surgical patients.

Michelle recently volunteered on our trip to Guatemala August 19-25. During our mission, many team members were keeping an eye on Hurricane Harvey, as they had flights to or connecting through Houston. We were scheduled to return home from Guatemala on August 25, the day the hurricane was expected to hit land.

Michelle was lucky enough to make her flight and arrive in Houston before Harvey hit. She was able to get to San Antonio and back to work, and three days later, she loaded her car with emergency supplies for people and animals and headed for Houston as the flood waters receded.

Michelle is a Gold Star nurse. She went from a medical mission where 47 people were operated in three days, to her regular job in the ER and then to help set up an emergency facility in Houston, all within 12 days. Her hard work, courage and compassion are fine examples of the quality of health professionals that represent Operation Walk. We are proud of Michelle Burdette!



Michelle Burdette R.N. and Dr. Meg Austin with Rogelio the first time he stood on straight legs.



Michelle greets Zoila Eccheverria during a visit to the post-op floor.

#### The Dorr Arthritis Institute

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### Guatemala August 2017

Renowned artist Gayle Garner Roski volunteered to paint the cover for our annual gala invitation this year. Here she is seen with Kyle Baldwin DPT as he treats patients in a group physical therapy encounter. Gayle participated in every job it took to make this mission happen. She used her experiences to paint some fabulous pictures while in Guatemala. We can't wait to see what will grace our invitation cover.