

Golfer is Thankful for Dr. Galles

Imagine winning the 2004 Golf Championship at Des Moines Golf and Country Club, and then...suddenly losing 15 yards off your drive....due to shoulder pain. That's what happened to Brian Verduyn, 41, of Clive. "An orthopaedic surgeon I golf with examined my shoulder and gave me an injection of cortisone," says Verduyn, but the synthetic steroid didn't give the golfer the relief he needed, so he was referred to Kyle Galles, M.D, who specializes in the diagnosis and treatment of the shoulder at Iowa Orthopaedic Center.

Dr. Galles determined that the bursa, a pouch that serves as the cushion between the bones in the shoulder, had become inflamed. The inflammation was likely due to a bone spur or an accumulation of calcium that was rubbing against the bursa causing the shoulder to be very painful.

Through minimally invasive arthroscopic shoulder surgery, Dr. Galles removed the debris that was causing Verduyn's shoulder inflammation and subsequent pain. Within four days after surgery, Verduyn was back on the tee at Des Moines Golf and Country Club. Three months after the surgery...Verduyn won the Iowa Amateur Championship, shooting just one under par over three days on the Wakonda Country Club course in Des Moines. "I'm driving the ball considerably better now," he says, "I'm back to about 280 yards off the tee. I was hitting about 265 yards before the surgery."

"The pain Mr. Verduyn experienced is not unusual", says Dr. Galles, "It's not uncommon for either the bursa or the rotator cuff to become inflamed for various reasons. Some people are predisposed to have the condition. The acromion, which forms over the top of the shoulder joint, may be hooked or curved. The greater the curve, the more likely it is to rub against the rotator cuff, eventually leading to shoulder pain."

Galles added he usually recommends treating this problem conservatively, initially prescribing physical therapy for a month or two. If that doesn't eliminate the patient's symptoms, Dr. Galles will attempt an injection to reduce the



Pictured, Dr. Kyle Galles, surgeon and avid golfer himself, put the swing back into Brian Verduyn's shoulder.

inflammation and pain. If those conservative treatment options fail, Galles usually recommends arthroscopic shoulder surgery.

Arthroscopic shoulder surgery usually takes less than one hour and patients go home the same day. "The patient may have some soreness for a month or two, but usually patients are back to doing normal day-to-day activities soon after surgery," he says.

Most of the patients Dr. Galles sees for this problem are between the ages of 35 and 65. Often times, patients over age 65 will have a rotator cuff tear in conjunction with the inflammation. When that occurs, Dr. Galles cleans out the debris and repairs the rotator cuff all in the same surgery.

Verduyn, is doing well following his surgery and back to work in his sales position with Structural Component

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Joint Replacement Ads Can Be Misleading to Patients

Manufacturers of joint replacement implants have initiated a media campaign that is targeted directly towards the healthcare consumer. You may have seen basketball, golf, or other well-known professional athletes promoting joint replacement implants on TV or in magazine advertisements, but the process to appropriately select a joint implant is much more specialized than a “one implant fits all” approach. Unfortunately, these advertisements are often misleading and can be confusing to healthcare consumers.

Dr. Mark Matthes, who has specialized in joint replacement surgery at Iowa Orthopaedic Center for several years, says “Due to the marketing of orthopaedic joint replacement implants, there is a lot of misinformation out there.” He adds, “Patients have started coming into the office requesting an implant that is not appropriate for their circumstance.” Dr. Matthes cited a recent advertisement promoting a “new-age” joint replacement implant that is misleading, “This implant has actually been available for

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Leading the way... Iowa Orthopaedic Center First to Perform Ground Breaking Spine Procedure in Iowa

Iowa Orthopaedic Center, P.C., is leading the way in the advancement of spine surgery in Iowa by utilizing state-of-the-art minimally invasive techniques. This isn't an advancement of medical *equipment*, but the advancement of medical *technique* and the *skill* required by spine surgeons. Cassim Igram, M.D., spine surgeon at Iowa Orthopaedic Center, is one of only a few spine surgeons in Iowa who has received training and is able to offer spine surgery using minimally invasive techniques. This approach to spine surgery has brought relief to many of Dr. Igram's patients, including Dean Lambert.

Like many Iowans, Dean Lambert, 43, of Norwalk, leads a busy, active life. Much of his time is occupied with his job as Director of Marketing for Homesteaders Life Company in Des Moines. Lambert



sought Dr. Igram's help initially in December 2003, for back and leg pain. Dr. Igram discovered that due to severe degenerative disc disease of the spine, Lambert had a compressed nerve trapped in between a degenerative disc. Upon determining that Mr. Lambert required surgery in December 2003, Igram mentioned the minimally invasive diskectomy procedure. During this procedure the portion of the disc that is compressing the nerve root is removed. While diskectomies are performed fairly often, the minimally invasive technique was new to the procedure. After discussion, both patient and physician decided it was an appropriate procedure and they confidently prepared for the minimally invasive diskectomy. The patient was very satisfied with the results following the surgery in 2003, and life was going along well without back pain. Lambert continued to work and remained active, even planning a large sales meeting in another state, where he was to be the presenter. However, one fateful day, the very day... of the sales meeting he had worked so hard to plan, he awoke in the hotel to what he described as “debilitating” back pain. He was forced to give his presentation from his hotel bed.

Upon returning to Iowa, he went to see Dr. Igram. Dr. Igram shared with

Mr. Lambert that his degenerative disc disease had progressed, and the problem was in the same area. Igram indicated that although the diskectomy in 2003 was successful, the degeneration had continued within the spine, and he recommended that a more permanent solution would be fusing the two abnormal vertebrae to each other. “It's best to avoid a spinal fusion if possible, however, in Mr. Lambert's case, due to the continued progression of degenerative disk disease, it was advisable to perform a fusion. That way there would be no way the vertebrae could rotate in such a way that the nerve would again become compressed at that level.” states Igram. Dr. Igram then went one step further when he recommended the fusion to Mr. Lambert... recommending a minimal access spine fusion surgery for Lambert. He informed Lambert that this ground breaking procedure had never been done before in Iowa. Lambert agreed to the proposed surgery and was the first Iowan to have minimal access spine fusion surgery.

“The minimal access spinal fusion uses small incisions through which screws and rods are inserted holding the bones together until the bone graft is surgically placed that promotes bone growth that will fuse the two vertebrae permanently. Utilizing the

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Development of IOC's Upper Extremity and Hand Division Proves Timely

On a cold and snowy Iowa winter day, Drs. Ze-Hui Han and Michael Gainer, of Iowa Orthopaedic Center, were in the surgical suite at Mercy Medical Center in Des Moines for six hours operating on a man who fell while working at a construction site, plummeting 40 feet to the unforgiving concrete below.

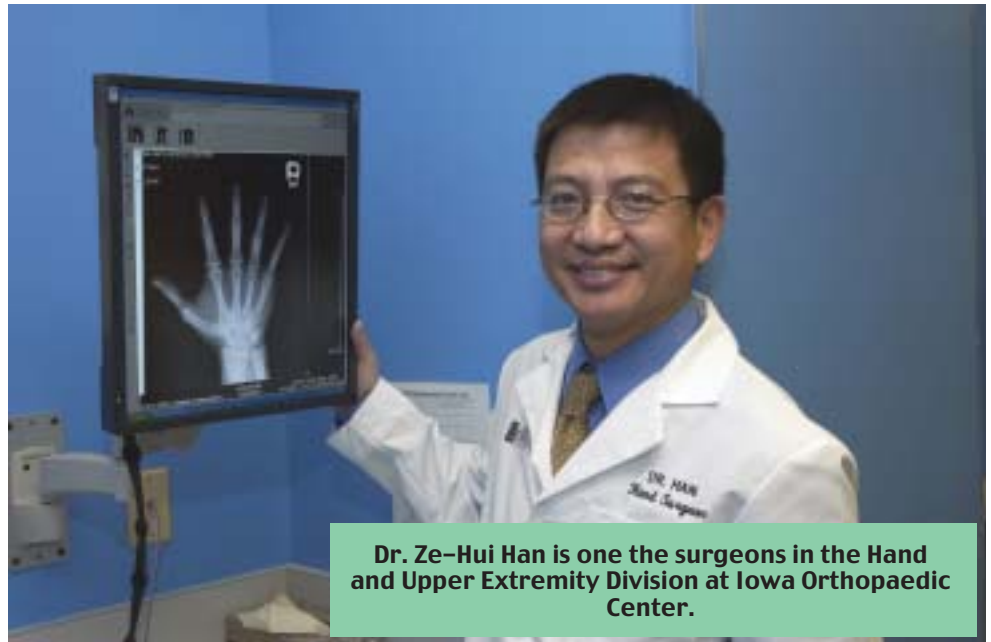
Dr. Gainer, of the IOC Hand and Upper Extremity Division, was on call and responded immediately to evaluate the condition of the injured man. The man had attempted to save himself by extending his arms during the fall. Sadly, his arms were severely damaged as a result, including multiple fractures and lacerations.

Fortunately, during 2005, Iowa Orthopaedic Center, P.C., identified the need for a division dedicated solely to the treatment of the hand and upper extremity. The development of this division, by senior member Dr. Scott Shumway, has allowed IOC the opportunity to expand medical services offered for hand and upper extremity problems, like the injured man. The creation of this new division and the addition of two new hand surgeons, Dr. Michael Gainer, and Dr. Ze-Hui Han, has been a tremendous benefit to patients and referring physicians by dramatically decreasing the waiting period to be seen for a hand or upper extremity problem. This specialized division has also been instrumental to the worker's compensation industry, where hand injuries rank second overall in Iowa.

"We are able to provide treatment from the elbow down to the finger tips. We provide care for forearm, wrist, hand, and finger fractures, lacerations, minor or complex traumatic injuries, and amputations. Additionally, we treat chronic conditions that affect the upper extremity from the elbow down including tendonitis of the elbow, carpal and cubital tunnel syndrome, and trigger finger", says Dr Gainer regarding the Hand and Upper Extremity Division. He adds that while the Hand and Upper Extremity Division focuses primarily on direct patient care, the division also provides ancillary services such as impairment ratings, second opinions, and Independent Medical Evaluations for worker's compensation carriers.

Dr. Gainer notes that he developed a special interest for hand and elbow surgery while he was in medical school. While attending medical school, a friend of Dr. Gainer's knew an orthopaedic surgeon who allowed Dr. Gainer into the operating room to observe a procedure. It was there that he discovered his fascination with orthopaedics and ultimately, hand and elbow. Before joining IOC last year, Dr. Gainer was in practice in Illinois. Dr. Gainer says he, his wife, and their four children, enjoy living in Iowa. There are many patients who are glad Drs. Gainer and Han brought their surgical skills to Iowa, including the man who fell 40 feet and ultimately found his care in the skilled hands of these surgeons.

For more information on the IOC Hand and Upper Extremity Division, contact the Division Nurse Coordinator at 515-699-8379.



Dr. Ze-Hui Han is one of the surgeons in the Hand and Upper Extremity Division at Iowa Orthopaedic Center.

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Systems, Inc, which supplies wood roofing, floor trusses, and wall panels to home builders. With the increase in home building in central Iowa, this is a busy time for Verduyn. Even with all this going on, this avid golfer is looking forward to the start of the 2006 golf season. He usually gets in a few rounds of golf each week and competes in one or two tournaments each month. Verduyn is scheduled to play in the Iowa Amateur, scheduled this year for the last weekend in July in Sioux City. Watch for him....he'll be the golfer with best swing....and the best shoulder!



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Jeffrey M. Farber, M.D.
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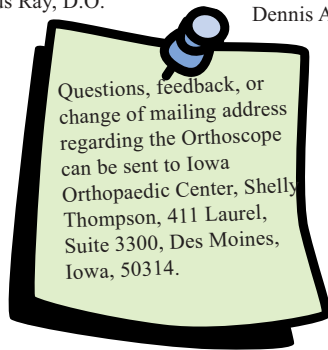
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Misleading Ads...

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about 20 years. It's not new, and it's not better", says Matthes. Dr. Matthes states the particular implant that's being promoted as a "new-age" device, actually increases the amount of bone removed from the patient for the implant and has the potential to cause more injury to the surrounding soft tissue.

It's important for the healthcare consumer to be aware that all joint replacements do the same thing, but in a different manner. When Dr. Matthes recommends joint replacement surgery to his patients and they mention an advertisement they've seen, or bring in an advertisement requesting him to use a particular joint replacement, Dr. Matthes says "I inform them of the advantages and disadvantages, depending upon their individual case. Physicians have the obligation to work with their joint replacement patients in selecting an implant that will give the patient the best outcome."

Iowa Orthopaedic Center, as an orthopaedic Center of Excellence, utilizes implants from all manufacturers and has a wealth of information on appropriate implant selection for patients. This is one case where "one size" does NOT fit all, and the skilled surgeons at IOC are here to assist joint replacement patients in sifting through the implant information out there to get the best implant for their circumstance.

Spine Procedure...

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minimally invasive technique causes less disruption and damage to the surrounding tissue than with traditional methods of spinal fusions, so there is usually less post-operative pain. Again, since the patients have a much smaller incision, the recovery time is quicker." says Igram. Although not all patients are candidates for minimally invasive procedures, he recommends the minimally invasive procedures for those that are.

Lambert, who admits to not tolerating pain very well, says his recovery following the ground breaking Iowa procedure has gone very well. "I'd recommend it to anyone", he says. Adding, "I think Dr. Igram is a great surgeon. He was honest with me and I have confidence in him."

After the ground breaking procedure, Iowan Dean Lambert is back to enjoying his active life, thankful for Dr. Igram's expertise and surgical skills.

For more information on minimally invasive procedures, contact Dr. Igram's Nurse, Darla, at 515-699-8349.