

I'M WALKING TALL AT LAST

Deena Saeed developed a debilitating and agonising hip condition in her teens. As she tells HILARY FREEMAN, a revolutionary operation has enabled her to live a normal life

MOST women in their 20s take routine activities such as climbing the stairs and going for a walk for granted. But for Deena Saeed these simple exertions were agonising. Even sitting at a desk would leave her wincing in pain.

The 29-year-old from Lytham St Annes in Lancashire developed a debilitating hip condition during adolescence. Not only did it affect her day-to-day life, she also feared it would prevent her from having children.

But now, thanks to pioneering surgery, Deena can live a normal active life. Four months ago she became one of the first people in the UK to have a hip resurfacing operation using revolutionary technology called the acrobot navigator. It is a far more precise form of hip surgery which should also prevent the need for repeat operations which is a common drawback of conventional techniques.

Deena suffered from a condition called protrusio acetabulae, which developed during her teens. This occurs when adolescent girls' hip sockets can become overdeepened following a growth spurt. It reduces the range of motion and causes stiffness and pain on trying

to flex or open the hips.

"Protrusio acetabulae is common but often overlooked or untreated for years. It probably affects thousands of women," says Professor Justin Cobb, chair of Orthopaedics at Imperial College London and consultant orthopaedic surgeon at the London Clinic and Charing Cross Hospital. "I have seen 19 cases in the past year. It can be extremely debilitating and depressing."

As she grew older, Deena's condition grew worse. "I had less and less movement and more and more pain when I walked," she says. "I couldn't walk for more than 20 minutes and leaning over was unbearable. It was a struggle just to put on shoes and socks."

The doctor told her she needed two hip replacements but that she should wait for as long as possible before going under the knife. This is because they might not last and would cause her more problems in later life. "I was told to get on with my life until I couldn't bear it any more," she recalls.

Hip surgery is one of the most common procedures with about 50,000 operations carried out in the UK each year. While the majority are performed on older people with osteoarthritis, younger people – like Deena – may also need surgery to repair joints which have worn out.

"Traditionally, surgeons have given patients metal and plastic hip replacements," says Professor Cobb. "But the plastic replacement joints wear out, making the procedure less suitable for younger patients. Two alternatives were developed to address this problem: ceramic hip replacements and metal hip resurfacing, which entails putting a new lining in the socket of the

pelvis and using metal or ceramic to replace the femoral head."

However, the complication rate with metal is twice that of plastic hip replacements. Inaccurate operations using metal parts may cause swelling, pain and high levels of metal ions in the

patient's bloodstream. If inserted incorrectly, ceramic hips may even squeak.

It's estimated that about 15 per cent of the NHS budget for hip replacements is spent re-doing operations that were unsuccessful first time round. One in every 20

women who have hip resurfacing will need another operation within three years. There were 5,800 revisions in 2006 alone.

"Just a few degrees of inaccuracy can make the difference between a patient being able to lead a normal life and being debilitated



and needing a further operation," says Professor Cobb.

The acrobot navigator was developed by Professor Cobb and his colleagues in the mechanical engineering department at Imperial College in the hope of overcoming these problems. It was completed in 2004 following 16 years of research and has been used on 200 patients. It uses Global Positioning System-type technology to enable a surgeon to virtually navigate during surgery to plot correct surgical cuts. It also indicates the correct angles for inserting the chrome alloy parts needed to repair hip bones.

The acrobot consists of a console housing the computer's brain and two tracking arms which can sense the movement of surgical tools as they move around a patient's hip area. Each operation starts with a detailed 3D model of the patient's own hip, extracted from earlier scans. Using this replica, the surgeon performs the operation beforehand ensuring that a perfect fit is made.

During the actual procedure, one tracking arm holds the tools while the other holds the bone being operated upon. The acrobot links the model to the patient, allowing the surgeon to make precise adjustments, providing detailed images of where the tools are, relative to the bones.

DEENA was referred to Professor Cobb by her GP. "He said I needed a quality of life now, not at 50," she says. "Having my hip resurfaced using the acrobot would give me back the movement a normal 29-year-old has."

Surgery to resurface both of Deena's hips took place in April. She spent three and a half weeks on crutches but after physiotherapy is walking again. "I've started running on a treadmill every day. It will take a year before I am completely normal but I already feel that I have more movement and my legs feel lighter. My new hips have even made me half an inch taller."

Professor Cobb says the new technology is not only better for patients but also for surgeons as they can use it as a learning tool,

instead of practising on patients.

Acrobot navigators cost about £70,000 and are used at the London Clinic and other private hospitals as well as on the NHS at Charing Cross Hospital. Professor Cobb says their use may become standard for joint replacement surgery.

Deena is delighted. "I can look forward to a future without pain and disability and I'll be able to contemplate starting a family," she adds. "It's weird knowing I will have metal parts inside me for ever. Going through airport security should be interesting – I'm bound to set the alarms off."

● *For more information contact the London Clinic, call 020 7616 7788, e-mail info@thelondonclinic.co.uk or visit www.thelondonclinic.co.uk*

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