

'Intelligent' Orthopaedics

Computer-assisted knee replacement is wave of the future

If you're experiencing acute or chronic knee pain and are headed for surgery, you won't find yourself in just any operating room if your surgeon is Dr. David Dalury at St. Joseph Medical Center.

To be sure, Dalury will have his team with him – a highly specialized group of orthopaedic clinical professionals each dedicated to giving you a brand new knee.

But a single noteworthy difference will make your experience special.

Housed among typical operating room (OR) paraphernalia is the latest in orthopaedic surgery: a comput-

are done giving surgeons the ability to make crucial decisions prior to surgery and to operate with greater precision than can be accomplished with the naked eye.

"This is the dawn of a new age of visualizing the human body for surgery," says Dalury.

The Ci™ System, as it's known, offers an unobstructed view of a

nature, complex since it restricts a surgeon's ability to see the operative area.

"Computer-assisted technology like this decreases the complexity of total knee replacement by enhancing what we are seeing through minimal incisions, and improving checks and balances," says Dalury.

For patients, that translates into decreased complications, improved outcomes and improved durability of joint replacement.

For now, the Ci™ System is being used for total and partial knee replacement, but other joint replacement procedures won't be far behind, according to Dalury. He expects the computer-assisted technology to be standard for hip replacement surgery within the next year or two. And, spine surgery will be next on the horizon.

"It's a whole new way of doing skeletal surgery," says Dalury.

"This is the dawn of a new age of visualizing the human body for surgery," says Dalury.

er-navigated system that will not only visually map the entire procedure as it occurs, but will also have mapped beforehand what the outcome will be.

St. Joseph is an early adopter of the new "intelligent" orthopaedics, a system that is changing the way minimal incision orthopaedic procedures

Orthopaedic surgeon Dr. David Dalury (left and inset) performs a total knee replacement using the latest computer-navigated system.



patient's knee joint on screen giving the surgeon a three-dimensional rendering of each step. It's the kind of detailed information that helps a surgeon align a patient's bones and joint implants before an incision is ever made.

That means that surgeons can gauge the consequences or results of surgical decisions before they are made – not later, when a post-operative X-ray can only provide a retrospective assessment.

Minimal incision surgery is, by its

Pain in the Knees

There are approximately 200,000 knee replacement surgeries done in the U.S. annually. How you know whether you need a total or partial knee replacement depends on consultation with an orthopaedic surgeon who specializes in joint replacement.

Here are some symptoms that warrant a visit:

- Popping with accompanying pain
- Grinding and/or crunching
- Locking, as in the inability to bend or straighten the knee
- Giving-way or instability
- Swelling

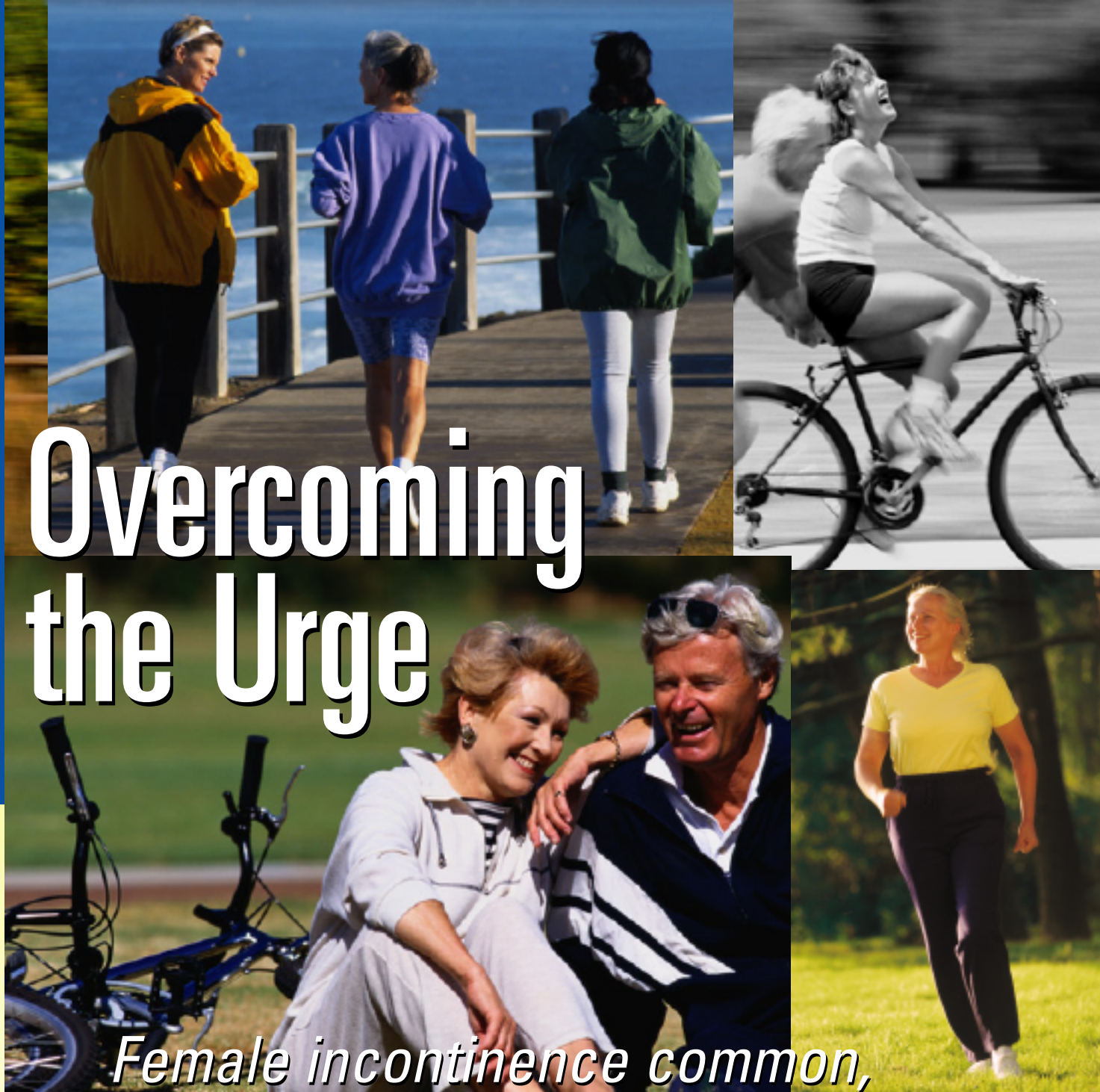
Also, location of pain is important when tracking symptoms:

- Front of knee – related to knee cap
- Inside of knee – related to arthritis
- Outside of knee – related to tears, injuries, tendonitis and arthritis
- Back of knee – may be related to cyst development or associated with kneecap pain



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Overcoming the Urge

Female incontinence common, but treatable

Most of us have seen the “gotta go right now” commercials that slightly poke fun at the issue of incontinence.

It’s good that it puts it out there, says Dr. Marc Siegelbaum, chief of Urology at St. Joseph Medical Center. “But for a lot of people, particularly women, it’s no laughing matter.”

Urinary incontinence (UI) affects about 15-20 million people in the U.S. – women are affected twice as often as men. The prevalence of incontinence increases with age. Up to 30 percent of adults over age 60 have some form

of UI. But, says Siegelbaum, “it’s not a condition that should be considered a normal part of aging.”

There are reasons, though, why women experience incontinence more frequently than men. Pregnancy and childbirth, menopause and the structure of the female urinary tract account for most of the difference.

The two most common types of UI are

Stressed Out

Stress incontinence is what sent 64-year-old Bonne Morrison to St. Joseph chief of Urology Dr. Marc Siegelbaum.

“It became embarrassing,” explains Morrison. More problematic for her was that she began giving up her daily gym workouts, which were a significant part of her life.

“When I started leaking when working out, that’s when incontinence became a huge issue for me,” she says. “And, I wasn’t going to take it.”

Fortunately for Morrison, surgical treatments for incontinence have never been faster or easier. The most common are “sling” procedures such as the pubovaginal or pubourethral sling. In the past,

these slings were created from grafts from another part of the body and anchored with devices that essentially altered the position of the urethra.

Considered minimally invasive, advances in the past decade have made these procedures even less invasive, says Siegelbaum. Today, the transvaginal tape (TVT) sling – the next generation of sling procedures – is widely used and appreciated among surgeons and their patients for its anatomically-friendly approach.

“The TVT uses a mesh material instead of anchors and grafts,” says Siegelbaum. “It’s a 20-minute quick-recovery procedure that can be done as an inpatient or outpatient, and increases the level of patient comfort.”

The newest, minimally invasive “sling” procedure has made urinary incontinence a thing of the past for Bonne Morrison.

Morrison says she felt no pain. “Dr. Siegelbaum was perfection, and I was so elated when he said ‘yes, we can fix this,’” she adds.

Morrison now advocates the surgery to many of her friends. “I’ve become aware of so many women who didn’t know this procedure was available,” she explains. “Some of them have been living with this type of incontinence for as long as 20 years – they thought it was normal.”

Learn More!

Urinary incontinence affects 15-20 million people in the U.S. – women twice as often as men. Join St. Joseph at a free lecture to learn more about prevention, diagnosis and treatment of this common condition. **Wednesday, March 16, 7 to 8 p.m.**

Call **410.337.1479** to register.

stress and urge incontinence. If a cough, laugh or sneeze, or any movement that puts pressure on the bladder, causes you to leak urine, you may have stress incontinence.

“We see a lot of stress incontinence in women,” says Siegelbaum. “This is the type of UI usually brought about by the physical changes associated with pregnancy, childbirth and menopause.”

If you leak urine for no apparent reason, however, with a sudden need or “urge” to urinate, it’s more likely that you might have urge incontinence.

“The most likely reason for urge incontinence is inappropriate bladder contractions,” says Siegelbaum. “This means that your bladder might involuntarily empty during sleep,

after drinking a small amount of water – even when you touch water or hear it running.”

Sometimes, the bladder receives an inappropriate signal from the brain to empty, or the bladder muscle spontaneously contracts. This is referred to as spastic or overactive bladder.

The good news is that there are treatments for incontinence, which range from simple strengthening exercises to surgery, says Siegelbaum.

“The first step is an evaluation by a physician who specializes in the urinary tract,” he says. This will include questions about symptoms and medical history, physical exam and a test that measures bladder capacity. Other tests such as urinalysis, ultrasound and cystoscopy may be performed as well.

“Once we identify the type of incontinence, then we can begin looking at treatments,” says Siegelbaum.

For women with spastic bladders or urge incontinence, simple or more sophisticated bladder exercises such as biofeedback training may help. Numerous oral or topical patch medications are available. For more resistant cases, implantable neurostimulators also can be used.

For stress incontinence, treatments include bladder-control exercises, urethral injections with bulking materials, or minimally invasive sling procedures.

“There are many options for helping folks with UI,” says Siegelbaum. “Women should not be so embarrassed by this condition that they don’t seek treatment.”

When Band Aids Won't Do

Wound Center offers help for non-healing wounds



St. Joseph's Wound Center was a turning point for Dolores Medin-Knitz.

When it comes to wounds, most of us think of cuts or abrasions for which a swift wipe with an antiseptic and a Band Aid to top it off are the rule of thumb.

And, when the body's natural healing abilities are in order, that's usually the case.

But, as people grow older and suffer from circulatory problems or diabetes, or require surgery or bed rest, a small wound can turn into a very large healing problem.

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"Sometimes an ordinary incident like bumping into a piece of furniture can become a non-healing wound," explains Sue Currence, R.N., clinical manager of the Wound Center at St. Joseph Medical Center.

More than four million older people in the U.S. suffer from non-healing wounds each year, according to the National Institutes of Health. Wounds range from pressure ulcers, to surgical incisions that have become infected, to leg ulcers due to poor blood circulation.

For 74-year-old Dolores Medin-Knitz, the culprit was a form of dermatitis on her buttocks caused by celiac disease, a gastrointestinal disorder.

"It was just a mess," she explained. "I was in constant pain – unable to walk, stand or sit – and the advice I got was to have plastic surgery."

Medin-Knitz was vehemently opposed to having surgery, but at wits end for finding a solution to her problem.

"I was very depressed," she recalls.

Wounded Knee and Others

Non-healing wounds are more common than people think. Here are some typical causes:

- People who stand on their feet or sit in place for most of their careers are at risk for leg ulcers
- Wounds caused by diabetes
- Being overweight, which puts excess pressure on ankle valves
- Fragile skin such as occurs with steroid therapy
- Dermatitis

Eventually, she found her way to St. Joseph's Wound Center through the advice of a friend. Now, Medin-Knitz credits her turning point to Currence and the treatment she received from the Wound Center.

Currence, in turn, attributes the center's success in healing to treating the "whole" patient. "We look at what is happening to the patient on a total level," she explains.

The Wound Center staff also has an extensive knowledge of and access to the most advanced wound care technology available, whether dressings, equipment or physical therapy.

"Everything has been so positive for me," says Medin-Knitz. "They were the only ones to offer the encouragement I needed."

Checking Up

Regular physicals are best path to good health



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To go, or not to go? That's the question many adults ask themselves when it comes to getting regular physical checkups.

But, the American Medical Association and the President's Health and Fitness Initiative encourage routine checkups and screenings to catch previously undiagnosed conditions or risks of conditions.

"Age 50 is a milestone for regular checkups and screenings, with an emphasis on preventive medicine," says St. Joseph Medical Center primary care physician Dr. Mark Saba. "We figure out what we

can detect early and even head off diseases, like diabetes, before they begin."

For some people, routine screenings like mammograms and prostate exams, should begin at age 40, and even earlier. Patients have different screening needs, according to Saba, and doctors can determine those needs based on comprehensive evaluations.

"My job is to tell patients what the prevalence of certain diseases is and what each individual is at risk for down the road; conditions such as a heart attack or stroke." Saba takes into consideration family history and advocates early base-line screenings.

One of the most valuable contribu-

Are You Checking Up?

Don't ignore guidelines for preventing the common conditions below. A primary care physician can help keep you on track. If you have a family history of any of the below, you should see a physician earlier than these age guidelines, says Saba.

Blood pressure: Every 2 years for all ages

Cholesterol: Every 5 years until age 40, then check with your doctor

Colon and rectal cancer: Screenings annually, age 50 and older

Prostate cancer: PSA and rectal exam annually, age 50 and older, 45 for African-American men.

Mammograms: Every 1 to 2 years, age 40 and over

Diabetes: Pre-diabetes screening of overweight people, age 40 and over

tions Saba believes he can make to a person's good health is diet, nutrition and exercise counseling. Many health issues are tied to excess weight.

"More than anything else, I help with diet management with my patients," says Saba.

Saba works closely with his patients to determine goals and then acts as a guide for achieving and maintaining those goals.

Successful lifestyle habits take perseverance combined with education, says Saba. "A lot of people enjoy checking back in with me at regular intervals, so we can adjust their regimen accordingly and make goals for follow-up appointments."

Preregistration or scheduled appointments are required for many calendar activities. Unless otherwise designated, call **410.337.1479** to register or schedule your appointment. All activities are held at St. Joseph Medical Center unless otherwise indicated.

HEART MONTH

Heart Risk Screening
Saturday, February 19, 8 a.m. – Noon
Call **410.337.4478** after February 1 to schedule appointment.
Receive a free assessment of your modifiable cardiac risk factors including cholesterol (Total & HDL), body composition, blood pressure, exercise and smoking habits. Meet with a counselor who will review your results and provide recommendations for risk factor reduction and follow-up. Fasting not required. Participants must be at least 18 years of age.

Atrial Fibrillation: Managing the Unmanageable
Tuesday, February 8, 6:30 p.m.
Understand the basics of atrial fibrillation, treatment options, and lifestyle challenges.
Dinner provided. Registration required.

Heart Happenings
Saturday, February 26, 10:00 a.m. – Noon.
Attend two lectures starting at 10 a.m. Each 40-minute lecture is followed by 10 minutes of Q&A, followed by 15 minutes for refreshments. Participants will have the opportunity to attend both lectures. Refreshments will be served.

- **Sudden Cardiac Death: Are You Prepared?**
What is it and what do you do? Includes where to find and how to use the automatic external defibrillator (AED).
- **The Trauma of Illness and Spiritual Healing**
Learn how tapping into the inner self can be a powerful tool to survive the changes brought about by illness such as heart disease and heart attack.

TOPICS OF INTEREST

Yoga Classes
Hatha Yoga, Senior Yoga, After Breast Cancer Diagnosis (ABCD) Yoga and Pregnancy Yoga
Please call for times, prices, and registration.

Breast Health, Breast Cancer, and Breast Self-Exam
Breast cancer is the most common type of cancer among women in this country (other than skin cancer). Find out more about this disease and how prevention and early diagnosis can help. Lite fare provided. **Registration required.**
Thursday, March 3, 6 p.m.

Pancreatic Cancer: Knowledge to Tackle This Disease!
Do you smoke or have diabetes? Are you male or African American? These are just some of the risk factors for Pancreatic Cancer, which is the 4th leading cause of all cancer deaths. Come learn about its causes, diagnosis, new treatments, and prevention for this disease.
Tuesday, March 8, 7 p.m.

Female Incontinence: Relief for Those Affected
Incontinence affects about 15-20 million people in the U.S. and women are affected twice

as often as men. Incontinence is not a normal part of aging. Find out how to prevent and treat this lifestyle altering condition.
Wednesday, March 16, 7 p.m.

Feeling Sick? Is It a Cold Virus or Allergies?
Do you feel like you always have a cold or keep catching a virus? You may have allergies that are causing these symptoms. Come hear an allergist speak on some hot allergy issues and how to relieve the confusion on allergy medications.
Wednesday, April 20, 7 p.m.

Osteoporosis Lecture and FREE Bone Density Screening
One in two women and one in four men age 50 and older will experience an osteoporosis-related fracture. Learn how you can prevent this common disease and get your bone density screened (ultrasound test of the heel). Also appropriate for young women who may not know how their lifestyle is impacting their bone density. Lite fare provided. **Registration required.**
Wednesday, May 18, lecture 6-7 p.m. Screening and lite fare to follow.



Monday, January 24, 9 a.m. - 1 p.m.
Friday, February 25, 9 a.m. - 1 p.m.
Monday, March 21, 9 a.m. - 1 p.m.
Monday, April 25, 9 a.m. - 1 p.m.

SMOKING CESSATION

Quit Quitting Around
Learn techniques to quit smoking and maintain a positive behavior change.
Meets every Wednesday 6 - 7 p.m.
Fee: \$25 annually.

RAISE
For adolescents who smoke. Required Adolescent Intensive Smoking Education (RAISE)

helps teens break the formation of a lifelong addiction. Sliding scale fee.
Registration required.
This three-part series is held monthly. Times vary.
January 16, 19, and 20
February 13, 16, and 17
March 13, 16, and 17
April 10, 12, and 14
May 15, 18, and 19

SCREENINGS

Breast Cancer Screening
For women 40 years and older, who have not had a mammogram within the past year and do not have breast disease. This FREE screening includes a clinical breast exam and a screening mammogram. **Appointment required.**
Saturday, April 2, 9 a.m. – 1 p.m.

Skin Cancer Screening
One person dies of melanoma skin cancer every hour. Protection, prevention, and detection are the key to healthy skin. See how healthy your skin is at this FREE screening. **Appointment required.**
Wednesday, May 11, 5:00 p.m. – 7:30 p.m.

Bone Density Screening for Osteoporosis
Suitable for those with the risk factors of:
• being female
• thin and/or small frame
• family history of osteoporosis
• post-menopausal
• inactive lifestyle
• smoking
• excessive use of alcohol
Consists of quick, painless ultrasound test of the heel. For those who have not had a Dexascan or ultrasound bone scan in the past year. Fee \$20.
Appointment required.

LECTURE SERIES

ADHD (Attention Deficit Hyperactivity Disorder) Lecture Series
ADHD is a real disorder that begins in childhood. It can change the way your child thinks, feels, and acts. Come learn more from a psychologist and an educational consultant or a behavioral specialist all specializing in ADHD.

ADHD: Common Traps - Common Sense Solutions
Wednesday, March 9, 7-9 p.m.

ADHD - Social Skills and Self-Esteem: The 'Social Dance' - Does Your Child Know the Steps?
Wednesday, April 13, 7-9 p.m.

ADHD: Winding Down the School Year - Winding Up for the Next
Wednesday, May 11, 7-9 p.m.

FREE SUPPORT GROUPS

Caregivers' Support Group
For anyone faced with the challenges and responsibilities of caring for an older adult.
Meets first Thursday of every month at 7 p.m.
Call **410.337.1109** to register

Crohn's Disease and Colitis Support Group
Designed for adults who have been diagnosed with Crohn's Disease or Ulcerative Colitis. Open to family and friends as well.
Meets first Monday of every month at 7 p.m.

Diabetes Support Group
For anyone with diabetes. Open to family and friends.
Meets first Tuesday of every month at 1 p.m.

Pregnancy Loss Support Group
For those who have experienced a fetal loss
Meets first Monday of every month at 7 p.m. (none in April)
Call **410.337.1109** to register

Widow/Widowers' Support Group
Six-week Monday series designed for men and women whose spouse died more than three months ago.
Mondays: Jan 10, 17, 24, and Feb 7, 14, 21 from 3:30 p.m. - 5:00 p.m.



SPIRITUAL OFFERINGS

Pregnancy Loss Burial Service
Wednesday, April 27, 1 p.m.
Call **410.337.1109** for more information

Memorial Mass for Deceased Patients
Wednesday, April 13, 7 p.m.
Call **410.337.1109** for more information

HEALTH EDUCATION

Diabetes Self-Management Education Program
This program is an ADA nationally recognized education program consisting of a 1-hour individual assessment and 9 hours of group classes. Fee: May be insurance reimbursable.

TRAINING

AARP Driver Safety Program
An 8-hour (2-day) classroom course to improve driving skills of people ages 50 and older. Fee: \$10.

Registration required.
Saturdays, March 12 and March 19, 9 a.m. – 2 p.m.
Saturdays, April 9 and April 16, 9 a.m. – 2 p.m.

CPR for Health Care Providers
Course designed to meet the needs of health care professionals who respond to cardiac and respiratory emergencies. Course includes adult, pediatric CPR, FBAO, 2 person Rescue CPR, barrier devices, and AED. Fee \$45
Saturday, January 8, 9 a.m. - 1 p.m.
Saturday, February 5, 9 a.m. - 1 p.m.

Infant and Child CPR for Friends and Family
Course provides instruction on infant and child CPR, management of obstructed airway, and general safety issues. Recommended for general public, parents, grandparents,

and unlicensed babysitters. Fee \$45
Saturday, March 5, 9 a.m. - 1 p.m.
CPR for Heart Savers
CPR and relief of airway obstruction for adults, infants, and children. Specifically designed for lay rescuers requiring credentialing documentation (Nursing technicians, licensed daycare providers, lifeguards, security personnel, etc). Fee \$45
Saturday, April 2, 9 a.m. - 1 p.m.

Family Programs

CHILDBIRTH CLASSES

Childbirth Review Class
For couples who have completed childbirth classes before. This 2-hour class includes a review of labor and delivery, breathing techniques, and a discussion of sibling preparation. Tour not included. Fee: \$20.
Friday, February 4, 7-9:30 p.m.
Friday, April 29, 7-9:30 p.m.

Healthy Pregnancy Class
A class for couples planning to get pregnant or in the first 18 weeks of pregnancy. Class topics include nutrition, anatomy, and physiology or pregnancy, relaxation techniques, a tour of the Labor/Delivery and Mother/Baby Units, and much more. Fee: \$20 a couple.
Thursday, January 20, 7-9:30 p.m.
Thursday, March 3, 7-9:30 p.m.
Thursday, April 28, 7-9:30 p.m.
Thursday, May 26, 7-9:30 p.m.

Breastfeeding Class
A one-time class for expectant parents. A certified lactation consultant will review basic information on breastfeeding, including advantages, how-tos,

special considerations and more. Fee: \$20.
Saturday, January 8, 1-3:30 p.m.
Saturday, February 12, 1-3:30 p.m.
Saturday, March 12, 1-3:30 p.m.
Saturday, April 9, 1-3:30 p.m.
Saturday, May 14, 1-3:30 p.m.

Call **410.337.1880** to register or for more information about Family Program classes.

FAMILY TIES

Kangaroo Kapers
For children ages 3-6 whose families are expecting new siblings. Fee: \$10 per family.
Saturday, January 8, 10:30-11:30 a.m.
Saturday, February 12, 10:30-11:30 a.m.
Saturday, March 12, 10:30-11:30 a.m.
Saturday, April 9, 10:30-11:30 a.m.
Saturday, May 14, 10:30-11:30 a.m.

Mothering Matters
Free support group for new moms and their babies.
Thursdays, 10:30 a.m. – Noon

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February is National Heart Month

Heart disease is the number one killer in the U.S. St. Joseph will offer classes and lectures during National Heart Month in February to help you learn more about diagnosis, prevention and treatment. See page 6 for details about these life-saving events.