

DISTRACTION

THE NEWSLETTER OF ASAMI - NORTH AMERICA
The Limb Lengthening and Reconstruction Society

Volume 2, Number 1

Editor: Stuart Green, MD

March 1993

A Plea for Clarity

by Jesse Jupiter, M.D.

At the recent ASAMI meeting we voted to continue to incorporate the current title. This was, from my perspective, as much a reflection of our respect to the originator of this method as anything else. Having said that and certainly acknowledging the contributions of Professor Ilizarov, I believe that we no longer have to prove to ourselves that the method works. Thus, my plea is to begin to assess our treatment in the surgical execution, the post-operative management, and functional outcome in the same manner with which we assess other methods. Just the fact that the method will work and the x-ray will show a lengthened, realigned, or regenerated limb is not satisfactory enough. As many of us use alternative methods as well, we must make it clear to ourselves, our colleagues in the practice of orthopaedic surgery, and, most importantly, to our patients what is in store for them and what we can expect in an honest evaluation.

Thus my plea would be the following: Let us avoid creating new methods of evaluating outcome such as "setbacks," "inconveniences" all the way to the point of "sequelae," and consider complications as they are. I believe that I have witnessed every aspect of these descriptive phenomena and can assure you that

my patients have had to endure a number of re-treatments, etc. that cannot at all be accepted as simply "setbacks." You might say, "Well, the individual is still in his learning curve!" I believe that we should all be learning, and when we stop learning we tend to become what might be considered "a menace." You might also say, "Well, he hasn't done enough of these to be able to make such statements!" I believe that I have done sufficient numbers (upwards of 100) to be able to evaluate fairly and honestly how this method works. Since I do many cases with alternative means, I have the perspective, I hope, to provide a clear window into this methodology.

Finally, in this regard, I noted at the recent meeting that many of our experienced colleagues still have what might be considered upwards of 50 percent of some form or another of a complication. To further clarify this, I would suggest that if one has to apply a plate and screws to regenerate bone that has malaligned or not healed, then this is a major complication of the treatment and, irrespective of the outcome, cannot be considered to be a successful distraction histogenesis case. Furthermore, if a pin breaks and has to be reexchanged etc., this is a major complication requiring a second anesthetic with all the complexities fraught with this, including the chance of sepsis etc., and it must be considered a complication and cannot be divorced by saying the ultimate outcome was fine and therefore this is not a "sequela."

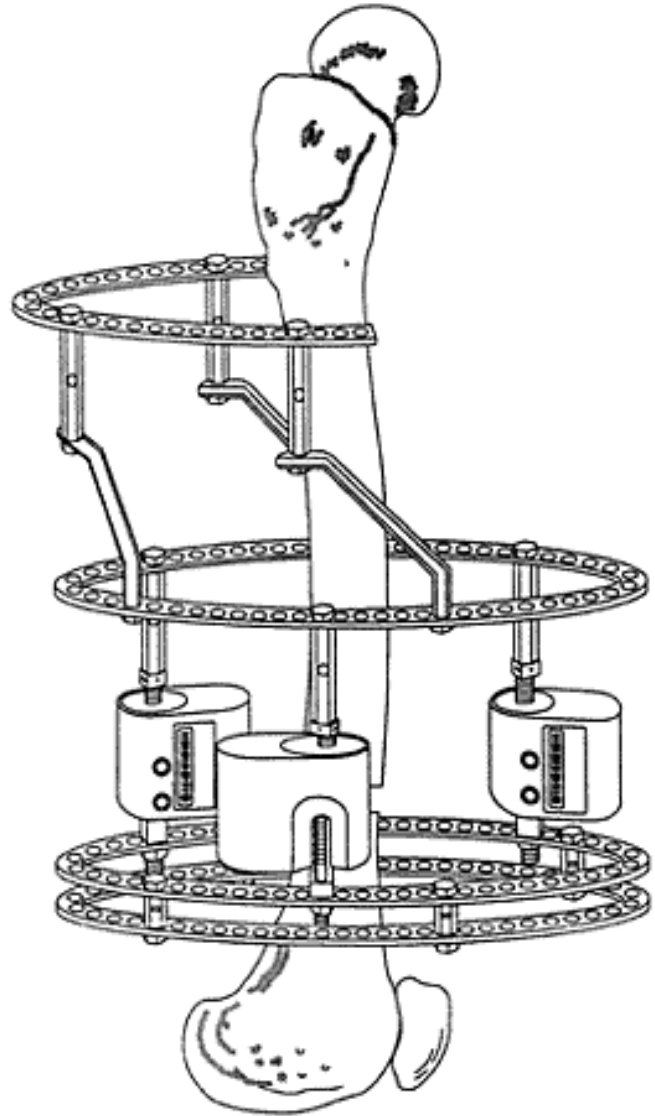
I would also plead for clarity in evaluating outcome. Again, if our methodology results in a lengthened limb but in contracture, angular deformity, stiff articulation, or what have you, this will undoubtedly affect the individual's functional capacity. Thus, in dealing with limb salvage or limb reconstruction, it would behoove all of us to include functional outcome in the manuscript as we would for any other methodology. This would include not only such things as we do, i.e. leg length and alignment, but also range of motion of the joints above and below, functional capacity such as ambulation, sports, etc., criteria of pain, and criteria of patient assessment. This is not at all to suggest that we must blindly enter the tunnel known as "outcome studies" to create validity for our method - not in the least. We must, however, look at our method as we would any other method of reconstruction and all that it implies.

I would hope that information such as this can be taken in a constructive light and that perhaps for next year's meeting information be included in the "call for abstracts" to suggest investigators that they consider some of these evaluation criteria in their abstract and presentation.

I hope that I will not be perceived as a "heretic" or, for that matter, a "renegade" but rather I would hope very much to be a disciple of this method as are all of you. Thus, my "plea for clarity."

Technique Tips:

When automating a femur lengthening, always try to space the drive motors evenly. To accomplish this easily, use two rings distally and off-set to a femur ring placed proximal. Place the motors in between the two distal rings for movement force which will be transferred to the femur ring via the offsets. Placing the drive motors in between the femur ring and the closest full ring will cause extreme sideloading and cause a propensity for bending of the construct. (see sketch for proper set-up)



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