



DORR RESEARCH FOUNDATION

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General Information

323-747-6641

New Patient
Appointments
with

Lawrence D. Dorr, M.D.
or

Paul K. Gilbert, M.D.
323-747-6641

Jeri Ward R.N.
310-493-8073

jeriopwalk@yahoo.com

OOPS! by Lawrence D. Dorr, M.D.

My first memory of this gentle expression of making a mistake was my Mom’s expression when I spilled milk! It is universally recognized as an announcement that “You did something wrong.” For example, in surgery it is not a word one wants to hear! But we all commonly use it, often to chastise ourselves. Today I am going to use it to chastise my orthopedic profession for allowing patients to be misinformed.

The anterior approach for hip replacement is advertised all over the internet as providing superior results yet there has not been any published data – ever – that shows it is superior to a posterior approach for the ultimate comfort, performance, and longevity of the operation. Its claims that patients recover more quickly are contradicted by our data on sending patients home the same day!!¹ How can one recover faster than that without having the surgery on your kitchen table at home?!!

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RETIRED? “NUTS”

In December 1944 the Germans had surrounded the Americans in Bastogne, Belgium, and sent a delegation to demand surrender. The American General, Tony McAuliffe, replied to them “NUTS.” Soon thereafter Gen. George Patton and his tank corps rescued Bastogne. The reply to the Germans has become iconic for meaning “It’s not happening!”

So now that there is a rumor prevalent in Los Angeles that Dr. Dorr has retired, he says his answer is “NUTS!” He emphasizes that his hands are better than ever, and the team surrounding him is as energized as they were when you were operated. So we all ask that you counter that rumor if you encounter it!



Lawrence D. Dorr, M.D.

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Save the Date: **OCTOBER 28, 2017** for our **Annual Gala Dinner**
honoring Operation Smile Founders William and Kathy Magee.
For more information contact us at Jeriopwalk@yahoo.com



Dr. Paul K. Gilbert

Five Years Ago *by Paul K. Gilbert M.D.*

Five years ago, I wrote in this journal about change and our move to Keck USC. I pointed out that change was not always easy, but usually good for the soul. It turned out to be a very good move and now leads to another. As of April 1,

I am now full time Keck faculty with an appointment as Assistant Clinical Professor. What this means is that I am moving my Pasadena practice over to Verdugo Hills Hospital under the Keck umbrella.

I have been fortunate to be given the position as Medical Director of Orthopedic Surgical Operations at Verdugo Hills. There, I have been able to build a top notch joint replacement program that rivals ours at Keck. Drs. Dorr and Lieberman remain our mentors and Drs. Alex Weber (sports), Raymond Hah (spine), John Liu (spine) and Eric Tan (foot and ankle) are there as well.

Our new clinic will be finished in June or July and will be at the 1818 building up the hill from the hospital. For now and temporarily, I will see my patients at the Keck clinic on Foothill in La Cañada. Addresses and phone numbers are listed at the end of this article.

I am blessed to have Julie Anderson join us as our nurse coordinator. Many of you know Julie already and she has an article in this journal [back page] to keep you up to date on her activities. We also have Cecilia Cayton as our director. She has extensive experience in the orthopedic field and is an expert on joint replacement teams and the new medicare reimbursement model

called *bundled payments*. You will hear more about her in upcoming issues.

My medical assistant Rosemarie and my x-ray tech, Manny, will also be going to the new clinic. They will help provide continuity of care and help with the transition of medical records and x-rays as well as continue to provide services to our patients. It takes a team and I am lost without them!

I will continue my work at Keck Hospital two days per week. Jeri, Mary Ellen and the crew just can't get rid of me. For now, I will only have the MAKO robotic system for partial knee replacement at Keck. We are adding robotic assisted total knee replacement in the next couple of months. We are very excited about this new technology and Keck remains at the forefront of orthorobotics. Hopefully, we will get this technology at Verdugo in the near future. We continue to use computer navigation and the team approach to joint replacement at both locations.

Change is hard and sometimes confusing. I apologize for any difficulty and greatly appreciate all the effort of everyone involved, including patients!

DR. PAUL GILBERT'S NEW ADDRESSES:

Temporary starting now:

Keck USC Clinic
1751 Foothill Blvd., Suite 3
La Cañada, California 91011

Permanent to start in June or July:

1818 Verdugo Blvd., Suite 300
Glendale, California 91208
Sits up on the hill behind Verdugo Hills Hospital

Phone number is the same:

(626) 486-0179

Email:

paul.gilbert@med.usc.edu

OOPS! continued from page 1

Now comes the first data on the outcome of the anterior approach beyond six months, and it destroys the internet image! Two – not one but two – articles from highly respected total hip centers on the east coast(1) and on the west coast (2) have reported increased failure at five years, and need for revision hip surgery, in patients who had a direct anterior approach. The failures were caused by loosening of the femoral stem, and the incidence of fracture (breakage) of the femur was three times as high as a posterior approach while the rate of dislocation was the same between the direct anterior and posterior approaches. This is the same operation that advertises “no muscle cut,” but forgot to tell you “lots of fractures and loose stems so you get a second operation by five years”! Yes, that operation is now the worst for total hip surgery for longevity by data just published.^{2,3}

This is an “oops” for orthopedics because none of the leading orthopedic societies called out the self-promotion of the internet marketing of surgeons – and worse, companies – that supported the direct anterior approach without data. This was clearly unfair to patients who believed the hype, and now are having a revision (the patients reported in the studies). Of course not all patients with a direct anterior approach will suffer this complication, and most will have a good result. But surgery is a statistical game, and our job as surgeons is to give our patients information that allows them to have a comfortable, long-lasting hip. The leaders in orthopedic surgery should have countered the internet marketing with loud noises that this information was only opinion, and not scientific fact. Instead, the unfounded marketing went unopposed.

Medicine is so important to everyone because our health is so important. I hope in the future that orthopedics has learned from this experi-

ence, and won't allow untested treatments to be marketed as superior. For those of you who have supported our research your support has provided data that the hip replacement we perform with a minimally invasive posterior approach is validated for rapid recovery, functional outcomes, and longevity.^{1,4,5} In fact, the ONLY ten year data on minimally invasive hip replacement is our data on our posterior approach. Thank you for your loyalty and support of our work, and I hope to be able to serve you all, and your family and friends, with these predictable results if the need for hip replacement arises.

¹ Dorr LD et al. Outpatient total Hip Replacement. *J Arthroplasty* 2010

² Meneghini RM et al. Direct Anterior Approach: Risk Factor for Early Femoral Failure of Cementless Total Hip Arthroplasty: A Multicenter Study. *J Bone Joint Surg Am* 2017; Jan 99:99-105

³ Eto S et al. The Direct Anterior Approach is Associated with Early Revision Total Hip Arthroplasty. *J Arthroplasty* 2017; Mar;32: 1001-1005

⁴ Stefl M. et al. Spinopelvic Mobility and Acetabular Component Position for Total Hip Arthroplasty. *Bone Joint J* 2017;99-B (Suppl A): 37-45

⁵ Yukizawa Y, Dorr LD et al. Posterior Mini-Incision with Total Hip Arthroplasty: A Nine to Ten Year Followup Study. *J Arthroplasty* 2016;31;168-71

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You can follow
Operation Walk
surgical missions
on Facebook.



Visit our website at
www.operationwalk.org

Founders of Operation Smile to be Honored in October

As a world class orthopedic surgeon, Dr. Dorr was sought after for surgeries in many countries. During a surgery in Russia, he was inspired to found a medical services organization that would enable him to bring a team of surgeons to a country and perform multiple surgeries while, at the same time, train local surgeons so there would be a lasting impact and continuity of care.

He looked to another humanitarian medical organization that he admired as a model for best practices and missions combining physicians, other medical professionals and volunteers. That organization was Operation Smile, founded 35 years ago by Bill and Kathy Magee to provide reconstructive cleft palate surgery to children around the world.

Led by Dr. William P. Magee, Jr., a plastic surgeon, and Kathleen Magee, a nurse and social



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

worker, teams of physicians and volunteers travel around the world each year to perform safe and quality surgeries that change the lives of these patients. Operation Smile has more than 100 missions on every continent scheduled for 2017.

Operation Walk took its inspiration from Operation Smile and also adopted its successful operating approach. Thus, Operation Walk's Board of Directors decided it was fitting to honor the Magees for their vision, leadership and inspiration at this year's fundraising gala on October 28 at the Beverly Wilshire Hotel. Chuck Henry,

KNBC-TV news anchor, will again serve as master of ceremonies.

It's going to be a fantastic evening and we promise some surprises.

You won't want to miss it.

Save The Date Operation Walk Annual Celebration

6 p.m. Saturday, October 28, 2017

Beverly Wilshire Hotel, Beverly Hills

Honoring Dr. Bill and Kathy Magee,

Co-founders of Operation Smile

with Chuck Henry of KNBC as MC

THE NEWSLETTER IS GOING ELECTRONIC!

If you wish to receive our newsletter electronically please email us at jeriopwalk@yahoo.com and we will put you on the email list. You will be the first to receive information and updates from Dr. Dorr and Dr. Gilbert. The email version will be available with the September issue, so requests must be received by August 15, 2017.

AKA *El Ángel*

E*l Ángel, thiên su, malaika, anghel, tianshi, svargadutale.* The Operation Walk Team has been called angels in many languages over the past 20 years. Yet we know that the true angels of Operation Walk are YOU, the donors that help us to financially support these missions. One of our donors, Andrea Van de Kamp, recently suggested to our Board President, Carolyn L. Miller, that we should create an opportunity and develop “The Angels of Operation Walk,” to give a more personal opportunity for our donors to see directly where their money goes, and to follow a patient through screening and beyond.

It costs Operation Walk about \$118,000 per patient to perform a hip or knee replacement in a country where this type of operation is not available to people in need. This counts supplies such as implants, surgical materials, medications and recovery equipment. This considers the cost of getting team members there, meals, hotel and ground transportation, as well as shipping the cargo and getting potential patients screened with x-rays and lab tests. On each mission we operate between 50-65 joints. The team members take their vacation time to volunteer their services and educate local surgeons, patients and their families.

We will kick off the program with our August 2017 trip to Guatemala, where 70 patients wait with hope that they will qualify for surgery. You can receive details on how you can support a patient or a volunteer by contacting Jeri Ward RN at Jeriopwalk@yahoo.com.

Your sponsorship will provide you with a photo and background on your patient on screening day, as well as a daily update on their progress. You will follow your patient through the screening, selection process, surgery date

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Angels of Operation Walk kick off

On June 1, 2017 our founding group of Angels met to plan the kick off for the Angels of Operation Walk project. Fifteen local women met to develop a support group for the Angels project. The group will be open soon for all who want to be an “Operation Walk Angel”

Beto Dossantos, a recipient of a hip replacement during Operation Walk USA 2016 is surrounded by the Founding Angels of Operation Walk.



Back row left to right; Operation Walk Board President Carolyn Miller, Carolyn Wagner, Barbara Casey, Shelly Lowe, Doris Sarkisian, Jeri Ward, Marilyn Dorr, Nina Winterbottom, Denise Botsford, Kathy Goodwin, and Jinny Dalbeck.

Front row; Susi Gertmenian, Beto Dossantos; Jill Baffert and Debbie Lanni.

Not pictured; Andrea Van De Kamp, Linda Seiter, Missy Hotchkin, Ever Carradine Brown, Arlene Deter, Louise Bryson, Kathy Cadarette, Mary Ellen Sieben, Nancy Robinson Van Tuyle, Pat Barkley, and Susan Flanagan.

Carolyn L. Miller Elected to Operation Walk Board President

Carolyn L. Miller, Los Angeles philanthropist and longtime supporter of Operation Walk, has been elected President of the Board of Directors. She has served on the board almost since the organization's founding and has been a committed volunteer. Late last year she announced that she is donating up to \$500,000 to match funds contributed to the organization in 2017 with the goal of raising \$1 million to establish the first endowment.

"It's so important to me to ensure Operation Walk's future and to allow it to continue to serve the poor and suffering people who desperately need these surgeries but cannot afford them," Ms. Miller has said.

"I have watched Dr. Dorr over the past 20 years perform many difficult surgeries, build

new teams and expand to new countries, all the while being an inspiring and dedicated leader of this organization. During my time as a Board Member, what has impressed me most is seeing Dr. Dorr and his team in the field during the 10 missions on which I have volunteered. I have witnessed firsthand how carefully Operation Walk uses the funds it raises," Ms. Miller noted. "It puts patients first."

Ms. Miller was introduced to Operation Walk 20 years ago when her late husband, Charles D. Miller, then Chairman & CEO of Avery Dennison Corporation and a patient of Dr. Dorr, was asked by Dr. Dorr to serve on the first Board of Directors.

"Dr. Dorr's idea of helping people around the world with life-changing hip or knee



Carolyn L. Miller

replacement surgeries seemed daunting, but Chuck and I believed he was a true visionary who could make it happen. It's been wonderful to share the journey," Ms. Miller concluded.



RN Jeri Ward with patient Mario Jacas and his daughter

AKA El Ángel, continued from page 5

and recovery. You will learn about your patient and their life in Guatemala and how their surgery will change their lives.

The average Guatemalan worker makes \$4,500/per year., so this is not a surgery that is affordable to them. Yet in order to work, they need a healthy limb so they can perform their job and provide for their family. We are asking for your help. Will you be an ANGEL to someone who has been waiting and hoping for a surgery that will help give them a better life?

“NUTS!” continued from page 1

It is important to remember that Dr. Dorr has been the preeminent hip and knee replacement surgeon in the Western United States for the past 20 years by his volume of surgery, his published results, his leadership in new techniques for surgery and patient care, and his leadership in the orthopedic community, including Operation Walk. Dr. Gilbert is the leader in the use of computer/robotic technology for knee replacement operations. In Southern California he has performed more robotic unicompartmental (Partial) knee resurfacing than any other surgeon, and more computer navigated Total Knee resurfacing (replacements). When operated by these surgeons you can have the confidence you are being operated by surgeons with the reputation of being among the very best.

The following schedule for Dr. Dorr and Dr. Gilbert will help guide you, your family and friends if you desire to see either one of them: Please ask for Dr. Dorr or Dr. Gilbert specifically when calling for an appointment.

Day of week	DORR	GILBERT
Monday	Clinic	Surgery
Tuesday	Surgery	Clinic
Wednesday	Surgery	Surgery
Thursday	Clinic	Clinic
Friday	Research	Surgery/clinic
Saturday	Golf!	Family
Sunday	Private	Private

Packing for our upcoming trip to Guatemala

On Saturday June 3, 2017, ten people put together six pallets of supplies to complete the cargo being shipped to Guatemala for our mission in August. Working out of our warehouse in Torrance, CA, volunteers, nurses and physical therapist packed rehabilitation equipment, medications and bandages to treat over 50 patients. All items being shipped must be categorized with expiration dates listed. It is not as simple as just putting items into a box. It takes time and patience. This also gives time for our professional volunteers to meet each other and discuss their needs to treat patients. Volunteers bring things like stethoscopes, Accuchecks (for measuring blood sugar), pulse oximeters (for measuring oxygen in the blood) and other small patient care devices that they use to evaluate patients. Physical therapists decide who will bring shoe lifts, Theraband (for upper body exercises), instruction sheets and goniometers.

Prior to this packing day, Team Leader Mary Ellen Sieben sterilized and packed eight instrument sets for the trip, and four pallets of OR equipment, surgical packs, drapes, gloves, patient positioners and more.

Packing is a big job, and a good packing job assures a successful mission. There is a fine line between including everything you need, and over packing which makes our shipping bill go up! Thanks to the great team members who balanced everything out and made packing day fun!



Mary Ellen Sieben RN is the Team Leader for inside the operating rooms. She assures that all equipment needed to perform the surgeries is sterilized and packed in complete sets.

Meet Julie Anderson, RN



My name is Julie Anderson, I am the service line coordinator for Orthopaedics at USC Verdugo Hills Hospital. I was born and trained to be a nurse in N. Ireland. I moved to the USA in 1999.

I have had the opportunity of working on many of the operation walk trips all over the world and that is something I take great pleasure and pride in.

My role at USC Verdugo Hills Hospital is to coordinate the care for all Orthopaedic patients undergoing joint surgery. I first meet the patient when I teach the pre-operative class, this is where our journey together starts. I am working behind the scenes to

ensure everything is organized and all testing is completed and passed so that surgery can take place. I am in the hospital after the surgery to coordinate care, teach and plan for discharge needs. This role is diverse, no two days are the same. It gives me immense pride to work with the team we have formed at USC Verdugo Hills.

Next Stop – Guatemala!

Our next mission will be to Guatemala in August. Two nurses who will be making their first Operation Walk trip helped count medications and pack them for safe shipping on June 3.



Paulina Angujo RN (above left) joins us from Cedars-Sinai Medical Center in Los Angeles and Kelly Twarowski RN from UCLA Medical Center. Paulina connected to Operation Walk through team leader Jeri Ward at a national nurses conference two years ago where Jeri gave an inspirational talk on Operation Walk.

Read the full story about packing day on page 7.