

Katie Johnson: Good morning and welcome to Apple a Day, Lake Region Healthcare's health and wellness show where we feature news and information you can use to live a healthier life. I'm Katie Johnson, your host, and my guest today is Dr. Chris Rott. He is one of our orthopedic surgeons in our orthopedics and sports medicine department. Good morning, Dr. Rott.

Dr. Chris Rott: Good morning.

Katie Johnson: It's been a while since we've had you on the show. You've been part of our sports medicine team here for quite a while, and we want to talk to you today kind of specifically about joint replacement and specifically the anterior approach, but since it's been a while, let's reintroduce you to our listeners. Tell us a little bit about yourself. How long you've been a doctor, what made you get into this line of work, and how long you've been at Lake Region Healthcare.

Dr. Chris Rott: So, I graduated from medical school in 2007, so I've been a doctor for 11 years now. I did my orthopedic training in Grand Rapids, Michigan, and then my wife Penny and I moved here to Fergus Falls with our three boys, Logan, Isaac, and Eli, who keep us very busy and they make it very fun getting involved in the Fergus Falls community.

What got me into orthopedics, I like helping people. I know that's what all the doctors say, but I do, and I like the very physical and mechanical part of orthopedics. I grew up working on cars with my dad, and I always liked to do things with my hands, and orthopedics, it's very structural, and it's improving people's function, their quality of life, and giving them the ability to have less pain and to do more.

Katie Johnson: I'm sure that's very rewarding. I mentioned the anterior approach to hip replacement, which is something unique to you and unique to this area, that you're one of the few doctors who provides the anterior approach to hip replacement. Tell us a little bit about what that means and how that's different than traditional hip replacement.

Dr. Chris Rott: Yes. It's a new way to put in a hip that's not been done quite as often as the other approaches. The big advantage of it is that we are able to go through what we would call a muscle sparing approach. We're able to go in an interval in the front of your leg that goes between the muscles, so instead of having to cut the muscles off the bone with some of the other ways that hips are replacement, we're able to move the muscles aside and do the hip replacement that way. It does require a table that we use that helps to position your leg during the surgery and also has a device that helps to lift the bone into position so that we can do the surgery more effectively. But the nice thing is if no muscles are detached they don't have to heal again. Your muscles get a little bit of a stretch on them as opposed to having to be cut and then re-sutured back down.

Along with this, it gives a significant amount of stability to your hip, which is important because one of the things that can go wrong with hip replacements is that they can come out of the socket and the research has shown that with an anterior approach, it's half as likely that your hip's gonna come out. It's pretty unlikely to start with, and then if you can take and cut that in half, it's even better.

Because of that, the restrictions that we put on you after surgery are very minimal. You're basically able to go back to do the normal things that you do almost from day one, which I think is really neat.

Katie Johnson: Definitely sounds like an advantage, and i think when you couple that with the joint camp model that we have at Lake Region Healthcare, boy, how different does joint replacement look today than it did even just a few years ago?

Dr. Chris Rott: It does. We have heard from numerous patients how quickly they get better. Our physical therapists even tell us that patients are getting better a lot quicker than they used to. There's even places moving to doing these joint replacements and having minimal stays in the hospital. A number of my anterior hip patients have gone home the day after surgery, which is a lot more common now than it used to be before.

You heal better and get back to doing what you want to do a lot faster. I have a number of patients who come to see me after a couple of weeks from the joint replacement who are saying, "I'm almost back to normal. I'm hardly even using a cane anymore." A number of my patients especially by six weeks, a lot of them don't have any assistant devices anymore, either.

The joint camp is amazing. We have a great team of nurses and staff on there who really tailor to joint replacements. We use a different floor of the hospital where there aren't people who have pneumonias and other infectious diseases. You get to be on a separate floor of the hospital. This joint camp has this neat name to it, but it's a system of taking care of you, working with other people who have had their joints replaced and really tailoring your experience in the hospital to someone who's had a joint replaced, which is very different from someone who comes in the hospital for a different kind of sickness. I think it's very effective.

Katie Johnson: Let's talk a little bit about when someone should start thinking about joint replacement. What are the signs and symptoms that it's time to consider joint replacement for a better quality of life?

Dr. Chris Rott: So, for hips, a lot of patients have a lot of pain in the front of their hip or kind of around to the side and to the back, a decreased range of motion. A lot of my hip replacement patients tell me, "I can't get my socks anymore," because being able to rotate your leg and your foot up over your knee to be able to put your socks, your shoes on, you lose that motion with bad hip arthritis.

With knee arthritis, it's again, loss of range of motion. A lot of, probably more in knees, you get something they call crepitus, which is that grinding feeling that you have in there. Also, you can start getting bowlegged or knock kneed from bad knee arthritis, and from hip arthritis, you can start, your legs will start to get shorter and you'll notice you may have a short leg. That's something else.

Obviously, it's good if you've tried taking anti-inflammatory medicines like ibuprofen or Aleve and Tylenol, a little bit of some exercises always are helpful, too, and there are injections that can be put in your joints that help, too, before you get to that point. But long story short, if your joint pain is starting to decrease your quality of life, I think it's time to come talk to us and we can look at things and determine what's happening, what your options are for you, and how we can get you better.

Katie Johnson: One of the buzzwords I've heard brought up lately is "robotics" in terms of joint care replacement. What do you know about that and whether or not it offers any potential advantages?

Dr. Chris Rott: It's interesting new technology that's come out, and what I understand from the research that I've done, it's a technique where they take a CT scan of your joint and then that information is put into the computer with some points that are then selected from the surgeon during the surgery. So, the robot helps the surgeons that are shaping your bone so that the joint replacement can be put in properly and also can help with positioning on the implants when they're put in.

I think this is very similar to the way that Dr. Glynn and I do our joint replacements now. We use what's called patient-specific instrumentation, or True Match, where a CT scan or an MRI is taken of your joint. It's then put into the computer and then there's a custom cutting block that is designed from that, that fits your joint specifically, they find out all of the angles that are specific to you and then they create this custom cutting block that's specific to you that helps us put in the joint specific to you. I think the way we do it here at Lake Region is a similar experience and similar outcomes that I've been very happy with the joint replacements that I've done using those custom cutting guides, and I think the patients are getting better outcomes because of that.

Katie Johnson: Do you have some specific patient stories that you can tell, some successes? How are people coming out of this and returning to life and the activities that they love?

Dr. Chris Rott: I remember one lady who had a very bad hip, she had almost given up on life. Was really eager to sell her car because she just couldn't get around. We were able to replace her hip, and she said, "You got my life back." She could go back to doing what she wanted to do, and we hear that frequently with people. We talked about if you're knock kneed or bowlegged after you have your knee replacement, your leg's straight again, and we hear people telling us that and

they're able to go back to doing the things that they used to do and getting back to enjoying life again.

Katie Johnson: You mentioned Dr. Glynn, and you do have a team of orthopedic surgeons and mid-levels here that do more than joint care, too. We should talk about kind of the full range of services offered in orthopedics.

Dr. Chris Rott: Definitely. Dr. Glynn, my partner, is actually fellowship trained in sports medicine. He's an excellent sports medicine surgeon that can take care of many of the sports medicine complaints that you have. He's also an excellent joint replacement surgeon, and we do joint replacements. We do knee sculpt, shoulder sculpts, take care of trauma. We fix many of fractures that happen in the community here, too, taking care of carpal tunnels and trigger fingers and all of the hand things, too, as well. We also have two good mid-levels, Aaron Lindstrom, a nurse practitioner who does an excellent job, works more primarily with Dr. Glynn, and then Kory Nordick is a physician's assistant who works more primarily with me. We form, I think, a really great team here.

We're happy to see you. We try our best to get you in quickly and we have a diverse range of people with a lot of experience. Kory spent a lot of time in the military and brings a lot of experience to that, to our team, and knowing what he's learned from the military obviously brings in an extra facet to what we do because the military has a lot of different medically seen things than we see always in the community, and I think that's a great asset to our team, too, so we have a great team here and we're very excited about helping you get back to your life and being pain-free.

Katie Johnson: Absolutely. Anything else you would like our listeners to know about specifically the anterior approach to hip replacement, or about our orthopedics and sports medicine program in general?

Dr. Chris Rott: Reemphasize, I think, we are very dedicated to trying to make you feel better here. I think we work very hard, and we have a good team approach to taking care of the patients and getting you pain-free, and back to normal. I'd love to tell you more about the anterior hip, tell you about why we do it and how we do it. We have some good literature here that you can look through, some good pictures that show you what we do and give you some more information in that. But the biggest thing is just we'd love to talk with you. If you have any troubles, come in and talk with us, and we can tell you what your options are and go over your images with you and find out how we can make you better.

Katie Johnson: Dr. Chris Rott, orthopedic surgeon at Lake Region Healthcare, specializing in the anterior approach to hip replacement along with all of the other traditional joint care and sports medicine needs of our community, our athletes, patients of all ages, really, with our orthopedics and sports medicine team. Thanks for being my guest today, Dr. Rott.

Dr. Chris Rott: You're welcome. Thank you, Katie.

Katie Johnson: Dr. Chris Rott and Katie Johnson on Apple a Day today, reminding you, there is so much to do here. Stay healthy for it. Have a great day.