

Staying active with toe implant

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Those who suffer from hallux rigidus, or degenerative arthritis of the big toe, have new reason to lace up their gym shoes. A new cartilage resurfacing implant may allow these patients to maintain their active lifestyle.

Hallux rigidus affects the large joint at the base of the big toe. While some joint wear and tear commonly occurs after age 30, doctors increasingly are seeing this type of arthritis in younger, more active patients, according to Dr. Howard Stone, a podiatrist with the North Shore Podiatry Group in Glenview, Lake Forest and Gurnee. Injury to the big toe joint also can cause arthritis.

People with arthritis of the big toe will have pain and stiffness while walking. Conservative treatments include wearing stiff-soled shoes or inserts. If those treatments don't work, options have included joint fusion or joint replacement. But both have drawbacks.

The new Arthrosurface HemiCAP system was approved by the FDA in 2006 for treatment of moderate and advanced arthritis of the big toe. The system replaces damaged cartilage with contoured implants precisely matched to the patient's anatomy using three-dimensional mapping technology. Matching the curvature of the cartilage allows for proper function of the big toe joint.

Because the implant preserves the joint, it allows for an active lifestyle. Independent studies show that after this outpatient procedure, patients experience reduced pain, rapid recovery and significant range of motion. The HemiCAP implant also is being used in the shoulder, hip and knee.

"This is the new wave of what's happening in orthopedics," said Dr. Howard Stone, a podiatrist with the North Shore Podiatry Group in Glenview, Lake Forest and Gurnee. "The implant is set into the same level of the remaining cartilage and acts as brand-new cartilage. You're not destroying the

joint but resurfacing the joint."

The procedure takes about 35 to 40 minutes for each foot, done a few months apart. It's done under twilight sedation, which falls between wakefulness and complete unconsciousness, and a local anesthetic. After the procedure, patients wear a removable cast for two weeks and then wear a gym shoe and begin physical therapy.

Stone cautions that it's important to choose the patient properly. "This is for people with a moderate amount of arthritis," he said. "If the joint is really destroyed, you can't do this." The implant should last around 20 years, about as long as an artificial joint, he said.

With joint fusion, surgeons remove the damaged joint between the two bones and allow the bones to grow together. Joint fusion eliminates arthritis pain, but it restricts movement of the big toe joint and limits the shoes that may be worn, especially for women. It's often used for older, less



Photo for the Tribune by David Banks

Dr. Howard Stone, a podiatrist, shows an X-ray of patient's foot. Stone points to an arthritic toe he hopes to fix with a new cartilage resurfacing implant.

active patients.

Joint replacement involves replacing the joint surface with plastic, metal or a silicone compound. This procedure may relieve the pain and preserve joint motion. But artificial joints made of silicone can cause tissue reactions. And because so much bone and cartilage is removed, any future surgery

is more difficult.

As for the new treatment, "Long-term studies will show how effective this implant will be in allowing a patient to walk and how long the implant itself will last," said Dr. Tayeb S. Hussain, a podiatrist with Evanston Podiatric Surgeons who has done a few procedures.

"I'd give it at least a year

and a half until long-term studies are evaluated to know whether it's a standard procedure," he said. "I reserve it for people with any cartilage deterioration. Women can return to wearing heels within three to four weeks. It's best for patients who have cartilage deterioration under age 60 who still want to be active."