



Dear Colleague

Waikato surgical 'first' benefits New Zealanders

Elbow replacements are rare in New Zealand. They are usually performed on patients with rheumatoid arthritis but they have become less frequent due to advances in rheumatoid medication. However, they still need to be performed on occasion and they are difficult and technically demanding procedures.



Sydney-based surgeon Jeff Hughes recently performed a live total elbow replacement at Braemar Hospital, watched by a dozen other surgeons and medical staff from around the country. Mr Hughes was aided by Braemar Hospital surgeons Thin Hong and Chris O'Meeghan.

It is believed this is the first time public and private health providers have combined to stage a surgical demonstration in New Zealand. The operation, on Monday June 22, was carried out in one of Braemar's digital operating rooms, where it was streamed live to the Boardroom using Olympus technology.

The patient, aged 66, had severe and very painful arthritis of his elbow.

Mr Hughes is a leading Australian orthopaedic surgeon, specialising in elbow and shoulder reconstruction. He helped design the Zimmer-Nexel elbow prosthetic, which was used in the operation.

This is the first time the prosthetic has been used in a private hospital in New Zealand since it received FDA approval last year.

Total elbow replacement is a rare procedure worldwide. In the UK, with a population of 64 million, only 750 procedures were carried out between 2010 and 2014. The operation is technically difficult because the elbow is a complex joint that moves in many directions and bears a high load.



An elbow replacement – or implant – is generally carried out because of pain that can't be controlled by other methods such as painkillers, physiotherapy or other surgery. The most common cause of pain is inflammatory arthritis, where damage has been caused to the bone and cartilage.

In elbow replacement surgery, the painful surfaces of the damaged elbow are replaced with artificial elbow parts. One part fits into the humerus (upper arm), and the other part fits into the ulna (forearm). The two parts are then connected and held together by a locking pin. The resulting hinge allows the elbow to bend.

The operation can bring relief from pain and greater mobility.

Hamilton man Jim Davey said the pain in his elbow was so unbearable, he contemplated ending his life. He had lived with the severe pain, caused by rheumatoid arthritis, for a long time.

"It was close to 10 on the scale for several years," Davey said. "I've got two

wrists, both elbows and shoulders that need to be done and arthritis is part of that, too.

"Every day I had to have fentanyl [pain medication patches] to help me get through." The 66 year old now has a new elbow made of plastic and metal. "It's amazing what they can do, it sounds very blasé, but it's actually really spectacular. You go to having an elbow that's worthless to [having] a life with possibilities," said Davey. "It's frustrating trying to do things, so I'm looking forward to seeing what it can do."

Braemar chief executive Paul Bennett said the co-operative approach between Braemar and Waikato Hospital benefitted patients. "We are extremely grateful for the contributions made by everyone involved in this event, especially to Mr Hughes for travelling from Australia to demonstrate the surgery to his New Zealand colleagues, and the Waikato Hospital. It goes to show just what can be achieved when the public and private sectors work together.

All of the services provided by Braemar are free of charge to the patient. We are only too happy to do that. It was a fantastic learning experience for everyone involved".

Dr Greg Spark, Deputy Chairman

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