



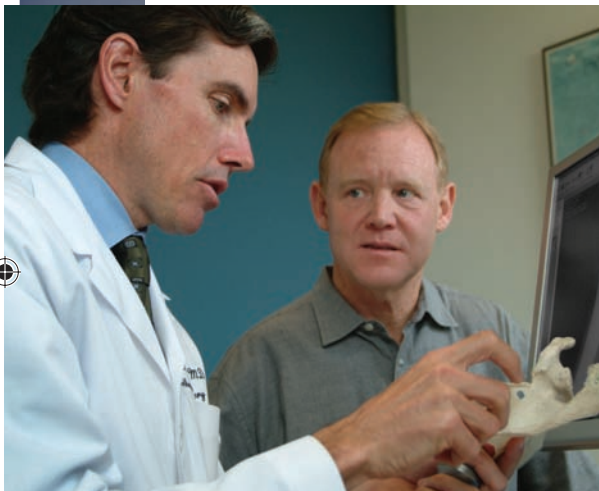
*California Pacific
Medical Center*

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With You. For Life.

Having chronic dislocation of his right shoulder didn't stop Dave Douglas from being a happy, active guy.

Despite having a skiing accident when he was 20 which resulted in chronic dislocation of his right shoulder and surgery to repair it, Dave Douglas was a happy, active guy who spent his spare time fly fishing, running, hiking—and still skiing. Until he turned 45.



Douglas with James Kelly, M.D.

The surgery Douglas had after the ski accident was the Bristow procedure, in which the coracoid process is transplanted to the anterior rim of the glenoid—a procedure which, at the time, was performed for athletic individuals who wanted as much external rotation as possible. But by age 45, dilapidation of cartilage in the software company executive's shoulder caused large bone spurs and horrifically painful arthritis.

By the age of 50, Douglas could barely move his arm to adjust the rearview mirror of his car. He sought advice from a sports medicine doctor at Palo Alto Medical Foundation, who performed a total should replacement in April 2007. The physician had performed 49 previous total should replacement procedures. A month later, Douglas' physical therapist noticed that the incision area looked infected. There is a 2% chance of getting an infection when this type of procedure is per-

formed—and Douglas was one of those unlucky few. So Douglas went under the knife again with his surgeon—two more times, actually—to try and clean out the infection caused by the replacement. He took antibiotics twice a day via a PICC line. After three months, his infection would not go away and his physician warned him he might lose his shoulder.

Douglas sprung into action, researching which physician would clean his shoulder infection properly and make the implant work. He found that very few orthopedic physicians perform revision arthroplasty and most do not perform reverse or even total shoulder replacements. Though Douglas saw several doctors, no one wanted to take his case—particularly because of his younger age—giving him further discouragement. He found a physician at the Mayo Clinic who might be able to help but preferred someone closer to his Tahoe City, CA home. Douglas was referred to James Kelly, M.D., of the San Francisco Shoulder, Hand and Elbow Clinic. When they spoke by phone, Kelly, who has performed over 300 arthroplasty-related procedures, told him to come in the next day—and to pack a bag. Kelly cleared his schedule and within 48 hours of that phone call, he was performing revision surgery on Douglas at California Pacific Medical Center, removing the infected prosthetic shoulder.

Kelly removed the prosthetic joint and put him on a week of wound vac therapy. Delivering negative pressure via a vacuum at the wound site helped

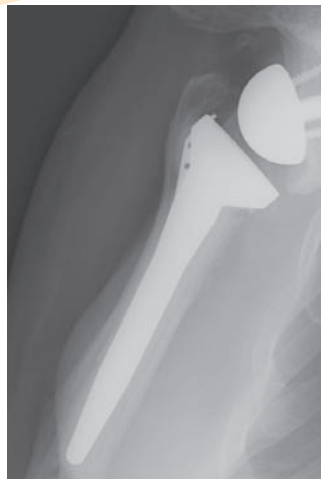
Beyond Medicine.

draw the wound edges together, removing Douglas' infectious debris and actively promoting granulation at the cellular level. Kelly next implanted an antibiotic spacer, which was followed 12 weeks later by shoulder revision replacement surgery.

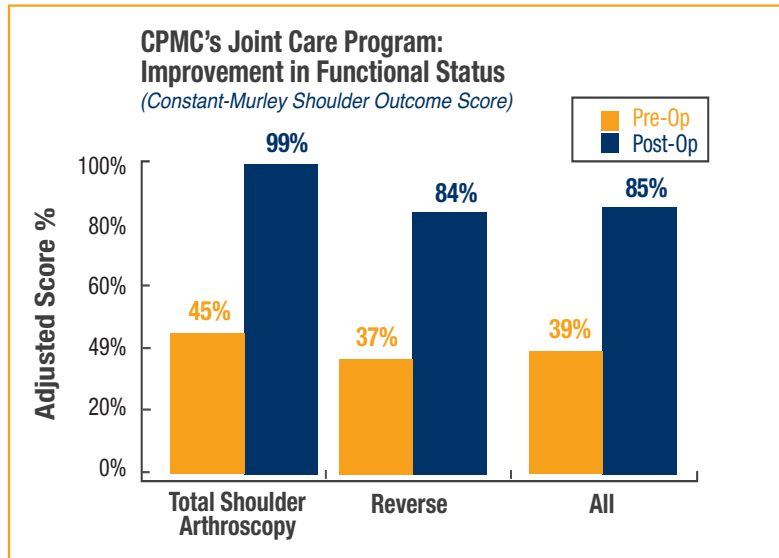
Douglas' x-rays showed that his rotator cuff was severely damaged and he had some bone loss on the socket side. Kelly's idea was to perform reverse shoulder replacement, a more leading-edge procedure that few doctors perform. In typical total shoulder replacement, the surgeon removes the head of the humerus and replaces it with a metal head and metal stem. But the patient needs tendons surrounding the humeral head to hold it in place. Since Douglas did not have much muscle there from the years of deterioration and subsequent infection, Kelly's reverse shoulder procedure called for implantation of the ball on the socket side and the socket on the ball side. The deltoid muscle alone holds it in place.

Many patients need a bone graft from their pelvis to assist with this procedure (or they need an allograft) and Douglas had heard the pain from the graft could sometimes be worse than the shoulder pain—plus require him to walk with a cane for six weeks. This time, luck was on his side and Douglas did not need a graft.

Because Kelly has performed so many revision and reverse procedures over the years, he has kept up with the rapid evolution of the technology. Not only does he run a successful Shoulder and Elbow Fellowship program, but he has published numerous papers and participated in several clinical studies.



Douglas' reverse shoulder replacement



Kelly recently completed a study of patients with revision arthroscopy and their incidence of infection.

According to Douglas, when the going gets tough, the tough come to see Dr. Kelly. In fact, Douglas did come back to see Kelly a year later—this time with torn distal biceps in the other arm. He recovered quickly and has no restricted range of motion, like many patients do, and therefore required no physical therapy.

Dave Douglas is now 53, and after suffering with shoulder problems for more than 30 years, he has his normal strength back and no longer has arthritis in his shoulder. Best of all, he has resumed his favorite pastimes—skiing, fly fishing, running and hiking.

In addition to Dr. Kelly, the reverse ball shoulder procedure is also performed by Drs. Tom Norris and John Belzer.

The Comprehensive Joint Care Program at California Pacific Medical Center

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The Comprehensive Joint Care Program at California Pacific Medical Center is a branch of the Department of Orthopedic Surgery, which provides specialized services for treating conditions of the knee, hip, shoulder, elbow, foot and ankle.

We offer access to break-through treatment and advances in technology to patients requiring total joint replacement of the hip, knee or shoulder. Our surgeons have extensive expertise in leading-edge treatments and work closely with

a multidisciplinary team, providing care in rehabilitation medicine and physiatry, as well as physical therapy and occupational therapy.

Our goal is to return function for our patients and to improve their quality of life. We are committed to utilizing the vast array of resources available at California Pacific to provide personalized treatment and a full continuum of care for each patient.