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Comprehensive Report & Care Plan

Duke Health Remote 2nd Opinion

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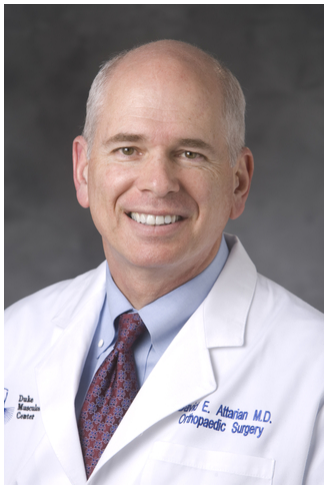
Dr. David Edward Attarian



About Dr. Attarian

Attarian attended Duke University School of Medicine after receiving his undergraduate degree from Princeton University. He was an AOA graduate of Duke and completed the Duke Orthopaedic Residency before serving in the United States Air Force. Following his military service, Attarian served as the Chair for Orthopaedics and Surgery at the Cleveland Clinic in Fort Lauderdale, team orthopaedic surgeon for the NHL Florida Panthers, and orthopaedic consultant for the Miami Dolphins and Florida Marlins.

Attarian returned to Duke in 1999 as Professor and Executive Vice-Chair for Clinical Orthopaedics and Medical Director of the Musculoskeletal CSU. Attarian has received numerous national and international awards and is a member of the American College of Surgeons, American Orthopaedic Association, American Academy of Orthopaedic Surgeons, American Association of Hip and Knee Surgeons, Arthroscopy Association of North America, NC Orthopaedic Association, and the NC Medical Society.

Clinical Expertise

My research interests include: hip/knee replacement outcome studies; medical-legal issues; novel hip/knee surgical techniques; care redesign/bundle payment initiatives to improve the quality and efficiency of care while reducing costs; health care market trends, and co-management/alignment models for physicians and health systems.

Education

MD, 1980, Duke University School of Medicine
Residency, 1986, Duke University Hospital, Duke University School of Medicine, Orthopaedic Surgery

Your Expert Opinion

Patient Summary

The patient is a 59 year old female, former triathlete with chronic progressive right medial knee pain and intermittent swelling over the past 5 years. About 20 years ago, she underwent right knee arthroscopy for partial medial meniscectomy. Her current right knee xrays showed moderate medial compartment osteoarthritis. A recent right knee MRI demonstrated previous partial medial meniscectomy with no new meniscal tear, moderate medial compartment osteoarthritis, a small effusion, and a Baker's cyst. The patient underwent successful coronary artery stenting about two years ago. She has hypertension that is well controlled. The patient would like to be more active and reduce or eliminate her right knee symptoms.

Patient's Questions and Answers

1. **What are the possible diagnoses for my right knee pain? What did you see when you reviewed my imaging studies? What is a Baker's cyst and does it need treatment?**

   The possible diagnoses for your right knee pain may include: primary osteoarthritis of the right knee, inflammatory arthritis, a new meniscal tear, tendinitis/bursitis, neuropathy (nerve pain), primary right hip pathology (e.g. arthritis) with referred pain to the knee, occult intra-pelvic pathology with pain referred to the knee, and lumbar spine with radiculopathy (pinched nerve in your back). Your recent right knee xrays and MRI confirm wear and tear arthritis of your medial compartment (inside part of the knee joint). There is fluid in the joint (an effusion) and a Baker's cyst (fluid leaking out the back of your knee joint). There is no new meniscal tear and no other abnormality. Your primary diagnosis is moderate wear and tear osteoarthritis of your right knee medial compartment. The Baker's cyst is related to your knee arthritis; more specifically, the arthritis causes inflammation that produces fluid in the knee joint. Some of the fluid can leak out the back of your knee joint to produce a Baker's cyst. A Baker's cyst is completely benign and does not need treatment. If the Baker's cyst becomes large and symptomatic, the fluid can be aspirated with a needle (but it frequently comes back).

2. What are the possible treatments for my knee? Do I need surgery? Will another knee arthroscopy help me as it did 20 years ago? How should I proceed?

Your potential treatments are conservative and surgical. The conservative options should be maximized first before considering any knee surgery. The conservative treatments may include, alone or in combination: activity modification, cross training (e.g. swim or bike instead of running), unloader knee bracing, modalities (heat, cold, ultrasound), oral medications (approved by your cardiologist), topical medications, corticosteroid injections, viscosupplementation (gel shots), platelet rich plasma injections (experimental), stem cell injections (experimental), radiofrequency ablation of genicular nerve, physical therapy, or aquatic therapy. Any or all of these may provide good but temporary symptomatic relief. For many patients, this conservative approach provides many years of an improved quality of life. It should be noted that none of these treatments will ultimately solve your knee arthritis condition which will continue to slowly worsen over time. Surgery should only be considered when and if conservative measures fail. Another knee arthroscopy will not be helpful as it cannot reverse or modify your wear and tear arthritis. The surgical options may include partial (medial) or total knee replacement assuming future medical/cardiac clearances. The advantage of the surgery is a very high success rate for achieving a pain free knee with a more active lifestyle for 10-20 years assuming no injury or complication. The risks of surgery may include: death (very rare), infection, bleeding leading to transfusion, blood clots in legs traveling to lungs, bone fracture, nerve damage, blood vessel damage, persistent knee pain-swelling-stiffness, and repeat surgery(ies) including above knee amputation or knee fusion (both are extremely rare). You should continue to maximize the conservative options as long as your quality of life is acceptable.

3. What type of doctors should I work with going forward?

Continue to work with your orthopaedic surgeon(s) of record to maximize the conservative options mentioned. When and if you consider surgery, consult with an experienced, board certified, fellowship trained adult reconstruction orthopaedic surgeon who performs partial and total knee replacements on a regular basis. If surgery is scheduled, you should have an up to date clearance by your Cardiologist.

4. Anything else I should know or forgot to ask?

There are numerous surgical approaches and prosthetic partial/total knee devices on the market that produce equally excellent results- these are decisions to make in discussions with your knee surgeon of choice. For

patient friendly information about knee osteoarthritis, partial knee replacements, and total knee replacements, go to: https://orthoinfo.aaos.org and www.aahks.org.

5. Please include any links to research reports or helpful resources.

- Review J Am Acad Orthop Surg. 2013 Sep;21(9):571-6. doi: 10.5435/JAAOS-21-09-571.Treatment of osteoarthritis of the knee: evidence-based guideline, 2nd edition David S Jevsevar
- J Am Acad Orthop Surg. 2018 May 1;26(9):e191-e193. doi: 10.5435/JAAOS-D-17-00424.Surgical Management of Osteoarthritis of the Knee Robert H Quinn , Jayson N Murray, Ryan Pezold, Kaitlyn S Sevarino
- Review J Am Acad Orthop Surg. 2019 Mar 1;27(5):166-176. doi: 10.5435/JAAOS-D-17-00690.Medial Unicompartmental Arthroplasty of the Knee Jason M Jennings , Lindsay T Kleeman-Forsthuber, Michael P Bolognesi

Thank you for choosing Duke Health for your remote second opinion.

Duke Health is committed to conducting innovative basic and clinical research, rapidly translating breakthrough discoveries to patient care and population health, providing a unique educational experience to future clinical and scientific leaders, improving the health of populations, and actively seeking policy and intervention-based solutions to complex global health challenges.

SCHEDULE AN APPOINTMENT

If you would like to be seen by a Duke Health physician as a result of this opinion, please contact the Summus team to initiate the process.

Email: DukeRSO@summusglobal.com
Phone #: (917) 565-8540, select option 5

The Summus team will send your records to Duke Health and a member of the Duke scheduling team will call you within 24 hours to schedule your appointment.

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