

The future dawns

Sports surgery advances toward new horizons

LEANN WARREN'S KNEES have spanned the history of sports knee surgery in the last ten months.

They have passed through the grey twilight of the past, seen the soft glow of the present and caught a glimpse of the rosy dawn of the future.

What did they find?

A future when ligaments will be made of tire fibers, when limb banks will offer "used" knees to athletes.

A past when the trauma from surgery often was greater than the surgery on the injury, and when a new tool to examine knees often broke off in the joint, leaving a miniature lightbulb imbedded in the joint.

And a present that offers the wonders of arthroscopic surgery, a technique that often

allows an athlete to go home immediately after an operation without a cast or crutches.

"Because injury is inherent to sport, athletes have always looked for 'the answer,'" says Dr. Stan James, an nationally-known orthopedist with the Orthopedic and Fracture Clinic of Eugene.

"And arthroscopic surgery has taken a surgical procedure which used to require common post-operative care and turned it into almost an out-patient procedure," James observes.

Arthroscopic surgery is a technique that has grown by leaps and bounds since its appearance in the early 1970s, according to James.

So what is so wonderful about this technique?

The answer is two-fold, says James. "It gives us another diagnostic tool that can look in all joints, and it allows us to get

in without an incision, which reduces the recovery time."

The arthroscope is a fiberoptic tube which a physician inserts into the injured joint and looks into interior of the joint without causing major trauma to the area.

Another tube can be inserted into a separate incision if certain types of surgery are required, says James.

He likens the procedure to "building a boat in a bottle" with the world's smallest tools.

However, only certain types of joint injuries can be treated, according to James.

"We can't do ligament reconstruction — that's open surgery," James emphasizes. "We use the arthroscope to repair torn cartilage the most often."

Often, though, the net result is that an athlete can compete again within weeks of the operation.

James offers American runner Tom Byers as a textbook example. Byers, an internationally-ranked miler, was sidelined in June 1982 with a knee problem.

James operated using an arthroscope, and Byers was able to catch the tail end of the European outdoor track season.

"He would have been done for the season with a conventional operation," James says.

Warren knows the truth to that statement. Last January, in the midst of performing ar-

throscopic surgery on her right knee, Warren's doctor in Los Angeles decided to open up the knee using conventional surgery techniques because of the severity of the problem.

The surgery kept Warren from competing in track for Oregon last spring, and necessitated an eight-month recovery that seemed didn't have her running steadily until August.

Warren had been face-to-face with the past in sports surgery. But less than a month ago, Warren saw a glimpse of the future when she walked out of her doctor's office after an operation without a cast encasing her knee or crutches under her arms.

Like Byers, she had had an arthroscope done on her knee, and the lack of trauma from the surgery won't shelve Warren's plans for a shot at the Olympics.

"It used to be that the alternatives were to cut or not to cut," says Tom Heinonen, Oregon women's track and cross country coach. "And if you didn't cut you waited."

The waiting often produced an even more severe injury, says Heinonen, while allowing exploratory surgery to diagnose the problem generally entailed months of casts and crutches.

Conventional surgery often requires a three or four day stay in the hospital following the surgery, then two to three weeks of crutches or casts and a "vac-

ation" from training for three months, according to James.

With arthroscopic surgery, the time spent on crutches is cut to three to five days, and an athlete can often resume light training in three weeks, he says.

Arthroscopic surgery bridges the void between those two unappetizing choices of waiting or cutting for the athlete and coach, says Heinonen, who won the AAU marathon title in 1969.

"It gives us a middle ground," he says. "The more options you have in a medical sense, the better off you are going to be. Before the arthroscope, there would have been no good alternatives for Leann."

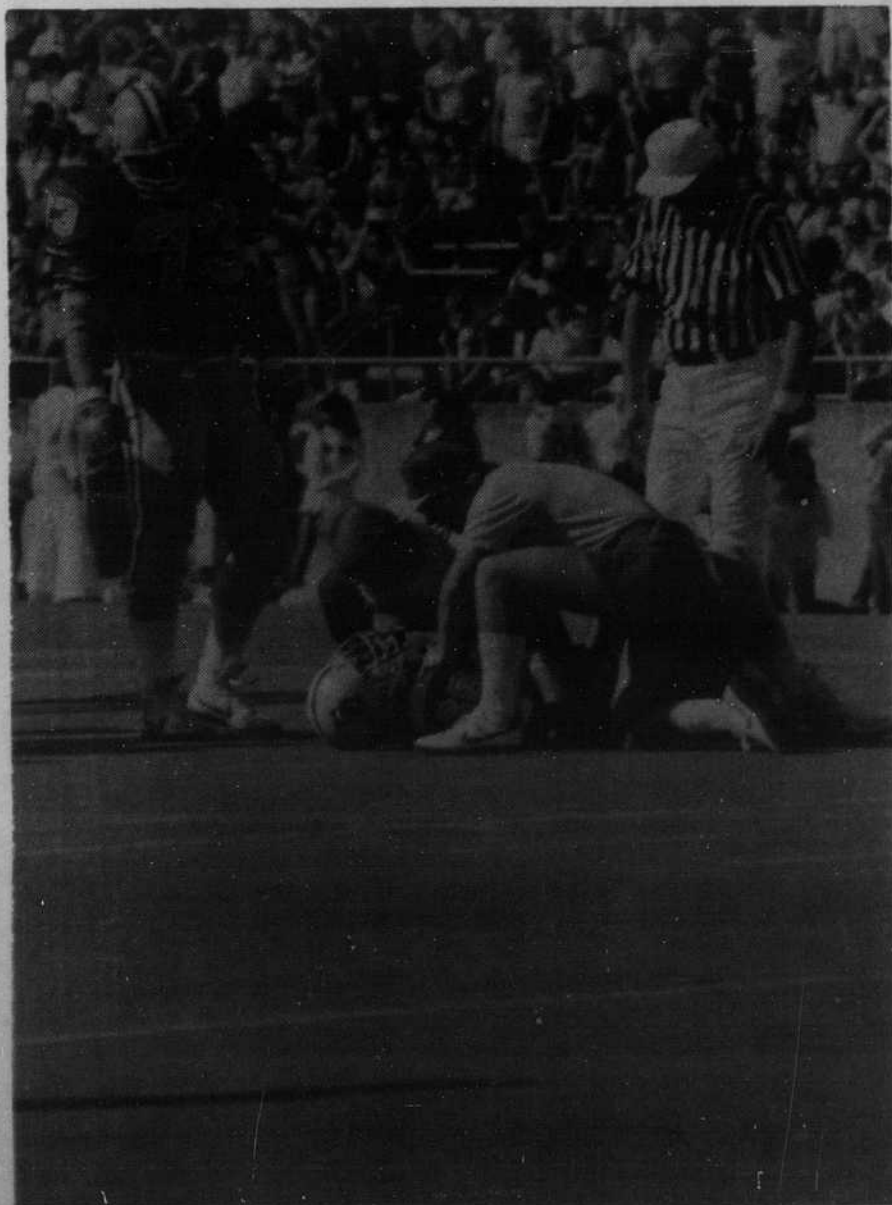
"Now the athlete and coach have more options," emphasizes Heinonen. "Leann took 10 months to get back last time (with conventional surgery), and she didn't want to risk that this time."

Steven Roy, a physician with the Eugene Center for Sports Medicine and Running Injuries, has seen a change in attitude in athletes since the inception of arthroscopic surgery.

"There wasn't much of a choice in between rest or surgery. That produced a lot of negative feelings about doctors," he recalls.

But an "information explosion" that went hand-in-hand with the refinement of ar-

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Football knee injuries are often too severe to take advantage of arthroscopic surgery



Athletes' attitudes toward doctors have changed from negative to positive over the last decade, according to Dr. Steven Roy.