

Carlecast 15 - Hand Surgeons

Dr. David Graham: It's Carlecast Number 15: Hand Surgeons.

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Dr. Graham: Hello, and welcome to this episode of the Carlecast, the podcast where we give you doctors talking with doctors about topics important to your health. I am Dr. David Graham, your host for this fifteenth episode of the Carlecast, as if that wasn't painfully obvious by my initial introduction.

Anyway, today, or rather on a dark and stormy night, if you hear some rumbling in the background, we're sort of going along what we've started as a bit of a miniseries of filling you in on what certain medical specialties may do that you don't often hear about. On the last episode, we spoke with Dr. Richard Lavi about allergists and what allergists can do for you and your health.

And today, we've got Dr. James Sobeski talking about hand surgeons, how they are more trained than your general orthopedists, the kind of things they would specialize in, and why, when you do have something going on with your hands, it's probably best to ask for a good fellowship-trained hand specialist.

And then we've got something interesting going on about some stories following that interview, of different ways of helping with physical therapy, including hands and arms and those sorts of things. So please keep listening once we get past this interview. But for now, why don't we get to the main topic at hand, hand surgeons, with Dr. James Sobeski.

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Dr. Graham: And we're here this afternoon with Dr. James Sobeski. Dr. Sobeski did his residency in orthopedics, and then did a special fellowship in hand surgery. And he's kind enough to spend some time talking with us today about the whole notion of hand surgeons, fellowship-trained hand surgeons, and what sort of work they do.

Dr. Sobeski, I really want to thank you for your time this afternoon. And I guess one of the first questions I really want to ask is: there's a lot of basic orthopedists working around who work on hands. What is the big deal about being fellowship-trained in hand surgery?

Dr. James Sobeski: Well, there are a couple of important things. One is that, as a fellowship-trained hand surgeon, you do an additional year of training. So, in that one year, basically, you do only hand surgery. So you have that advantage over somebody that does a general orthopedic residency. The other advantage is, once you get out of a

fellowship, typically all we do is hand surgery. Whereas some general orthopedic surgeons might do 20 or 50 hand cases a year, we might do 600 or 700 or 800.

Dr. Graham: So it really boils down to: you put all your focus in this practice. And as we all know, the more you can focus on something, the better you get at it.

Dr. Sobeski: There's no doubt about that. And we do a little bit of non-hand things. When we're on call, for example, if somebody breaks a hip, we can do that, too. But 95 to 99 percent of what we do is just specifically hand problems.

Dr. Graham: So, what kind of routine things would you see as part of a hand surgery practice?

Dr. Sobeski: Well, we consider the hand basically from the elbow to the fingertips. Some people would go all the way to the shoulder, but at least in the practice here, that's what we do.

The common things that we typically would see would be things like trigger fingers. Carpal tunnel syndrome would be probably the commonest thing we see. We also see any injury to any structure, whether it's a fracture, a cut nerve, a cut tendon, injured muscle, ligament tears. Really, any structure that's from the elbow down is something that we deal with.

Dr. Graham: Now, I also know, and I guess one of the things that would come to my mind that I would want someone who's really an expert in the field: is there certain bones in the wrists that break and can be just a royal pain to deal with if they're not healing right?

Dr. Sobeski: Well, the hardest one is actually the scaphoid bone. And that bone does have a propensity to not heal, and it does that because it has a fairly poor blood supply. So that is a fracture that's somewhat hard to diagnose and somewhat hard to fix, and having a lot of experience treating scaphoid fractures definitely helps you get better results.

Dr. Graham: And then, of course, a lot of people get affected, as you said, by trigger fingers or carpal tunnel syndrome. Let's talk about each of those for a minute or two. Carpal tunnel syndrome, a lot of people can show up to their basic docs with, "My fingers feel funny." What kind of thing would make you say to a patient, "You've got these symptoms. Maybe you should see a hand specialist about this possible carpal tunnel?"

Dr. Sobeski: Well, the first thing is a lot of people don't really know what carpal tunnel is. But what it is a compression of your median nerve in your hand. And what it causes is numbness and tingling, typically in the thumb, index, and middle finger, occasionally the ring finger. And usually, this happens at nighttime. So, unfortunately, a lot of people will get referred to us for carpal tunnel syndrome when they really have arthritis or some other problem.

If people are getting symptoms to the point where they can't live with it or can't sleep, that would be, I think, an appropriate time to see a hand surgeon.

Dr. Graham: Now, if they're seeing a hand surgeon, does that mean that everybody is going to get surgery?

Dr. Sobeski: No, actually, we don't operate on more people than we do operate on. But we could treat carpal tunnel syndrome, for example, with splinting, occupational therapy, occasionally steroid injections, and then, again, obviously, surgery, if all else fails.

Dr. Graham: So, certainly, the notion of someone saying, "Oh my God, I don't want to go see a surgeon because I don't want to get cut on" that really shouldn't keep them away from seeing you for this.

Dr. Sobeski: Oh, definitely not. Again, we operate on less than half the people we see.

Dr. Graham: And then the other thing you mentioned was something called trigger finger. What's trigger finger?

Dr. Sobeski: Trigger fingers are actually pretty common, especially in folks that are diabetic. Typically, what will happen is their finger will lock down in their palm, and when they straighten it out, it'll pop, or sometimes they'll even have to forcefully straighten their finger out. Typically, we see that in the thumb and the middle and the ring finger, and in diabetics, it could be any of the five. We'll also occasionally see that in the thumbs of infants.

Dr. Graham: And what kind of things can you do for trigger fingers?

Dr. Sobeski: Basically, with trigger fingers, there are really only a couple of treatment options. You can try splinting, and it makes your finger feel better, but it doesn't really make the trigger digit go away, typically. What I typically will do is offer most people a steroid injection, and that's effective about 75 percent of the time. The folks that don't get better from that are the people that we do surgeries on. And it's a very small, five-minute little surgery.

Dr. Graham: Now, a lot of people, when they think orthopedics, they think, "I'm getting a new knee," "I'm getting a new hip," all these artificial joints that we're throwing around these days. Do you get to do fun things like that as well?

Dr. Sobeski: We do. There are actually a lot of different joint replacements in the hand, and pretty much any joint in the hand either can be fused or it can be replaced. So a lot of times, people come in and they say, "Well, I have arthritis, and I know there's nothing you can do about it." But there's always, actually, something you can do about it.

We have now, in the metacarpal phalangeal joint, which is the knuckle closest to the hand, and then in the PIP joint, which is the knuckle that's in between, or the middle one of the three, we have pretty good joint replacements for arthritis that aren't as good as your God-given joint but do work pretty well.

Dr. Graham: Do they have a wear date on them? Do they only last a certain period of time?

Dr. Sobeski: As far as we can tell, they probably will last the rest of your life. The main reason for that, unlike your hips and knees, is that you don't walk on your hands, so they don't quite see those sorts of stresses.

Dr. Graham: So, now, Dr. Sobeski, I know you like to keep up by going to your meetings and hearing the newest things that are coming down the road. What are some of the fun, new things that are coming in the field of hand surgery?

Dr. Sobeski: One of the things that's out now that's becoming more common is a replacement of the distal radial ulnar joint, or the little end of the bone on the pinky side of your wrist. That's the joint that lets your forearm rotate. And in previous years, there wasn't a whole lot you could do about it, but now we actually have a metal joint that you can replace, for people who have arthritis, which is a difficult condition to treat.

Dr. Graham: So, as I'm hearing things now, we really have a wide group of people who may potentially benefit from your services. We've got diabetics with trigger fingers. We've got a lot of people who are showing up these days in carpal tunnel. If there were a particular set of symptoms or problems that someone was having that they were going to see their doc about, is there a certain type of thing that you would say, "Maybe you should ask your regular doctor to see a hand surgeon?"

Dr. Sobeski: I think the biggest problem that people run into is actually just fairly simple injuries, where they'll bend their finger and think they have a sprain or something. A lot of times, there's actually a fracture there or a ligament injury that shouldn't be ignored. So I think, for most injuries like that, there should at least be consideration of seeing a hand surgeon, primarily to make sure that the appropriate splint is used and the appropriate therapy is used. Rarely in those cases do we do surgery, but often we do treat these conservatively in a specific manner.

Dr. Graham: Now, one thing I know you see a lot of is trauma cases. And we're in the Midwest, but certainly this is listened to, literally, worldwide. One of the things I remember from my years ago doing emergency room things was, if someone gets a cut or a laceration in the hand, how quick should they go in to have that looked at?

Dr. Sobeski: Well, it's important to have it looked at quickly because, if you have a wound that needs to be sutured, ideally you'd like to get that washed out and sutured within about six hours. After that, the infection rate goes up a lot. Now, if there's actually a structure that's cut, a tendon or a nerve, you should have that seen fairly early. But often, we can get away with not repairing them for a week or two. So it's not critical to have it done right away, but it is critical to have it done within, again, a week or two.

Dr. Graham: But if you've got a fairly deep cut, the notion of saying, "Well, I'll see what it looks like tomorrow" may be not the best idea?

Dr. Sobeski: It's usually not, because, again, if you want to get the wound sutured, you want to do that right away. Typically, if I see somebody that's had a wound opened more than six hours, generally we don't close it. Which is not that big a deal, but it certainly leaves a wider scar that's going to not be so pretty.

Dr. Graham: So, for a person who's going to see someone for a hand issue, is there a way that they can make sure that they've got the fellowship type of training that gives them the best results?

Dr. Sobeski: There's no easy way, other than to ask questions about your training, or, with most places, to go on the Internet and see what their privileges are. Most hand surgeons are trained in orthopedic surgery, about two-thirds. About the other one-third are plastic surgeons. We all do a year fellowship nowadays. In the old days, they did six months. And there's a certain amount of hand surgeons that have a certificate of added qualification to do hand surgery, which is yet another step just to ensure that the hand surgeon has been trained in all the appropriate things.

Dr. Graham: Well, Dr. Sobeski, I really want to thank you for your time. This has been a very enlightening bit of information you've given us today. Hope we can talk to you again sometime.

Dr. Sobeski: Thank you.

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Dr. Graham: Well, once again, I want to thank Dr. James Sobeski of our division of hand surgery here at Carle Clinic. Certainly, after listening to him and knowing the work he does and what his partners do, if I ever end up messing my hand with trauma or cuts or develop carpal tunnel or trigger finger, I'm going to be looking for him, one of his partners, or, if none of them are around, I'm going to be making sure that the person working on my hand is in fact a fellowship-trained hand surgeon.

It becomes very clear, when you watch these people work, that the day-to-day experience they have of working on hands makes a big difference, not only in the skills they have, but in the outcomes they achieve as well.

Well, now it's time for what we tend to talk about as my "not ready for prime time medicine" news story. That is those stories that may not be ready for day-to-day practice in medicine but hold some interesting possibilities in the near or far future.

Actually, what I wanted to talk about today, it does apply specifically to what we're dealing with, with hand problems and arm problems. But it's also something that's a little more, actually, to the forefront. And it is, shall we say, the healing power of video games.

Now, certainly, there are a lot of video games that get a bad rap. And no one's going to argue that spending all day sitting in front of a video game system is not what we as physicians would really recommend doing. But certainly, there are situations where video

games may make a very real difference in a person's care. And there are a couple of those I would love to talk about today.

Now, the first thing is talking about the Nintendo Wii. Now for those of you folks who don't know, the Nintendo Wii is a video game system that has a controller that's not wired to the machine, but is in fact detected in three dimensional space by the gaming system, so when you wave your arm, when you twist your hands around, when you swing things like crazy, that's detected by the video game and translated onto what you see on the screen.

Now, the games that come packaged with the system - and we have one at my house, and I've gotten to use it quite a bit. It's for the kids, honest. I swear - include some things that give you a real workout. There's baseball, there's tennis, and if you really want that aerobic workout there's actually boxing. And believe me, one or two minutes of boxing and you'll know what kind of shape these guys have to be in.

There have been some folks, including some folks up in the Minneapolis area, that have looked at the Wii and said, "Maybe we can use this to help in some rehabilitation, some physical therapy." Specifically up around Minneapolis, the Sister Kenny Rehabilitation Institute. They've started using the Wii for rehabilitation of stroke victims.

For example, they had a patient, a 77-year-old who was a former semi-pro tennis player, and he had had a stroke. He had, for lack of a better phrase, as a result of the stroke forgotten how to do some of the activities that he used to be able to do with his hands and feet and regain his balance. It's really interesting, because with the Wii tennis game that's packaged with the system, using the remote and swinging it around like you're swinging a tennis racket, which of course is a perfect fit for him. That's what he used to do.

He's been able to regain movement in his hands and feet, and he's really been able to help out with his balance, as well. He's jumping. He says it's really like he's playing the game. It's motivational, and it helps you feel like you're progressing, and certainly feeling like you're progressing can make a big difference in your continuing on with your therapy.

The therapists who work at the Sister Kenny Rehabilitation Institute around Minneapolis basically use the system as a way to practice relearning movements they used to know how to do. Through this repetitive practice, you can make the changes, for lack of a better phrase, get around the damage that was done with the stroke and get some of the activity back that you didn't have otherwise.

They are actually looking at doing a clinical trial to get a good level of documentation of the benefit that the Wii has.

Now interestingly enough, the other game that's a favorite around my house - again, it's for the kids - is Guitar Hero. And amazingly enough, people are finding ways to use Guitar Hero in rehabilitation as well. Once again, for those of you folks who don't know, Guitar Hero is a video game where you in essence do a fairly simplified version of

playing a guitar along with songs. Keeping the rhythm, keeping the right notes, etcetera.

Now, there are some folks at the Select Specialty Hospital in Fort Wayne, Indiana. Actually, fairly close to us. They're looking at the potential of Guitar Hero for physical rehabilitation.

One of the things they noticed is they had a patient who had really injured his elbow, and he had lost a lot of range of motion in his arm. They've been doing some work, and they've been getting some of that range of motion back, but where they ran into problems is with something called pronation and supination.

One way to think about pronating and supinating is if you hold your arm straight out in front of you, supinating is turning your arm so your palm's facing up like you're holding a cup of soup. Pronating is turning your arm so the palm's facing down. So basically, it's rotating the arm.

What they found was that the position that you really needed to keep the arm in, and move the arm in to play Guitar Hero was exactly the kind of position and movement you wanted to do to improve pronation and supination. What they've done is they've used this game to help improve that kind of activity and physical therapy, and they found the same thing that the folks up in Minneapolis did.

The video game gives you fairly immediate positive reinforcement when you succeed at getting done what the video game wants you to do. Because of that, there gets to be a lot more enthusiasm in continuing on with the therapy and the rehabilitation. In other words, you want to keep playing the game.

So, here are a couple of great examples where video game technology from today may certainly become helpful in the medical care of tomorrow.

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Dr. Graham: Well, that brings us to the end of another episode of the Carlecast. Fifteen down, hopefully dozens and dozens and dozens more to go.

Once again, I want to thank my guest, Dr. James Sobeski of our division of hand surgery at Carle Clinic here in Urbana, Illinois.

Now, if this is the first episode of the Carlecast that you've found, I'd encourage you strongly, please, to go to our website, www.carlecast.com. There you'll find the other fourteen episodes so far that we have done, along with transcripts of this and all the other episodes that we've done.

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On the website, there's also a link for you to email for any questions, show suggestions, etcetera. We're lining up new and interesting shows for you all the time, including shows on mammograms and the technology that's going on there, including probably some discussion of MRI of the breast as well.

As well as continuing on in a series that I think may be interesting for a lot of you, and that's hearing a little bit about what some of these medical specialties do that you don't hear day in and day out about. Everybody knows internal medicine. Everybody knows general surgery. You probably didn't know a lot about allergists before the last show, and probably not so much about hand surgeons before today.

So please, keep listening. Look out for our next episode as it comes out. Until then, I am Dr. David Graham, asking you to stay healthy.

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