



The Cutting Edge

Greenwich is rich in doctors who innovate

By Anne W. Semmes

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Greenwich has long been recognized as a home to financial wizards, bankers and hedge fund heads, innovators in the world of high finance. But the town is also proving to be home to leaders in another field - health care. Among the fine doctors available in town, the Greenwich Citizen has found some true innovators, whether they are pushing towards a cure or giving their patients their lives back with new treatments. What follows is a look at three of these innovators.

If you're a major league sportsman or sportswoman - or a Greenwich resident with a torn tendon - you have probably heard of Dr. Paul Sethi. Sethi, a 38-year-old orthopedic surgeon based at ONS (Orthopedic & Neurosurgery Specialists) in Greenwich Office Park, is the definition of an innovator and has developed better ways to mend tendons and repair rotator cuffs.

"I pioneered a new surgical technique to repair rotator cuffs," says Sethie.

While doing what he called an arthroscopial operation, "where two stitches are done," Sethi tried a different stitching pattern - a lattice formation.

"It's a more anatomic repair," Sethi says. "It truly mimics how a rotator cuff was designed."

With previous stitch patterns there was a post-op 60 to 90 percent re-tear rate. Sethi's new stitch

improved on that number - dramatically.

"After the lattice repair the stitches remained in 87 percent of the cases," says Sethi. "This advanced technique is restoring a patient's preinjury anatomy."

Sethi's focus moved on to the tricky biceps tendon that can painfully pop off the bone with the wrong move. While teaching surgery across the country, Sethi managed to develop an improved tendon repair - while working on "fifty cadavers in a cadaver lab." That repair is now the favored method, he says, "The patient can get back into functioning in 10 days." But he won't name some of the "professional athletes" who have benefited from his technique.

Most recently, a week or so ago, Sethi presented his latest repair technique for the triceps tendon (which attaches to the back of the elbow) before the American Orthopedic Society for Sports Medicine in Colorado. "These are injuries you see in the NFL player," he says. Sethie received "very exciting feedback" from his presentation and sees his new repair method bringing benefit not only to the sportsman. His philosophy is "to give everyone the advantage."

Intent on teaching others how his repair surgery is done, Sethi created the ONS Foundation for clinical research and for educating physicians and patients. "I was supported in my practice by outstanding people, like Seth Miller, the top sports surgeon (also at ONS). We have the most elite training. We're teaching about injury prevention and planning to build a lab facility," he said. The Foundation was in alliance with Greenwich Hospital he said, and "Frank Corvino (president and CEO) is on our board." Corvino has fully endorsed Sethi's ONS Foundation and states the hospital's mission is to support innovative research and "to provide the community with cutting edge technology."

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Sethi ended up in this community after working in California at perhaps the top sports clinic in the country - Kerlan-Jobe Sports Clinic in Los Angeles. Why did he move?

"At Greenwich Hospital we have every tool," Sethi explains. "The hospital has allowed me to have top level care. There's no technology we don't have. I dig it. It's rewarding to know how sophisticated we are."

In fact, Sethi paid Greenwich Hospital the ultimate compliment. "I had my mother come here," he says.

Trial by trial

Part of an innovator's job is to prove the worth of his treatment. Neurosurgeon, Zoher Ghogawala has found a powerful partner in his pursuit of the preferred surgery to employ in treating his patients with low back pain - President Barack Obama.

"The Obama administration has highlighted in its Recovery and Reinvestment Act 2009 that we need to have a more comparative research in medicine," said Ghogawala. The Act signed by Obama earlier this year includes \$1.1 billion for comparative effectiveness research.

"There are very little clinical trials for low back pain for a surgeon to scientifically dissect what we do and what it costs," said Ghogawala who was pleased to learn that low back pain has made it into the top 25 percent of 100 most important research priorities for comparative effective research in medicine by The Institute of Medicine.

"We spend \$2.4 trillion on health," said the Harvard educated Ghogawala, "and that's 17 percent of GDP. Should you have a stent or a bypass, a medicinal or surgical treatment for ulcers? A lot of data is lacking." In Maine treatment will be different than in

Texas. A patient's treatment, he said "should be based on scientific principles."

Ghogawala, who treats patients with a variety of surgical procedures and medicinal treatments, did a one year pilot study of 32 patients, partnering with the Cleveland Clinic and Greenwich Hospital, which was published in 2004. Patients offered up their images to have them reviewed by a peer panel before one of two surgical treatments were performed: spinal decompression (2.25 hour operation and 2-3 hospital days) or spinal decompression with spinal fusion (5.25 hour operation and 4-5 hospital days). "Both were effective," the study showed, says Ghogawala. But which is better for the long term?

Hence a second spinal research study was initiated by Ghogawala stretching over five years with 102 participants from 55-80 years of age. "We'll get the results in a year," he says. He'll then know whether or not the costlier spinal fusion operation is needed. "The spine is a huge problem in older people," said Ghogawala. "There are 120,000 cervical spine operations in the U.S. a year. We spend 91 billion dollars a year on low back pain. That is about the same amount of total cost of treating cancer in the U.S."

"These studies do cost money," he says, and he thanked Jean and David Wallace of Greenwich for their support. "They believe in this type of research - they have given over \$1 million over the last five years," said Ghogawala.

Ghogawala is Director and lead investigator of the Wallace Trials Center based at Greenwich Hospital, which has supported three national clinical trials comparing fusion versus no fusion spinal operations. The Center's mission is "to ask the important questions relevant to a patient's quality of life after surgery, design the appropriate studies to answer these questions, and maintain excellence in

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executing these studies." Their newsletter is available online at www.greenwich-neurosurgery.com/newsletters.

Hip ideas

Dr. Francis Ennis, 43, reports that he is the first orthopedic surgeon in Connecticut to use "computer generated" knee and hip replacements. "I started using the computer in the operating room here four years ago," says Ennis who is also based at ONS.

"No one was using a computer for navigation," he said, but now, "surgeons who've been trained in the last five years often do computer-generated surgery."

Ennis explains how he uses a computer to help guide him during a knee replacement operation. "We cut off the arthritis, the diseased cartilage. The computer allows me to make cuts that are very precise. We've found the computer is better than the human eye. I can put the knee in the exact position - it's like putting a car tire back on in the exact same position to rotate properly."

Ennis's hope is that his surgical innovation will "make a big difference" for his patients and that computer-generated knee and hip replacements will last longer than the non-computer generated one. "Generally a replacement lasts perhaps 20-30 years," he says. But with his computer-generated surgery? "That data is not available yet."

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