



● Orthopaedics

From Cappagh to Kilimanjaro

With funds being raised by the Cappagh Hospital Foundation for various infrastructural improvements, **Gary Culliton** hears some of the real-life stories of patients and how they themselves are giving back to the hospital



In October 2011, 37-year-old Siobhán Higgins from Belturbet, Co Cavan, climbed the nearly 20,000-foot-high Mount Kilimanjaro in Tanzania, Africa's highest mountain. In the process, she raised over €2,000 for the Cappagh Hospital Trust, the fund-raising arm of Cappagh National Orthopaedic Hospital.

This was an extraordinary feat for Siobhán, who had, since childhood, suffered from a condition called bilateral congenital dysplasia of the hips (CDH) or, as it is better known today, developmental dysplasia of the hip (DDH).

Siobhán was only three days old when she first had to attend Cappagh Hospital for treatment. At five days old, she was put into a spica plaster, covering both her legs from the ankles up to belly-button level.

At age 10, Siobhán had to undergo surgery in Temple Street Hospital to try to rectify the problem.

More surgery followed at aged 14 (on her left foot) and again at age 16 (her right foot).

When Siobhán was in her 20s, consultant orthopaedic surgeon **Prof John O'Byrne** at Cappagh Hospital recommended that Siobhán undergo additional surgery to prevent her hip from dislocating. She spent a total of eight months on crutches and another five months getting back to normal.

DDH is not a common condi-

tion and it tends to occur more frequently in females than in males. It either presents with babies' hips dislocating or – frequently – as pain around the hip in young adults.

Shallow socket

To compensate for a shallow bony socket in the hip, the surrounding muscles and ligaments compensate, and thus hypertrophy occurs. When people become skeletally mature and more active, pain arises from those structures and arthritis can develop at a young age.

Often, the muscles and soft tissues can be rehabilitated. Because it is bearing more weight than it should, one of the soft tissue structures, the labrum (cartilage), can tear. Sometimes an injection will ease pain and the labral tear heals.

"About 60 to 70 per cent of the cases who present to me will need surgery," said Prof O'Byrne. In these cases, the aim of surgery is to avoid hip replacement. About 5 per cent will require hip replacement but most patients regain very good activity with their own hips.

In this country, the procedure is only done in Cappagh. It is a major operation; where the socket is vertical, shallow and pointing in the wrong direction, it must be reoriented. Three-dimensional

cuts are made in different parts of the pelvis and significant anatomical structures in the area have to be protected. Some people with acetabular dysplasia may not present until they are in their 60s or 70s, when they may then require a hip replacement, said Prof O'Byrne.

Funds are being raised by the Cappagh Hospital Foundation (CHF) for hospital infrastructural improvements, including the development a new 10-bay recovery suite for patients immediately after surgery and the expansion of the High Dependency Unit facility.

First of its kind

Cappagh's new 3T MRI scanner, for instance, the first of its kind in Ireland, has a function in the identification and staging of bone tumours, skeletal metastatic disease and in the identification of unknown primary tumours. Some of those who have been treated at Cappagh are themselves now giving back to the hospital by supporting its fund-raising drive.

For example, Lauren Browne, 19, from Co Waterford, was 16 years old when she was diagnosed with scoliosis. In October 2009, Lauren had initial instrumentation. At 17, she had spinal instrumental surgery, placing two rods and 17 screws along her spine but when her body rejected the bars, they had to be removed. In December 2010,

she had more minor surgery to remove another cross-bar and her bars were finally removed in January 2011. Today, Lauren says she feels great and she is back in college in Galway, as she had to leave her first year last year because of the surgeries. She's doing most of the things she used to do before her initial surgery and puts her treatment and recovery down to the team at Cappagh.

Debbie Lucey is another example. A 33-year-old mother of two from Drogheda, Co Louth, in April 2011, she woke in the middle of the night with a pain in her upper-left arm. When the pain didn't go away the next morning, Debbie decided to go to see a physiotherapist.

After a couple of sessions, Debbie's physiotherapist decided to send her for an MRI, as he was worried about her lack of response to treatment. The MRI scan revealed she had a tumour in her upper-left arm.

Debbie was then referred to **Mr Gary O'Toole**, Consultant Orthopaedic Surgeon at Cappagh National Orthopaedic Hospital; she underwent surgery to remove the affected bone, and to replace the removed bone with a titanium prosthetic bone. "I know that my arm might have had to be amputated but thanks to Mr Gary O'Toole, I have avoided that. I will be forever grateful," said Debbie.

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