



Khaled Kebaish shows an approach to spine surgery.

## S2-alar-iliac Technique Revolutionizes Spinal Deformity Surgery

While many surgeons do not relish complicated revision surgeries for spinal deformity, **Khaled Kebaish**, director of the Spine Fellowship Program in the Johns Hopkins Department of Orthopaedic Surgery, welcomes the challenge. “I find revision surgery more interesting,” he says. “It’s not routine. There is a lot of planning you have to put into it. You have to think outside the box. Every case is different.”

In one such case, Kebaish performed a patient’s 40th spine surgery. “She had 39 surgeries elsewhere and was referred to us,” he explains. “The main reason she had so many procedures is that they did not achieve good enough fixation in the pelvis. She could have been saved so many surgeries by simply having had this new, simple S2AI technique.”

The revolutionary S2-alar-iliac (S2AI) technique was pioneered by Kebaish and **Paul Sponseller**,

director of pediatric orthopaedic surgery at Johns Hopkins. The pelvic fixation technique involves advancing the screw through the ala, thereby providing more purchase across the sacroiliac joint and into the ilium. “Rather than just holding onto the sacrum, you now have a stable anchor in the ilium,” Kebaish explains.

“This technique is more biomechanically stable than the old iliac technique,” says Kebaish. “From start to finish, it is easier. Easy to connect. Easy to teach. It uses only one rod and no connectors. It is a much simpler way to reduce the deformity, correct the deformity, and then connect everything together. Additionally, we reduced the costs by using fewer implants and minimizing operative time.”

Most importantly, complication rates are low with the S2AI technique. In a two-year follow-up study of more than 300 patients, Kebaish and colleagues found that “the revision rate was almost nonexistent, very low, especially revision related to the S2AI or the pelvic fixation, which in some studies was as much as 20 to 30 percent with the previous technique.”

The Johns Hopkins technique not only makes pelvic fixation easier, but it also turns some “hopeless” cases into surgical candidates. Kebaish describes one such patient. “She had surgery elsewhere, and she was bent over, basically closer to the ground than upright. I did an osteotomy at L5, which you couldn’t do effectively using the old technique. I reshaped the

### Benefits of S2-alar-iliac (S2AI) technique

- Provides a stable anchor into the ilium.
- Uses only one rod and no connectors.
- Reduces costs with fewer implants and shorter operating time.
- Results in lower complication rates.
- Turns some “hopeless” cases into surgical candidates.



spine and straightened her spine using this technique. Today, I saw her, and she was crying and said, ‘I’m just so happy.’

“She had been told she wasn’t a candidate for surgery. She came to Johns Hopkins, and we did the surgery. I think that without this technique, we couldn’t have achieved the same outcome,” he says.

With the development of this technique, Kebaish and Sponseller have provided an elegant solution to a highly complex problem. Kebaish has taught surgeons across the country and around the world how best to use the S2AI technique. ■

## A Home Run with Old-School Care

I grew up in that era when doctors made house calls,” says Robert “Bobby” Watlington, a patient of Johns Hopkins Medicine since 1997. “They came to the house, and we went to their house,” he recalls. That personalized care is something he values at The Johns Hopkins Hospital.

At 87, Watlington wears wide suspenders with American flag patches and carries a Johns Hopkins baseball cap, which his mother taught him not to wear indoors. Second only perhaps to his passion for baseball is his support of the Johns Hopkins Department of Orthopaedic Surgery.

His friend H. Furlong Baldwin, former chair of the Johns Hopkins Medicine board of trustees, suggested years ago that Watlington see the doctors at Johns Hopkins. Since then, Watlington has undergone shoulder replacements by **Steve Petersen**, hand surgery with **Gene Deune** and **Dawn LaPorte**, and treatment for bursitis by **Ronald Byank**. Throughout, his physicians have stressed the importance of physical therapy, which has allowed him to stay active. Despite living in Virginia Beach, a four- to five-hour drive from Baltimore, he wouldn't consider going anywhere else.

Watlington describes a consultation before his knee replacements, performed by **Carl Johnson**. “I weighed 260 pounds. He said, ‘Mr. Watlington, I'd be glad to replace your knees. But until you lose 60 pounds, we won't operate because it won't be a success.’”

Johnson referred Watlington to a nutritionist, who helped him lose the weight over a year's time. “Today, I weigh 177 pounds,

same as in high school. I work out every day,” says Watlington.

“I had no trouble whatsoever after knee surgery,” he says. “I went home to Virginia Beach and walked up the steps. Such a great sensation.” Since then, he has become friends with Johnson, and the two attend Orioles games together.

When asked to describe the Johns Hopkins Department of Orthopaedic Surgery in a word, Watlington says, “the best.” He says, “They're interested in your human welfare. They treat you as if you were one of their own.”

Having spent his career in retail, Watlington knows about customer service. “My granddaddy said, ‘You want to make the customers happy.’ That's what he conveyed to me,” he says. He recognizes that spirit in the staff at The Johns Hopkins Hospital. “I'm always early [for appointments]. They work me in. They know me by name,” he says.

After Watlington retired in 1997, he traveled to every Major League Baseball stadium in the country and even attended a Mets versus Cubs game in Tokyo. Watlington has no intention of slowing down, and his physical health allows him to maintain an active life. He's looking forward to Christmas, when he hosts friends and family for breakfast. “I've had as many as 50 people,” he says. “It's another challenge. It helps you stay alive.”

Watlington's support of the Johns Hopkins Department of Orthopaedic Surgery and his loyalty to his physicians are his way of “treating people the way I want to be treated,” he says. “That's my motto.” ■



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-Robert Watlington

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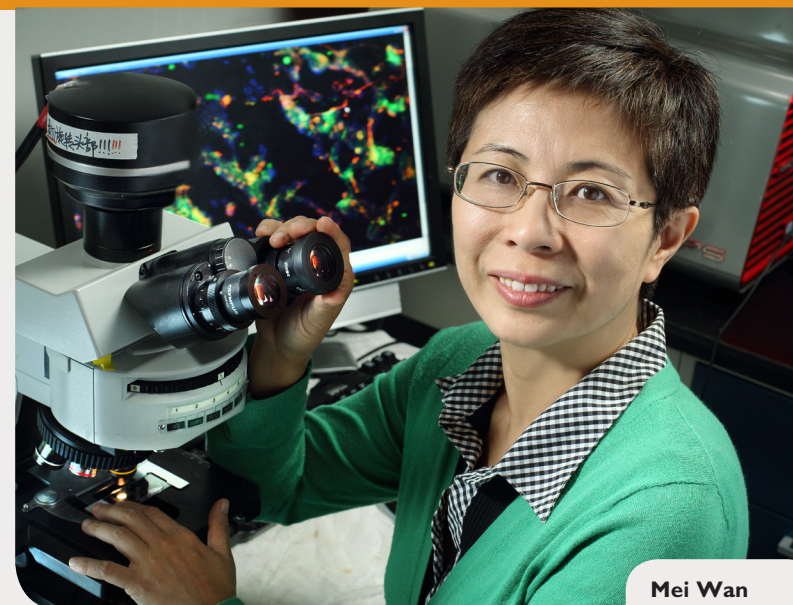
## Research to Boost Bone Formation Informs Orthopaedic Treatments

For orthopaedic surgery researcher **Mei Wan**, advancing anabolic treatments in osteoporosis and bone fracture repair is the long-term goal of her research on bone marrow mesenchymal stem cells (MSCs). Her core focus is identifying mechanisms that determine the multiple lineage differentiation potential of MSCs, particularly those that give rise to bone-making osteoblasts.

Over the past several years, Wan has made important findings in this area. “We found that the

parathyroid hormone (PTH)—the only FDA-approved drug for osteoporosis—acts on a cell surface co-receptor called LRP6 (low-density lipoprotein receptor-related protein 6),” she explains. “LRP6 is required for MSC osteoblast differentiation and self-renewal.”

Wan is now studying how PTH and LRP6 function in disease conditions such as hyperlipidemia and diabetes, in which there is a high risk of osteoporosis. The



Mei Wan

# Expertise Streamlines Care for Hip and Knee Arthroplasty

Far from seeing total joint arthroplasty as a commodity, **Robert Sterling** understands the value of mastery when performing complex hip and knee replacements, and guiding patients through postoperative care and rehabilitation. As a leading Johns Hopkins orthopaedic surgeon, Sterling has lent his expertise to the Johns Hopkins Hip and Knee Program, having performed more than 4,000 arthroplasties in his 15 years of practice. “The more a hospital does of something, the better the outcomes are, and these factors—volume and outcomes—work together synergistically,” he says.

As the department’s vice chair for quality, safety and service, Sterling is focused on the value and quality of the patient experience. “I’m interested in trying to maximize our patient outcomes and minimize the expense on the health

care system as a whole,” he says.

Sterling works closely with **Paul Khanuja**, chief of adult reconstruction for hip and knee replacement. Their collaborative research involves analyzing national databases, zeroing in on patients who undergo hip or knee arthroplasty who have other, less common conditions. Their aims are to help surgeons gain a better understanding of the risks these patients face during and after surgery, and to develop ways to reduce those risks.

Sandy Fenton, a travel broadcaster and journalist and former patient of Sterling, has firsthand experience with the exceptional level of care from the Johns Hopkins Hip and Knee Program. Born with hip dysplasia and having undergone multiple corrective surgeries as a child, Fenton understood the importance of quality care. As she reached a point when her chronic hip pain prevented her from traveling, she looked for the best hospital and orthopaedic surgeon to handle her complex hip arthroplasty. Fenton decided on Johns Hopkins and Sterling.

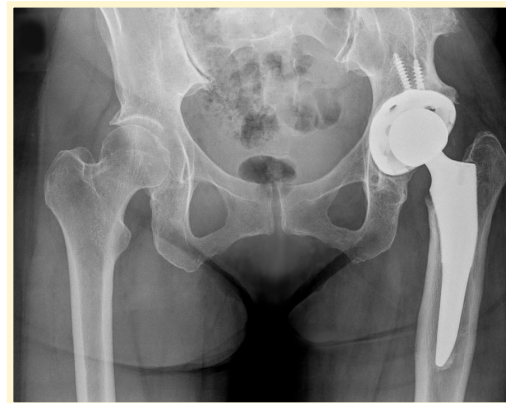
“Sandy’s hip was malformed, and the leg was short. She had been highly functional and active despite having a shallow acetabulum and a lateralized femoral head, making her case a particular challenge,” Sterling recalls. Understanding that this would be a life-changing surgery for Fenton, Sterling took into consideration her long-term goals to ensure she was satisfied with her outcomes; namely, walking 3 miles daily.

Sterling’s objective of maximizing

patient outcomes goes beyond expert surgical care. It includes postoperative care tailored to each patient’s needs. “Most of our joint replacement patients are taken care of on the Wenz Orthopaedic Unit,” explains Sterling. “What we have there are physician assistants, nurses and physical therapists who really understand our patients and their unique challenges because they provide dedicated care to them every day.”

In Fenton’s case, this meant engaging in physical therapy in the immediate postoperative period, including assisted walking one day after surgery. When she visited her primary care physician one week after surgery, her scar had healed. Only two weeks after her surgery, she was able to walk a quarter of a mile. Months later, she was walking more than 5 miles on most days.

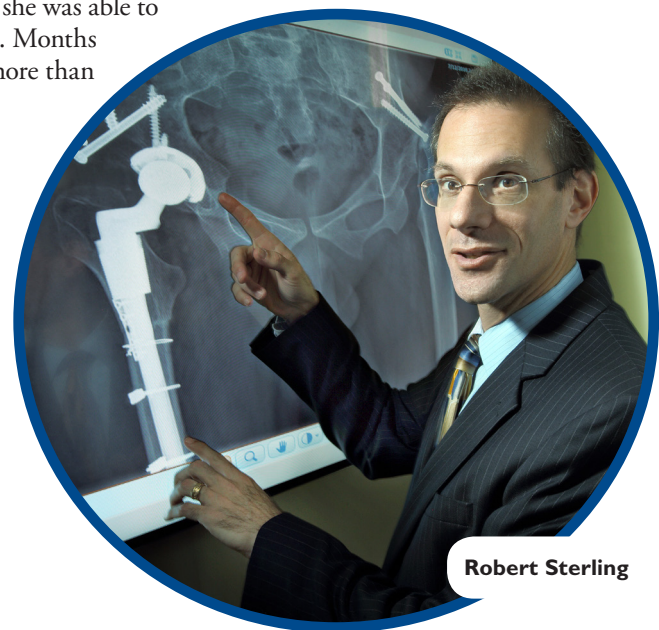
“I was so pleased with every precaution Hopkins had taken,” says Fenton. “For the first time in my life, I walk straight—not crooked or with a limp. A day doesn’t go by that I am not grateful.” ■



Scans show Sandy Fenton’s hip before and after surgery.



Sandy Fenton



Robert Sterling

importance of Wan’s research is underscored by the prevalence of these conditions. According to recent Centers for Disease Control and Prevention data, approximately 74 million American adults have hypercholesterolemia, and 22 million have diabetes.

Wan has found that oxidized lipids are harmful to bone cells, especially MSCs, because they directly bind to LRP6 and cause endocytosis, which restricts LRP6 from mediating PTH. These findings provide new understanding of the mechanisms by which osteoporosis and hyperlipidemia/atherosclerosis co-develop, and offer an important basis for the future development of new strategies to simultaneously treat both disorders.

Another of Wan’s findings came from a study of animal models treated for coronary artery disease.

After damage to the endothelial layer of the vessels, bone marrow cells mobilized to repair the injury. In this setting, Wan found that the molecular mechanism is the RhoA inhibitor. RhoA/Rho-associated protein kinase (ROCK) controls the lineage of the MSCs. The cells specifically differentiated into endothelial cells to repair the injury after the treatment of ROCK inhibitor.

“In the bone-related area, that is actually a generalized mechanism,” Wan says. “MSC therapy has been used in preclinical and clinical studies to improve fracture healing, especially for nonunion fracture. In our study, we found that after tissue injury, outside of the bone, the blood level of active transforming growth factor beta (TGF- $\beta$ ) increased substantially, and the bone marrow cells mobilized.

After we blocked TGF- $\beta$ , the cells just stayed in the bone marrow, rather than mobilizing and repairing the injury.”

Wan credits her colleague **Xu Cao**, director of the Johns Hopkins Center for Musculoskeletal Research, for inspiring her to pursue this line of research. “He has motivated me because his research is cutting edge in terms of basic research, and then, most importantly, he can translate it into clinical trials to solve real patient problems,” says Wan. ■

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# Framework

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