

A Minimalistic Approach in Orthopedic Surgery

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Following the technical improvements and gaining surgical expertise, many musculoskeletal conditions are treated by highly sophisticated surgical methods aiming to restore or reconstruct the damaged anatomical structure. In the recent years there is a clear tendency for the definite solutions for even previously conservative treated conditions, e.g. small and partial tears of the shoulder rotator cuff tears are repaired, not highly symptomatic ACL tears are reconstructed, moderately symptomatic knee osteoarthritis is treated by an endoprosthetic arthroplasty etc. This clinical approach gains a high support both from surgeons and patients, because the technical ability for such surgeries is continuously improving and become readily available.

Challenging voices to this clinical approach are sometimes heard, based on the decreasing surgical facilities' availability that are used by the increasing number of new surgical procedures. Since usually the surgical facilities infrastructure doesn't increase in the same pace as the surgical time used for the new surgeries, aiming to improve the quality of life, there is a potential for less availability of the surgical infrastructure for the more lifesaving procedures. Moreover, the innovative surgical procedures not always provide the expected improvement in the quality of life. There are several reports that support this observation. For instance, in 96% of 160 elderly patients group with small or moderate tears of supraspinatus muscle, who were treated by subacromial decompression without cuff repair, a satisfactory function was achieved [1]. The study on 210 elderly with low physical demand patients having symptomatic grade 1 rotator cuff tears, the arthroscopic acromioplasty and decompression, without rotator cuff repair, was effective for relieving the shoulder pain and improvement in function [2]. Clearly arthroscopic subacromial decompression is a shorter and less expensive surgical procedure in comparison to rotator cuff repair, and if the outcome of both procedures is comparable, the less extensive approach might at least be considered as preferable in the elderly low demand patients.

Arthroscopic debridement of the degenerative knee was suggested to be considered in patients with symptomatic knee OA but without an extensively damaged articular surface. This procedure is relatively short and has a low postoperative morbidity. Therefore, it is readily available and has a potential for the early return to the normal daily non-highly demanding activities. Therefore, it might be reasonable to offer this type of surgical treatment in the mild cases of knee OA instead of definitive knee endoprosthetic arthroplasty [3]. There is a clinical impression that the less morbid procedure of arthroscopic knee joint lavage alone, without debridement, might be beneficial in reducing symptoms in patients with mild but symptomatic knee OA, at least in midterm follow up [4].

These are only two examples how in the low demand patient, the relatively short and simple surgical procedures can be clinically beneficial. Naturally, the definitive surgery is usually preferable in the young active patients, who are expecting to benefit from good functional outcome in order to resume the professional and recreational activities, but still, according to the available clinical data, a less extensive, short and with expected short postsurgical rehabilitation process surgical procedures might be considered in the low functionally demanding patients, aiming to achieve satisfactory postsurgical results, without “abusing” the health providing infrastructure.

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