

May 2015 Newsletter



**GUILFORD
ORTHOPAEDIC**
AND SPORTS MEDICINE CENTER
A Division of Southeastern Orthopaedic Specialists, P.A.

Vincent E. Paul, MD
John L. Graves, MD
David A. Thompson, MD

Frank J. Rowan, MD
Mark L. Dumonski, MD
Dominic W. McKinley, MD

Peter G. Daildorf, MD
Justin W. Chandler, MD
Hao Wang, MD

www.guilfordortho.com



Be sure to check out our new website
at www.guilfordortho.com



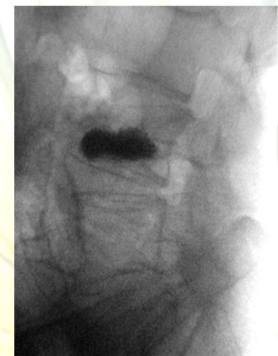
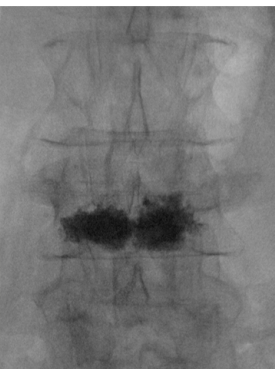
Guilford Orthopaedic and Sports Medicine Center would like to wish you a fun and safe Memorial Day & a Happy Mother's Day to all the mommies!

Our office will be closed for Memorial Day on Monday, May 25, 2015, we will re-open Tuesday, May 26, 2015 at 8 a.m.

Dr. Dumonski discusses "Vertebral Compression Fractures"



Vertebral compression fractures are a common cause of significant pain and dysfunction in the elderly, and 700,000 occur each year. Compression fractures occur when a bone in the spine collapses on itself. Normally, each of the bones in the spine are square-shaped. When a compression fracture occurs, the front of the bone collapses, and the bone consequently assumes a more triangular appearance. Deformity and substantial pain are often immediate. Risk factors associated with compression fractures include increased age, osteoporosis, chronic use of steroid medications, smoking, excessive alcohol use, and physical inactivity. In addition, if someone has had a single compression fracture previously, they are 5-times more likely to have a second fracture, and if they've had 2 compression fractures they are 12-times more likely to develop another one. The initial treatment for compression fractures generally include rest, pain medications, and bracing. Compression fractures associated with a neurologic deficit may require immediate surgical intervention, but fortunately, neurologic deficits are rare. If given enough time, these fractures do tend to heal, and pain does tend to lessen over time. However, many patients are unable to tolerate the side effects associated with pain medications, some cannot tolerate bracing, and many others are unable to comply with the required restrictions needed for uneventful fracture healing. In these patients, a minimally-invasive procedure called a kyphoplasty may be indicated. In a kyphoplasty procedure, small balloons are inserted into the fractured bone and are then inflated. This helps restore the normal height of the collapsed vertebral body. The balloons are then deflated and removed, and a special bone cement is used to fill the void that was created by the balloons. The cement generally hardens in 5-10 minutes, thereby stabilizing the fractured bone and alleviating the pain associated with it. The surgery generally takes 30 minutes. Patients are home the same day without Restrictions, and the pain relief is typically immediate. Despite favorable surgical and nonsurgical outcomes, clearly it is best to have never had a compression fracture to begin with. Therefore, it is highly recommended that any individual over the age of 50 have a thorough discussion with a primary care physician to discuss osteoporosis risk factors and potential treatment options, with the ultimate goal of minimizing the risk and morbidity associated with osteoporosis-related fractures, such as vertebral compression fractures.



Guilford Orthopaedics strives to ensure the best experience and availability to ALL our patients!



We are open Monday- Friday 8 am-5:30 pm & Saturdays from 9 am until 1 pm.
Be sure to call 336-275-3325 to schedule your appointment.

If after hours please visit our Urgent Care located at 1130 N. Church Street Greensboro, NC 27401 or call 336-235-BONE(2663) they are open M-F 5:30 pm until 9 pm and Sat./Sun. 10 am until 2 pm.