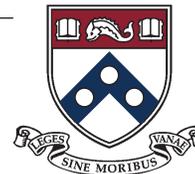


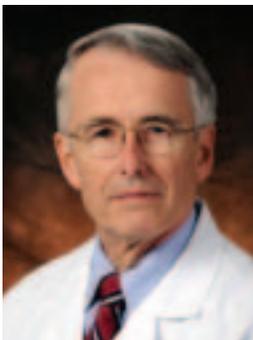


## Philadelphia Veterans Affairs Medical Center



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Today, one in ten Americans is an armed forces veteran. Seventy-five percent served during at least one war time period, and more than 3.6 million women and men have served during the time that we have been involved in the Middle East.

Our first President knew that, “The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional to

how they perceive the veterans of earlier wars were treated and appreciated by our nation.”

The Philadelphia VA Medical Center provides health care to 90,000 veterans living in America’s fifth largest metropolitan area. Our four-fold mission is to honor America’s veterans with world-class health care, advance medical knowledge through research, train health care professionals, and be prepared to serve in the event of a crisis.

We are a tertiary referral center with more than 135 acute care beds, 95 of which are medicine-surgery beds, and total yearly operating budget of more than \$380 million. It is an eight-minute walk from the Hospital of the University of Pennsylvania. Our orthopaedic residents and faculty are honored to help care for those who have served their country. Abraham Lincoln articulated the primary mission of the Veterans Administration Penn Orthopaedic Service more than a century ago: “To care for him who shall have borne the battle.”

The University of Pennsylvania Orthopedic rotation at the Philadelphia VAMC allows our PGY-2 and PGY-5 residents to care for veterans in an intensive, general orthopedic practice setting under the direct supervision of Drs. Bernstein, Ecker, Esterhai, Hume, Kelly, Kuntz, Sheth, Smith, and Steinberg. Dr. Levin volunteers without compensation. Those few veterans who require care at a level of sophistication that we cannot provide are referred to subspecialists within the University of Pennsylvania Health System at Pennsylvania Hospital or Penn Presbyterian Medical Center.

In addition to their dedication to direct patient care and resident education, Drs. Bernstein, Esterhai, Sheth, and Steinberg have each applied for or been awarded research funding through the Veterans Administration competitive grant system. They collaborate actively with intra and extra mural physicians and basic scientists including Drs. Jonathan Black, Jason Burdick, Paul Ducheyne, Dawn Elliott, Matthew Fisher, Kurt Hankenson, Russ Huffman, Robert Mauck, Samir Mehta, Lachlan Smith, and Lou Soslowsky.

### Current grants include:

- *Timed-release of Local Anesthetic from Sol Gels for Post-Op Pain Control*
  - PI: Sheth, Co-PIs: Ducheyne, Cowan, Radin (\$655,091)
- *Engineered Multi-Functional Nanofibrous Meniscus Implants*
  - PI: Esterhai, Co-PIs: Mauck, Schaer, Huffman, Burdick (\$678,157)
- *Disc Degeneration in the Lumbar Spine of a Small Animal Model*
  - PI: Mauck, Co-PIs: Smith, Elliott, Dodge, Burdick (\$739,817)
- *Cartilage Preservation with Stem-Cell Laden Hyaluronic Acid Hydrogels*
  - PI: Steinberg, Co-PIs: Mauck, Fisher, Belkin (\$1,100,000)

Mitchell (Chip) Staska and John Wheeler, our superb Physician Assistants, provide seamless, exemplary, tender care from initial patient referral through appropriate triage, outpatient evaluation, scheduling of appropriate testing and consultations, surgery, and post hospitalization care. After 15 years in private practice and a decade at the PVAMC, Chip continues to provide immediate, timely interaction with referring physicians and outside consultants, coordination of pre-bed evaluations, surgery scheduling, interaction with the primary care providers, liaison with VA referral health centers, and acute and chronic pain management. John has had the daunting task of coordinating all orthopaedic spine care as Dr. Smith integrates into our system.

We have patient office hours on Mondays, Wednesdays, and Fridays allowing us to provide more than 5200 patient visits each year. New patients are scheduled within thirty days of their



primary physician's request for consultation. The Emergency Room is very busy. We perform surgery four days each week, averaging more than 450 major procedures yearly. Orthopedics performs more major surgeries than any other service. None of this would be possible without the professional expertise and wisdom of the Chief of Surgery, Kris Dumon, the Vice President for Surgery and Anesthesia, John Wylie, and the nurses, administrative support personnel, and physician staff of the PVAMC. In this time of increasing financial restraint and federal budget review we will likely be called upon to deliver more direct care and perform more research with less.

Many of the veterans for whom we care commute a long distance from central and northeastern Pennsylvania, southern New Jersey and Delaware. Many have significant medical comorbidities and difficult psychosocial environments. Many have had multiple operations making reconstructive surgical approaches and wound healing more difficult. Not infrequently they have had a difficult time reintegrating into society after their military service. Providing Philadelphia-level, state of the art, complication free, compassionate care requires extra special diligence. It is a worthy goal to which we are fully committed.

## Improved patient outcomes

**0** incidence of neck malunion, non-union, uncontrolled collapse or Z-effect at one year<sup>1</sup>

**0** patients had shortening in 73% of cases (27% of cases had mild shortening, <5mm)<sup>1</sup>

**90%** of patients recovered their pre-fracture functional status according to the Barthel Index<sup>1</sup> and

**58%** recovered according to the Harris Hip Score<sup>2</sup>



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### References

1. Burger J, Moore C. Shortening of the Femoral Neck Following Peritrochanteric Fracture. Bone&Joint Science ([www.KLEOS.mdj](http://www.KLEOS.mdj)) 2011; 2(5)
2. Baecker AH, Ruppert M, Gruber M, Gebauer M, Barvencik F, Briem D, Rueger JM. The treatment of intertrochanteric fractures: results using intramedullary nail with integrated cephalo-cervical screws and linear compression. J Orthop Trauma. 23(1):22-30, 2009

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