



Orthopedic surgeon David Chalnack, M.D., stands amid the bevy of Monmouth Medical Center colleagues for whom he's performed joint replacement surgery.

NEW KNEE, NEW HIP

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IT TAKES HUNDREDS OF DEDICATED PEOPLE to keep a hospital like Monmouth Medical Center running, but one man does a lot to keep it walking. He's orthopedic surgeon David Chalnack, M.D., and he's been performing joint replacement operations for 20 years, the last decade at Monmouth. When hospital employees need a new knee or hip, he's the one they put their trust in.

"I'm not sure how many Monmouth employees I've done—I can think of 10 off the top of my head," says the doctor. "It always puts a smile on my face when I see someone working that I've been able to help."

Surgeons do more than 1 million joint replacements a year in the U.S., and the number is rising fast.

"One reason is that Baby Boomers are entering the senior years, and they want to remain active as they age," Dr. Chalnack explains. "Another is the obesity epidemic. As people get heavier, their knees wear out faster."

Fortunately, both the devices implanted to replace joints and the operations themselves have greatly improved in recent years. "The materials used today have a much greater life expectancy, which means they can be implanted in younger patients," he says. "And we now use more minimally invasive techniques, so there is less pain and quicker recovery."

Still, it's a major operation, and it speaks volumes that hospital employees turn to Dr. Chalnack. Two tales illustrate the point:

NEW KNEE: NURSE KATHY PIER

Monmouth nurse Kathy Pier knows the clinical lingo, but she puts it aside when she describes her favorite orthopedic surgeon.

"He's my hero," she says simply.

Pier, 53, is a divorced mother of three adult children who lives in Wanamassa. Her knee problems began in childhood, when she developed patellar subluxation, a condition common among prepubescent girls. "My knees would pop out of joint, then pop back in," she says. She had several surgeries on both knees to correct the problem, but her doctors told her she would probably develop arthritis from all the damage and eventually would need replacements.

Through her 20s and 30s she was fine. "I skied, I taught aerobics, I was very active," she says. But by age 40, her right knee had lost flexibility, occasionally locked up and caused her lots of pain. She had it replaced, but three years later the new one had worn out.

"My previous doctor didn't want to treat it," she said. "He said I needed to live with it, because if I had another replacement, in 20 years it would wear out too—then it couldn't be replaced again, and I'd have no other options."

She did live with it, but the pain and loss of function only grew. She became depressed and had trouble doing her job as an emergency room nurse, which required lots of walking and, occasionally, running. In 2005, she went to see Dr. Chalnack.

"He did the exam and immediately said, 'This is a quality-of-life-issue, and you have lost all quality,'" she recalls. "It was so true. He said we had no choice but to try a revision. He didn't guarantee anything. He knew it would be a challenge—I'd already had eight surgeries on that knee. But most doctors wouldn't even have taken my case, because it was so likely to have a poor outcome, and they wouldn't want that on their records. I admire Dr. Chalnack for accepting the challenge."

So little original bone was left that it took him five hours to insert special rods from Pier's mid-thigh down to her mid-shin to hold the new knee joint in place. "Afterwards, the surgical residents called him MacGyver," she recalls with a laugh.

The operation was successful, and today Pier has more mobility than either of them expected. "He was stunned," she says. During her recovery, she decided that she would have her other knee replaced as well. The two surgeries were done eight weeks apart.

Pier was back at work in October of 2005, but she switched to the surgery recovery room, which is smaller and requires less walking. She can't ski or play tennis anymore, but she can ride a bike and do dance exercises. She can also bend down to pick up her new grandson, who was born this past March.

"Dr. Chalnack really understood that my quality of life had diminished," she says gratefully. "You go to doctors for their skills, but it's nice when they have compassion too. He's the go-to guy here."

NEW HIP: NURSE JEANNETTE WILSON

When she first consulted Dr. Chalnack about her arthritic hip back in 2002, nurse Jeannette Wilson, 62, was impressed that he *wasn't* eager to operate.

"I liked the explanations and options he gave, and that he didn't jump right to surgery," she says. "Surgeons want to operate—it's what they do. Plus, I really liked him. He was very concerned about my well-being."

By 2006, though, her hip had deteriorated greatly, due in part to a car accident she had been in. "He said, 'Now it's time,'" says Wilson, who lives in Manchester with her husband and son. "I like that he pro-

vided a lot of education on what to expect and didn't assume that as a nurse I'd understand it all."

Her surgery went well, and in about three months she was back at work in the quality and performance improvement department, where she monitors medical documents and charts for quality of care. After her glowing reports, her husband had both knees replaced by Dr. Chalnack. Wilson knows that she'll soon need her other hip done, and there's no question whom she will ask to do it.

"He's amazing," she says. "He really does a phenomenal job." ■

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For more information about joint replacement surgery at Monmouth Medical Center, please call 1-888-724-7123.