

# Drew Fleming

**ROLE**

Trauma and Orthopedic  
Surgeon

**LOCATION**

East Coast

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I am a 41 year old Trauma and Orthopedic Surgeon who specializes in total joint reconstruction. Following my residency, I moved straight into an employed role and primarily undertake total hip and knee replacements.

I enjoy the combination of intellectual challenge and physical dexterity required to carry out these procedures, and seeing the almost immediate improvement in a patient's life that follows.

I'm always looking for new ways to improve my procedures and learn from others.

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Trauma and Orthopedic surgery is one of the largest surgical specialties and addresses the cause and correction of musculoskeletal disorders, including those of the bones, joints, tendons, ligaments and muscles.

There are over 20,000 actively practising orthopedic surgeons in the US alone (20% from minority groups and 10% women).

Arthroscopic procedures account for more than 50% of their activity with the list of most common procedures as follows: knee arthroscopy, shoulder arthroscopy, carpal tunnel release, removal of support implant, ACL reconstruction, knee replacement, repair of femoral neck fracture, debridement of skin / muscle / bone and hip replacements.

There continues to be a growth in demand for orthopedic procedures driven by an aging population and an increase in young patients receiving total joint replacements. Over 97% of surgeons support Medicare, but in the last 18 years they have seen the reimbursement for some procedures fall by 57% in real terms. This will only become worse as the Affordable Care Act is rolled out and hospitals move from a reimbursement model based on number of procedures to outcome.

In the US there are over 750,000 hip and knee procedures (AJRR) undertaken each year with a typical ratio of 60/40 knee to hip. Around 12% of these cases will require revision surgery.

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The patient is my ultimate responsibility and any treatment I prescribe and execute needs to deliver a successful outcome.

I typically work 50 to 55 hours per week and spend up to 40% of my time in the OR working on pre booked elective procedures. This allows me to control my schedule, although I do get involved in some emergency and trauma cases from time to time.

The rest of my time is spent on outpatient clinics, ward rounds, admin and occasional teaching.

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- ① To help my patients lead better lives. To give them their health and mobility back.
- ② To be seen as a leader in my field amongst my peers.
- ③ To be intellectually challenged and continually develop my knowledge.
- ④ To make money and achieve a top percentile standard of living.

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Performing a successful procedure →

Managing infection during revision surgery →

Managing dead space →

Trauma infection →

Staying informed →

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## Performing a successful procedure

My patients are placing their complete trust in me and I will always work hard to deliver a successful outcome. Each patient has different demographics, lifestyle and needs and I will tailor my procedure accordingly. Typically my patients are in their late 60's with a BMI close to 30. Only 13% of them are fit and healthy, with around 16% at the other end of the scale and incapacitated with a systemic disease.

Complications can arise such as aseptic loosening, infection and pain, which are unpleasant for the patient and impact my success rate. This is important as patient satisfaction and my success rate are increasingly being measured, published and shared with patients, hospital management and insurers.

## How I overcome it today

I'm rigorous in my planning and preparation and take every precaution to match my procedure to the patients' health and minimize the possibility of a surgical site infection (SSI). This includes a regimen of systemic perioperative antibiotic.

## How can Biocomposites help?

- Stimulan is the perfect partner for cases with an infected site as it may improve outcomes and reduce associated costs of care across a wide range of settings.

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## Managing infection during revision surgery

For the 12% of patients that require revision surgery this is a devastating complication. The most common indication is aseptic loosening quickly followed by periprosthetic joint infection (PJI) - particularly in knees. The extent of the PJI is related to many factors including the health of the host patient, the condition of the local soft tissues and the length of time the infection has been present within the joint. The infection requires high levels of antimicrobials which are difficult to achieve systemically and moves from acute to chronic once a biofilm is present. The biofilm prevents the eradication of bacteria and requires radical debridement of bone and soft tissue. If unsuccessful a patient can ultimately end up losing a limb.

## How I overcome it today

Increasingly I consult with my infection / microbiologist colleagues to accurately identify the precise bacteria and prescribe the most effective course of antimicrobials.

For a periprosthetic joint infection current practice includes;

- Wash out infection and insert antibiotic loaded bone cement, PMMA beads or antibiotic impregnated collagen sponges.
- 2 stage revision with antibiotic spacer.
- DAIR (Debridement Antibiotic and Implant Retention).
- Transfer case to a specialist centre.

## How can Biocomposites help?

- Stimulan is a truly absorbable calcium sulfate, specifically designed to complement your infection management strategy. It is cleared for placement directly at the site of infection in bone voids and defects and can be used alongside your chosen antibiotic regimen.



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## Managing dead space

Depending on the condition of the patient, particularly after multiple revisions and / or chronic infection, aggressive irrigation and debridement can be necessary. In these situations it is important that I leave no remaining dead space so as to retain the integrity of the skeletal part and stop a haematoma developing, becoming a nidus for infection and forming a biofilm.

## How I overcome it today

Dead space can occur in bone and soft tissue. In bone there are a myriad of bone graft options; autograft, allograft, xenograft and synthetic. In soft tissue the options include:

- Local tissue flaps (skin and muscle).
- Distant flaps.
- PMMA beads (requires a 2nd stage to remove them after 3 – 4 weeks).

## How can Biocomposites help?

- Stimulan is a truly absorbable calcium sulfate, specifically designed to complement your dead space and infection management strategies. It is cleared for placement directly at the site of infection in bone voids and defects and can be used alongside your chosen antibiotic regimen.

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## Trauma infection

In my trauma cases there is a risk that the fractured bone will become infected (osteomyelitis) through being exposed to bacteria from an open wound or surgical site. This infection also increases the chances of a non union, particularly in the ankle, shin and hip where there is poorer blood flow.

## How I overcome it today

I tailor my treatment to the type of injury and health of my patient, but in most cases I will stabilize the bone and soft tissues with an internal or external fixation to help healing. For treatment of the infection I will consider;

- Debridement and IV antibiotics.
- PMMA coated intramedullary rod.
- Debridement and locally delivered antibiotics; beads, gels, ointments and patches.
- 2 stage process with antibiotic spacer.

## How can Biocomposites help?

- Stimulan is a truly absorbable calcium sulfate, specifically designed to complement your infection management strategy. It provides case by case flexibility as it can be used in 3 sizes of bead, as a paste or injected.

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## Staying informed

I am always on the lookout for new information, insights and evidence from my colleagues that will enhance my knowledge and help improve the way I treat my patients. As my experience and knowledge grows I am more motivated to share my insights in return.

## How I overcome it today

I'm an avid reader and subscribe to several specialist orthopedic journals. I regularly attend meetings and events and never miss an opportunity to share knowledge with professional colleagues.

For specific cases and procedures my rep is a valuable resource who is readily available when I need him/her. And of course, I'm always googling when I need a specific piece of information or want to find out about a medical device.

## How can Biocomposites help?

- Provide information on Stimulan, including relevant clinical data, online.
- Optimize search for surgeons to find Stimulan when investigating infection and antibiotic delivery.
- Ensure distributor reps are fully trained and have the sales aides they need.
- Provide support to surgeons that want to participate in trials and publish their findings.

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- 1 Clinical data supporting your claims.
- 2 Innovations that will improve my patient outcome and satisfaction.
- 3 The distributor rep.

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- 1 Attending conferences; AAOS, MSIS, EBJIS, CORS, local AAOS meetings, BOA.
- 2 Peer to peer conversations.
- 3 Reading journals; JBJS (Am & Br), JOR, specialist journals.
- 4 Distributor reps.
- 5 Corporate sponsored training and accreditation programs.

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- ① What is Stimulan indicated for?
- ② Can wound drainage occur with the use of Stimulan?
- ③ Why is there so little drainage associated with Stimulan?
- ④ Who is using Stimulan and in which hospitals?
- ⑤ How long does Stimulan take to absorb in bone?
- ⑥ What supporting data do you have for Stimulan?
- ⑦ What are the working and setting times of Stimulan?
- ⑧ What volume and size of beads can be prepared using the Stimulan Rapid Cure bead mat?
- ⑨ Why should I choose Stimulan over other lower priced calcium sulfates?
- ⑩ Can I mix Stimulan with antibiotics?
- ⑪ Can I substitute other mixing solutions or add additional solution when preparing Stimulan Rapid Cure?
- ⑫ Will Stimulan grow bone in osteomyelitic or infected non-union cases?
- ⑬ Can Stimulan be applied to a wet field?

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