

COLLEAGUES CONNECT



WINTER 2019

Lipid Clinic Offers Risk Assessments

The Polyclinic Lipid Clinic provides personalized cardiovascular risk assessments to help patients reduce their risk of heart attack and stroke and manage their cholesterol.

Services include:

- Advanced cardiovascular lab tests and imaging
- Nutrition and physical activity recommendations
- Oral care and sleep assessments
- Smoking cessation intervention
- Stress management techniques

Providers should refer to the Lipid Clinic when patients have:

- Lipids that are not to goal
- High-risk cardiovascular condition
- Genetic lipid disorders: Familial hypercholesterolemia, elevated Lp(a), familial chylomicronemia syndrome
- A preference for lifestyle change rather than statin use
- Triglycerides >500
- Statin intolerance
- Lack of improvement on current therapy; PCSK9 consideration

Locations: The Polyclinic Madison Center and
The Polyclinic Northgate Plaza

Phone: 206.860.4669 | **Fax:** 206.860.2269

Meniscal Tears

By Jim Hsu, MD

Anatomy and Function

The meniscus is a C-shaped knee cartilage that fits in the space along the edge of the joint. It redistributes and dissipates the physical stress of basic daily actions and exercise to minimize joint surface wear over time.

Development of a Meniscal Tear

Acute traumatic knee injury can result in a large meniscal tear. The meniscus can also sustain damage over time: a small surface blemish can become a larger, symptomatic tear due to the limited blood supply penetrating only in the peripheral 10-30 percent of meniscus tissue.

Symptoms

When a meniscal tear progresses so that a flap, a layer, or the entire meniscus become unstable, the patient can experience mechanical symptoms such as pinching, clicking, shifting sensations, intermittent sharp stabbing pain, or acute blockage of normal knee movement, depending on the position of the unstable component.

Physical Exam

Physical exam may demonstrate effusion, limited motion, clicking, or joint line tenderness. However, if the torn portion of meniscus is back in place at the time, the exam can also fail to show abnormalities. If the symptoms described by the patient raise sufficient suspicion of a meniscal tear, further workup is warranted.

Imaging Studies

A weight-bearing knee x-ray series assesses the true joint space and therefore can quickly, easily, and cost-effectively identify moderate to severe degenerative joint disease, along with other conditions such as loose bodies.

MRI is the most effective advanced imaging study to directly identify a meniscal tear. If initial assessment with x-rays are negative for conditions such as degenerative joint disease, MRI should be considered as the next workup step.

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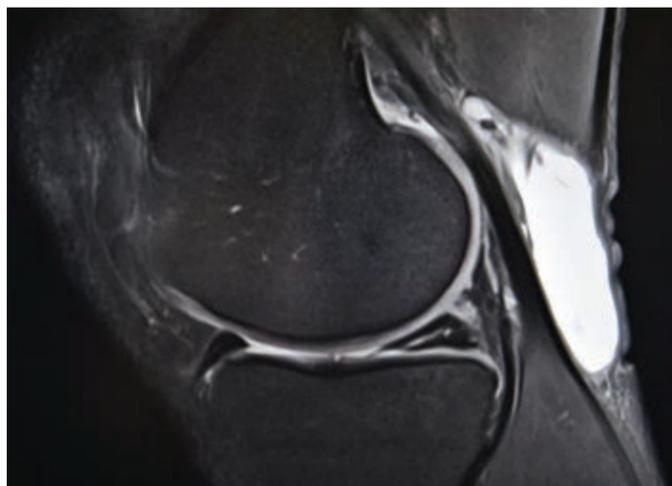
Treatment

If symptoms are mild, conservative treatment for meniscal tear is generally a reasonable option. Activity modifications, oral or topical NSAIDs, physical therapy, and corticosteroid injection are all reasonable methods. However, the patient should be aware that such improvement after conservative treatment does not mean the tear has resolved, and that return of symptoms should prompt consideration of additional treatment.

If the knee has moderate to severe arthritic changes, a co-existing meniscal tear is more likely a consequence of the degenerative joint condition (degenerative meniscal tear), rather than the primary cause of pain. In that case, conservative treatment will usually improve the knee condition more rapidly and effectively. Except for cases where the mechanical symptoms are intense and a prominent and unstable meniscal tear is seen, arthroscopy for a knee with degenerative joint disease has very low potential for benefit.

Surgical treatment for meniscal tear allows for direct treatment to the tear, and is appropriate if the symptoms are sufficiently bothersome or if conservative treatment has failed. Two choices include: arthroscopic partial meniscectomy, or meniscal repair.

In partial meniscectomy, the torn and non-functioning meniscus tissue is trimmed, and shaped until the contour of the meniscus is smooth and stable. Every effort is made to preserve structurally intact meniscus tissue, to avoid worsening the risk of future degenerative condition.



Meniscal tear, knee MRI

The patient is allowed to weight bear as tolerated and to move the knee immediately post surgery. With limited meniscus blood supply, patient age, and other clinical factors, most tears are best treated with partial meniscectomy.

For select tear patterns amenable to healing, meniscus repair can preserve meniscal tissue, restore meniscal function, protect joint condition, and relieve pain. Many factors important to a successful repair, such as tear location, orientation, and tissue condition is most accurately assessed intra-operatively. Therefore, if repair is considered, the “repair versus meniscectomy” decision is thoroughly discussed with the patient pre-operatively, but the final decision is made intra-operatively. Meniscal repair requires a more complex postoperative course, with weight-bearing restrictions, limited movement and activities over months. Also, there is a small but definite risk of re-tear with repair that can necessitate re-operation. Therefore, a meniscal repair is considered only if demographic factors, patient compliance, and tear characteristics combine to indicate a realistic chance for a successful outcome.

Summary

The limited blood supply and healing potential of the meniscus contribute to gradual tear progression. Concurrent issues such as degenerative joint disease are important factors in treatment determination. Conservative treatment can be effective in relieving symptoms of a meniscal tear, but the tear may progress in size and symptom recurrence is possible. Partial meniscectomy is the more commonly appropriate surgical treatment, but meniscal repair in the suitable patient and tear configuration can offer benefit of meniscus preservation and future joint protection, and there are broadening indications to more proactively repair substantial tears for improved long-term clinical outcome.



Dr. Jim Hsu is an orthopedic sports medicine specialist in minimally-invasive knee, shoulder, and elbow surgery. He sees patients at The Polyclinic Northgate Plaza and The Polyclinic Madison Center and can be reached at **206.860.5578**.

Advances in Glaucoma Treatment

By Shivali Menda, MD

Glaucoma is an optic neuropathy characterized by death of the retinal nerve fiber that is usually associated with elevated intraocular pressures (IOP) and peripheral vision loss early in the disease course. In general, patients are treated with medical or laser therapy first while reserving surgical treatment for those with uncontrolled disease or progression despite maximal medical treatment.

Excitingly, two new glaucoma medications with novel mechanisms have become available within the last year. The last was the introduction of prostaglandin analogues in the 1990's which lower intraocular pressure by increasing aqueous outflow. Latanoprostene bunod ophthalmic 0.024 percent (Vyzulta, Bausch + Lomb) and netarsudil ophthalmic solution 0.02 percent (Rhopressa, Aerie Pharmaceuticals) are two new medications that lower intraocular pressure by new mechanisms.

Vyzulta

Vyzulta is a once-daily medication which was approved the FDA for patients with ocular hypertension and open-angle glaucoma. It is metabolized into its two components: latanoprost acid and butanediol mononitrate. Latanoprost acid increases uveoscleral outflow while butanediol mononitrate is metabolized into nitric oxide (NO) which increases outflow at the trabecular meshwork and Schlemm canal. Studies have shown a mean IOP reduction of approximately 25 percent from baseline.¹ Side effects were similar to other prostaglandin analogues.

Rhopressa

Rhopressa is a once-daily medication that is a Rho kinase (ROCK) inhibitor. It lowers intraocular pressure via three different mechanisms: increasing flow through the trabecular meshwork, decreasing aqueous production, and decreasing episcleral venous pressure. The clinical trials which compared Rhopressa with earlier generation medications showed noninferiority to timolol, a topical beta-blocker, and IOP reductions ranged from 3.9 to 4.1mmHg.² The most common adverse event was conjunctival hyperemia which occurred in approximately 50 percent of patients.

The introduction of these two medications ushers in a new era of glaucoma treatment which also includes advances in

minimally invasive glaucoma procedures. These latest treatment options offer better side effect profiles and an improved ability to tailor treatment to individual patients and their glaucoma.

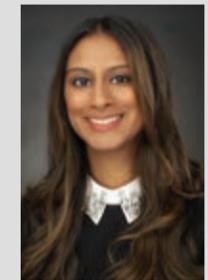


Dr. Menda specializes in cataract surgery as well as the medical, laser, and surgical management of glaucoma. She sees patients at The Polyclinic Broadway and can be reached at **206.682.3447**.

References

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3. Clinical Trials Comparing the Safety and Efficacy of Netarsudil to Timolol in Patients with Elevated Intraocular Pressure: Rho Kinase Elevated IOP Treatment Trial 1 and 2 (ROCKET-1 and ROCKET-2). *Am J Ophthalmol*. 2018; (186) 116-127.

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Fariha Farid, DO | Otolaryngology

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The Polyclinic Northgate Plaza

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