



Above: Bob Mullett is all smiles after years of pain

Hip, hip, hooray!

Former patient Bob Mullett pays tribute to a world renowned Lancashire medical centre

DEEP in the heart of Lancashire is a medical jewel that has changed the quality of life for untold thousands of people. For almost 50 years, Wrightington Hospital, just off the M6 near Wigan, has been leading the world in pioneering surgery.

In 1962 the late Professor John Charnley carried out the first hip replacement operation in the country and his skills turned a quaint, former TB clinic into a centre of learning, innovation and discovery. The medical world quickly began to beat a path to its door.

Legend has it that Bury-born

Professor Charnley (later Professor Sir John Charnley) wanted to put his revolutionary techniques of low-friction arthroplasty into practice in Manchester. But there they apparently thought the idea would not catch on, so he set up his stall in the rolling parkland between Southport and Wigan that was once the home of the Gerard family. It is tempting to suggest that, without the foresight of this gifted surgeon, much of Lancashire – and the UK – would today be hobbling around in excruciating agony.

Back then, Wrightington was the first and only joint-replacement centre and

its original patients came from all over Britain. Today it still offers a greater volume of hip replacement operations than any other single hospital in the UK – and patients still travel from all over the country because many other areas refer their difficult cases there.

It is not by accident that the hospital has flourished. Professor Charnley's work attracted not just patients in pain, but also the best surgeons in the field. Today there are 14 consultant surgeons working on lower limb problems (hip, knee, ankle, foot) at Wrightington, including the president of the British Hip Society. Many of the county's



soccer, cricket and rugby stars owe their careers to Wrightington.

These 14 surgeons have eight operating theatres specially equipped for orthopaedic procedures, four of which are Charnley Howarth theatres that incorporate technology originally developed on site. At present, they carry out more than 1,000 replacements or revisions (replacements of replacements) of hips and knees each year.

The hospital boasts an admirable waiting-time record, easily meeting

and beating the Government's target of 18 weeks between referral by a GP and the final operation. But best of all, research has shown that, in the case of hips, longevity of the prosthetic joint is up to 30 years, as compared to the 10-15 years suggested at many centres. In addition to the lower-limb surgeons, there are half-a-dozen consultants who deal in upper-limb (shoulder, elbow, hand) replacement and revision work.

NHS facilities include around 70 beds for post-operative recuperation and another 30 for rehabilitation and assessment. Between the theatre and the ward, patients spend a minimum of an hour or so in a recovery unit where every aspect of treatment and its effects are monitored prior to the patient's release for specialist nursing. In addition, there is the private John Charnley wing with 16 rooms and a wealth of extra facilities, such as a hydrotherapy pool.

Hip operations, which started the whole thing off and remain the most common treatment, have not changed so much over nearly 50 years though materials and procedures have improved

dramatically. In essence, the hip is a ball joint that moves within a socket in the pelvis. It can lose its effectiveness for a variety of reasons, the most common being erosion by osteoarthritis. In other cases it can be damaged beyond repair in an accident or possibly a childhood fracture might have not have healed correctly and the passage of time has caused it to wear away.

The manufacture of false hips has improved steadily and while in some cases the original plastic structures are preferred many replacements are now made of titanium for longer life.

Operations are routinely assisted by computer and tiny cameras and keyhole surgery is also available, so even the scars can be minuscule. Research goes on and on.

As I mentioned earlier, many other areas refer cases to Wrightington and on the hospital's website is a comment that many patients have subsequently asked: 'Why wasn't I sent here in the first place?' It made me smile... for it was exactly what I said, too. Wrightington had not been my first choice either. ►



The former entrance to Wrightington. It now opens on to a modern conference centre Top: Surgeon Aslam Mohammed

How I gained a new lease of life



Bob Mullett gets ready for a spot of gardening

Journalists don't like to suffer for their art. And I certainly didn't decide to have a couple of hips replaced just so that I could add a touch of authenticity to a feature on Wrightington hospital. I needed them both sorting out after years of pain that had become almost unbearable. Now, as I recover steadily from the second operation, I can thank heaven for Wrightington and the dedicated professionals who work there.

Seven years ago, I began to experience sharp back pain, which I put down initially to an old rugby

injury. It steadily became so bad that exercise, which I used to enjoy, became impossible and just walking for a short distance was difficult, even with the aid of a stick. The weight began to pile on to exacerbate the pain.

Three years ago the pain had become almost unbearable and my wife Lyn took me to see a local osteopath. It was £25 well spent. He took one look and told me the problem lay not in my back as I had been told but in my hips. An X-ray quickly revealed that they had been almost worn away by osteoarthritis.

Last summer my doctor suggested I try Wrightington which, I have to admit, I had never heard of, although I have lived in Lancashire for more than 20 years. What a world of difference. The first thing I noticed was that everyone smiled, from the receptionist to the world-renowned surgeon dealing with my case, Aslam Mohammed, who spent a lot of time with me. This man inspires not just respect, but also huge confidence. He has carried out some 8,000 hip and knee operations during his career and is also part of an international think tank on lower-limb surgery. Other surgeons here have similar high standards of expertise.

I was surprised to learn that replacement surgery is now offered with just a spinal injection or with an epidural and was intrigued by the idea of undergoing major surgery while still awake. Nervous at the thought? You bet!

Just three months after my referral I was ready for the theatre. A freezing spray was applied to my back, followed by a local anaesthetic. When this kicked in, a longer needle went deep into my spine. I felt nothing more than a gentle push in my back but soon my legs were dead to the world. The anaesthetist then offered me a choice of sedative strength and I chose the

weakest because I wanted to experience everything. He explained that it would feel like the effect from drinking a bottle of wine. I had with me my MP3 player and switched on a Leonard Cohen track, which seemed about right for the occasion. And that is the last thing I remember. I went straight to sleep. Some investigative reporter! Some bottle of wine! I determined to stay awake next time.

I came round to a cup of tea that tasted as good as any gin and tonic had ever tasted – and the realisation that a pain that had dogged me for nearly a decade had vanished. From one side at least.

The recovery drill is quite simple. Short bursts of walking, followed by rest and periods of lying down. Excellent. I was confident I could handle that with aplomb. By the time I went to see Mr Mohammed again eight weeks later, I had already started driving again and had returned to work. One problem was that the operated leg was now an inch longer than the other and I was starting to walk like a sailor. Mr Mohammed checked the scar and the recent X-rays and decided that I should have the second operation as soon as possible. Less than four months after the first I was in again and this time I told the anaesthetist that I was determined to stay awake to get the full experience. There is really little to record. I heard what sounded like a dentist's drill and then I gave up. I was soon fast asleep.

As I write this article, a week after the op, I am still a little sore and recovery is a little slower than the first time. But the pain is as nothing to the constant, grinding agony I had endured before. My legs are once again the same length. And, of course, as I am now an inch taller, it has made my Body Mass Index more respectable. I've always said that I am not too fat ... just too short for my weight.

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