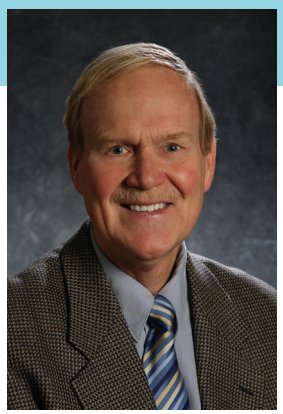

Frederick M. Maynard, MD

Ask Dr. Maynard

Send your questions for Dr. Maynard to info@post-polio.org.

See other questions at www.post-polio.org/edu/askdrmay.html.

Question: Several years ago my right ankle muscles gave out after a cortisone shot. I wear a brace to steady this leg. Now, after two bad falls, my left hip will need replacement. My current orthopedic physician wanted to give me a cortisone shot, and I refused, recalling the reaction from my ankle. Now I am frightened about hip replacement, because I fear after the trauma of surgery, it will cause my leg to completely give out, putting me in a wheelchair. Since my left leg was the stronger of the two, I am confused about the decision to have surgery.

A: Your concern about another cortisone injection is appropriate because some people have side-effect reactions to the "vehicle" ingredients contained in the specific cortisone injection drug preparation. However, a hip injection with cortisone is usually safe when done under fluoroscopic (X-ray) guidance. A trial test with a small dose put under your skin could clarify any negative or allergic reaction to the cortisone preparation to be used in the hip.

Regarding your fear of undergoing a hip replacement surgery, I would agree that it is a big operation with many possible risks. Before having it done, I would strongly recommend a thorough evaluation by a non-surgeon, rehabilitation medicine physician to learn of any other options for your specific symptoms. Even if the second opinion agrees that hip replacement surgery is a good option, the assessment would be useful for planning post-operative rehabilitation needs that may include need for a longer hospital stay in a rehabilitation unit, prolonged help at home or a nursing facility during the recovery period of several months when full weight-bearing activity will be limited, and/or pre-operative exercises and equipment needs evaluated in advance.

In general, hip replacement in a post-polio limb with very significant long-existing weakness should not be done except to limit constant pain at rest, and in these cases post-operative walking will not be anticipated or be only minimal. In a post-polio limb with only minimal/modest weakness at the hip and thigh (probably like your "good" leg), replacement surgery can be considered to relieve severe pain associated with weight-bearing walking and moving-about activity in order to permit those activities to continue to be done. In that case the risks and benefits are similar to people who didn't have polio, and the important thing is to plan ahead for anticipated special post-operative rehabilitation needs.

Question: I am posting this question for my husband who had polio at age 2. He was affected quite seriously and was not able to stand on his own. He recovered completely, and now at age 52, is seeing signs of post-polio syndrome (PPS) that include weakness and atrophy of his thigh muscles. While consulting a neurologist in India, it came up that the weakness should start in calf muscles first and affect those muscles more. While my husband has seen weakness in calf muscles, the atrophy in his thighs is more significant. Are there other reasons for this? Also, my husband got an EMT done in 2009 and the doctor is advising him to get another one. Is this necessary? We have to pay for all tests ourselves.

A: It is not unusual for later life weakening and atrophy (PPS) to occur in the thigh muscles and not the calf muscles, or be worse in the thigh muscles, which are the more impactful muscles to affect walking. This fact in itself should not drive one to be particularly concerned about a disease/diagnosis other than PPS.

I don't know what an EMT test would be. Perhaps you meant an EMG, or electromyography? EMG is done with needle insertions into the muscle with a recording electrode and it provides information on the normal healthy functioning of the nerves and muscles, which can help explain why atrophy is occurring, including from PPS. If he had an EMG about three years ago, I would not think it necessary to repeat, unless it was entirely normal then, and yet the atrophy is progressing. Ask the doctor recommending it exactly why it is being recommended and how results would affect treatment.

Question: I had a Grice-Green procedure in 1955 to correct toe drop and weak foot muscles in my right foot secondary to polio. I have had outstanding results since then. Though I have a gait specific to my disability, I am a hiker and can walk with good hiking boots for as far as eight miles. This is becoming more difficult as my ankle is becoming more pronated. The original surgery fused the right subtalar joint on the right foot and the tendon transfer was attached on the right so that the foot toes out to the right and the ankle collapses more. I am having more difficulty walking for any distance with just sneakers and an orthotic for foot support. Is further corrective surgery ill advised?

A: After 55 years of use, what is likely wearing out is your tendon transfer. This can result in more foot pronation and troubles. Your two options are an AFO designed to support your ankle/foot or to consider some type of surgery, likely a fusion. The latter is rarely done in older people because of circulatory concerns and slow bony fusion, with new pain problems common. The other limitation is expert surgeons who use effective procedures — I know of only very few and the best ones are very selective in who they will do a procedure on.

If you are committed to pursuing a surgical opinion, let us (PHI) know where you live so we can attempt to find some recommended names or institutions in your part of the country for you. I can't guarantee or endorse them, but we are willing to use our networking resources to find some surgeons for you to consult and get opinions if you desire.

Question: I scraped and cut my leg that is most affected by polio. It has not healed after two months. (I am not diabetic.) My family physician is sending me to a wound clinic. What can I expect at the wound clinic? Have you seen slow healing in polio survivors? Do you have any other advice?

A: There are many reasons for delayed healing of cuts on the leg, especially in older people. It is not an expected result of post-polio residual weakness. However, many aging polio survivors develop other conditions, some related to their long-term polio limitations that may contribute to slower healing. A referral to a wound clinic is a good idea. They will look into possible superficial infection as a cause of the poor healing and treat it if necessary. They will evaluate your leg circulation, including venous flow carrying blood out of the leg to prevent swelling and edema. They are also experts at the optimal type of cleansing routines and dressings for the sore.

In my experience, the most common factor contributing to poor healing in polio survivors is insufficient attention to controlling swelling and edema. Frequent and lengthy periods of having the leg elevated are difficult but can be very important to successful healing. One should maintain a good activity level to prevent new weakness from inactivity, while still avoiding longer periods of standing, walking or having the feet down. Also using some type of supportive wrapping or support stockings when on your feet can also be very helpful. These suggestions can be discussed and considered with the wound clinic staff (usually nurse clinicians as well as doctors). ■