

Operation waverider

A revolutionary operation is allowing surfers to keep riding waves well into retirement, reports KATE MINOGUE

After surfing for more than 50 years, Steve Reynolds' shoulder gave way while he was riding waves in Indonesia last July.

The 62-year-old blames football and martial arts for his injury but says surfing really damaged his arm, as paddling, duck-diving and pushing up off the board to stand placed constant pressure on his shoulders.

Reynolds, who lives at Avalon on Sydney's northern beaches, has been surfing since he was seven. His shoulder began to deteriorate in the last three years.

"Your shoulders play a huge part in surfing," he says. "There's a lot of downward pressure that requires an even amount of balance in both arms."

"By last year I couldn't lift my arm above shoulder level. It was difficult with surfing — my right arm would fold on me, it was painful and I didn't last long in the water."

After being diagnosed with a torn rotator cuff (the main tendon in the shoulder), Reynolds was on a mission to find a doctor who would help him.

Traditionally, repairing this tendon is a major surgical procedure involving an open operation, serious scarring and months of painful recuperation.

"The first doctor I went to see was a doctor of sports medicine who said I was too old for the operation. Then a friend who had the same problem referred me to Daniel Biggs," Reynolds says.

Biggs, an orthopaedic surgeon, is one of the few doctors performing the revolutionary key-hole shoulder surgery.

"Initially we try to get someone better without an operation — through cortisone injections and physiotherapists," Biggs says.

"But once you're at the stage where you can't move your arm without pain, and you can't sleep at night and you want to get back to your lifestyle and surfing, the best way is to have your tendon repaired."

"Whether to get the tendon repaired used to be a big decision because it was such a big operation. This surgery used to involve a lot of scarring and pain and a long convalescence."

"But now, with key-hole surgery, the operation can be done with much less dissection, less pain, less scarring and a shorter period in hospital."

"Instead of a 10-15cm scar, there are three 1cm cuts made around the shoulder," Biggs explains.

A tiny camera called an arthroscope is introduced into one hole, while the surgical instruments are inserted through the other two.

Biggs says recently there have been great improvements in the arthroscopic equipment available. "You can actually see better inside the arthroscope than you can with the naked eye," he says.

The operation, carried out while the patient is under general anaesthetic, takes 60-90 minutes. First, the torn tendon is located.

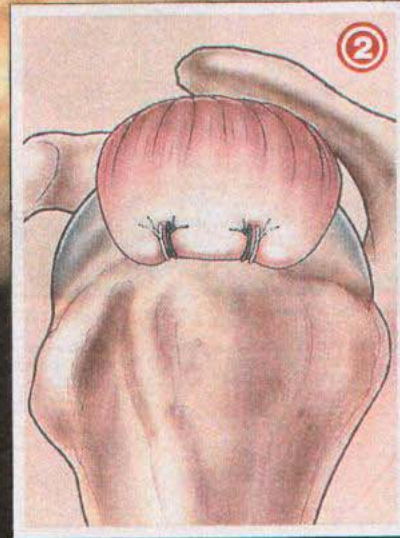
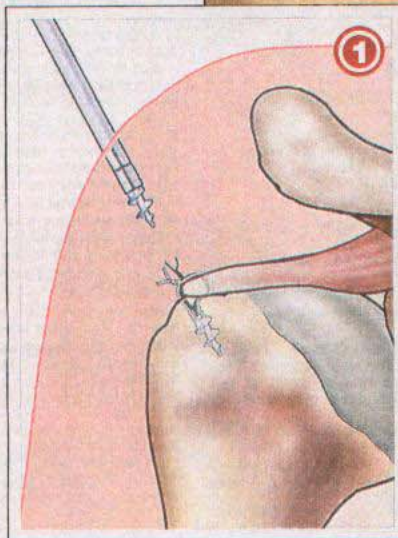
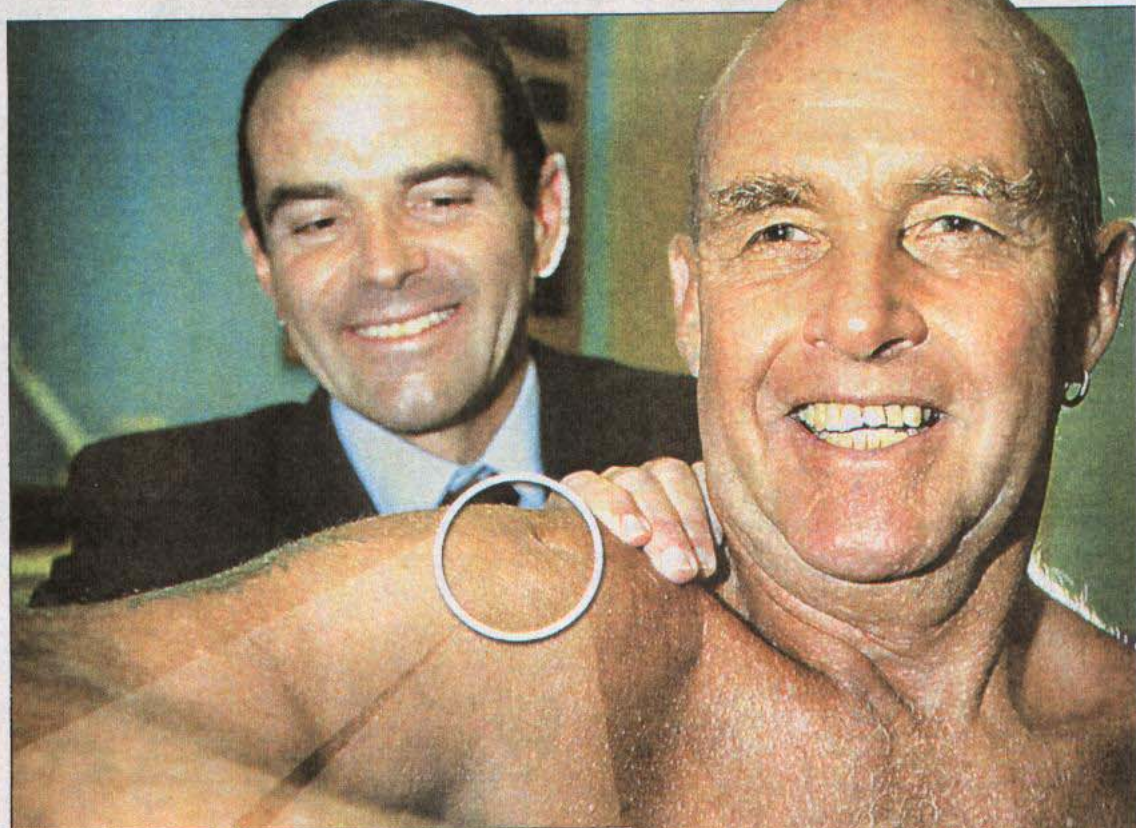
The tendon is then reattached to the spot where it tore from the bone with stitches and suture anchors.

"The time the operation takes is pretty much the same [as the old style of operation]," Biggs says. "But the difference to the patient is immense."

The traditional procedure involves a long incision and having the large muscles in the shoulders cut and moved out of the way in order to repair the torn tendon by drilling into the bone.

"This operation was notorious for being very painful for six weeks after the operation," Biggs says.

Reynolds' shoulder was in a sling for six weeks after the operation but he soon knew it



A real shot in the arm

Orthopedic surgeon Daniel Biggs performed key-hole shoulder surgery to repair surfer Steve Reynolds' torn rotator cuff tendon.

PICTURE 1: The surgical device is inserted into the bone in order to repair the torn tendon using stitches and suture anchors.

PICTURE 2: The device is removed, leaving the tendon reattached to the spot where it tore from the bone.

had been a success. "My shoulder has recovered remarkably quickly — much better than we thought," Reynolds says.

"I put that down to Daniel Biggs' expertise and the work done by my physiotherapist in Avalon, Sam Marsden."

"Between them, they've improved the range of movement to about 90 per cent."

During his recovery, the right-handed Reynolds had to learn to use his left hand.

"I was amazed — I had to learn to shave and dress myself all with my left hand," he says.

"I suppose the most difficult thing was sleeping, because I had to keep the arm away from my body."

By December, Reynolds began his sessions of physiotherapy.

"Once the arm came out of the sling I felt the recovery was starting and knew the operation was a success. It was just a matter of time to increase the range, which the physiotherapy achieved," Reynolds says.

"I haven't actually been back to surfing. I'm swimming instead. There's no pain or discomfort at all now."

"I expect to be back in the water and surfing fully by April."

Vegetables, cereals and sunlight fight disease

Onions and leeks offer the best protection against prostate cancer, while eating meat causes the biggest risk, according to new research.

Scientists, who studied the diets and environments of 32 countries and compared them with national prostate cancer rates, have been able to identify what protects and what increases the risk.

The results show animal products are the risk factors for prostate cancer and vegetables are risk reducers. Prostate cancer mortality rates vary significantly across the world. The rates in the UK and northern Europe, as well as the US, are about five times higher than in Hong Kong, Iran, Japan and Turkey. Prostate cancer is almost unheard of in areas of Greenland, where fish is the main food, and is very low in areas of China where

green tea is the main drink. Based on 2001 figures, one in 11 men in NSW will develop prostate cancer by the age of 75. It is the most common registered cancer in men, and the second most common cause of cancer death in men. The research shows the most beneficial foods were onions, garlic and leeks, followed by cereals, grains, beans, fruits and vegetables. Alcohol was found to be a minor risk.

The researchers also looked at sunlight levels in each of the countries and found that vitamin D offered some protection. It is thought the vitamin plays a role in slowing down the disease's progression by binding to cancer cells and either killing them or making the cells less malignant.

No independent effect was found for tomatoes, a source of lycopene, thought to reduce the risk of prostate cancer.