



The Pottsville Hospital
and Warne Clinic



May 4, 2005

Attn: Marc P. Volavka, Executive Director
Pennsylvania Health Care Cost Containment Council
225 Market Street, Suite 400
Harrisburg, PA 17101

Re: Hip and Knee replacement report PFY2002

Dear Sir,

This is in response to the report complication due to placement of deep internal device in a patient that had surgery at St. Luke's Miners Memorial Medical Center. The patient at that time underwent a right total hip arthroplasty in 07/2001 and had a totally uneventful recovery. She went through physical therapy and was quite ambulatory. She was seen in the emergency room of the hospital in 11/2001 because she felt pain in her hip while she was sleeping. She denied any trauma. X showed that she had a posterior dislocation of the hip. The patient was taken to the operating room and closed reduction was done on her hip. Subsequent to this she still had discomfort and she was referred for follow-up for a revision total hip to another surgeon. Careful review of the previous surgical note on 07/2001 noted that the hip was placed in the correct amount of anteversion and there were no intraoperative complications, all indications for doing a total hip arthroplasty had been done. Reasons for dislocation and subsequent instability in this elderly female are unclear. Despite patient teaching for appropriate hip replacement, she underwent a dislocation of her hip with subsequent instability.

Sincerely,

Thomas B. Wheeler, M.D.

TBW/rnv