

Lower Hudson/Bronx Edition

# M.D. NEWS

A BUSINESS AND LIFESTYLE MAGAZINE FOR PHYSICIANS



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Burak, M.D.**

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Total-Hip Technique to the  
Northeast

# Corey F. Burak, M.D.

## Phelps Memorial Hospital Center Brings Revolutionary Total-Hip Technique to the Northeast

By Paul J. Watkins

Many baby boomers go to great lengths in an attempt to slow down the aging process. The benefits of eating right and exercise are well established, prompting many to adjust their lifestyles to

**Dr. Corey Burak and his father, Dr. George Burak. Dr. Burak is the first orthopaedic surgeon in the northeast United States to utilize the revolutionary anterior approach total-hip replacement technique. Dr. George Burak performed the first total-hip replacement in Westchester County at Phelps Memorial Hospital in 1969.**



include diet and fitness plans. Sounds great, and many take it a step further with marathons, triathlons, tennis matches or even some competitive golf. But too much of a good thing sometimes leads to pernicious consequences, starting with the hip.

The American Academy of Physical Medicine and Rehabilitation estimates that hip-implant surgeries will increase by 60% over the next three decades. This staggering prediction is not cause to stop exercising, since there are many fainéant individuals with damaged hips. Obesity also adds to the problem, since carrying around even a few extra pounds can lead to the erosion of cartilage.

Corey F. Burak, M.D., a board-certified orthopaedic surgeon with Hudson Valley Bone & Joint Surgeons, has brought the revolutionary anterior approach hip replacement to Phelps Memorial Hospital Center. Pioneering medical advances is not new to either the Burak family or Phelps. His father, Dr. George Burak, performed the first total-hip replacement in Westchester County at Phelps Memorial Hospital in 1969, and so the legacy continues.

The new minimally invasive procedure has been highly successful with fewer postoperative complications, considerably less pain and overall quicker recovery rates. The majority of recovery from the traditional hip replacement involves the muscle rejoining the bone. Rather than disturbing the major muscles at the side or back of the leg, the surgical entry with the anterior approach is through an intermuscular and internervous interval. Dr. Burak explains that he is able to go between two muscles at the front of the hip and implant the prosthetic components without cutting the major muscles or having to detach tendons. The anterior approach preserves the natural anatomy and the stability of the hip



**Pre-op X-ray showing fairly severe cam impingement-type arthritis in a young patient, becoming increasingly debilitated over several years**

**Inset: Arthritic femoral head**



is preserved (dislocation remains the leading early complication of traditional hip replacement). Patients recover and return to normal activities faster and without the concern of hip dislocation resulting from improper leg positioning. The technique can also be used to perform revision surgeries, as well.

## INNOVATIVE EQUIPMENT

Dr. Burak was the first orthopaedic surgeon in the northeast United States to use the anterior approach technique. He states that the key to truly maximizing the benefits of the less-invasive technique involves the use of the Hana table. “Basically, the table is a positioning device,” says Dr. Burak. The table allows traction of the operative extremity, combined with hyperextension, external and internal rotation of the hip and lowering of foot to the ground during the surgery. “The anterior approach with the [Hana] table allows me to perform the surgery on anybody. I’ve done patients from 95 pounds up to 400 pounds. A common question patients have is, ‘Am I a candidate?’ I tell them, ‘Everybody’s a candidate.’”

## PRECISION PLACEMENT

Dr. Burak adds that the table was originally designed to repair fractures so it’s

radiolucent, allowing the surgeon to use real-time imaging to perform the operation. Surgeons have good visualization of the acetabulum and are able to achieve more precision.

“With this anterior approach operation, if the implants aren’t placed correctly, we are able to move them; we don’t have to wait until we’re in the recovery room. Plus, it enables us to get the leg lengths and the other biomechanical parameters of the hip more exact by using the X-ray,” says Dr. Burak. The benefits are impressive; all muscles and natural stability are preserved.

Hip implants include three components, which are the cup, femoral head and a stem that fits into the femur. The three basic choices of material for the devices are metal on metal, ceramic on metal or metal on polyethylene.

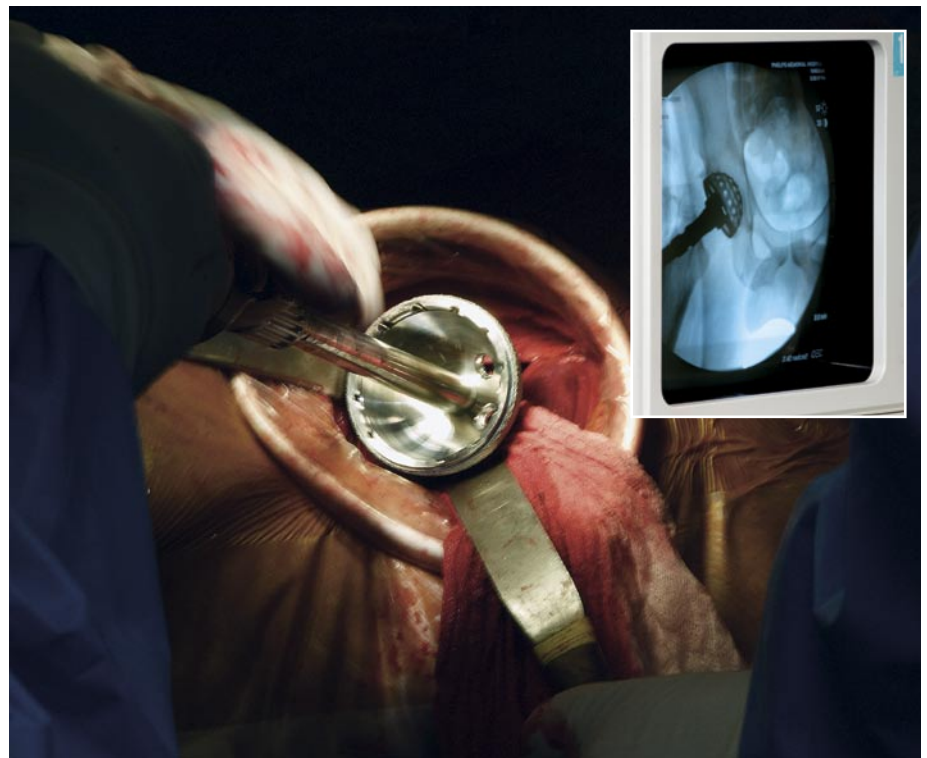
## INITIAL SKEPTICISM

Dr. Burak developed his interest in the anterior approach during one of two total joint fellowships he completed. He spent a year in Los Angeles working under Larry Dorr, M.D., a world-famous orthopaedic surgeon whose current niche is mini-posterior total-hip arthroplasty with computer navigation. Dr. Burak went to Los Angeles with the expectation that that’s what he was going to be doing.

Dr. Dorr had a junior partner, Andy Yun, M.D., who had become one of the first orthopaedic surgeons on the West Coast of the United States to use the anterior approach technique with any volume. “When I got out there,” says Dr. Burak,

**Dr. Corey Burak inserting the acetabular component**

**Inset: Intraoperative fluoroscopic check during surgery for the preparation of the acetabulum**



**Corey F. Burak, M.D.**, received his Doctor of Medicine Degree from SUNY – HSC at Syracuse College of Medicine in Syracuse, NY, where his honors included a general surgery clerkship, ophthalmology clerkship, orthopaedic surgery elective and orthopaedic surgery A.I. In addition, Dr. Burak ranked 244 (98th percentile) for USMLE Step I, 243 (97th percentile) for USMLE Step II and passed ABOS Part 1 in the 98th percentile. He served his general surgery internship at Saint Vincent’s Hospital and Medical Center in New York City and his orthopaedic surgery residency at Tulane University Hospital and Medical Center in New Orleans, where he also completed a research fellowship in adult reconstruction under Dr. Robert L. Barrack. Dr. Burak also completed a fellowship in hip and knee arthroplasty at Dorr Arthritis Institute in Los Angeles. He received the Rockwood and Green Award in 2002. Dr. Burak is board certified in orthopaedic surgery by the American Board of Orthopaedic Surgery.



**Assistant manipulating the leg during surgery**

## REDUCING RELUCTANCE

The anterior approach technique is one of the developments likely to make many total-hip arthroplasty candidates who were concerned about long, painful recovery periods less reluctant to have their joints replaced, and Dr. Burak sees other advancements on the horizon.

“I think the bearing surfaces are getting better, and they are better than they’ve ever been,” he states. “I think a hip done in a patient who’s young — under 65 — could last the rest of their life. I don’t think the past problems of the hips wearing out are as much of an issue anymore.”

All of the advantages, he says, make the anterior approach very attractive to prospective hip replacement patients.

“Most of the patients I see come to me for this operation because the technique just makes so much sense: don’t cut any muscle, the hip is stable, the incisions are smaller, up on your feet quick, recovery’s quick. If you leave all the parameters of a hip replacement the same — in other words, all the implants and everything are the same — it’s just such a better way to go.”

*For more information about Dr. Burak and the anterior approach total-hip technique, call Phelps Memorial Hospital Center Physician Referral Service at (914) 366-3367. ■*

“Andy was great at it.” Dr. Burak admits he was somewhat skeptical about the anterior approach because it was a new technique; however, he was quickly inspired by the work of Dr. Dorr. Through the course of his fellowship, Dr. Burak began performing more of them, and the positive feedback he received from his patients following their surgeries gave him tremendous encouragement.

“I’d talk to the patients and the therapists and I started to realize that these patients recovered quicker, they were happier with the concept of not cutting any muscle and not having any precautions, and it just seemed intriguing,” he remembers. “About six months in, I said, ‘This is what I want to do.’”

The success Dr. Burak had with his patients in Los Angeles continues with his patients throughout the Hudson Valley. His patients are up on their feet within hours of their surgeries, and the average hospital stay for his total-hip patients is two to three days. Once they return home, the majority of his patients return to their regular activities very quickly.

### Three-and-a-half-inch incision

**Inset: Final X-ray check prior to closing wound, checking leg length and implant positioning**



PHOTOS BY DON DEMPSEY — WHITE LIGHT, INC.