

Melanie Cole (Host): Welcome. Today, we're talking about Penn Orthopedics, Shoulder and Elbow, the Full Patient Continuum of Care. My guest is Dr. Andrew Kuntz. He's the Director of the Shoulder Study Group and an Assistant Professor of Orthopedic Surgery at the hospital of the University of Pennsylvania. Doctor, I'm so glad to have you with us. Tell us a little bit about what makes shoulder and elbow orthopedic care unique at Penn Orthopedics.

Andrew Kuntz, MD (Guest): Absolutely. Thank you for having me. We have a number of things that make our division unique, but we think probably the most unique and most important is that we take a very comprehensive approach to treating our patients. While all the providers within the shoulder and elbow division are surgeons; we are not just operating. We see our patients from initial patient evaluation and continue their care straight through to recovery and are involved in all aspects of patient care.

Host: Doctor, what are some of the most common conditions that you treat and see there?

Dr. Kuntz: We see everything involving the shoulder and elbow. Probably the most common conditions are rotator cuff tears, shoulder arthritis, shoulder instability and then for the elbow, we see a number of different elbow conditions including tendinopathies about the elbow, tendonitis, tendon ruptures and then trauma including elbow fractures and shoulder fractures.

Host: Then let's talk about some of those and starting with the patient evaluation process at Penn; what's different about that?

Dr. Kuntz: Well at most of the places where we see patients, we have a very complete center available and so not only are we seeing patients and evaluating them in the office; but we have onsite diagnostics including all aspects of radiology. We have lab facilities and then we have other providers and other services or service lines in the same facility, so this could be our medicine colleagues, our cardiologists, our anesthesiologists and pain providers, our rheumatologists. So, for any different medical condition or aspect of their care, patients can be seen in the same location and receive care right in one spot.

Host: Well that segues beautifully into my next question Doctor, is the pain protocol. Tell us a little bit that because it's a pretty hot topic especially in orthopedics today, so tell us about the Penn Orthopedic Shoulder Pain protocol and the benefits of them.

Dr. Kuntz: Sure. So, this is a protocol we developed or started developing a number of years ago and the goal really was to improve the patient experience following shoulder surgery. Shoulder surgery is notorious for being painful and taking a while to recover from and what we wanted to do was try to make that more tolerable for our patients. And so, we worked together as a division of shoulder and elbow surgeons along with our anesthesia colleagues and the pain management providers to come up with a protocol that would kind of come at the postoperative pain from all different angles and try to reduce pain, improve recovery and at the same time, reduce the amount of narcotics that our patients were requiring.

Host: So, how did you come up with that protocol? What makes it different Doctor than other centers?

Dr. Kuntz: Sure, so, what used to happen and what still happens in some locations is patients go through surgery and then are prescribed a single medication and typically a narcotic pain medication to manage their pain after surgery. What we did, was we wanted to look to preemptively manage their pain and so, we have medications that are given prior to surgery, non-narcotic medications given prior to surgery. We then have medications during surgery and then we have medications after surgery and these include simple medications such as Tylenol, anti-inflammatory medications, medications that work on nerve type pain and then we also use a peripheral nerve block which is essentially a numbing medicine that gets injected around the nerves that run down the arm to help numb the pain after surgery. And with that, we are using a lot of non-narcotic medications again, before, during and after surgery to manage pain and then reduce the amount of narcotics patients are receiving.

Host: Then what were some of the challenges that you faced? Have you received pushback from patients who maybe would like more of the narcotic pretty strong pain medication? Tell us about some of the challenges.

Dr. Kuntz: Sure, so some of the challenges in the beginning are just coming up with a protocol that works for everybody. Our protocol is not just by random chance, it's based on a lot of basic science and clinical research looking to make sure that the medications we're using one, help alleviate pain, but don't negatively impact healing and so, working through this again, with our pain and anesthesia colleagues as well as our division, looking at which medications were best and coming up with a consensus that could be used across the board.

And then once we had that grouping of medications; it's really a process to get everybody on board in terms of training everybody in the operating room facility, training everybody for afterwards to make sure that again, the patients are getting the medications before, during and after, whereas before it used to just be medications afterward.

And then to your point about patient expectations, we do a lot now to educate patients ahead of surgery to talk about our pain protocol to talk about the overall experience and the fact that pain is a normal process of recovery but with these different medications; we can minimize that pain and make it a much more tolerable process and the fact that we use a number of different medications, rather than just one medication; we want to make sure that the patients are aware of that and the importance of all of the different medications rather than just focusing on a single medication.

Host: That is such an important point. Doctor, what's on the horizon for Penn Orthopedics Shoulder and Elbow Team?

Dr. Kuntz: Well, we – the great thing about this pain protocol is that it seems to be a win-win situation. Not only are we seeing that patients are happier with their recovery, they are reporting better pain management and we are using far fewer narcotics, so it is truly a win-win-win. What we want to do is we are now rolling this out to multiple different sites across the city to make sure it's standardized not just at our Penn Presbyterian location, but at our other facilities across the city and beyond. And then we are also looking – we are constantly looking to refine and improve upon the medications. We are looking to use longer lasting nerve blocks so that patients have even longer pain control. And so, it's

really just a matter of kind of further disseminating this protocol and tweaking the medications as we go to make sure we are using the most up to date and current strategies.

Host: Then as we wrap up, tell other providers what you would like them to know about when to refer and tell us a little bit about your team.

Dr. Kuntz: Sure, so we have a team here that includes three shoulder and elbow specific surgeons and we have PAs and Nurse Practitioners and surgical schedulers that work with us. We work with orthopedic surgery residents as well. And then we interact closely with the other divisions within our department including the Sports Medicine team, and others. But what we really want people to know is that we are here to take care of patients. We are here to take care of our referrers patients and we see anything and everything shoulder and elbow. There is not anything that we can't take care of. We want to be easy to access and provide excellent care to anybody that comes through our doors.

Host: Great information. Thank you so much Doctor, for joining us today. And that wraps up this episode of Penn Medicine Podcast series. Head on over to our website at www.pennmedicine.org for more information and to get connected with one of our providers. If you found this podcast informative, please share on your social media and be sure to check out all the other fascinating podcasts in our library. I'm Melanie Cole.