

Vincent Dalton, M.D.

Richmond-based orthopaedic surgeon Vincent Dalton has much in common with his patients: namely the aches, pains and injuries that come along with being an athlete. For patients with worn-out hip joints, Dalton offers a newer surgical option that's less invasive and allows patients to recover faster.



PHOTO BY LUCKY JUDD

INTERVIEW BY ALISON JOHNSON

Dr.

G. Vincent Dalton's post-surgical instructions for hip replacement patients have changed quite a bit over time.

With a newer surgical approach, patients no longer have to worry about everyday movements such as sitting down, climbing stairs and bending over putting their joint at risk for dislocation as they heal.

Rather than cutting through major muscles around the pelvis and thigh bone, Dalton operates between muscles. The anterior approach requires a three- to four-inch incision at the front of the hip joint, compared to eight- to 10-inch incisions with the traditional back (posterior) approach. His patients experience less pain and limping, shorter hospitalizations and a recovery time that averages two to three weeks faster.

"There's a learning curve to doing this," Dalton says. "Initially, it is more difficult to do this operation from the front. But assuming a surgeon has equal experience in both approaches, I feel the anterior option is better than the posterior in all respects."

A specialist in hip, knee and shoulder reconstructions and sports medicine, Dalton also has taken advantage of a special operating table that better positions and rotates the leg and hip during surgery. The hana™ Hip and Knee Arthroscopy Table can hyperextend the patient's leg down to the floor, which allows surgeons to insert the stem of a new hip joint into the thigh bone more easily and precisely.

Such improvements in joint replacement

surgery are especially welcome as a growing number of younger patients seek care. "We are more demanding of our joints now," says Dalton, who himself plays in an over-50 adult soccer league. "At the same time, we're less tolerant of restrictions on range of motion and on what we can do."

IN HIS WORDS

MY ADVICE TO PEOPLE WHO START EXPERIENCING JOINT PAIN IS come in for an evaluation by an orthopedic surgeon. The vast majority of the people we see *don't* need surgery, but people are afraid to make an appointment because they think they'll have to have an operation. There are many other treatments we can try: cortisone injections, physical therapy, bracing and a change in your exercise program.

I USE THE ANTERIOR APPROACH in 100 percent of my [hip replacement] surgeries. For me, the only reason *not* to do it is if you are re-doing a hip and the person has already had the surgery from the posterior (rear). In those cases, you don't want to weaken the front if you've already weakened the back.

I CHOSE ORTHOPAEDICS AS A SPECIALTY because my dad was an orthopaedic surgeon, my grandfather was an orthopaedic surgeon and I have my master's degree in physics. Orthopaedics can be almost like carpentry—it can involve lots of physics-type concepts.

BEING AN ATHLETE makes me a better

doctor because I've experienced almost all of the aches and pains that I see in the office every day. I've had surgery for a dislocated shoulder and a ruptured Achilles tendon. I can relate to a lot of the problems my patients come in with.

I KEEP PLAYING SOCCER because it is my best way of getting exercise, I enjoy the camaraderie and it's also good for business. I play in an over-50 league, so a lot of my fellow athletes end up with shoulder, knee or hip pain—injuries and weekend warrior complaints.

TO STAY IN SHAPE, I play soccer and get to the gym once or twice a week—not as often as I should. Every year I run in the Monument Avenue 10K race that my practice helps sponsor. I hate running, but I do it because we sponsor it. It gets harder every year.

UPCOMING ADVANCES THAT I FORESEE in joint replacement surgery are just constant small improvements. However, my big fear is that changes in health care will stymie research and development. If we start affecting the profits of implant manufacturers, drug companies and surgeons, we'll no longer see the constant innovations we currently see.

SOMETHING THAT WOULD SURPRISE PEOPLE ABOUT ME is that I took a year off from college as an undergrad and lived in the Florida Keys. I had been in college for two years and realized I didn't know what I wanted to do. So I got a job at a resort—working the front desk—and just played for a year. When I went back to college, I was much more committed. I had a 4.0 grade point average and then pursued my master's degree and medical school. 📌

AGE

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OCCUPATION

Orthopaedic surgeon, West End Orthopaedic Clinic

BIRTHPLACE

Richmond, Va.

CURRENTLY RESIDES

West End of Richmond

FAMILY

Three children: James, 15; Elise, 13; and John, 9

EDUCATION

Bachelor's and master's degrees in physics from Emory University in Atlanta; medical school, internship and residency at Medical College of Virginia in Richmond

PROFESSIONAL ASSOCIATIONS

Richmond Academy of Medicine, Richmond Orthopaedic Club, Virginia Orthopaedic Society, American Academy of Orthopaedic Surgeons

HOBBIES

Fishing, hunting, gardening, playing soccer with the Central Virginia Soccer Association