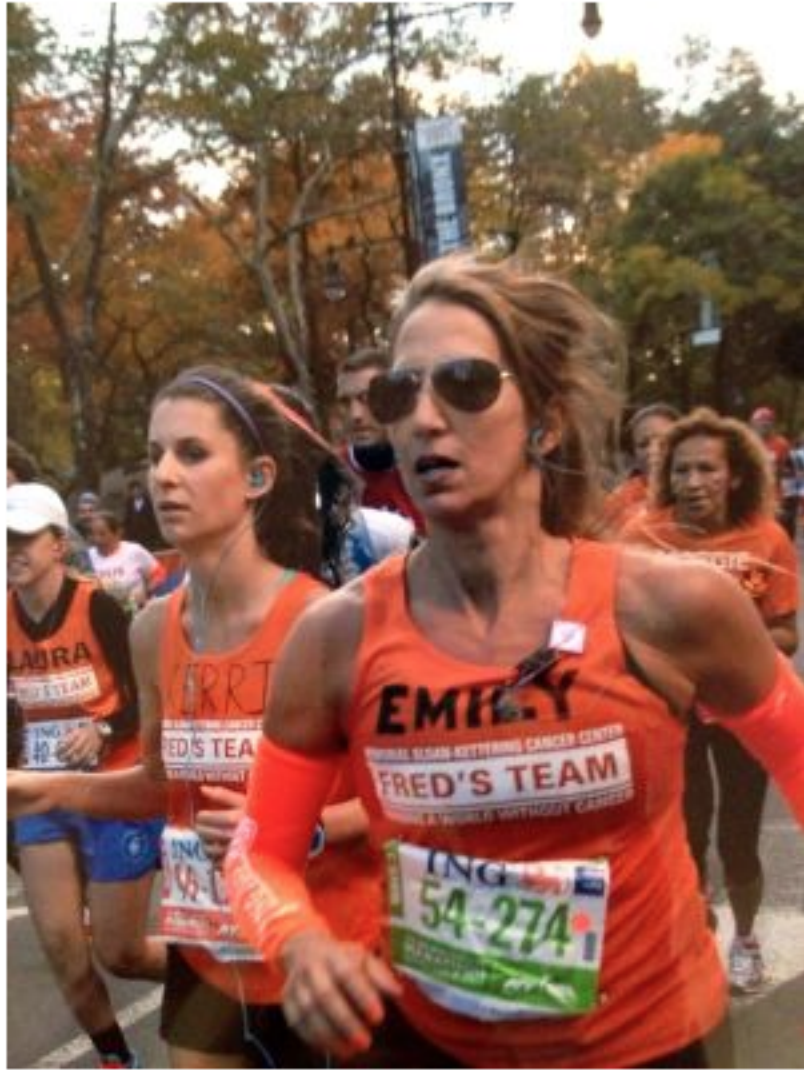


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Marathon run for Mendham woman after quick surgery

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Emily Hourihan

After having her knee repaired, Mendham's Emily Hourihan ran in last year's New York City Marathon. She finished in 4:20, running for "Fred's Team," a charity team which raises money for cancer research at Memorial Sloan Kettering Hospital.

Posted: Friday, January 31, 2014 3:00 am
By PHIL GARBER, Managing Editor | 0 comments
MENDHAM – Emily Hourihan put off knee surgery thinking it was too drastic and that the cure might be worse than the disease.

But the 49-year-old borough woman wanted to get back to tennis and decided to throw caution to the wind and have the surgery. Now she could be a poster woman for the procedure, known as arthroscopic partial meniscectomy.

The surgery turned out to be so routine and non-eventful that within two years, Hourihan ran the New York Marathon and will be running in the New Orleans Rock and Roll Marathon on Feb. 2 and the Rockaway 50K in March.

Hourihan suffered from a tear in the meniscus, a crescent-shaped cartilage that helps cushion and stabilize knees. A study reported in the New England Journal of Medicine noted that arthroscopic surgery on the meniscus is the most common orthopedic procedure in the United States, performed about 700,000 times a year at an estimated cost of \$4 billion.

The study concluded that the surgery often does not help and that thousands of people may be having the surgery unnecessarily.

But don't tell that to Hourihan who has no problems with her knee since the surgery by Dr. Wayne Colizza of Tri-County Orthopedics in Cedar Knolls.

Hourihan ran her first marathon in Chicago in 1986. In recent years, she has focused on tennis, golf and swimming. But about three years ago, she had a minor accident that she left untreated. But her left knee started to hurt when she pivoted or extended her leg and it interfered with her tennis game.

Concerns Raised

She had heard about potential dangers with arthroscopic surgery and tried alternative treatments, including massage and exercise. But the pain persisted and she sought out Colizza and had the surgery.

"It was like nothing," Hourihan said. "Three weeks later I was back on the tennis court. There was nothing, not a tweak, no pain."

She didn't consider running in another marathon until after Superstorm Sandy forced cancellation of the New York City Marathon and then the terrorist attack at the Boston Marathon.

She was at the Boston Marathon as an observer, when the two bombs went off.

"It's such a beautiful event," Hourihan said. "I just wanted to run for the people who couldn't run. The whole running community such a positive group of people."

She ran last year's New York City Marathon and finished in 4:20, fast enough to meet my name in the N.Y. Times," she said.

"I didn't think I would ever run the distance again," she said. "I meet people who are afraid to have the surgery and I say, just do it."

She hopes to run in the New York City Marathon again this year and has meanwhile continued with her tennis, golf and swimming.

Hourihan is part of a running family. Her husband, Todd, and their daughters, Avery, 21, Zoey, 2-, and Charlie, 14 also all run competitively.

Colizza said he performs many arthroscopic surgeries on the meniscus. On one recent day, he had completed six. Hourihan's procedure took all of 15 minutes.

He said the meniscus can be damaged or it can degenerate with age, drying out over time like the discs in the back. As a person ages, there is less blood flow to the meniscus, making it harder to heal without surgery.

The surgery involves trimming the damaged meniscus with an arthroscope. Before the widespread use of arthroscopy, knee surgery involved a three to four inch incision and one or two days in the hospital. Arthroscopy involves two tiny incisions and the procedure is done on an outpatient basis.

"Miniscus is not career ending surgery," Colizza said.

Colizza did not dispute the study findings because he said many procedures are done even though they are not indicated.

"In certain circumstances the surgery is valid but sometimes not," Colizza said. "If I scoped every knee, my success rate would be 50 percent so I don't do that."

Even if an MRI shows a meniscus tear, it doesn't warrant surgery unless the person also has symptoms, like pain. Otherwise, Colizza said he recommends against surgery.

He said it's similar to people who have herniated discs but show no symptoms.

Colizza also said there are many reasons for knee problems and often the patients will not benefit from surgery.

"The bulk of the problems are not surgical," he said. "If an MRI shows clearly a torn meniscus, they need it repaired."

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