

Barbaro euthanized after long fight

By DAN GELSTON
THE ASSOCIATED PRESS

KENNETT SQUARE, Pa.

Kentucky Derby winner Barbaro was euthanized Monday after complications from his gruesome breakdown at last year's Preakness, ending an eight-month ordeal that prompted an outpouring of support across the country.

A series of ailments — including laminitis in the left rear hoof, an abscess in the right rear hoof, as well as new laminitis in both front feet — proved too much for the gallant colt. The horse was put down at 10:30 a.m.

"Certainly, grief is the price we all pay for love," co-owner Gretchen Jackson said.

Barbaro battled in his ICU stall for eight months. The 4-year-old colt underwent several procedures and was fitted with fiberglass casts. He spent time in a sling to ease pressure on his legs, had pins inserted and was fitted at the end with an external brace.

These were all extraordinary measures for a horse with such injuries.

"Clearly, this was a difficult decision to make," chief surgeon Dr. Dean Richardson. "It hinged on what we said all along, whether or not we thought his quality of life was acceptable. The probable outcome was just so poor."

Richardson, fighting back tears,



Jockey Edgar Prado celebrates aboard Barbaro after winning the Kentucky Derby in Louisville, Ky., on May 6.

Barbaro was euthanized Monday after complications from his breakdown at the Preakness on May 20.

added: "Barbaro had many, many good days."

Roy and Gretchen Jackson were with Barbaro on Monday morning, with the owners making the decision in consultation with Richardson.

"We just reached a point where it was going to be difficult for him to go on without pain," Roy Jackson said. "It was the right de-

cision, it was the right thing to do. We said all along if there was a situation where it would become more difficult for him then it would be time."

Richardson said he was comfortable the right decision was made and could tell Barbaro was not his usual self early Monday morning.

"He was just a different horse,"

he said. "You could see he was upset. That was the difference. It was more than we wanted to put him through."

On May 20, Barbaro was rushed to the New Bolton Center, about 30 miles from Philadelphia in Kennett Square, Pa., hours after shattering his right hind leg just a few strides into the Preakness Stakes. The bay colt underwent a five-

hour operation that fused two joints, recovering from an injury horses rarely survive.

"It'd be nice if he's remembered for winning the Kentucky Derby, not for breaking down in the Preakness," said Peter Brette, Barbaro's exercise rider and assistant trainer for Michael Matz.

Barbaro suffered a significant setback over the weekend, and surgery was required to insert two steel pins in a bone — one of three shattered in the Preakness but now healthy — to eliminate all weight bearing on the ailing right rear foot.

The leg was on the mend until an abscess began causing discomfort last week. Until then, the major concern was Barbaro's left rear leg, where 80 percent of the hoof had been removed in July when he developed laminitis.

"This horse was a hero," said David Switzer, executive director of the Kentucky Thoroughbred Association. "His owners went above and beyond the call of duty to save this horse. It's an unfortunate situation, but I think they did the right thing in putting him down."

Brilliant on the racetrack, Barbaro always will be remembered for his brave fight for survival.

When Barbaro broke down, his right hind leg flared out awkwardly as jockey Edgar Prado jumped off and tried to steady

the ailing horse. Race fans at Pimlico wept. Within 24 hours the entire nation seemed to be caught up in a "Barbaro watch."

Well-wishers young and old showed up at the New Bolton Center with cards, flowers, gifts, goodies and even religious medals for the champ, and thousands of e-mails poured into the hospital's Web site just for him.

The biggest gift was the \$1.2 million raised since early June for the Barbaro Fund.

Roy Jackson said the money was put toward needed equipment such as an operating-room table and a raft and sling for the same recovery pool Barbaro used after his surgeries.

"I would say thank you for everything and all your thoughts and prayers over the last eight months or so," Roy Jackson said to Barbaro's fans.

Breeder Bill Sanborn fought back tears Monday as he talked about the privilege of working with the colt, which was foaled and raised at Sanborn Chase at Springmint Farm near Nicholasville, Ky.

"Everything was looking really, really good, and of course I honestly thought that the horse was going to pull it off," he said. "It just wasn't meant to be."

"It didn't surprise me that he fought so long. He was a great horse."

Despite win, Montoya has much to prove

By JENNA FRYER
THE ASSOCIATED PRESS

CHARLOTTE, N.C.

When Juan Pablo Montoya grabbed his first major victory since fleeing Formula One, it solidified just what a special talent the Colombian is.

But the win Sunday by his Chip Ganassi Racing team in the Rolex 24 at Daytona, the most prestigious sports-car event in North America, also raised questions about what reasonable expectations there should be on Montoya during his first full season in NASCAR.

Maybe he won't struggle nearly as much as everyone expects.

Perhaps the switch to stockcars will be fairly seamless.

And maybe, just maybe, Montoya will be pretty darned good.

Slow down just a little bit, car owner Chip Ganassi warned Monday, and don't start engraving Montoya's name on the Nextel Cup trophy just yet.

"In terms of his stockcar career, we are still in the bottom of the second inning," Ganassi said. "That's just being realistic of where we are at."

Give Ganassi credit for refusing to get sucked into the Montoya hype, which was ratcheted up after the Rolex win tied Montoya with Mario Andretti as the only drivers to win the Indianapolis 500, a CART title, a Formula One race and the Daytona sports-car endurance event.

And as the racing world debated just what this victory actually

proves, Ganassi matter-of-factly rebuked any notion that it will translate into a blazing start to the NASCAR season.

"This was a big win, no doubt, a huge feather in his cap," Ganassi said. "And maybe this shows that he's a fast learner."

"But I really don't think there's much of a connection between the Rolex and Cup. He's still learning a new craft, and he's still got a long way to go."

That tempering of expectations has been limited to the Ganassi camp in the six months since Montoya made the radical decision to leave F1 for NASCAR, which is widely ridiculed in the European racing circles that made Montoya both rich and famous.

After all, going round and round

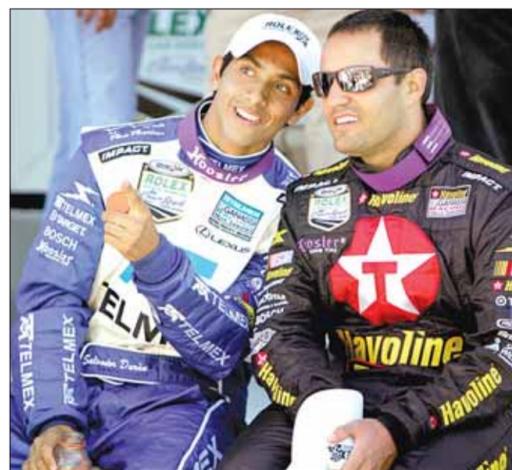
in circles can't really be that difficult, right? At least that's the attitude seven-time world champion Michael Schumacher took when asked about Montoya's move.

"Personally, I wouldn't do it," Schumacher said. "What do you do in NASCAR? What is exciting there? I can't see that, running around on ovals."

If it's as easy as Schumacher believes, then Montoya should be an instant success. But Montoya has tried to put the brakes on that notion.

Still, Ganassi hopes Sunday's victory will result in momentum.

"It's great to have any kind of win in the first race of the year," Ganassi said. "What people forget is this sport is still about momentum, and winning does tremendous things for that."



Salvador Duran, left, and Juan Pablo Montoya talk in Victory Lane after winning the Rolex 24-hour race at Daytona (Fla.) International Speedway in Daytona Beach, Fla., on Sunday.



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Procedures to Stop Incontinence

By the faculty of Harvard Medical School

Q: I've tried many things to treat my incontinence, including exercises and biofeedback. But I still leak urine when I exercise, cough, or sneeze. I'm ready to consider surgery. Can you tell me about the different options? I'm a woman in my late 50s.

A: For women, operations for stress incontinence aim to provide extra support for the urethra, the tube that carries urine from the bladder to outside the body. There are three main techniques: sling procedures, bladder neck suspensions, and a procedure that involves injecting a bulking agent to firm up tissues surrounding the urethra.

Sling surgery is the most common procedure. It creates a little hammock that supports the urethra (see illustration). The sling is usually made with an artificial tape similar to nylon that is placed under and around the urethra. Because your body creates scar tissue around and through the mesh, the tape stays in place without stitches. This operation can usually be performed under local anesthesia. Most women return to normal activities within about 10 days after the operation.

A newer, less invasive variation is called the transobturator tape procedure. The tape is inserted through a small incision in the vagina, and the ends are brought out through tiny incisions between the labia and the creases of the thighs. The sling supports the urethra in a gentler fashion, forming a curve that's shaped more like a smile than the letter U. This operation takes about half an hour. Most women can return to normal activities within a few days as long as they don't lift heavy objects. Because it doesn't require an incision in the abdomen, this procedure carries a lower risk of bowel or bladder injury during surgery. And it can be used in women who have scar tissue from previous operations. The most common complications are urinary infections, difficulty urinating and wearing down of the vaginal wall near the tape.

Bladder neck suspensions are less common but are still performed in some cases. For the main procedure, called a retropubic suspension, the surgeon cuts a 3- to 5-inch incision in your lower abdomen and lifts the tissue next to the bladder neck up, anchoring it near the pubic bone. The various procedures are usually named for the surgeons who developed them. In the Burch procedure, the surgeon uses strong stitches (sutures) to anchor the tissue to a ligament near your pubic bone. If the stitches are placed into the pubic bone itself, the operation is called the Marshall-Marchetti-Krantz (MMK) procedure.



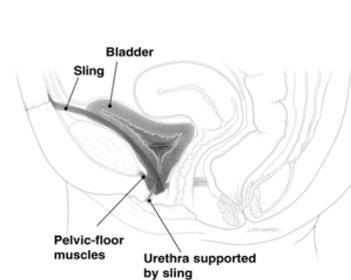
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Sling surgery for incontinence



For some women with stress incontinence (who leak urine when they jump, cough, or laugh), the surgical insertion of a urethral sling or tape can help support the urethra. In the version shown here, the surgeon makes two small incisions in the lower abdomen to insert a strip of synthetic mesh (tension-free vaginal tape) around the urethra to support it. Gradually, the body's own tissues grow through the mesh to hold it in place.

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Three distressing but uncommon problems may occur after any type of surgery for stress incontinence. In rare cases, women have undone the benefits of the surgery by lifting or other strenuous activity, even after the healing period is over. And up to 15 percent of women develop urge incontinence, which is characterized by a sudden, hard-to-control urge to urinate. Finally, some women have difficulty urinating, which in rare cases may require you to use a catheter (a tube inserted into the urethra) to empty your bladder. The risks vary with the different procedures.

The final option, injecting bulking agents, works best for women with a type of stress incontinence caused by a weakness in the muscles near the urethra. The bulking agent pushes against the urethra to make it narrower so that it closes off more readily.

The injections take less than half an hour and can be done in the physician's office or as an outpatient procedure in the hospital. You will be given either local or a light general anesthesia or sedation. The doctor places a needle into the urethra and injects the agent into the tissue alongside the urethra. A few injections may be given during one session. But since only a small amount of the bulking agent is injected at one time, you may need more than one treatment to get satisfactory results. Physicians must be cautious about injecting too much: If the urethra becomes blocked, they may need to remove the material surgically.

For the first day or two after an injection, you may feel irritation when you urinate. You might even need to use a catheter off and on until swelling goes down in the area of the injection. After a few days, you should be able to return to normal activities.

You may need to undergo testing to see which procedure would work best for you, and your physician can help you decide. Although not life-threatening, incontinence is a very frustrating and unpleasant problem. If simpler methods fail, surgery can be a good option.

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