

Now joining UConn Health, Dr. Halawi is bringing cutting-edge technologies and new ideas to the field of hip and knee replacement. Forget everything you know about long hospital stays and drawn-out recovery times, he says. Everything is changing.



An American Dream Story

BY TERESA M. PELHAM

For a man of just 34 years, Dr. Mo Halawi has seen a lot. Born in war-torn Lebanon, he came to the United States alone at the age of 17, against his parents' wishes. It wasn't an easy journey, but he's now a successful orthopedic surgeon, proving that hard work and determination truly can lead to the American Dream.

After completing his undergraduate studies with highest honors at the University of Houston, Dr. Halawi was named the International Student Leader of the Year by Golden Key International Honour Society and the Walter and Adelheid Hohenstein Fellow by Phi Kappa Phi Honor Society. Dr. Halawi then went on to Duke University School of Medicine, where he was a Jack Kent Cooke Graduate Scholar, Howard Hughes Medical Institute Fellow, Paul and Daisy Soros Fellow, and Merage Foundation for the American Dream Fellow, just to name a few accolades.

After medical school, Dr. Halawi stayed at Duke University Hospital for orthopaedic surgery residency and then completed an adult reconstructive surgery fellowship at the Cleveland Clinic. As a culmination of his training, Dr. Halawi was awarded the prestigious Hip Society Maurice E. Müller Traveling Fellowship to Europe, an opportunity limited to one orthopaedic surgeon from North America every year. To date, Dr. Halawi has authored 31 research papers and book chapters. He's a bit of an overachiever, which is exactly what you want in your orthopaedic surgeon.

Now joining UConn Health, this academic surgeon and assistant professor of orthopedic surgery is bringing cutting-edge technologies and new ideas to the field of hip and knee replacement. Forget everything you know about long hospital stays and drawn-out recovery times, he says. Everything is changing.

Seasons Magazines: What's one of your best patient success stories?

Mo Halawi: Every opportunity to help make a positive difference in someone's life is a success story. The best part of being a joint replacement surgeon is to take a patient with severe pain and poor quality of life and right away, "give them their life back" as some patients say. Today, I saw a young woman who was happy and without pain for the first time since she was a child. Her hip did not develop normally and as a result she had a remarkable limp and was tiptoeing to compensate for her significantly short leg. Her total hip replacement, which required shortening of the thighbone, is only occasionally performed, as it requires specialized training due to its complexity and high potential for complications. I was very motivated to help this hard-working single mother. This was one of the very first surgeries I performed at UConn.

SM: Tell me about your transition from Lebanon to the U.S.

MH: I grew up in a war. As a child, my mother always had a suitcase packed because we never knew when the shelling was going to start. There was a lot of fear and uncertainty. Lebanon is a beautiful country, but it is one that is cursed by a volatile political climate. The American Dream was my inspiration. When I came to the U.S., I had literally \$1,100 and spoke very limited English. For over a year, I worked two full-time jobs and sometimes lived in my car to make ends meet while enrolled as a full-time college student. The nice thing about the United States is that you work hard and you get what you put into it. My life changed when my college physics teacher one day approached me and said,



MAKING LIFE BETTER: Dr. Halawi's goal is to improve his patients' function and quality of life. Photo by Steve Laschever. Copyright Mo Halawi, MD.

"I want you to apply for this scholarship." I thought, "Who am I? This is a very competitive national scholarship." I woke up the next morning and decided to give it a shot. I ended up getting a full-ride scholarship to the University of Houston. It was a game-changer. I didn't have to worry about making ends meet. It put me on track.

SM: How will hip and knee replacement be different five years from now?

MH: Just from when I started my training to now, it is so different. When I was a junior resident, the length of stay was three or four days. Patients were on opioid pumps, they had surgical drains, indwelling bladder catheters, their progress was slow, and they were often discharged to rehab or skilled nursing facilities. This was only a few years ago. Now, my patients go home the same or the next day. What I found to be important is to take time to educate and optimize the patient before surgery and to use proven evidence-based pathways that are safer and much more efficient. We will continue to move towards outpatient and rapid recovery surgery as our knowledge and ancillary support improve.

SM: What are some of the lessons you learned visiting surgeons in Europe?

MH: One of my most exciting experiences was the opportunity to travel to Europe and learn from some very skilled orthopaedic surgeons. It was an opportunity to get a worldly perspective, complementing my American training. In England, for example, where the National Health Service is the largest payer for healthcare, most surgeons do not have the leisure of loosely ordering advanced imaging or expensive workup. They have to rely on some of the most basic foundations of medicine: proper physical exam and simple X-rays. In the U.S., we still order expensive studies that are often unnecessary and don't change the course of care. It was also amazing to see the many variations, even when performing a standard surgery, and the rationale for each variation. Ultimately, there is no one surgery, one approach, or one implant that fits all. Instead, the surgeon should be comfortable in many different ways to perform a procedure and to tailor it to each patient's specific needs.

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SM: What are you currently researching?

MH: I am currently the principal investigator for a number of clinical and basic science studies. My clinical research is centered on optimizing perioperative pathways and outcomes for hip and knee replacement. The main question is, how can we make the same surgery safer and more efficient? My basic science research is focused on understanding the biomechanics of the hip joint, with the goal of one day pioneering patient-specific total hip replacement.

SM: Describe a typical surgery morning.

MH: I wake up every day at 4 o'clock in the morning, just out of habit. I catch up on emails and read news. On a surgery day, I'm at work by 6 or 6:30 a.m. I come early because I want to talk to the staff and make sure everything is ready and going to go as planned. I talk to the patient and their family members to see if they have any last-minute questions. Sometimes, I use this as an opportunity for a motivational or cheering talk for an anxious patient or family member. Forming a team with the patient and their loved ones is critical to maximize recovery.

SM: What drives you every day?

MH: I like helping make a difference in the lives of each of my patients, performing complex procedures, and contributing to medical research. The hip and knee are the largest and most complex joints in our body. Arthritis is just one of many possible causes of pain and dysfunction. The success of surgery hinges on making the correct diagnosis and being honest with the patient regarding the expectations. I really cannot imagine anything better than taking a patient with severe pain and poor quality and being able to transform their lives and see them happier and functional again. I get to see results of my work right away. There is also nothing more intellectually satisfying than playing an active role in advancing medicine through research, and training the next generations of orthopaedic surgeons. That's the reward. That's what drives me every day.

Teresa M. Pelham is a writer based in Farmington.

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