

Abstract

Third Annual US Comprehensive Course on Total Hip Resurfacing Arthroplasty.
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SESSION 7: TIPS TO GET STARTED

My Three Tips

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1. Get adequate exposure

- a. Use the approach you use for THA
- b. Visit surgeons and watch their videos
- c. Place the acetabular component in THR prior to head resection
- d. Thin flexible females with Crowe I dysplasia are the easiest cases
- e. Start with a large incision
- f. Keys to exposure of the posterior approach:
 - Cut capsule 360 degrees every time
 - Create adequate superior pocket

2. Correct the Femoral deformity

- a. Recognize the deformity and correct it towards normal
 - Cam FAI, Dysplasia, LCP
- b. Place the center of the prosthetic head over the center of the neck
 - Don't use the patients head as a guide
 - Use implant company guides only as an adjunct
 - Use a guide that keys off the neck
- c. A high pin starting point allows a valgus stem
 - Typically 1 cm superior and slt anterior to LT
 - A low starting point will result in either a notch or a varus stem
- d. Measured resection
 - The head neck junction is a variable landmark
 - Resect 6mm off the apex and replace it with 6mm of implant
 - Lengthen or shorten deformities as needed

3. Place the Acetabular component properly

- a. Avoid inclination greater than 60 degrees
 - High ion levels and local tissue reactions
 - Lower limit of inclination not established
 - Intraoperative XR 30-45 degrees
- b. Bury anterior superior corner; match the natural anteversion
 - Avoid impingement
 - Exception: Dysplasia with oblong defect AS
- c. Retain anterior inferior bone coverage
 - Avoid psoas tendonitis
- d. Cup exposed superior posterior is not a problem
- e. Ream to the quadrilateral plate
 - If you aren't deep enough you can't meet the other objectives
- f. XR are unreliable
 - Highly dependent on positioning
 - Impossible to measure anteversion
 - We need 3D imaging to get this right