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**