Dual Mobility Cups

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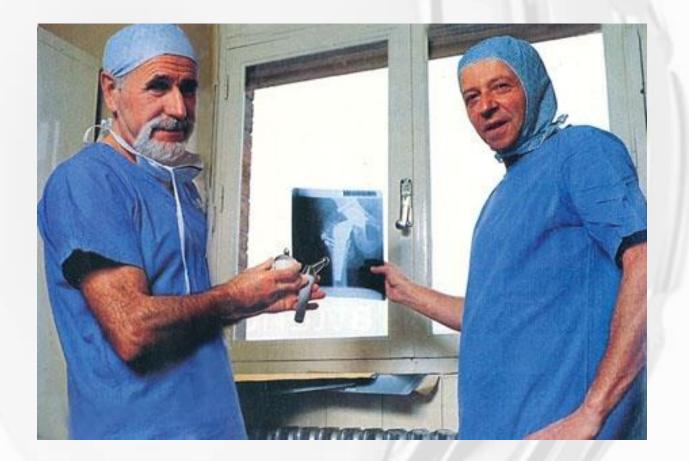


Introduction Indications Limitations Conclusions

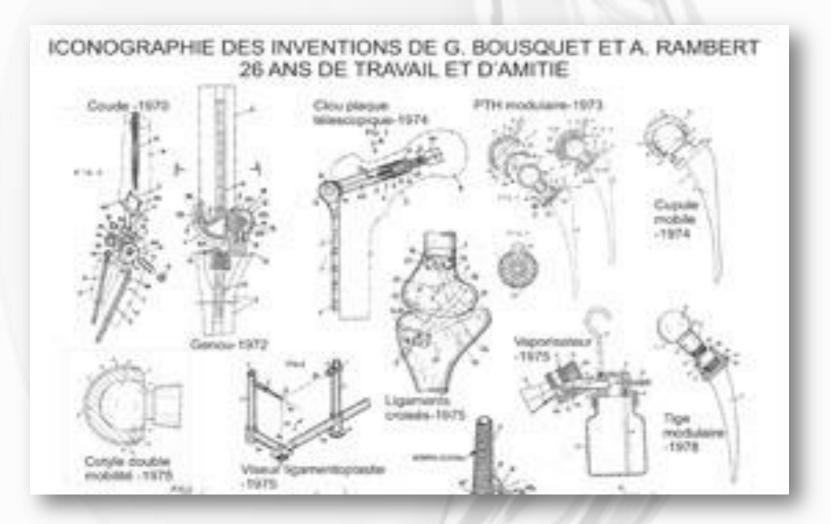
"All good things in life come from France"



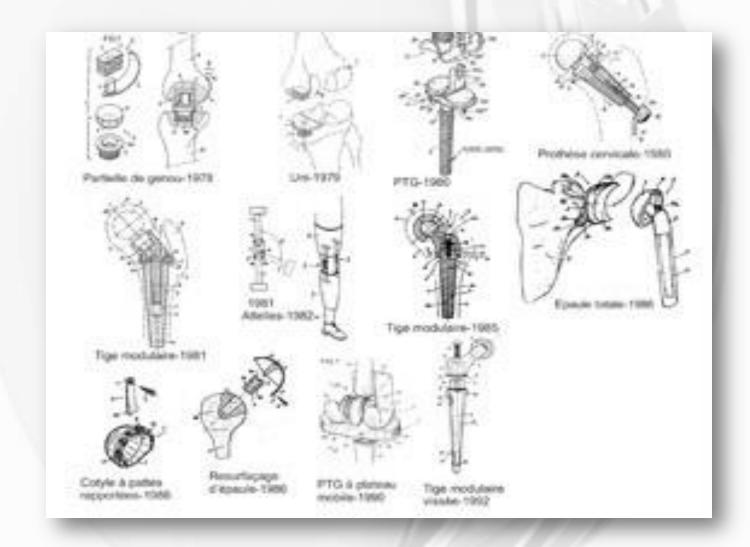
Gilles Bousquet 1979 + Rambert (SERF)



Inventions Bousquet - Rambert



Inventions Bousquet - Rambert



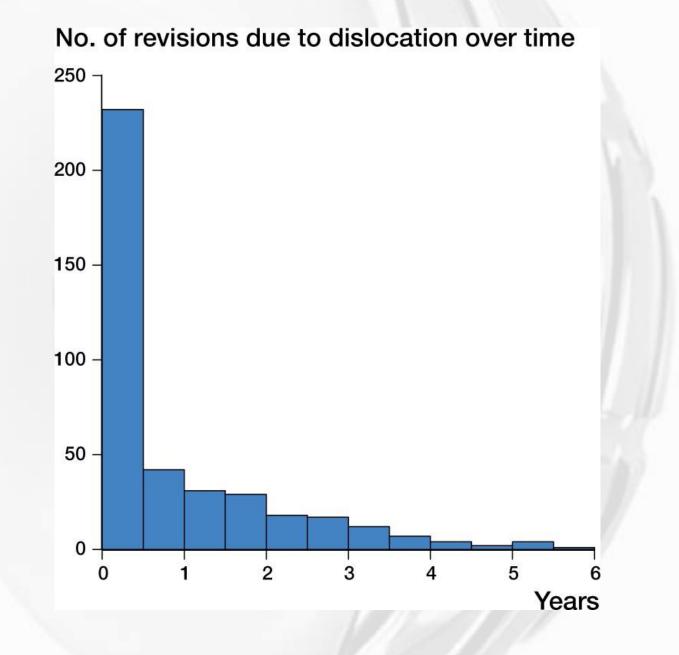
"those who denigrate us don't understand a thing and we are right".

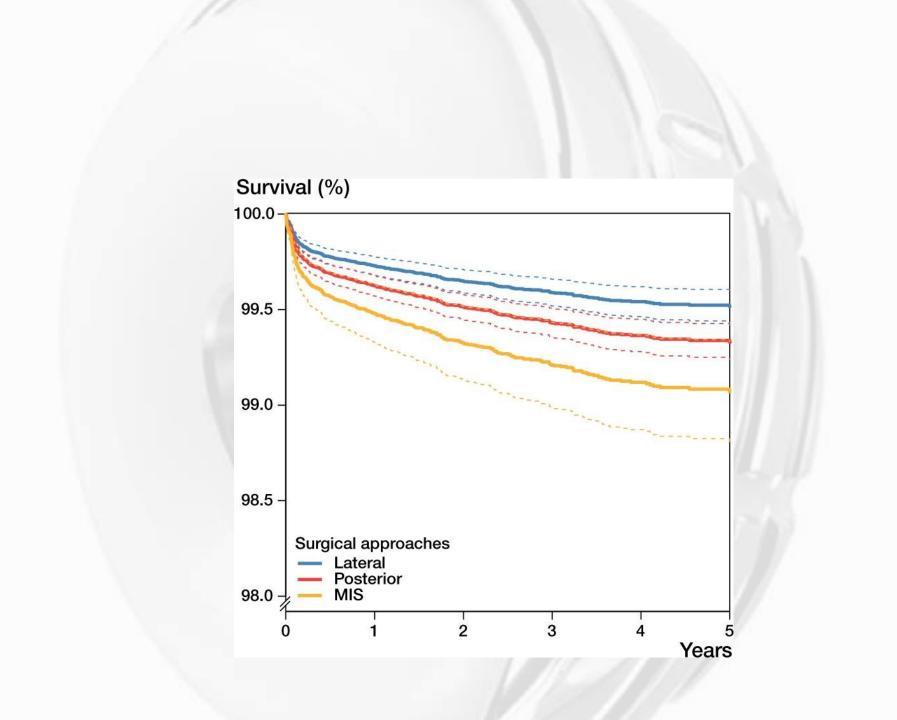
1979-1995

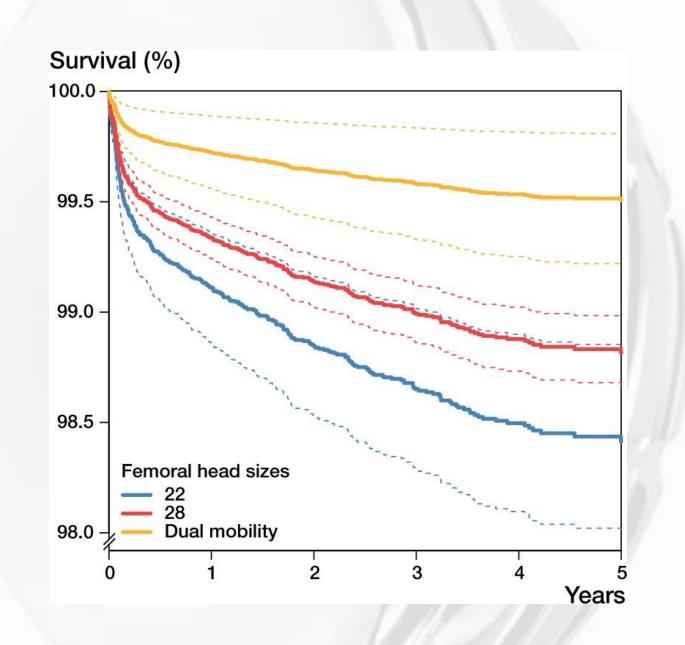
The risk of revision due to dislocation after total hip arthroplasty depends on surgical approach, femoral head size, sex, and primary diagnosis.

An analysis of 78,098 operations in the Swedish Hip Arthroplasty Register.

Hailer, Acta Orthop 2012







An increased risk of revision due to dislocation was found for the diagnoses femoral neck fracture (RR = 3.9, CI: 3.1-5.0) and osteonecrosis of the femoral head (RR = 3.7, CI: 2.5-5.5

Introduction

Indications

Limitations Conclusions

Indications for dual mobility

- Primary THA
 - Low demand
 - Non compliant
- Femoral Neck fractures
- (Isolated) acetabular Revisions
- Revision for instability

Non compliant patient





Low Rate of Dislocation of Dualmobility Cups in Primary Total Hip Arthroplasty.

22 dislocations (= 0,88 %) 15 larger articulation 7 dislodgement smaller articulaion

N = 2480

Combes, CORR 2013

Conversion ORIF to THA



Conversion ORIF to THA



62Y, neglected dislocation

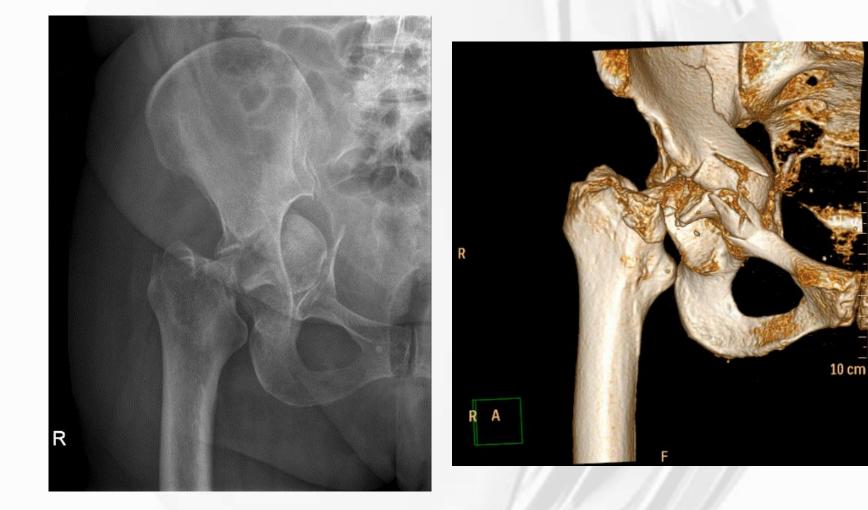




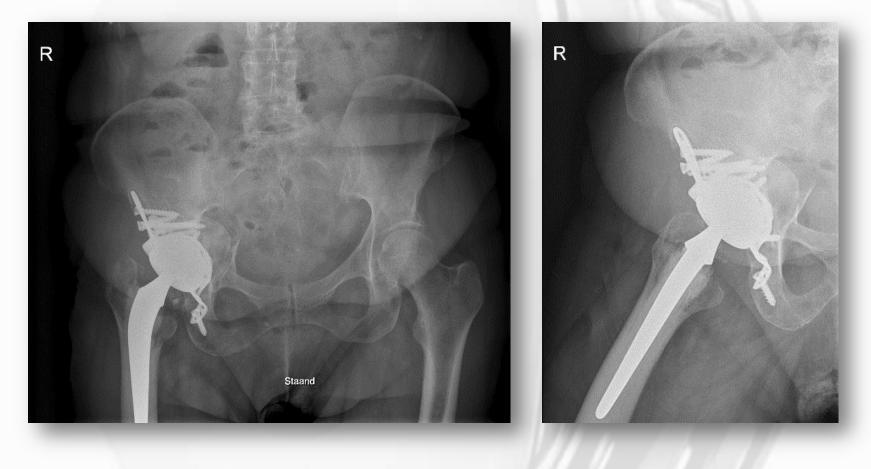




Fracture dislocation



Fracture dislocation



Dual mobility cups hip arthroplasty as a treatment for displaced fracture of the femoral neck in the elderly N = 214

Three patients (1.4%), operated through a posterior approach, presented one postoperative dislocation, all of which were posterior.

Adam, Orthop Trauma Surg Res 2012

Relevance of a press-fit dual mobility cup to deal with recurrent dislocation of conventional total hip arthroplasty: a 29case series.

N = 29

9 previous procedures for dislocation 1 redislocation (3,4%)

> Saragaglia Europ journal orthop surg 2013

A dual-mobility cup reduces risk of dislocation in isolated acetabular revisions. N = 33

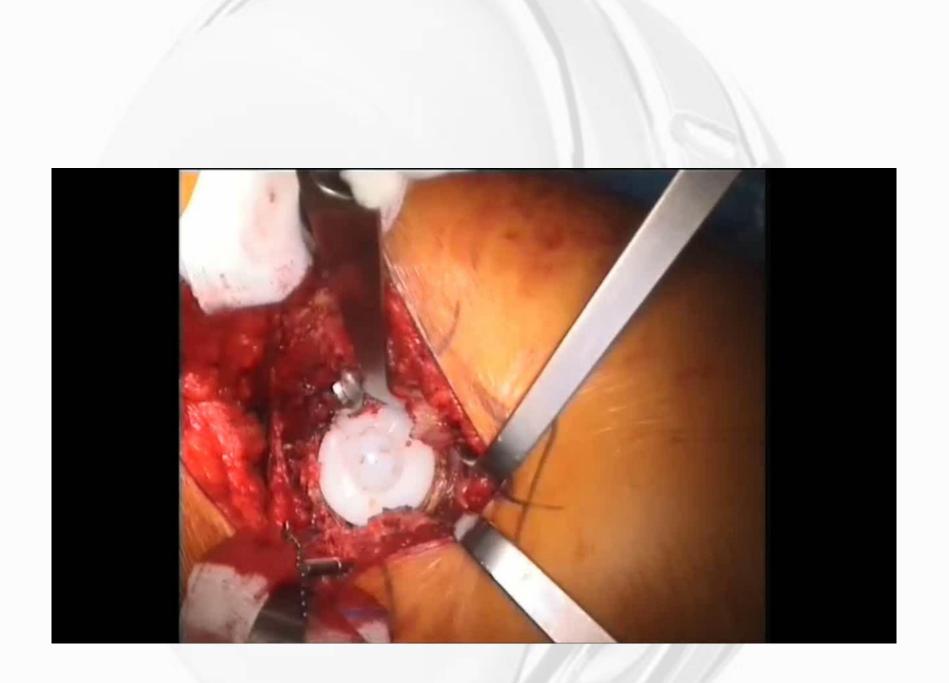
dual-mobility cup reduced the risk of dislocation without increasing loosening from 2 to 5 years.

Civinini, CORR 2012

Isolated Cup Revision

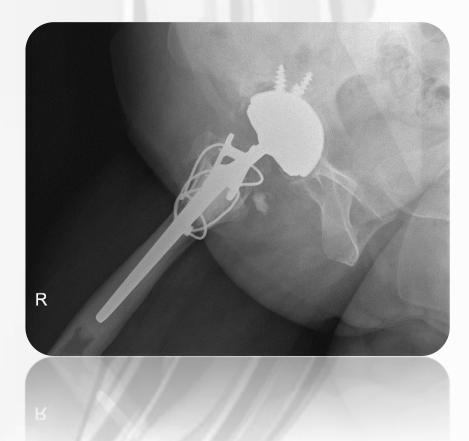






Isolated Cup Revision





Revision total hip arthroplasty using a reconstruction cage device and a cemented dual mobility cup.



cemented fixation of dual mobility cups in cages appears to be a reliable short-term option

Schneider, Orthop Traumato Surg Res, 2011

Isolated Acetabular Cup Revision





Cementation of a dual-mobility acetabular component into a wellfixed metal shell during revision total hip arthroplasty: A biomechanical validation

Wegrzin, J orthop research 2013

Cementing dual mobility liners

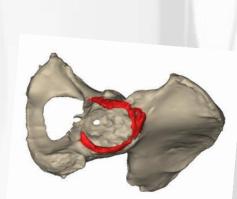
In conclusion, a dual-mobility acetabular component cemented into a well-fixed metal shell could constitute a biomechanically acceptable alternative to acetabular shell removal or PE liner cementation

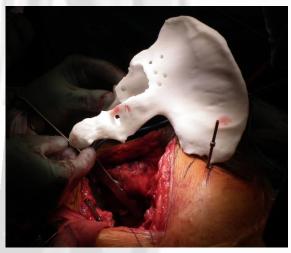
Isolated Acetabular Cup Revision









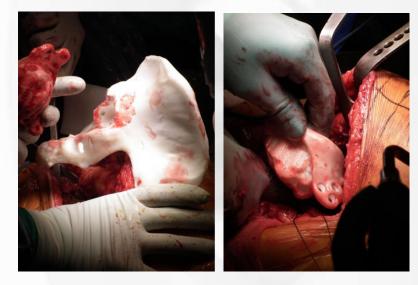


Bone reaming Removal of (non-functional) bone, precisely as planned

With 3D visualisations in mind

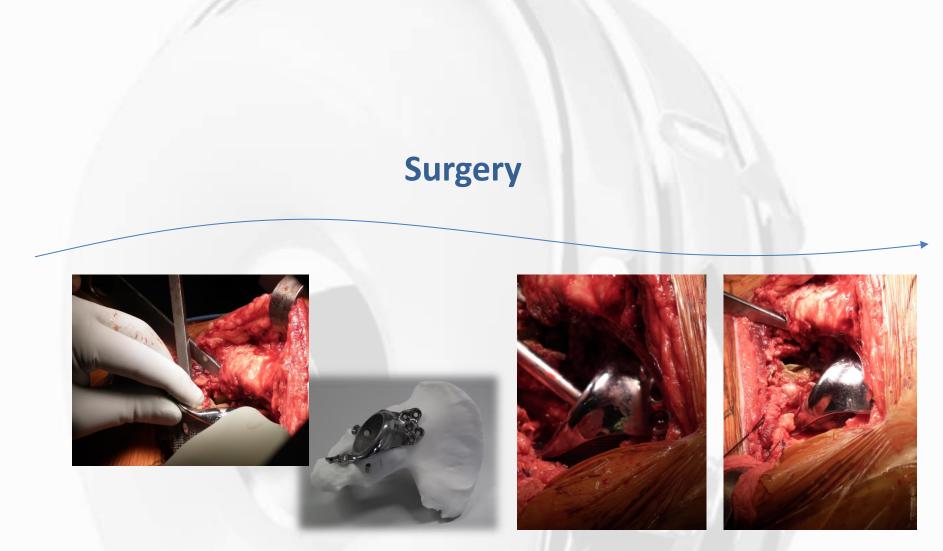
Using bone model of the pelvis





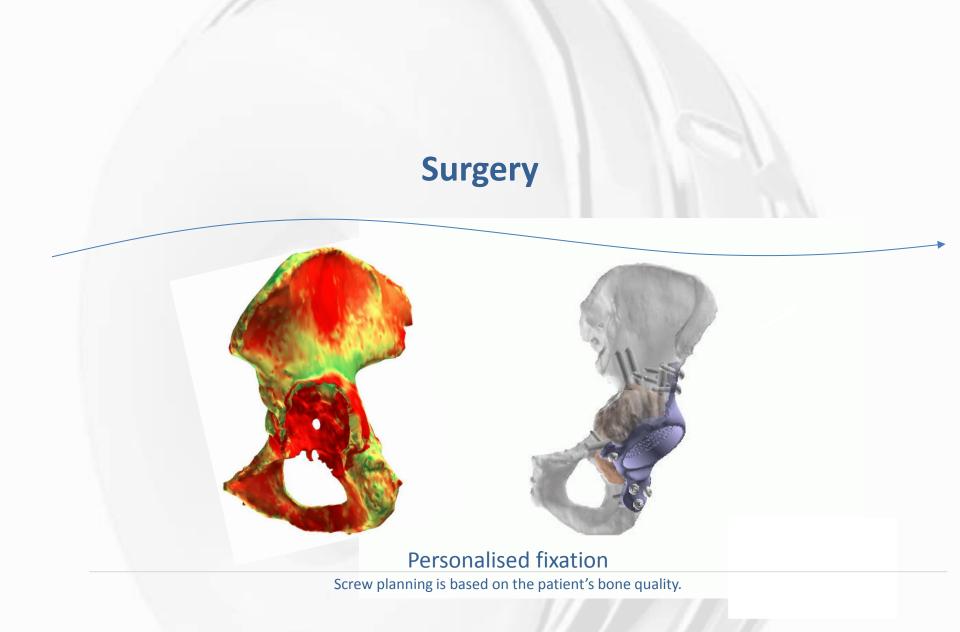
Bone reaming Check with prepared bone model and trial implant

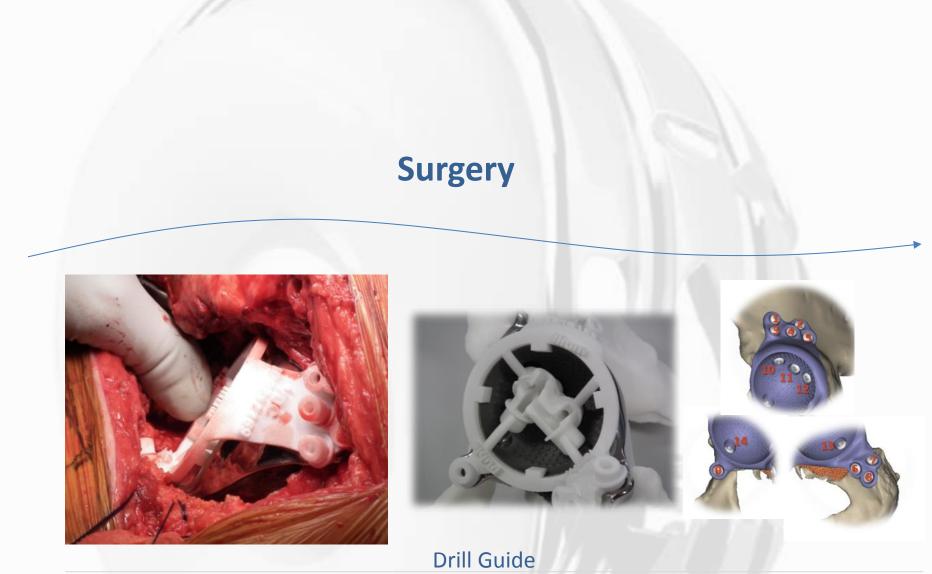
Superficial local reaming, shallow depth, small bone surface area.

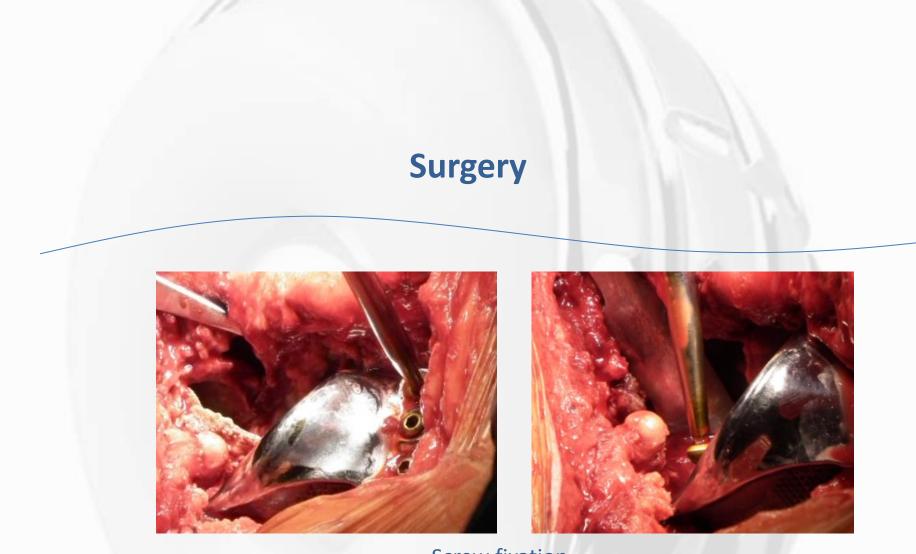


Implant insertion

Insert implant. Fit along full perimeter & depth. Hammering. Check surface contact on all flanges and in depth of acetabulum. OK. Good intimate bony contact established. Unique and very stable position obtained!



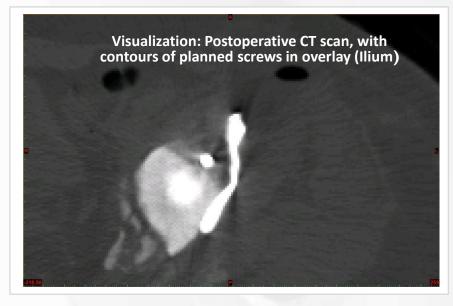




Screw fixation

Cup screws: 6.5mm spongiosa screws Flange screws: 4.5mm bicortical screws

Drill guide accuracy



even cup screws (e.g. pubic ramus) can be placed without any hesitation, correctly



Dual-mobility cups for revision due to instability are associated with a low rate of re-revisions due to dislocation



58 prior revisions4 re-revisions for dislocation (2 %)

Hailer Acta Orthop 2012

Introduction Indications

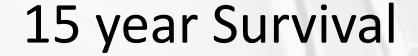
Limitations

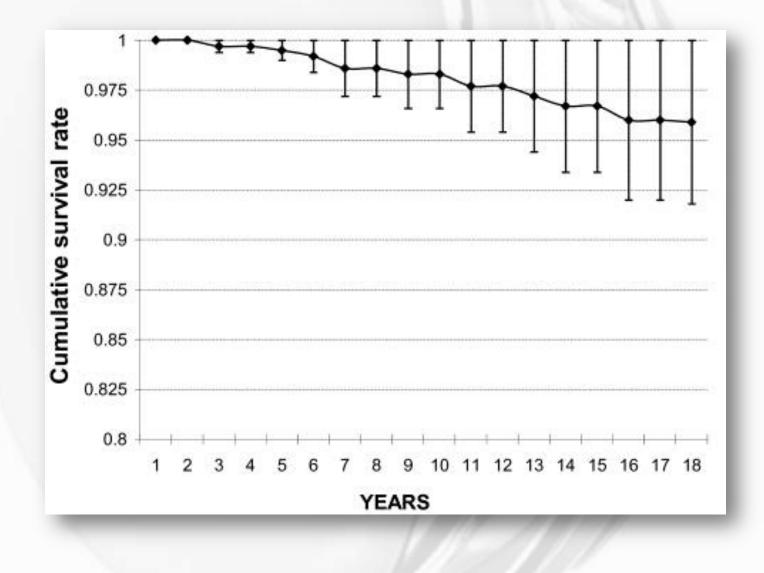
Conclusions

Limitations

- Wear and osteolysis
- Head- liner dislocation
- Surgical Technique
- Cup stability







Limitations

- Wear and osteolysis
- Head- liner dislocation
- Surgical Technique
- Cup stability

Femoral head dislodgement complicating use of a dual mobility prosthesis for recurrent instability

N = 1

Dislodgement during closed reduction

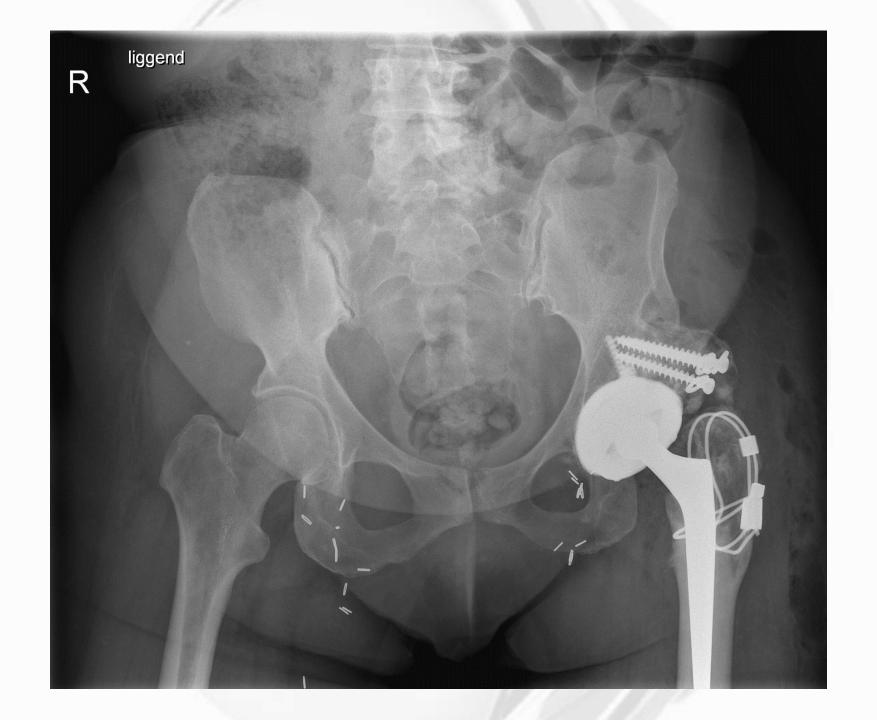
Banzhof Journal of arthroplasty 2013

VDA, Female 47 Y

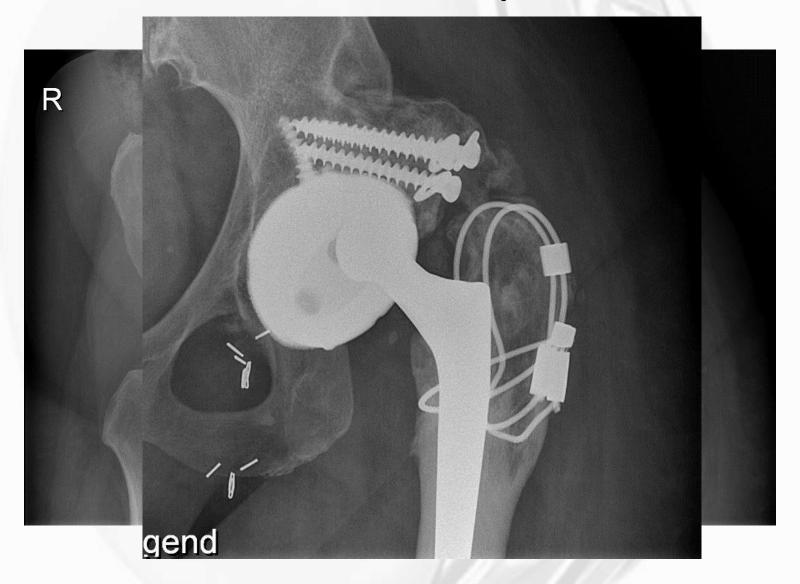
- Dysplasia
- Primary THA age 20
- Postop brace 12 months
- Increasing stifness and pain







6W after index operation

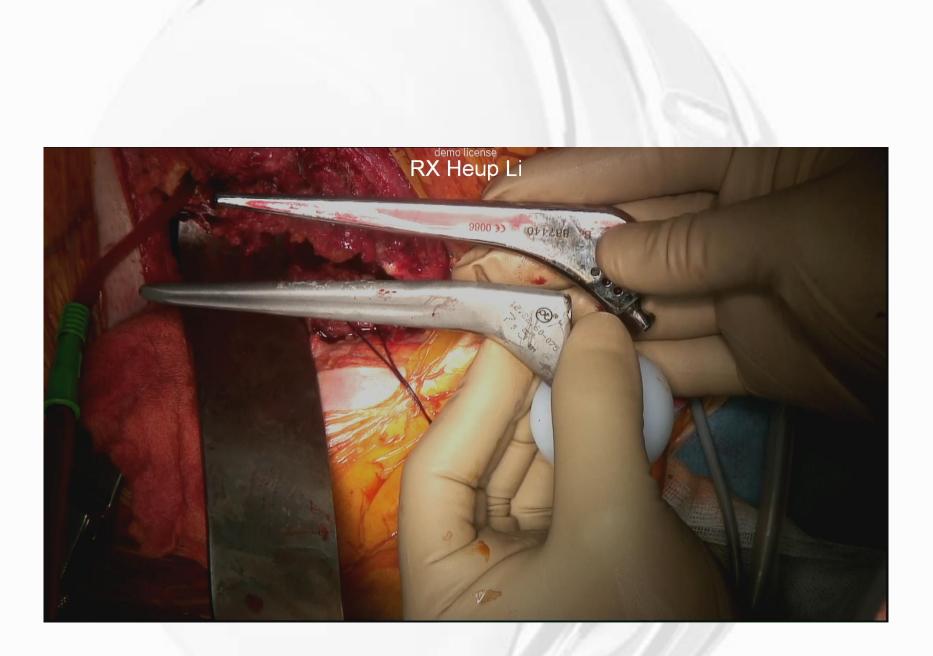


Intraop findings



Measuring

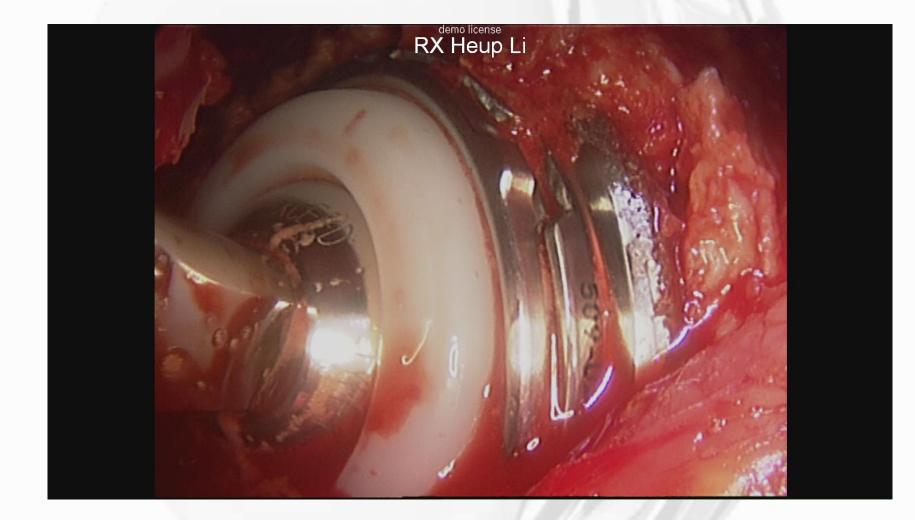


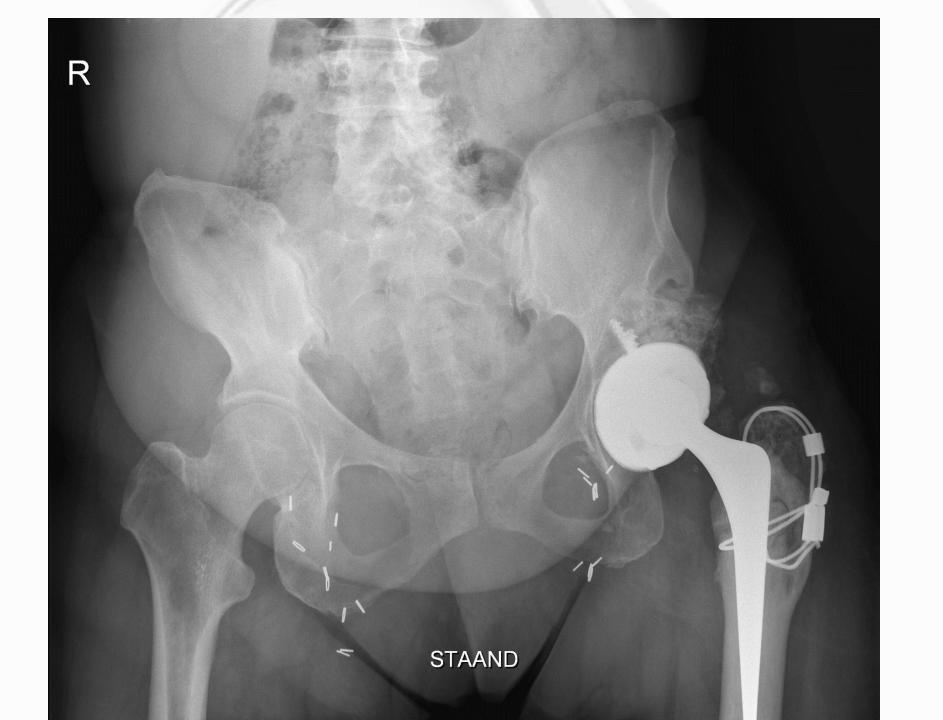


Trial after stem change



Final construct





Limitations

- Wear and osteolysis
- Head- liner dislocation

Surgical Technique

• Cup stability

Surgical Technique

- Primary Press fit
- Cup orientation
- Mounting femoral head in liner

Fixation failures of dual mobility cups: a mid-term study of 2601 hip replacements.

The 8-year survival rate of press-fit, gritblasted cups was lower than that for pressfit, grit-blasted cups fixed with screws (91% versus 100%) and for tripod fixation (98%).

Massini, CORR 2012

Dual mobility and RSA



Dual mobility hip arthroplasty wear measurement: Experimental accuracy assessment using radiostereometric analysis (RSA).

Pineau, orthop trauma surg res 2010

Introduction Indications Limitations

Conclusions

Conclusions

- Here to stay
- Learning curve
- Outperformes constrained liners
- Excellent to prevent and treat dislocation
 - Primary THA
 - Revision THA
- Long term Wear ???

For a perfect day

