

The Universal Hip Workshop

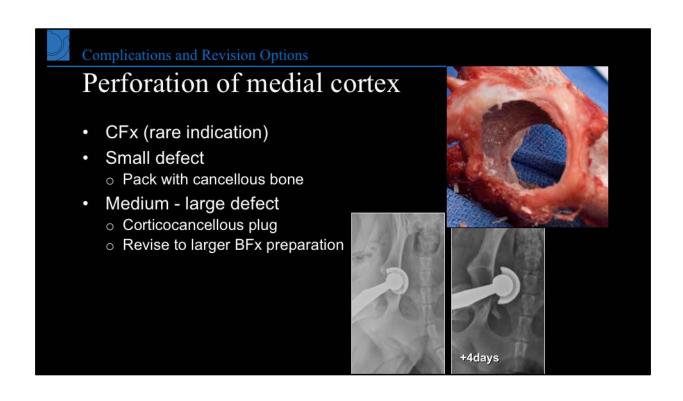
## Complications and Revision Options

Michael P. Kowaleski DVM, DACVS, DECVS

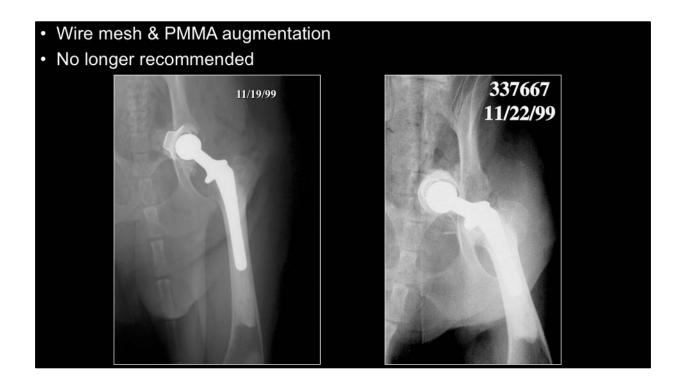




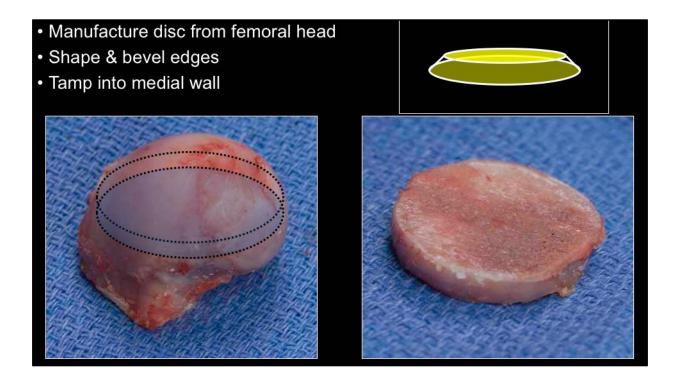
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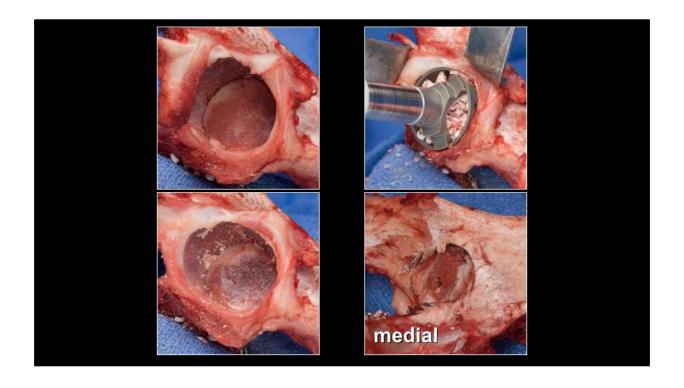
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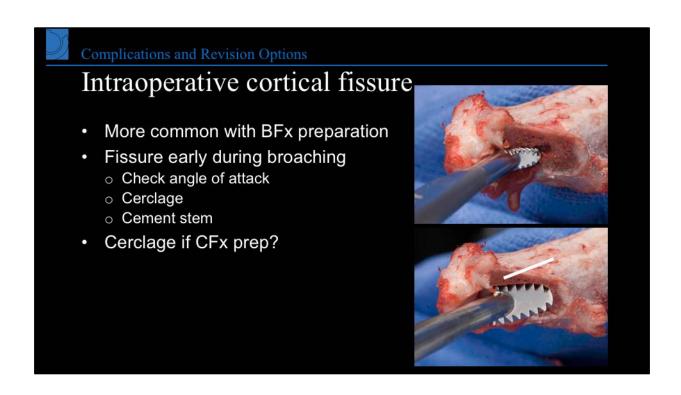
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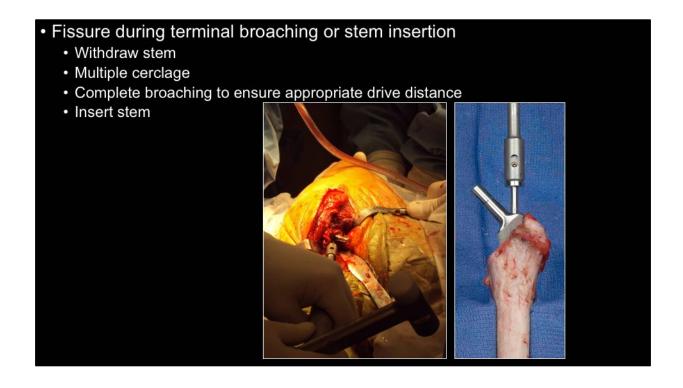
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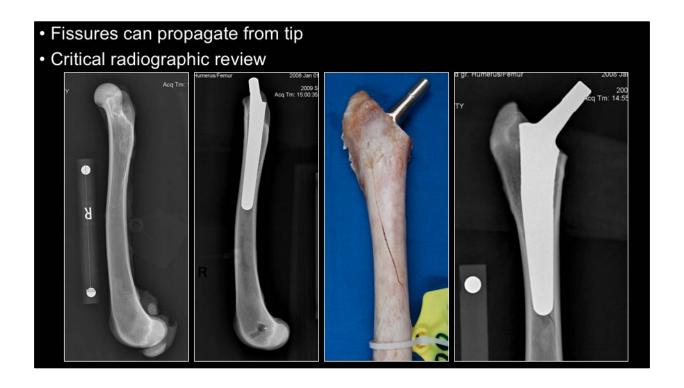
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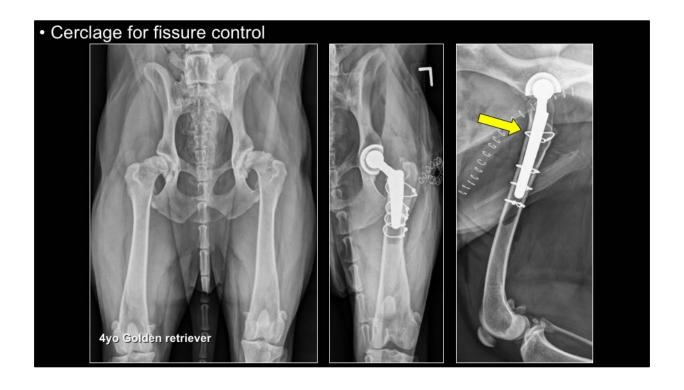
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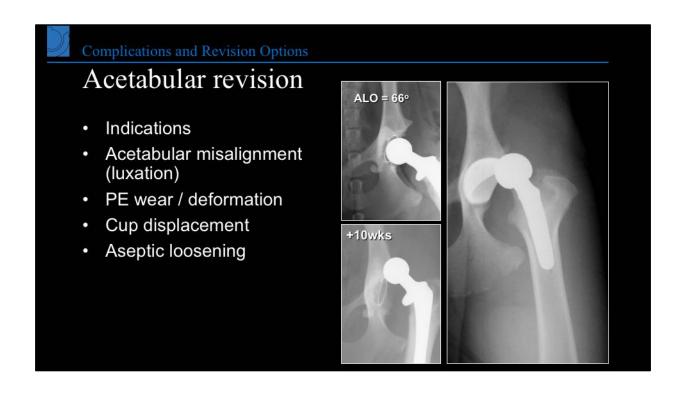
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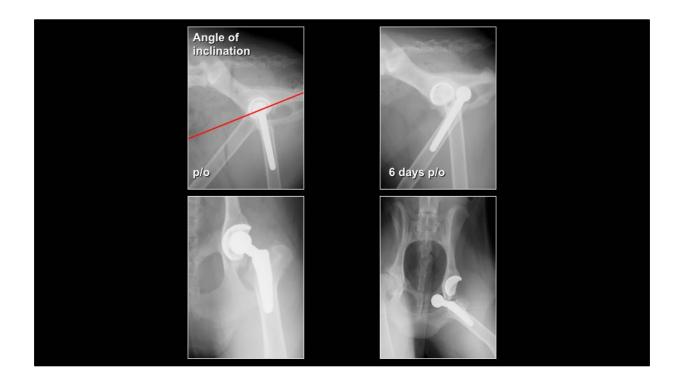
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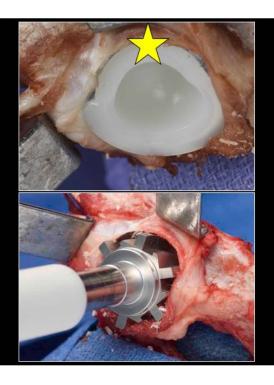


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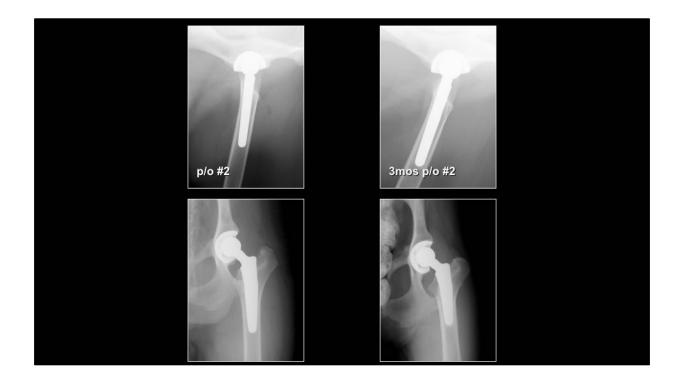


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- Impact dorsal rim to displace (acute case)
- Reuse cup if no PE deformation
- Revise reaming if necessary
- Standard impaction
- If ingrown break down BCI with osteotomes
- Upsize cup



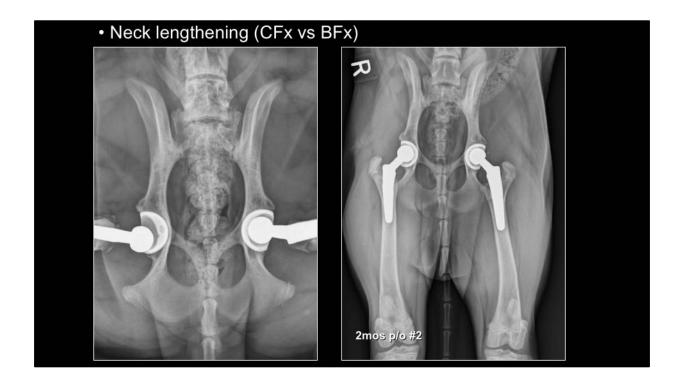
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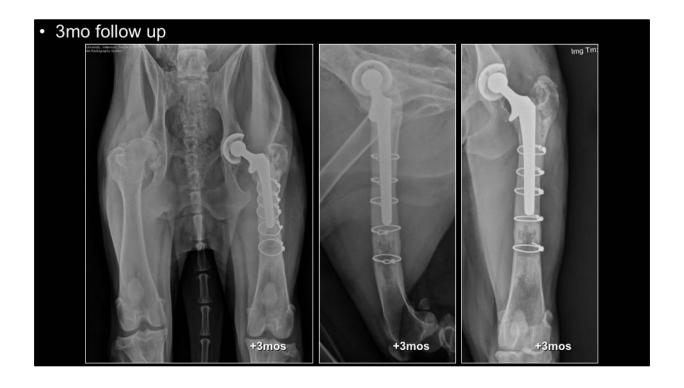
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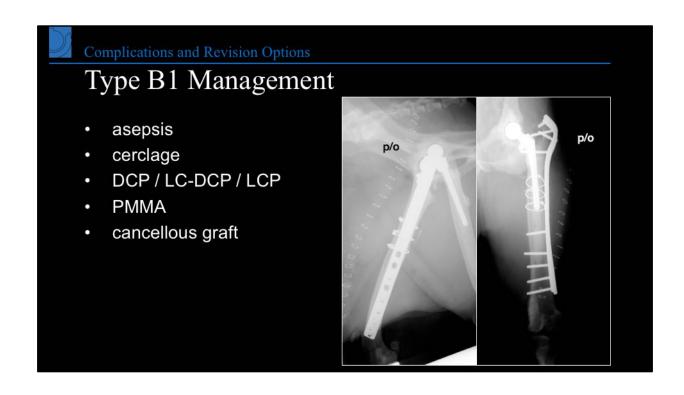


Complications and Revision Option

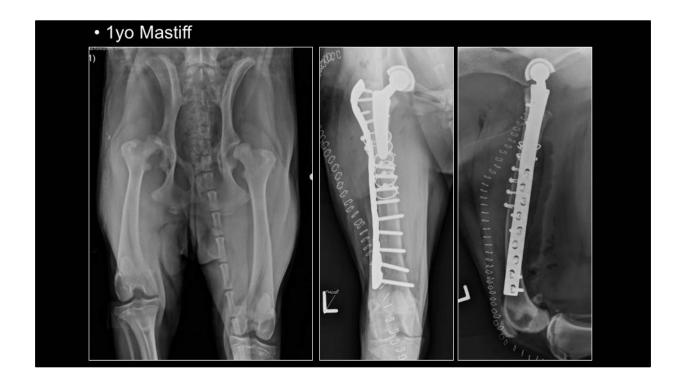
## Femoral fracture Classification (Duncan & Masri 1995)

- Type A greater or lesser trochanter
- Type B diaphyseal around the femoral component
  - o B1 well-fixed femoral component
  - o B2 loose femoral component
  - o B3 poor proximal bone stock
- · Type C distal to the femoral component

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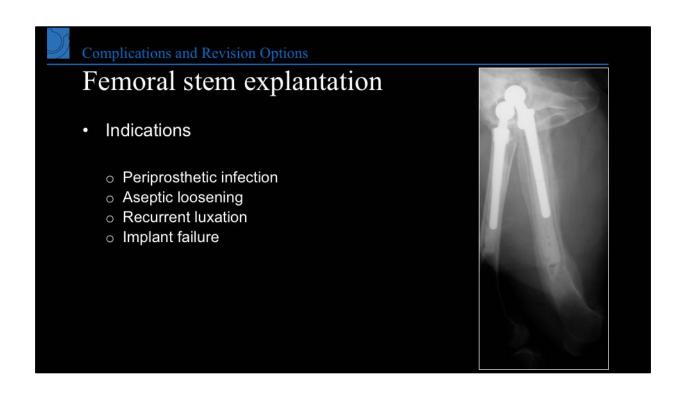
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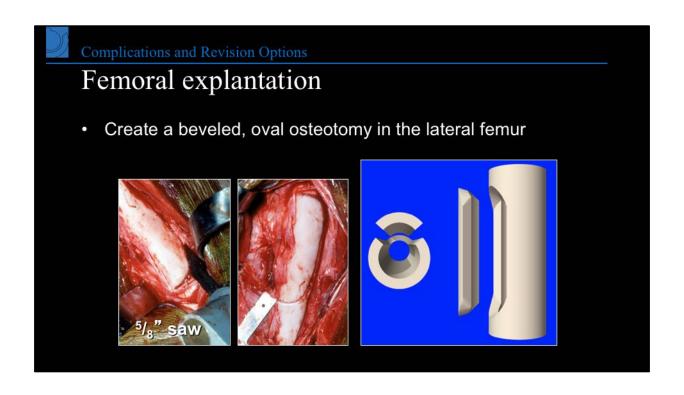
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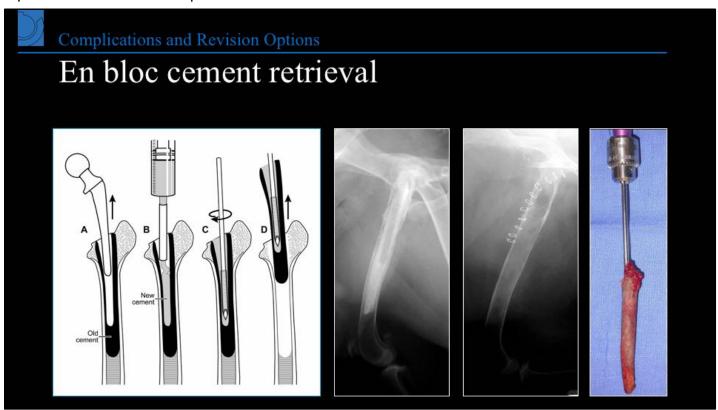
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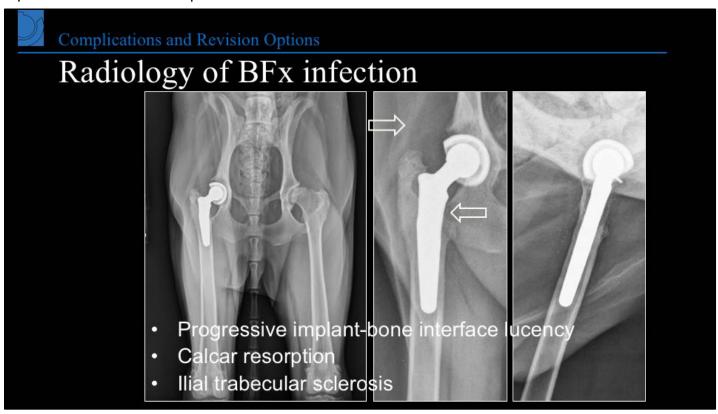
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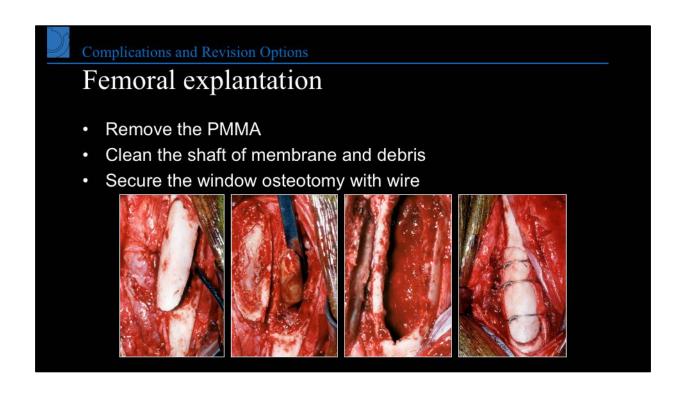


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## BioMedtrix Universal Hip Workshop Complications and Revision Options



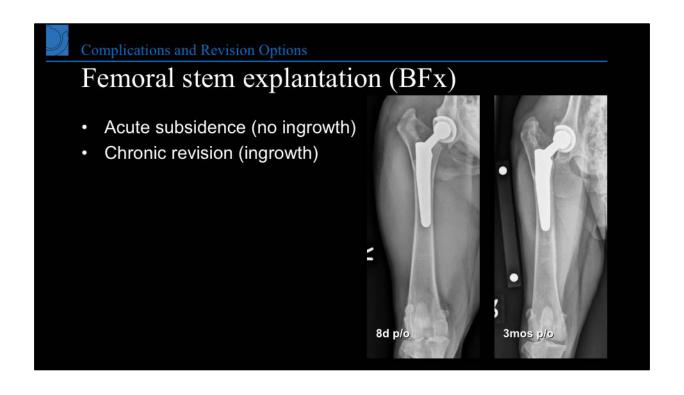
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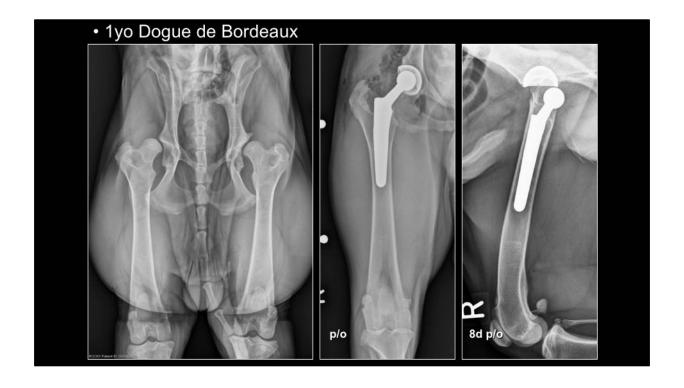
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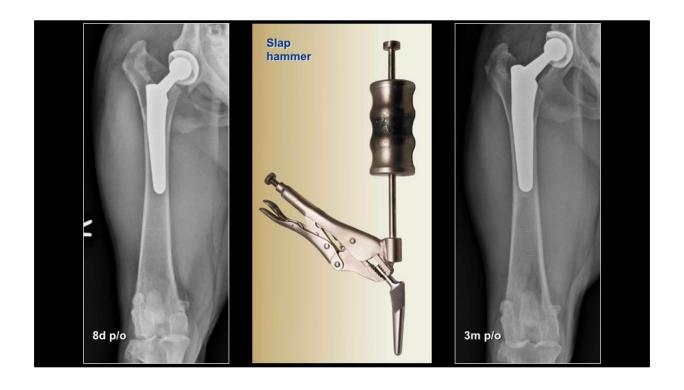
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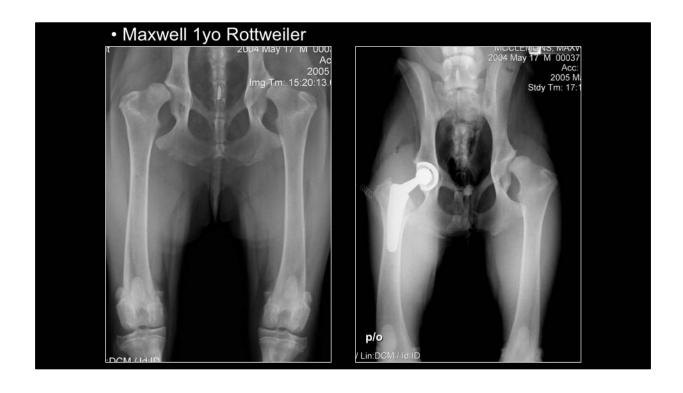
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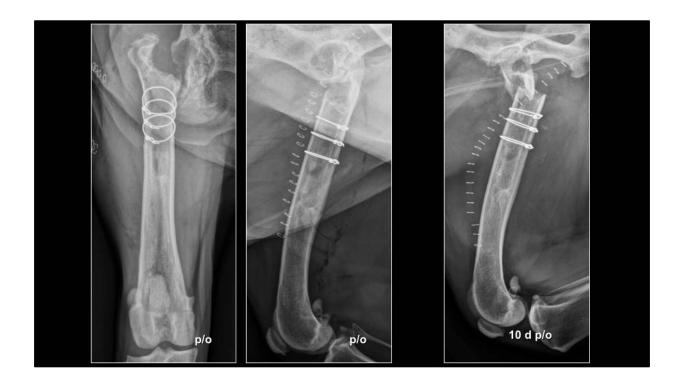
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## Complications and Revision Option

## Recommendations for BFx explant

- Lateral femoral window gives poor access to ingrowth surface and exposes greater trochanter
- · Trochanteric slide osteotomy
- Remove bone in intertrochanteric region
- · Interface fragmentation via osteotomy
- Cranial cortical fenestration



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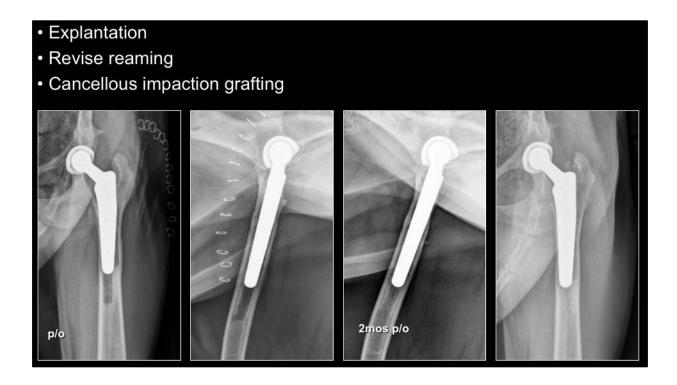
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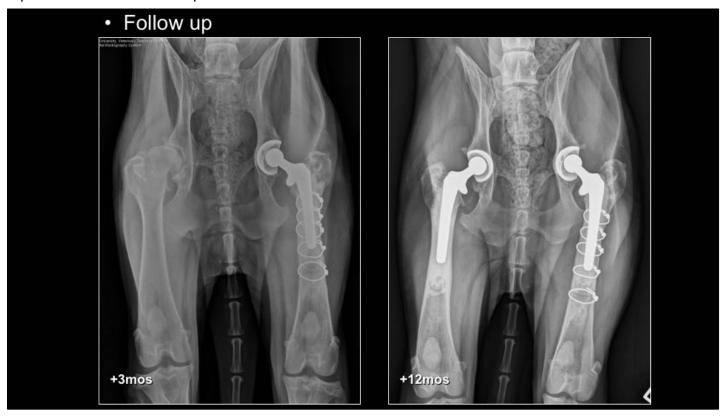
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Complications and Revision Option

## Summary

- Avoid technical errors that promote complications
- · Early intervention optimal for e.g subsidence
- Revision prior to osseointegration of BFx
- · For acetabulum, default revision to BFx
- Stem revision for aseptic loosening?
- · Cementless revision for infection?

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## Postop Radiographic Evaluation



INNOVATION EDUCATION SUPPORT

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