Why is the trunnion wiped free of blood and fat and dried before attachment of the head?

Select one:

a. The trunnion is cleaned to ensure intimate contact between the head to the trunnion.
b. The trunnion is cleaned to ease the attachment of the head to the stem
c. The trunnion is cleaned to prevent corrosion of the stem
d. The trunnion is cleaned to ensure no fluid is trapped between the head and the stem

Feedback

When the bore in the femoral head (female portion) is tapped onto the trunnion (male portion) of the femoral stem they come into intimate contact. The stresses inside the materials keep the two components fixed together. Any fat, blood or saline will compromise the fixation.
The correct answer is: The trunnion is cleaned to ensure intimate contact between the head to the trunnion.

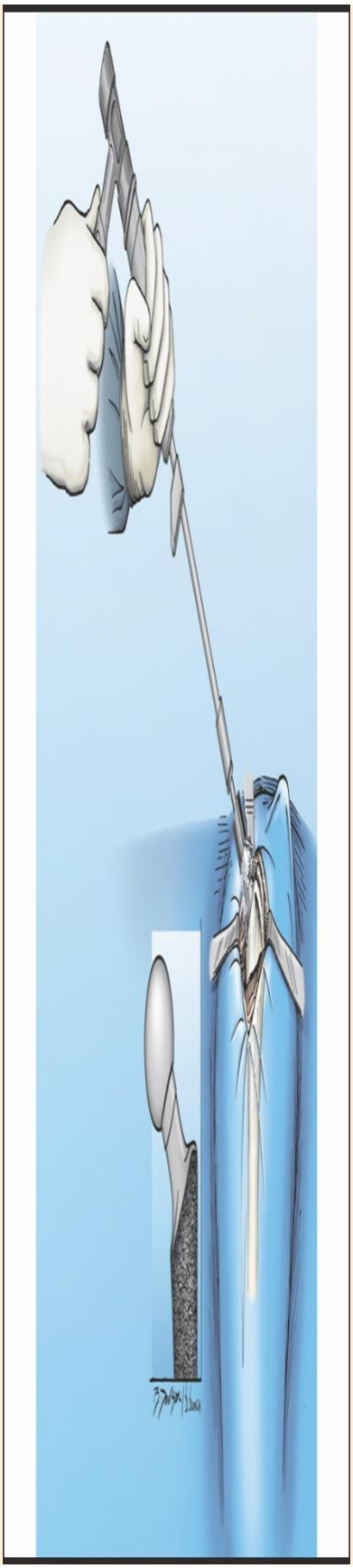
Question **2**
Correct
Marked out of 1
Flag question

Question text

It is recommended to place a clean gauze pad between the femoral head and the Head Impactor instrument to protect against scratching the surface of the femoral head?
Select one:
True
False

Feedback

The femoral head is highly polished and needs to be protected against being scratched. A clean, dry gauze is typically placed between the femoral head and the Head Impactor instrument for this reason.



Scratches on the surface of the metal femoral head are likely to contribute to increased polyethylene wear within the acetabulum.
The correct answer is 'True'.

Question **3**
Incorrect
Marked out of 1
Flag question

Question text

If bone cement has been used during implant fixation it is important to remove all loose cement fragments from within the joint space to prevent granuloma formation within the joint.
Select one:
True
False

Feedback

Cement fragments left within the joint find their way into the bearing surface of the hip. Motion at the bearing surface causes accelerated and severe wearing of the polyethylene liner of the cup. The resulting polyethylene wear debris can lead to aseptic loosening of the implant and failure over time.
The correct answer is 'False'.

Question **4**
Correct
Marked out of 1
Flag question

Question text

What radiographic views are recommended immediately following a THR procedure?
Select one:

a. VD extended leg pelvis and walking leg lateral views are needed postoperatively following a THR procedure
b. VD extended leg pelvis and open-leg mediolateral views of operated hip are needed following a THR procedure
c. The same 4 radiographic views that were taken preoperatively are repeated postoperatively and should be for every recheck assessment point following a THR procedure
d. A frog-leg pelvic view, a caudal to cranial view of the femur and a walking leg lateral view are taken following a THR procedure

Feedback

Following a THR procedure, the same 4 radiographic views should be obtained. These include a square VD view of the pelvis, a lateral view of the pelvis, an open-leg mediolateral view and a cranial-caudal view of the operated femur. This applies to both BFX and CFX implants

The correct answer is: The same 4 radiographic views that were taken preoperatively are repeated postoperatively and should be for every recheck assessment point following a THR procedure

Question **5**

Correct

Marked out of 1

Flag question

Question text

Following discharge from the hospital following a BFX THR procedure what would be a reasonable postoperative communication plan to recommend to the client?

Select one:

a. THR complications mostly commonly occur months and years after surgery. Regular communication is not really required

b. Following a BFX THR procedure, a telephone update from the client in 6-8 weeks after surgery is recommended

c. For all THR procedures the client should be instructed to provide a telephone update in 8-10 weeks as this is when patient activities can be returned to normal and you will want to know how the pet is functioning at this time

d. For a BFX THR, the common complications tend to occur during the first month after surgery. A plan for a weekly telephone update to ensure patient is recovering as expected would be very reasonable

Feedback

For the BFX THR procedure, the majority of significant postoperative complications occur within the first 2-4 weeks following surgery. Weekly communications to ensure the patient is recovering as expected is a reasonable recommendation during the first month following surgery. Client should also know to contact you should a negative change in weight bearing function occur during any part of the THR recovery process.
The correct answer is: For a BFX THR, the common complications tend to occur during the first month after surgery. A plan for a weekly telephone update to ensure patient is recovering as expected would be very reasonable

Question **6**
Correct
Marked out of 1
Flag question

Question text

Postoperative complications following a THR procedure will be lessened by providing a protective environment for the recovering patient. Providing good footing, controlling activities and using a belly sling are recommended.
Select one:
True
False

Feedback

Strict exercise control, avoiding slippery surfaces and using a belly sling to help the postoperative THR patient protect its operated hip from excessive weight bearing forces, slips or falls will help to lessen the risk of an early postoperative complication
The correct answer is 'True'.

Question **7**
Correct
Marked out of 1
Flag question

Question text

It is easier to manage a BFX THR implant complication after bone ingrowth has occurred than prior to bone ingrowth.
Select one:
True
False

Feedback

Early recognition and correction of a cementless implant complication before bone ingrowth has occurred allows a much easier revision procedure if necessary. Removing a fully ingrown BFX implant is much more difficult.
The correct answer is 'False'.

Question **8**
Correct
Marked out of 1
Flag question

Question text

When can a THR patient be allowed full weight bearing following the surgery?
Select one:

a. Full weight bearing should be prevented for 24 hours following surgery
b. Full weight bearing can be permitted 3 days following surgery
c. Full weight bearing can be permitted once patient is fully recovered from anesthesia and is stable on its feet
d. Full weight bearing should be limited for the first 10 days following surgery

Feedback

Most THR patients will attempt weight bearing within hours of surgical recovery. Full weight bearing is permitted but steps to control patient movements and to provide stable footing are recommended.
The correct answer is: Full weight bearing can be permitted once patient is fully recovered from anesthesia and is stable on its feet