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JOINT IMPLANT SURGERY & RESEARCH FOUNDATION



Louis Keppler, MD

Dr. Keppler has been a strong advocate of proximal modularity since 1986 wen he began using the S-Rom® Total Hip Stem. Over the past six years he has advocated modular necks and the advantages they bring in restoring joint mechanics.

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lpha Revision Surgery made Easier lpha

One major advantage to proximal modularity is improved exposure in the case of revision surgery!

A poster exhibit at the **2009 Australian Orthopaedic Association** Annual Meeting demonstrated the advantages of the Dual Press[™] Modular Stem design in access for revision surgery.

Retrieved Modular Dual Press Neck from previous case report.



Case Report on ProximalModular "Dual Press Design" By: Louis Keppler, MD and Timothy McTighe, Dr. H.S. (hc)

Exhibit posted on publications page of www.jisrf.org

This case report Demonstrates the advantages of a modular neck in a neck sparing total hip stem.

Modularity does increase risk as to fretting debris, fracture and disassembly, however, it does provide more than just theoretical advantages as we have demonstrated in previous publications. This case clearly demonstrates the real life advantages to the ARC[™] stem design.

A 60+ female patient six weeks post-op encountered two posterior hip dislocations. A DECISION WAS MADE TO RESOLVE THIS PROBLEM BY REVISION SURGERY.

Radiographs demonstrated good position of both acetabular and femoral components. Needless to say, Dr. Keppler was hoping to find that minimal intervention would correct this joint instability. A small posterior approach was used.

Note: At the time of surgery a large soft tissue mass was found anteriorly and was thought to be associated with bowstringing of the anterior superior capsule as an unusual consequence of the posterior capsular repair.

Modular neck extractor







The femoral head was tap off with no problem which now provided access to the threaded modular neck. A threaded slap hammer was inserted into the modular neck and removed from the stem with no difficulty. This then provided increased exposure for removal of the poly acetabular bearing using a threaded screw technique.





Revision made easier!

A 15° poly insert was used and positioned posterior along with a 3.5 mm increase in vertical height (modular head). A new 12° c.c. modular neck was positioned into a varus orientation for maximum femoral offset.





INTRAOPERATIVE X-RAYS AND TRIAL ROM ENSURE BEST IMPLANT POSITIONING.

Dislocations are an inherit risk of THA, however, new technology can and does provide opportunities to reduce these risks. When met with, modularity provides features and benefits to treat with reduced soft and hard tissue damage. Saves on O.R. time and

reduces the need for replacement of more

expensive implants if major components have to be replaced.







