"Neck Sparing Total Hip Arthroplasty Lessons Learned"

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Introduction:
Architectural changes occur in the proximal femur after THA and can lead to implant loosening and or breakage. Previous surgeon designers (Freeman, Townley, Whiteside and Pipino) have advocated the concept of neck sparing stems. However, to-date most neck sparing stems have had disappointing results with regard to maintaining proximal bone mineral density. Our aim was to identify design features that would improve proximal load transfer, simplify surgical technique, and be economical by inventory size and cost.

Materials and Methods:
Review of previous published work was evaluated along with new FEA modeling providing for a new approach to neck sparing short curved stem design. Three hundred radiographs were evaluated for sizing. Twenty intra-operative trial implantations were performed to aid the development of simplified and reproducible surgical instrumentation. All surgical approaches were utilized. The review process provided for a novel new design that was validate by the fabrication and implantation of five custom stems with post-operative follow-up between twenty and twenty-nine months.

Results:
Over fifty stems have been implanted to date with no revisions. Both anterior and posterior small incisions have been used with no difficulty for access to the socket or proximal femur. Radiographic review clearly demonstrates the need for 20° of internal rotation for proper measurement of femoral offset and medial neck curve. Surgical intra-operative evaluations demonstrated any standard conventional or small incisions works with this stem. The anterior single incision is especially attractive since the curvature of the stem reduces the need for as much femoral mobilization required by a straighter stem design.

FEA modeling demonstrated improved proximal strain patterns to the retained femoral neck. Fatigue FEA modeling showed reduced implant strains in the modular neck as a result of a shorter bending moment by design use of neck sparing feature. If there is any concern on length being too long resect another 4-6mm. This a forgiving design that allows for fine-tuning.

Conclusions:
We are encouraged with FEA modeling and short-term clinical/surgical results to-date and believe there are significant advantages in the concept of neck sparing stems. Additional mechanical and clinical/surgical evaluations are underway (fifty stems implanted to-date with no adverse effects.) U.S. clinicals begin in April 2010. We will follow up and report on all cases at least once per year.

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