



Tissue Sparing Implant for THA

Design Concept & Review
by Timothy McTighe, Dr. H.S. (hc),
Executive Director, JISRF
Chagrin Falls, Ohio 2009



Tissue Sparing Total Hip Stem

This is a partial record and review of the concept and development of this novel stem design. With the assistance of Omnilife science, Global Orthopaedic Technology and a number of surgeons this exciting concept has moved quickly from concept, development project to implantation of a truly tissue approach to THA.

From 2/2007 -2/2009 the process has moved from cadaver evaluations, intra-operative evaluations, to successful implantation of our first stem a 22 year old female with AVN on 12/11/07.

Patent Pending

Tissue Sparing Implant Stem Design

My acknowledgment that this process has been a collective involvement.

This is a profession that allows one to be part of a collaboration of many that have made a difference to the betterment of mankind.

The concept of neck sparing stems is not new. Frederick R. Thompson, developed a device to treat neck fractures and in 1948 Philip Wiles implanted the first Thompson stem with a metal socket.

Freeman, Townley, Pipino and Whiteside have continued to advocate the use of neck sparing stems. Mechanical studies have clearly shown an early advantage to increased axial and torsional resistance with the intact femoral neck. The challenge has been to create a design that loads the medial calcar in compression maintaining the integrity of that bone structure.

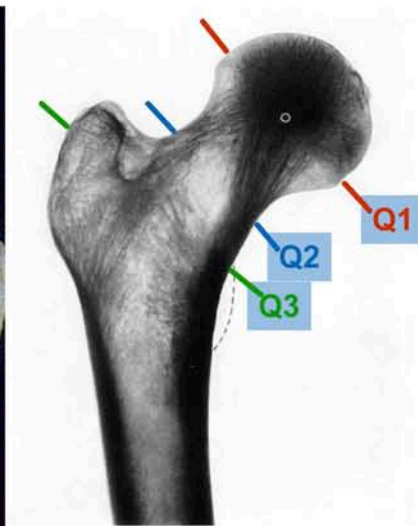
The Tissue Sparing Implant (MSA™ Stem & ARC™ Stem) has been conceived in an attempt to create a bone conservative stem allowing soft tissue sparing approaches to the hip, that would provide more reproducible results as compared to hip resurfacing and potentially be an alternative to conventional THA.

The stem is simple yet novel in design, reproducible in technique and provides for fine tuning of joint mechanics. The novel proximal conical flare improves proximal load transfer and the shape of the stem allows for immediate torsional and axial stability.

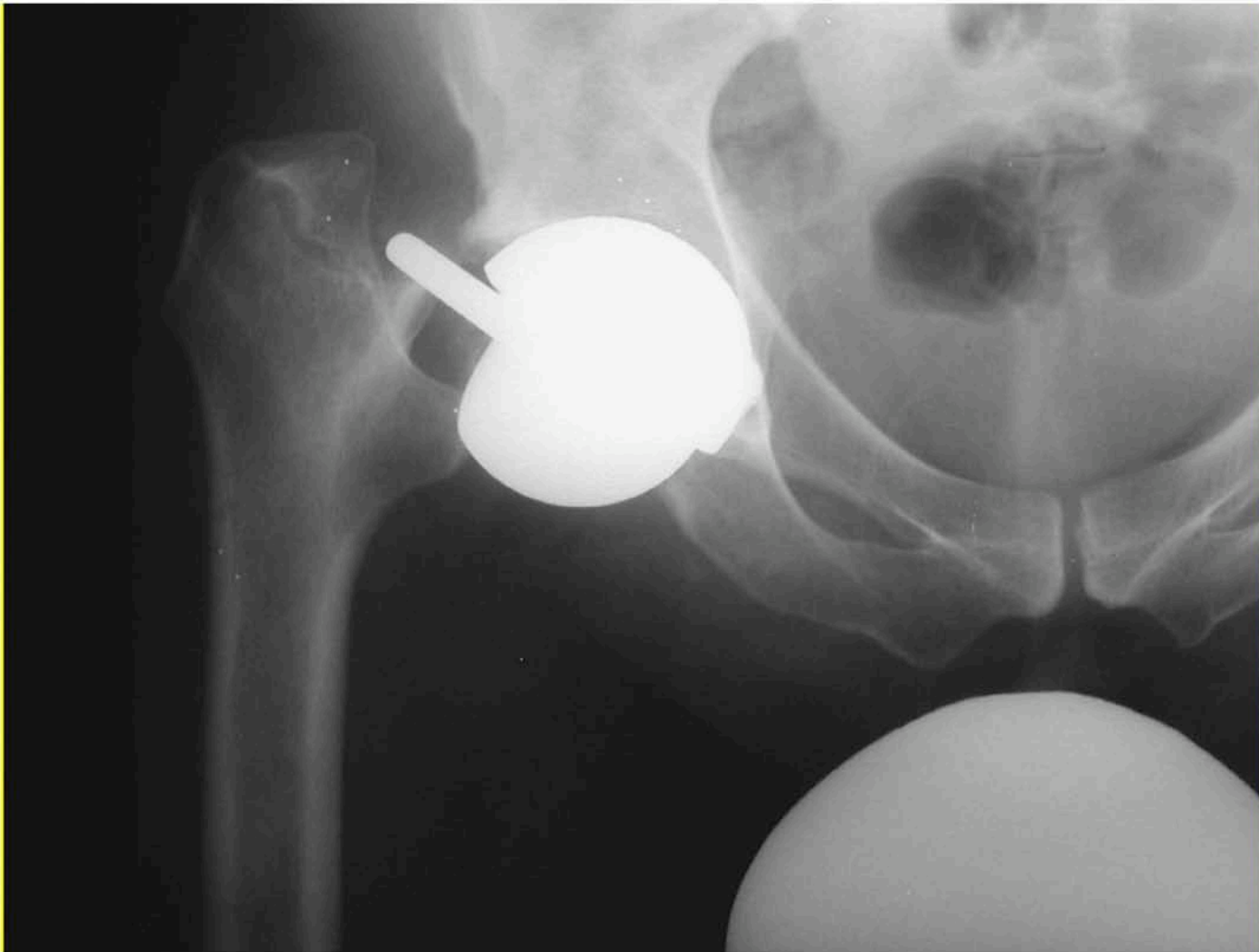
This is an exciting project that has provided significant encouragement at each step of development !



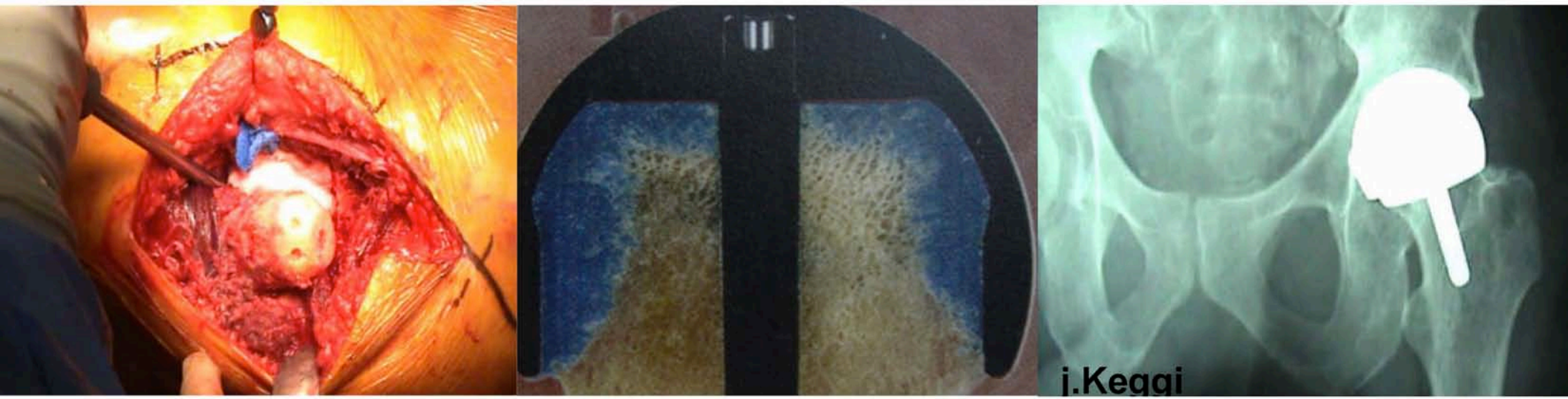
THA has done well but we can do better with regards to bone remodeling



A design that takes into consideration bone remodeling patterns



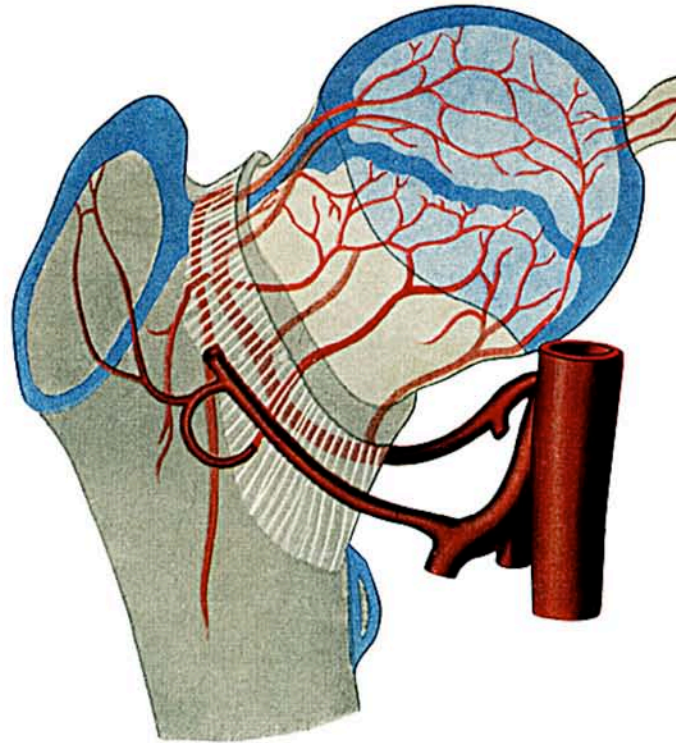
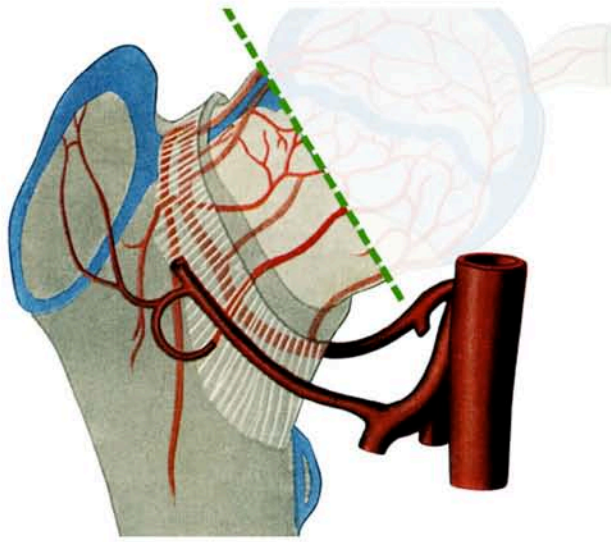
HR has its problems



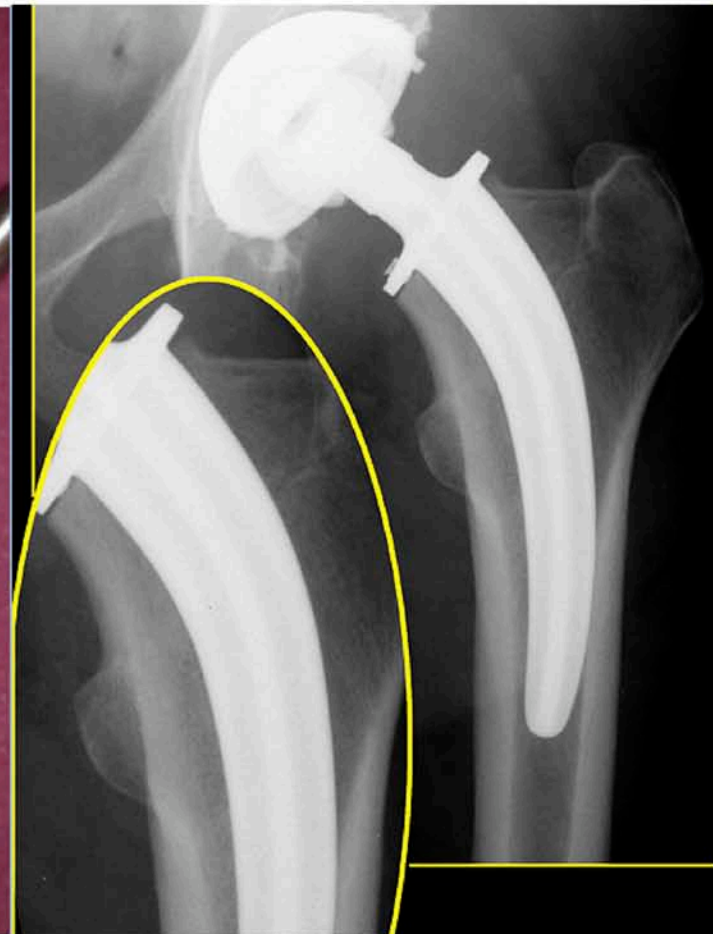
Not the most conservative approach to hip reconstruction



Blood supply at risk in posterior approach to hip resurfacing



Neck sparing can reduce blood loss



Trend short stems



C.F.P.



Papino short stem

End stem contact can be a problem

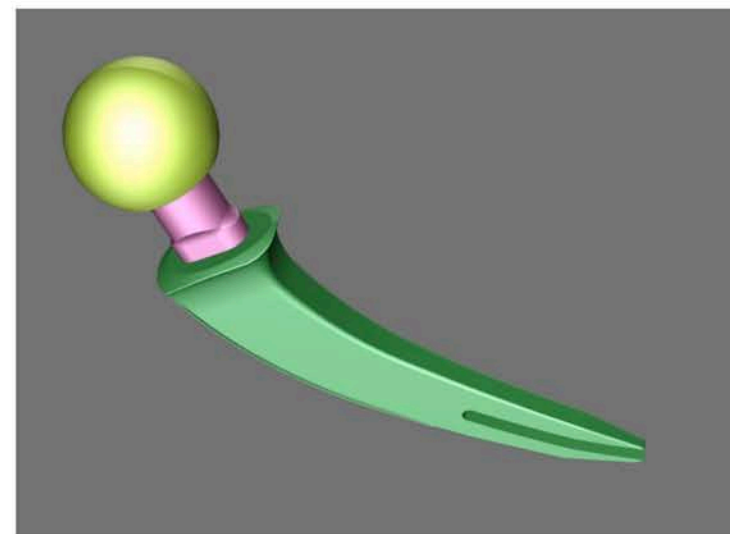
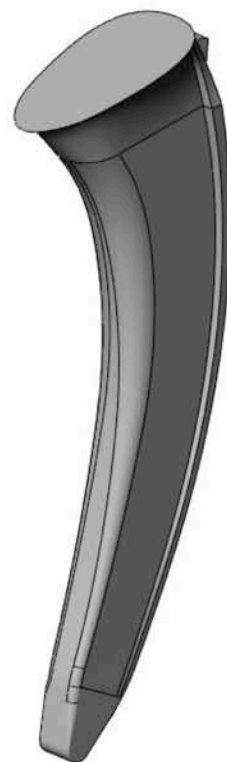
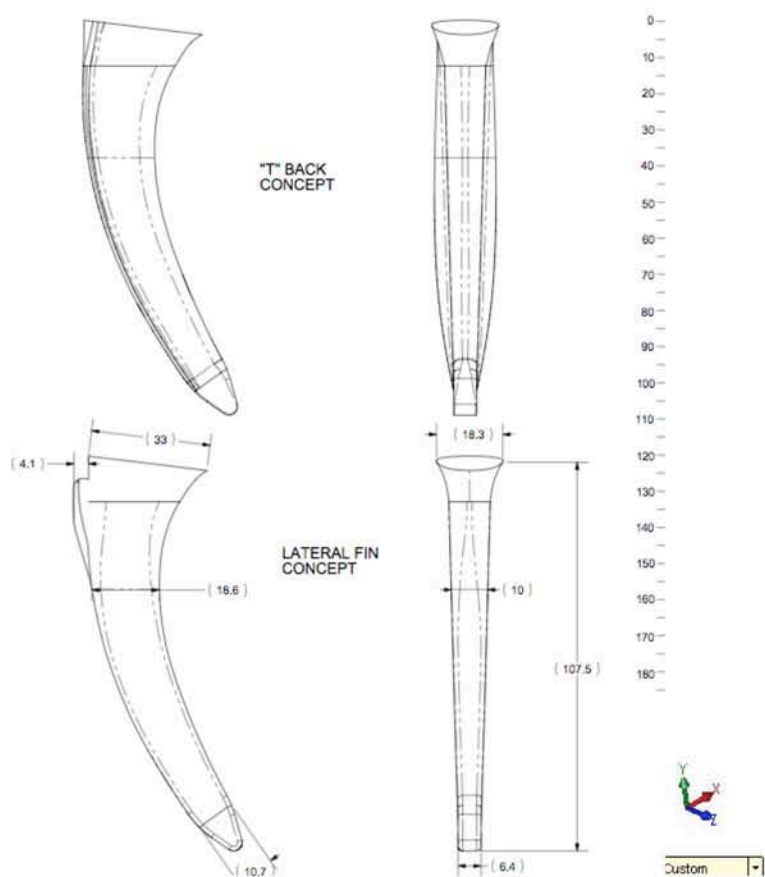


II

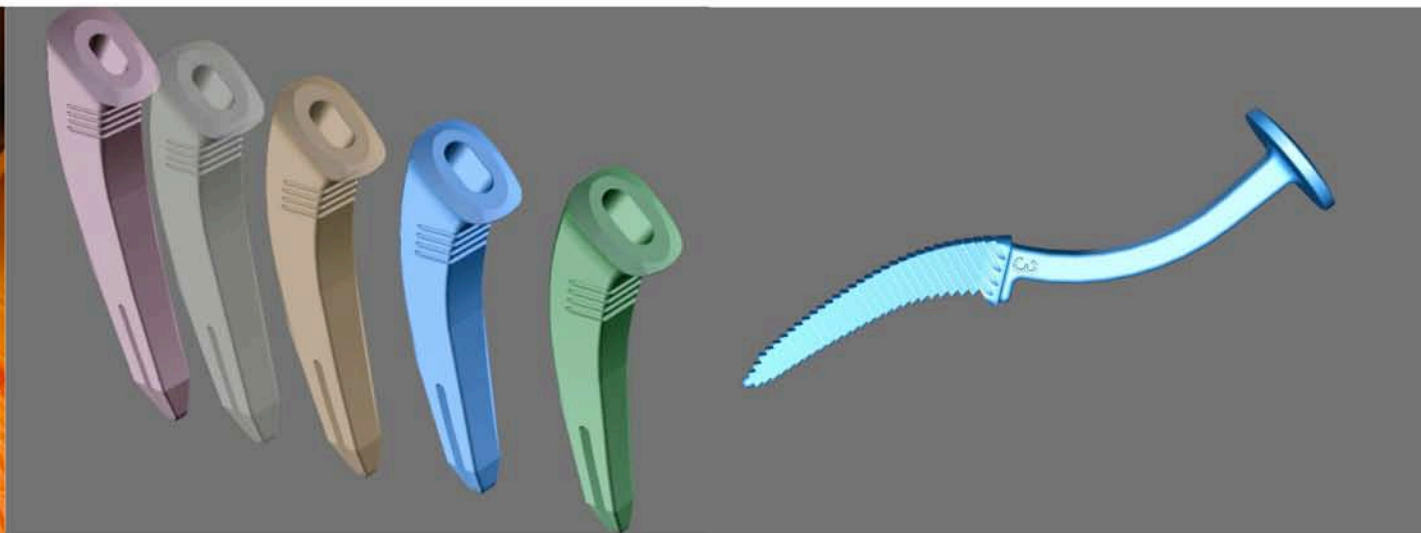
When it works it works well !



A variety of different short stem designs



A new concept



A system of 5 stem sizes with simple instruments



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Neck Sparing vs. conventional

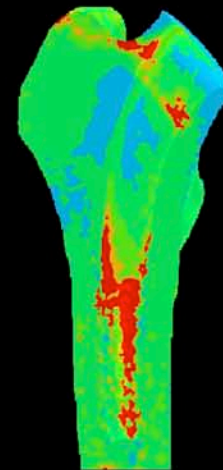
FEM of a Bone Preserving Implant

Exponent Inc.

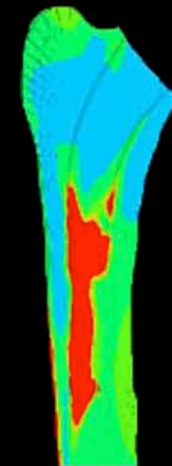
Remodeling Stimulus Peak Gait



Short Stem



*Biodynamic**



*different donor

FEA modeling backs up our design



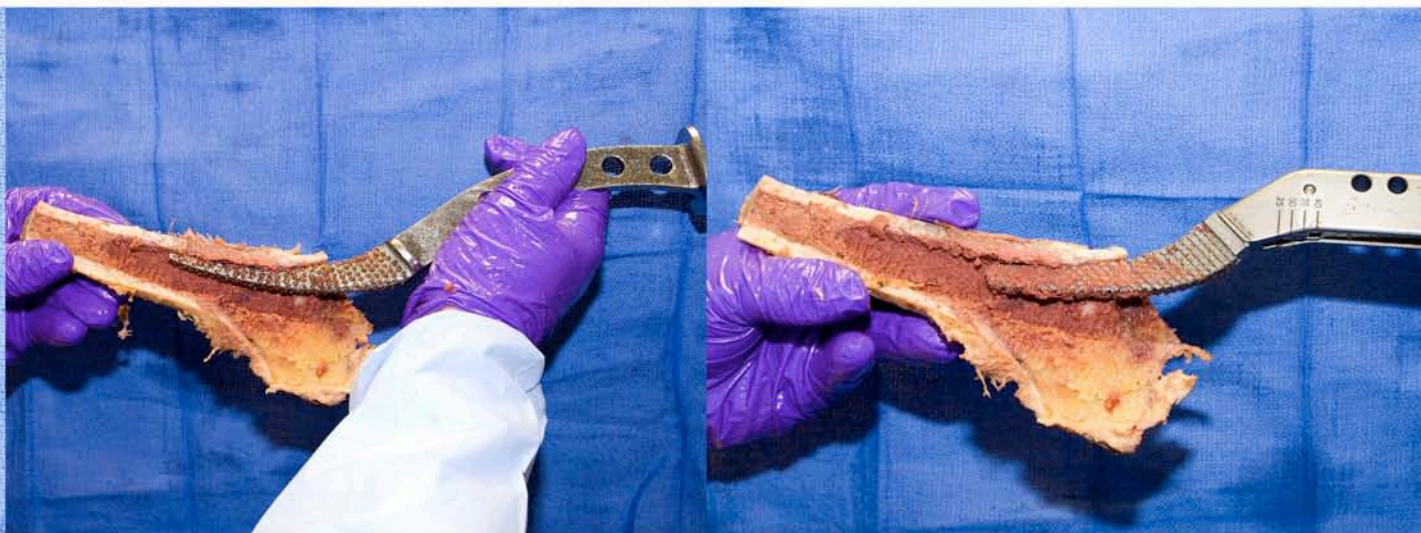
Prototype instruments developed



Cadaver workshops. K. Keggi, L. Keppler, J. Keggi



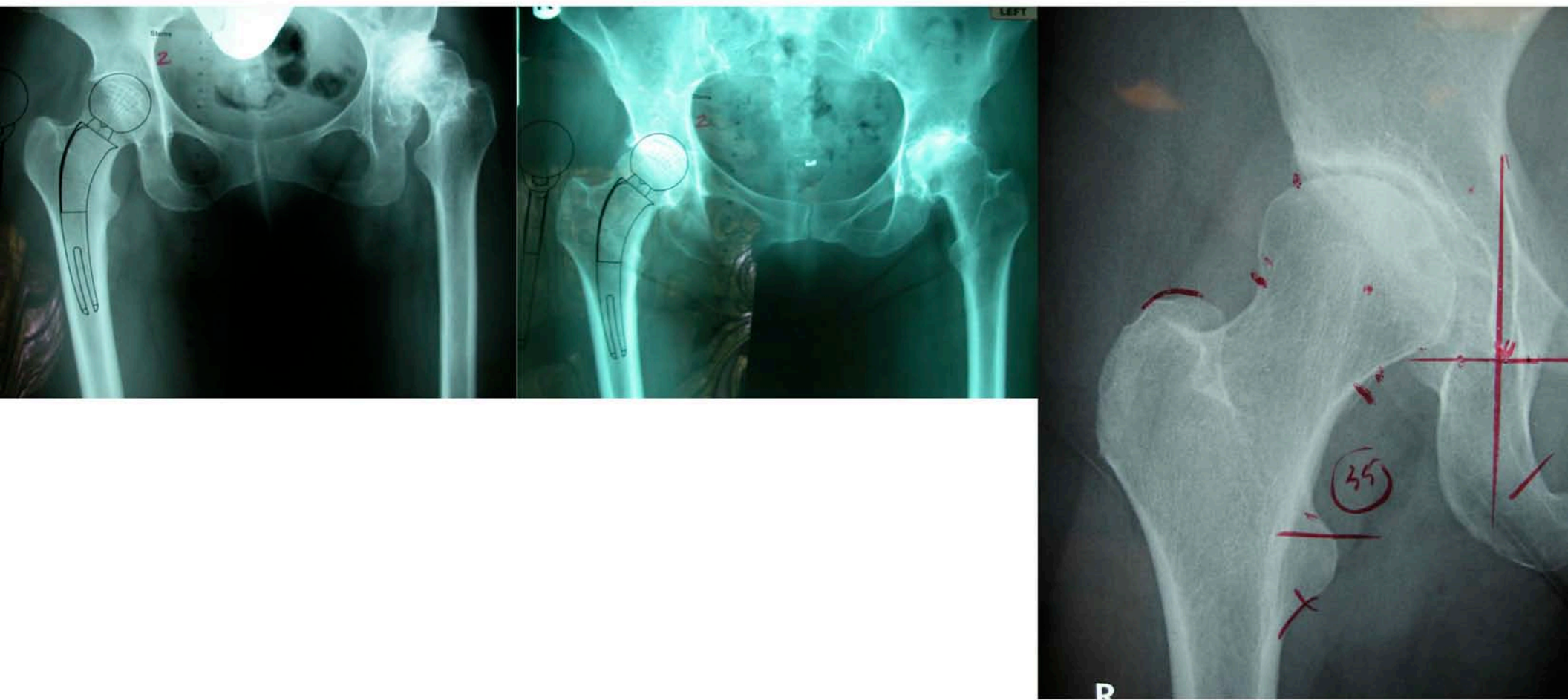
instruments & techniques developed



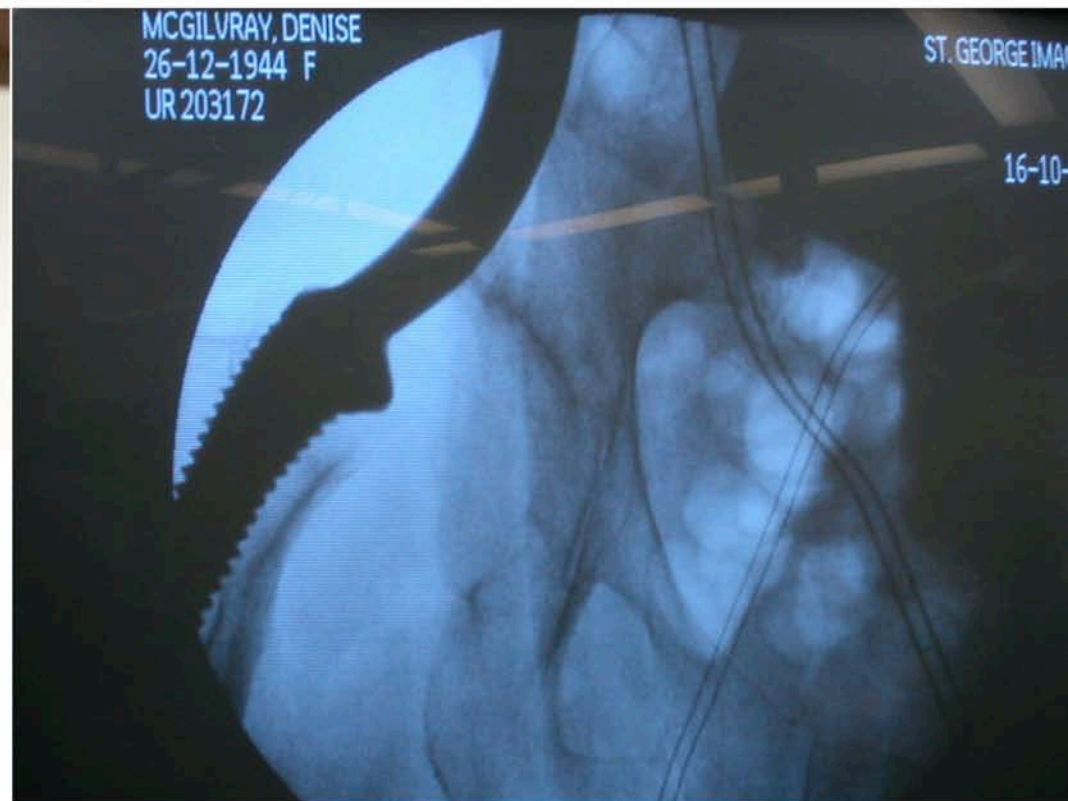
Instrument review



A team effort



Review of hundreds of x-rays



Technique, technique !



Normal leg position

Non rotated hip/ incorrect femoral offset



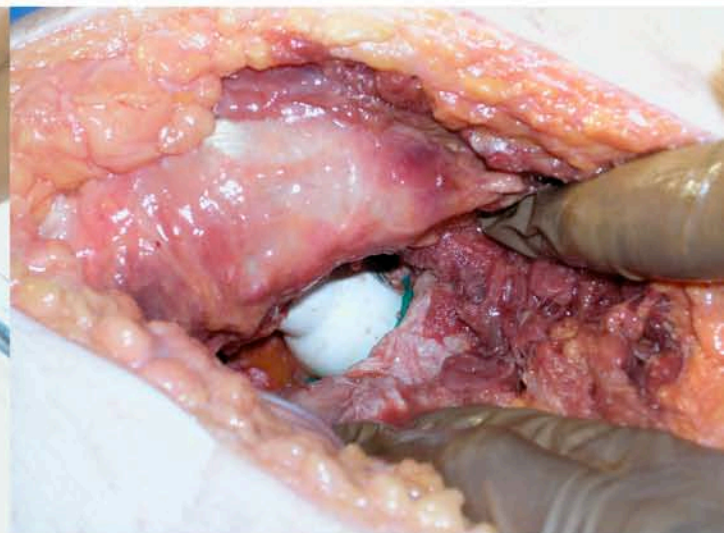
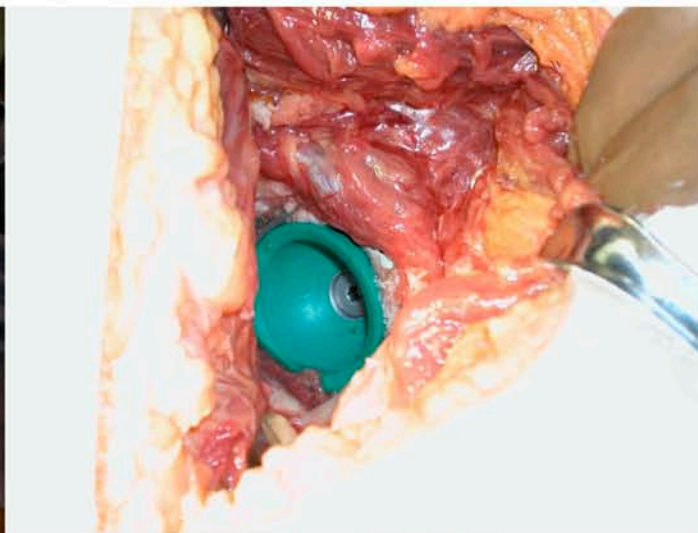
**Internal
rotation
reflects
actual curve**

25

20° internal rotation reflects proper offset.



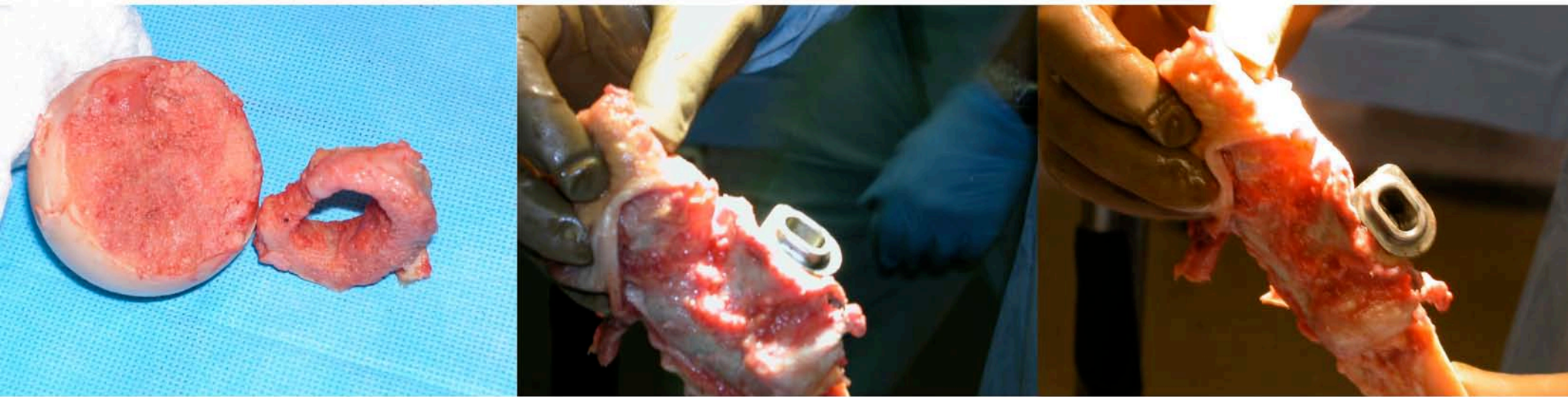
More cadaver work with Sam Sydney



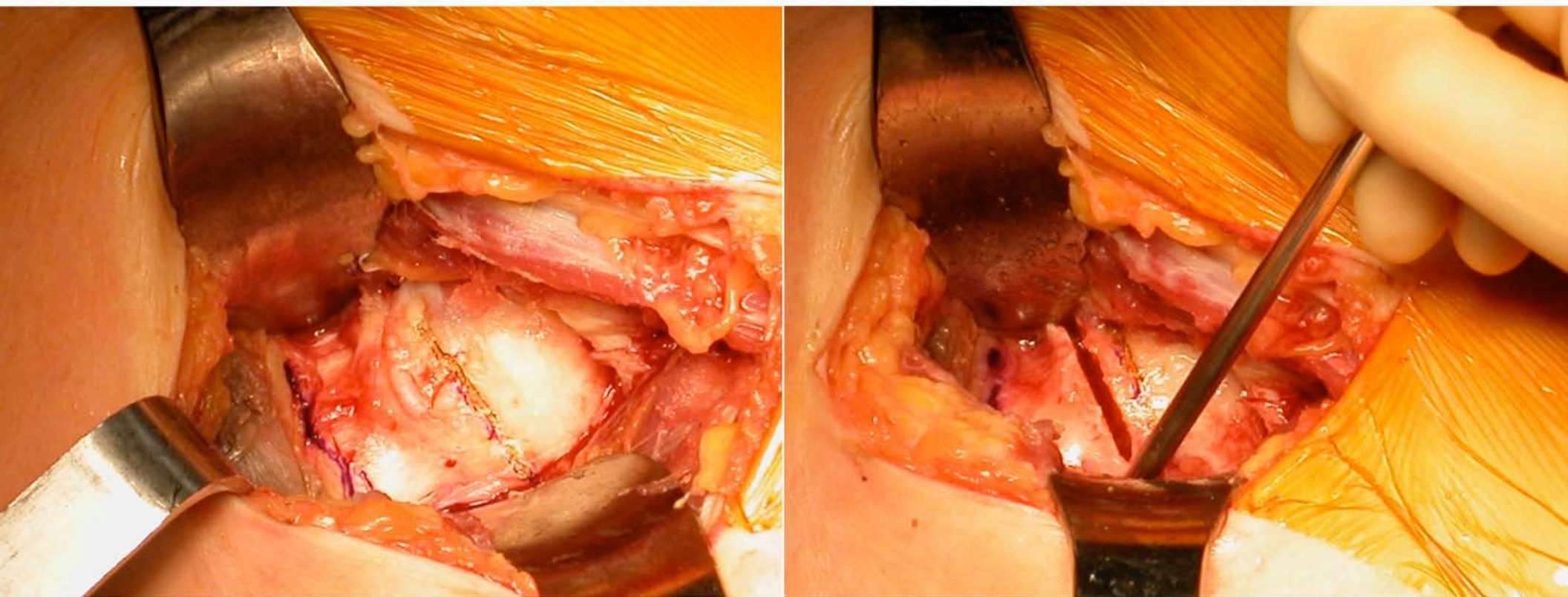
Posterior approach



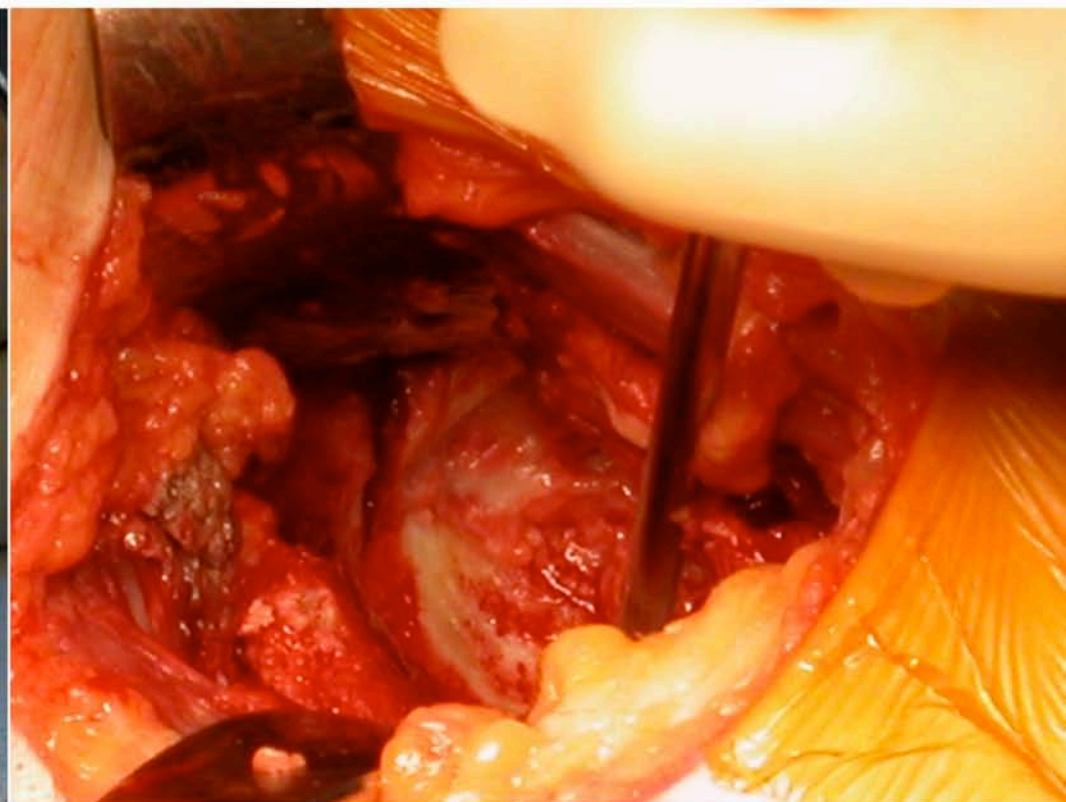
Stem Fit size #2



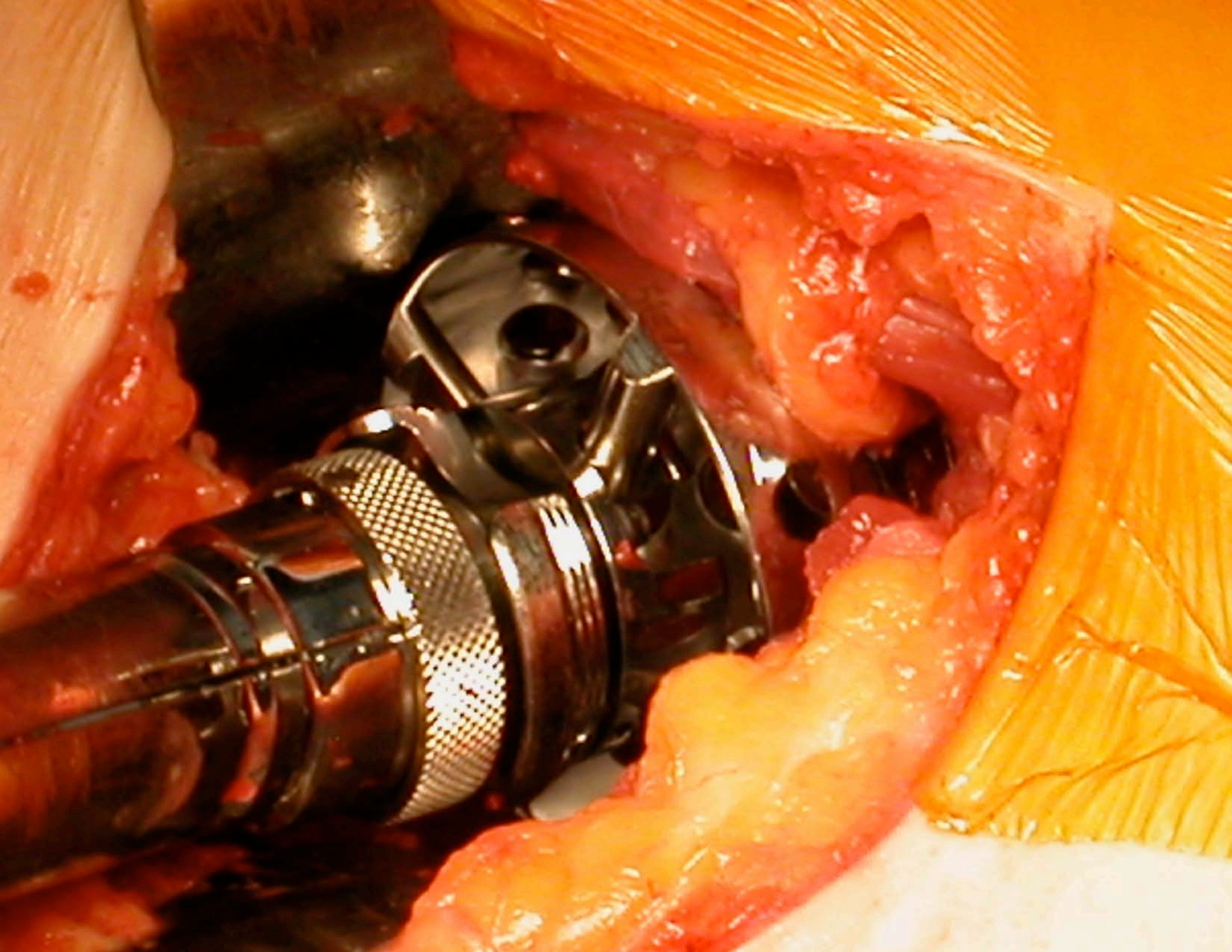
Head neck resection/ preserving lateral structures

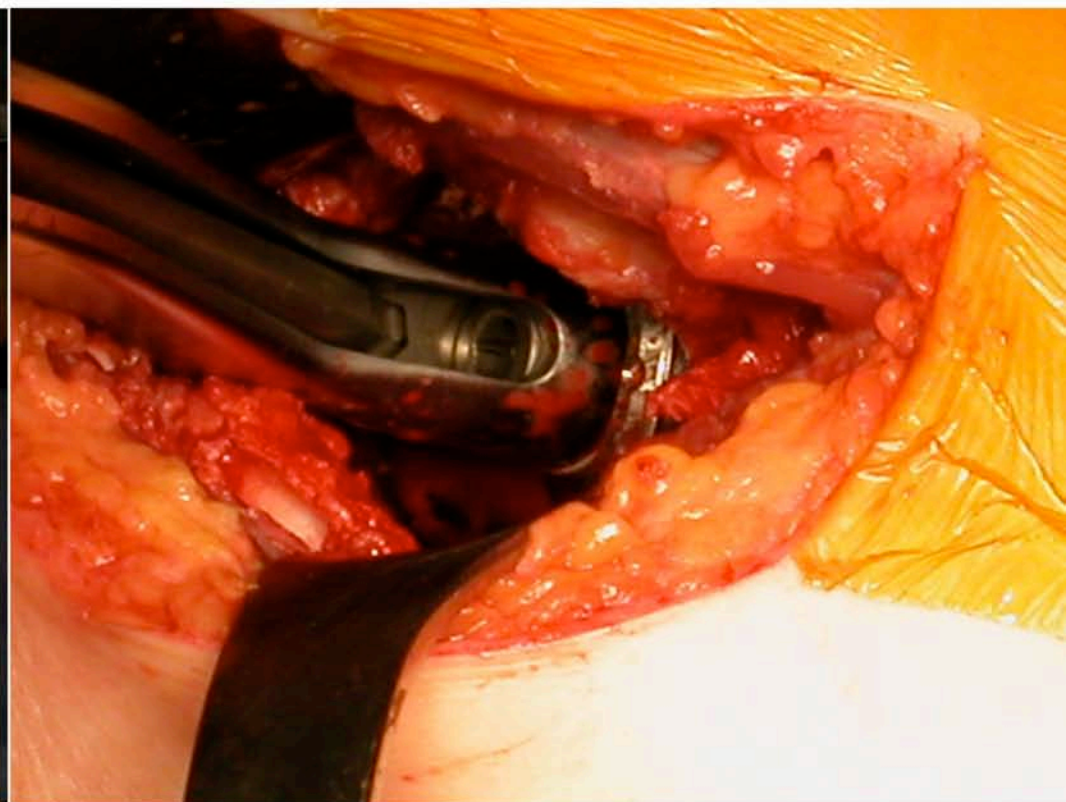


Anterior approach J. Keggi

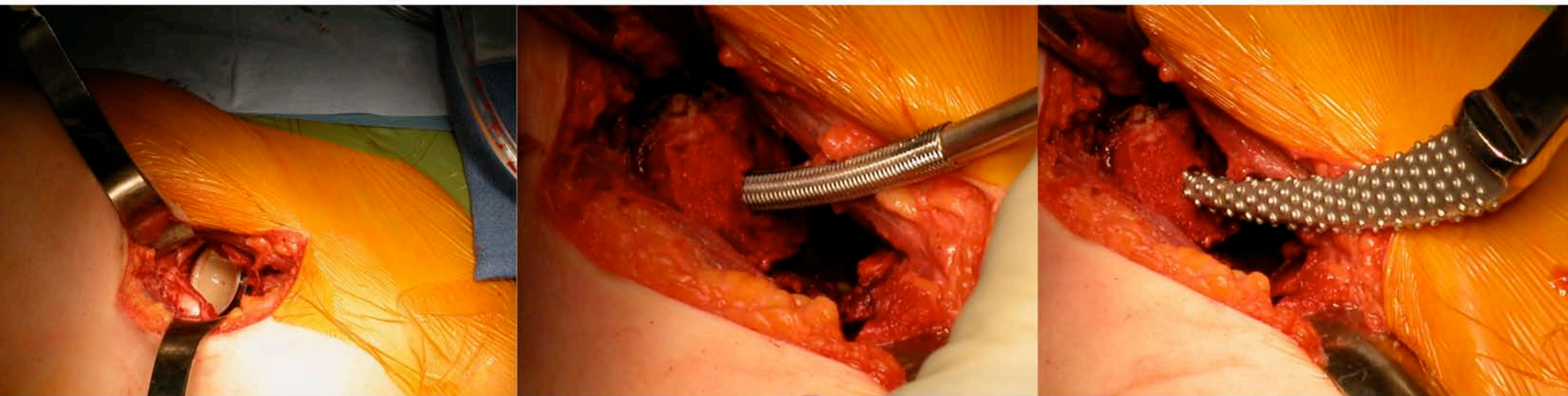


Head resection & socket exposure

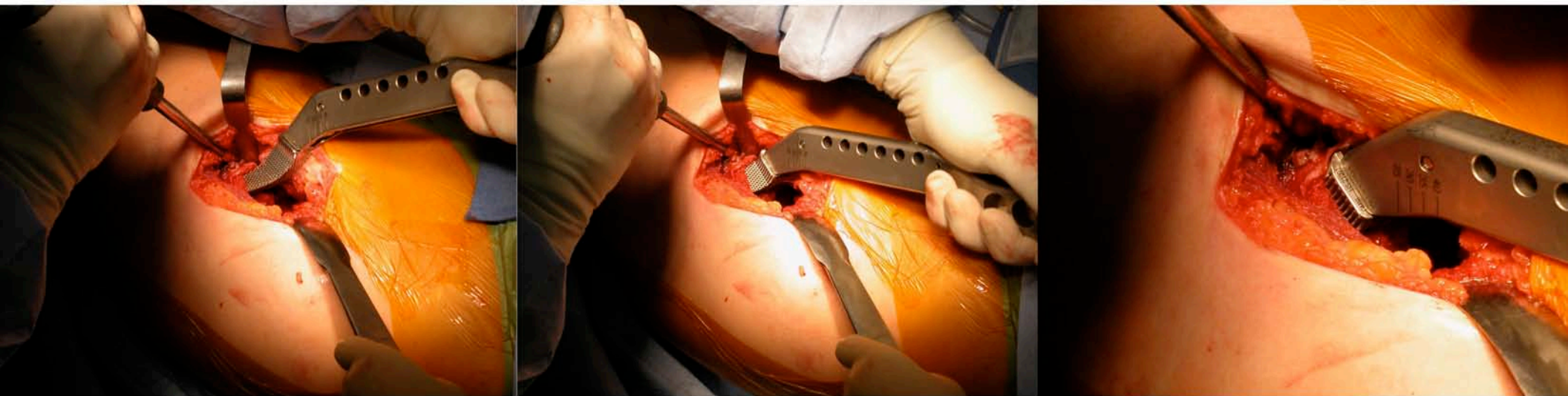




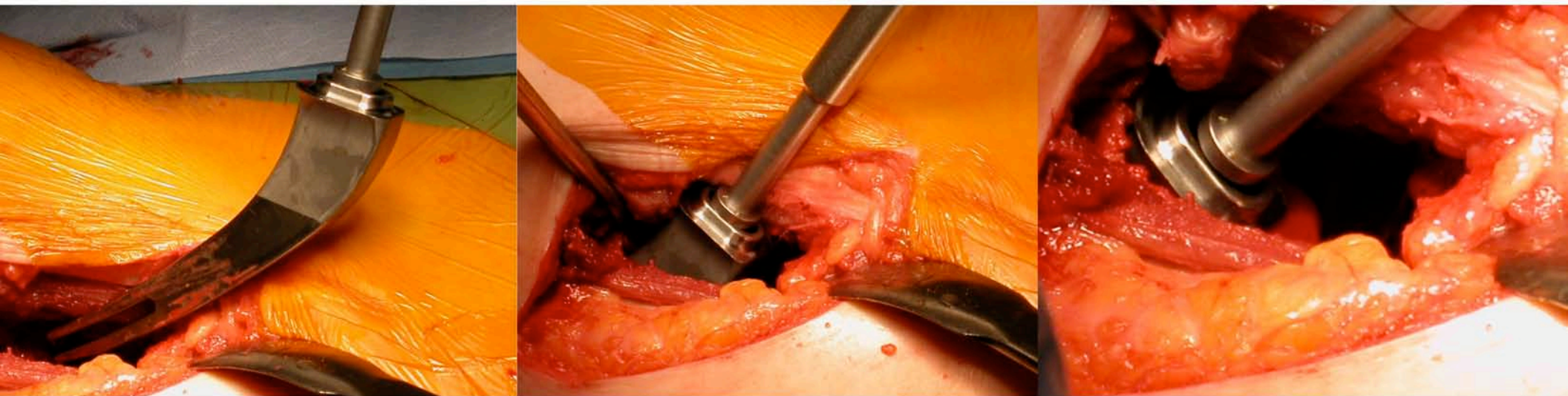
Cup insertion no problem with neck sparing approach



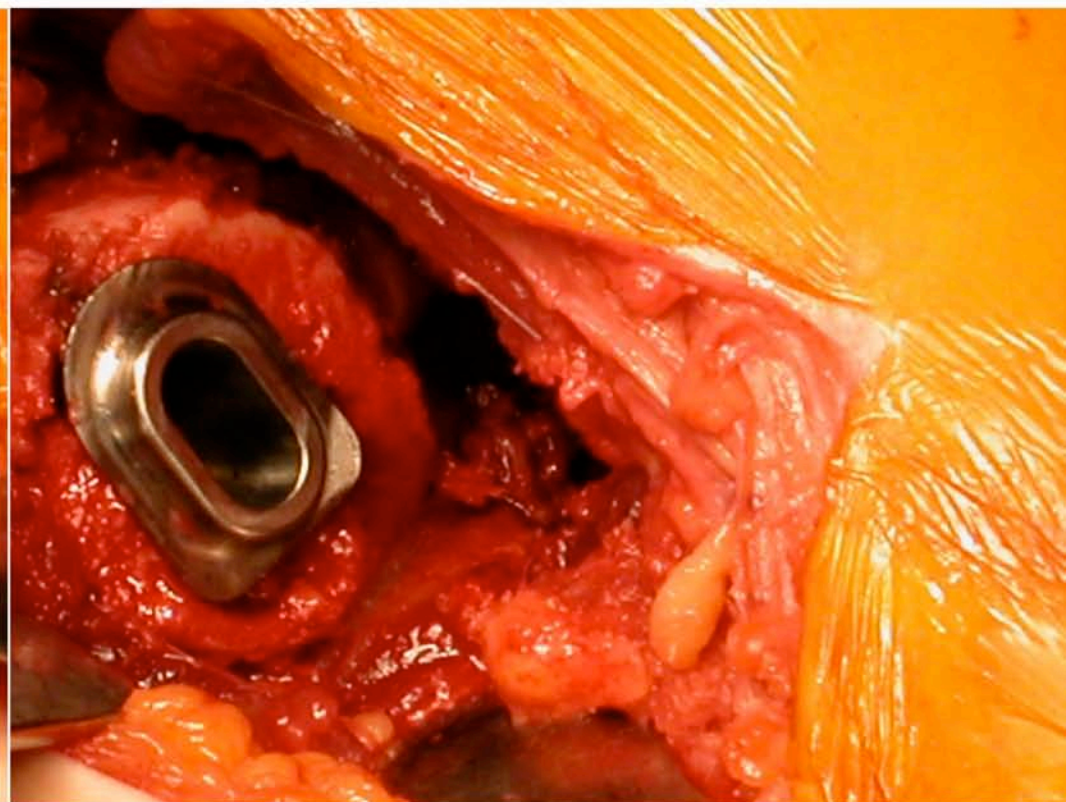
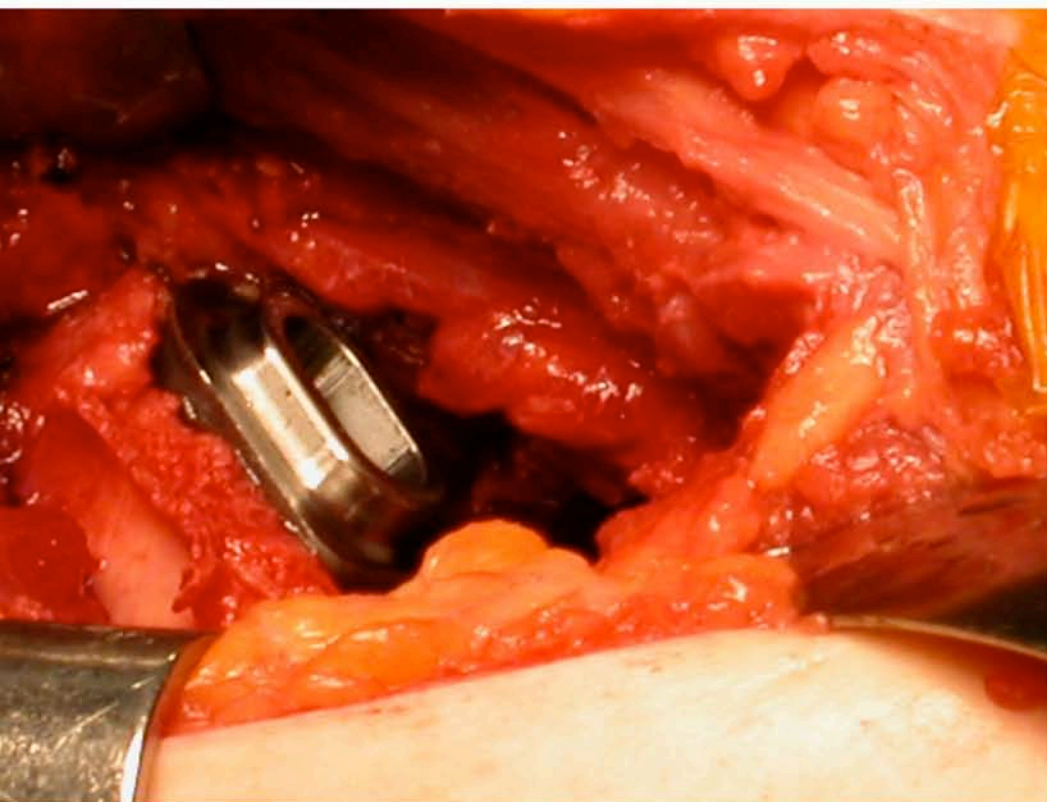
Cup in place then canal preparation



Femoral Rasp



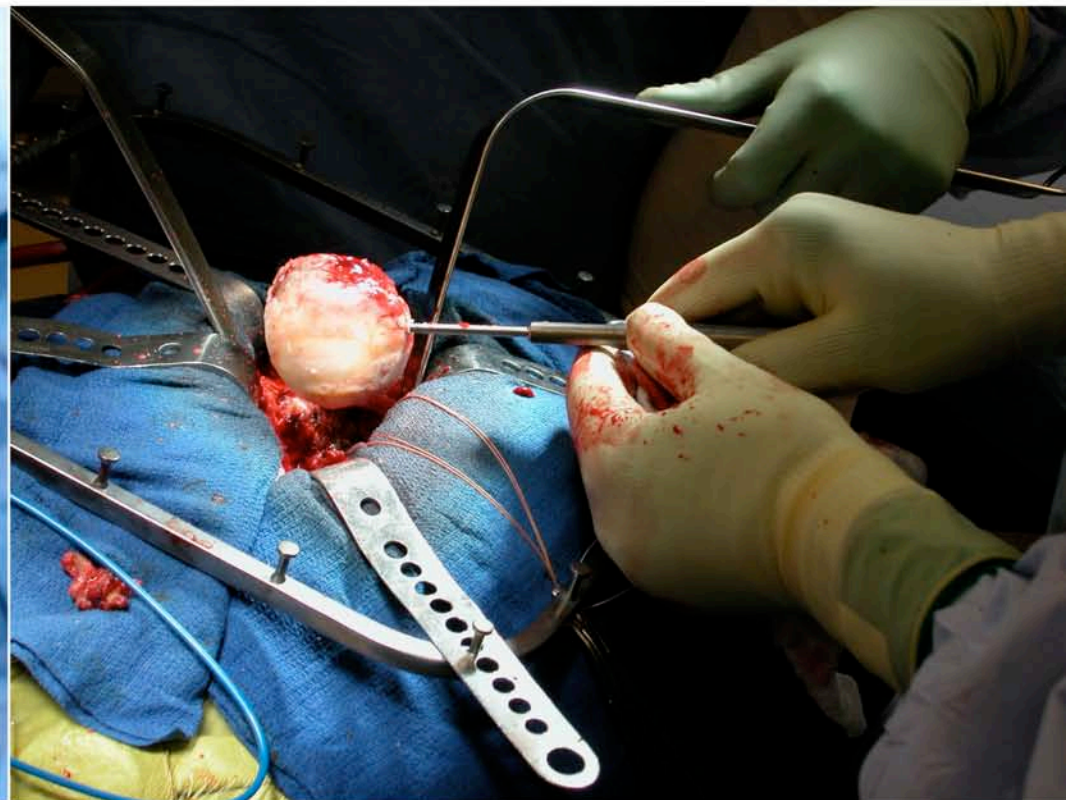
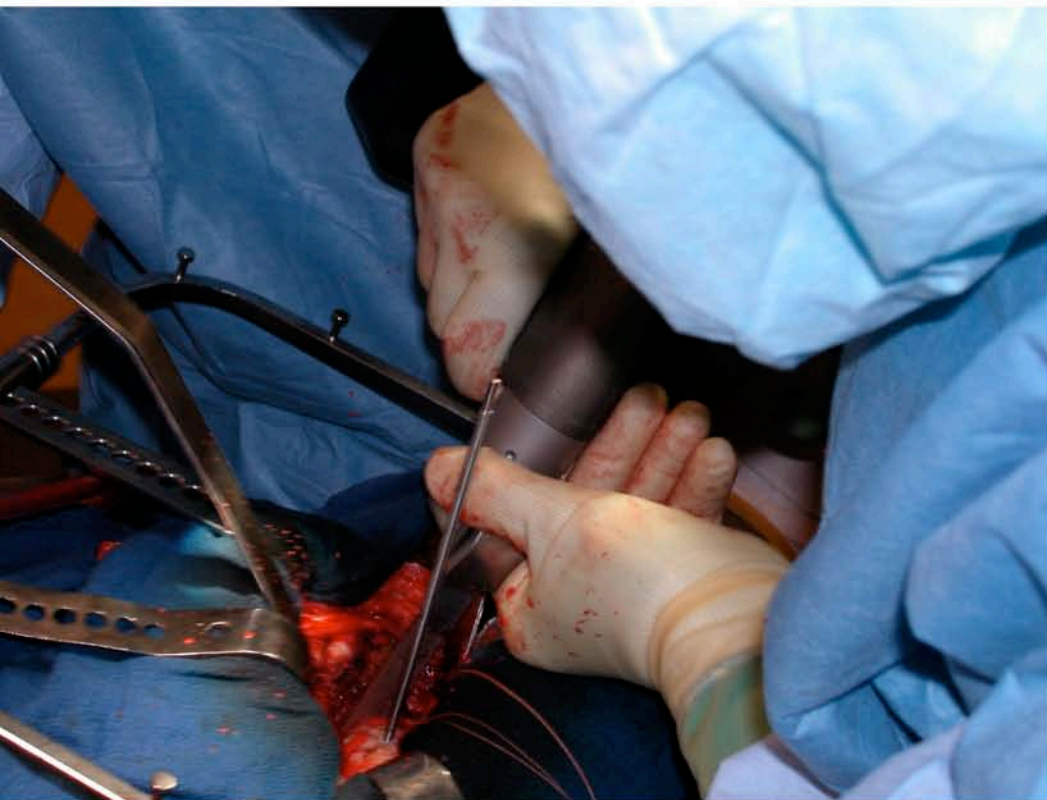
Trial stem insertion



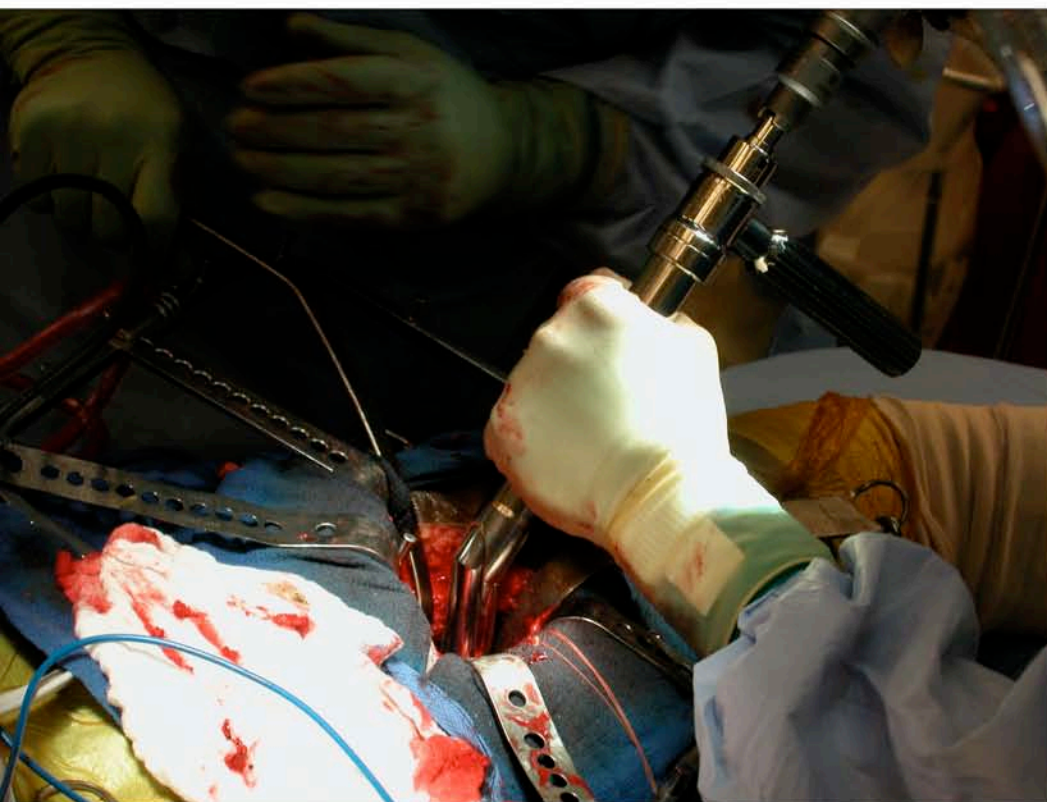
Trial Stem inserted



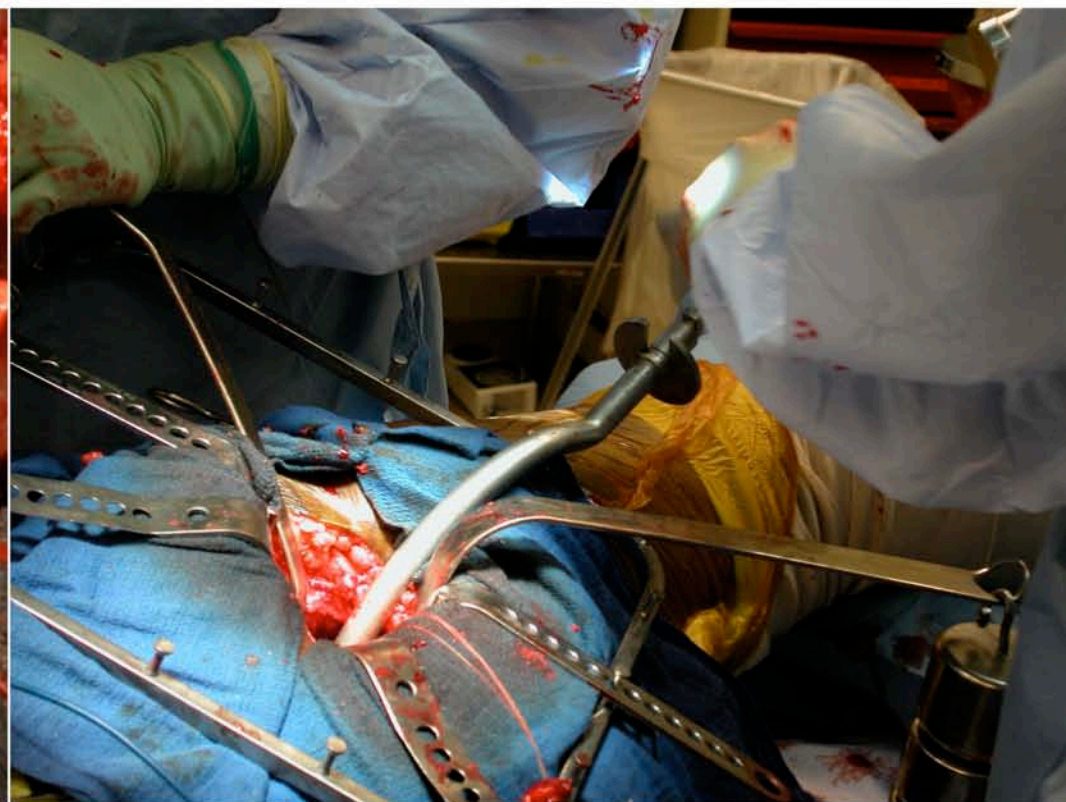
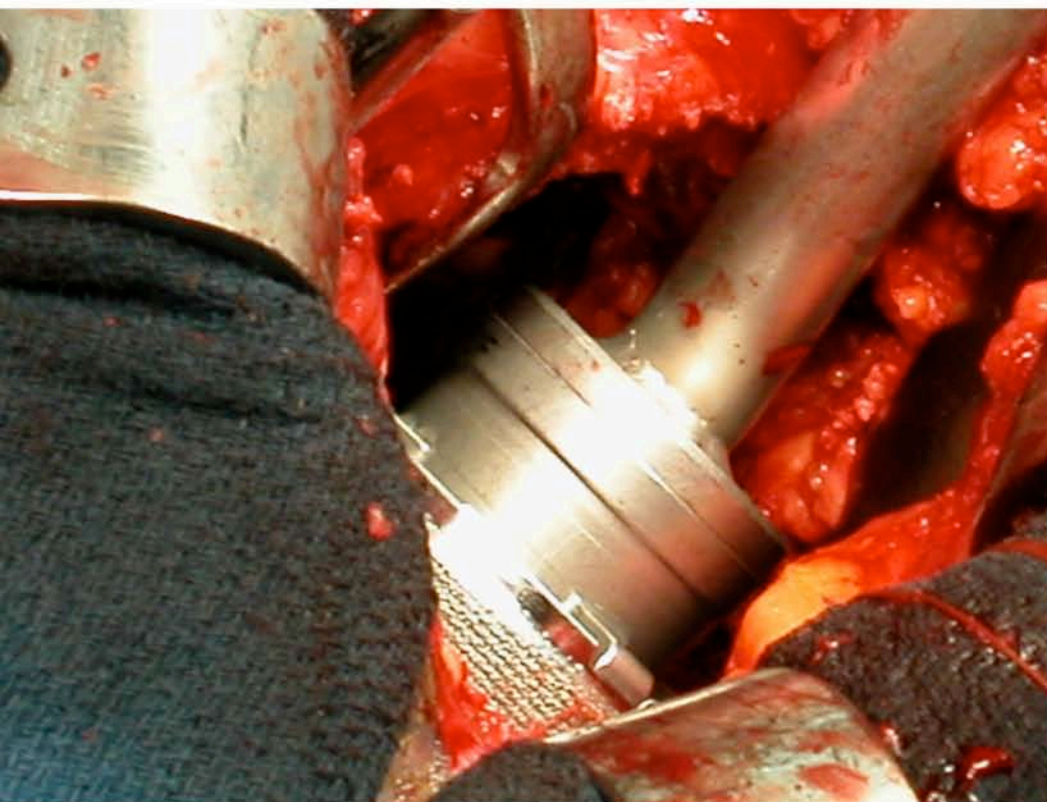
D. Stulberg/ instruments/ posterior approach



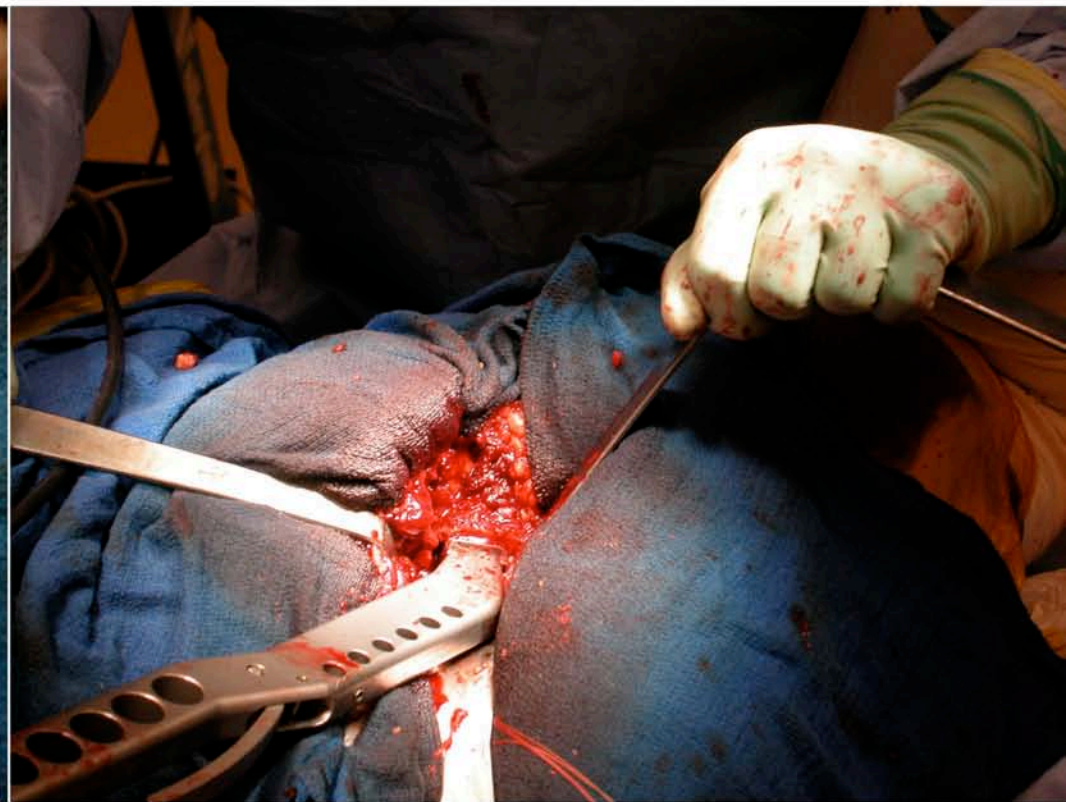
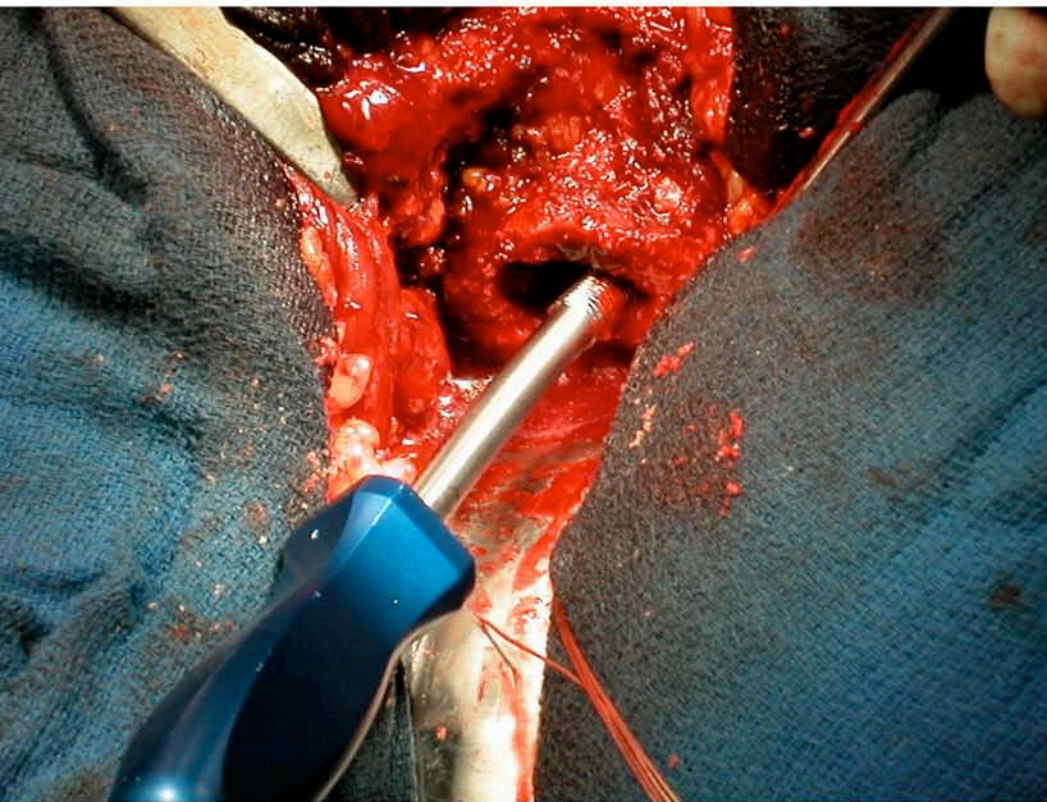
High neck resection



Reaming socket no problem



Socket insertion no problem



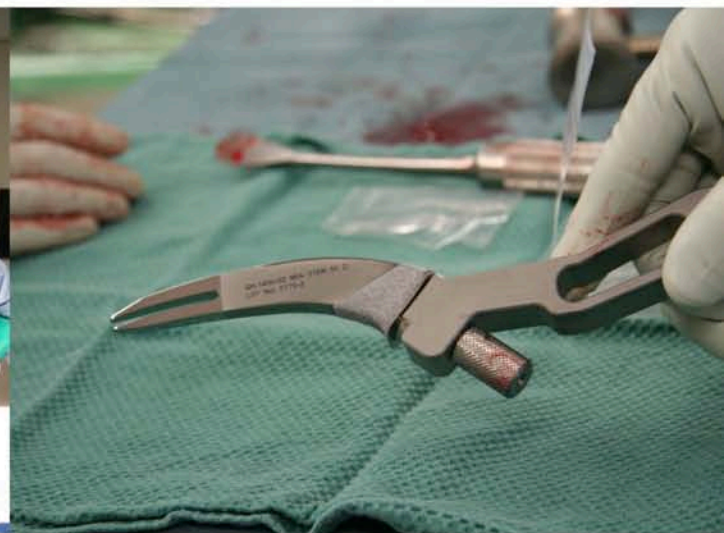
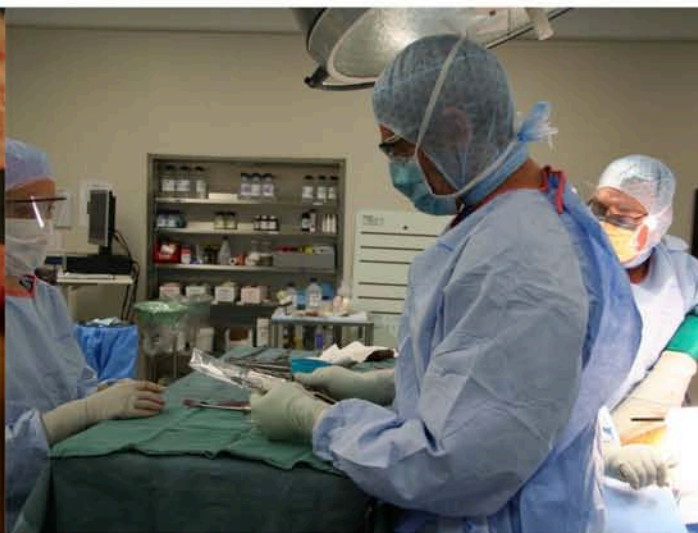
Femoral canal preparation



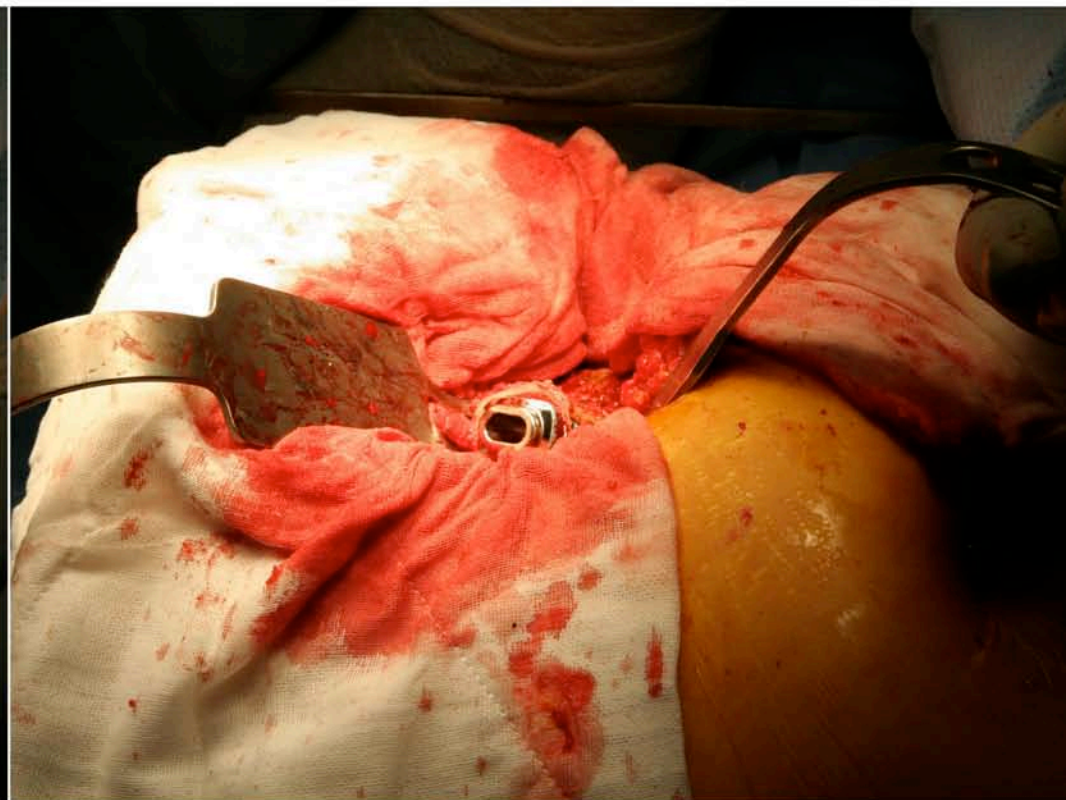
Trial stem in place with cup



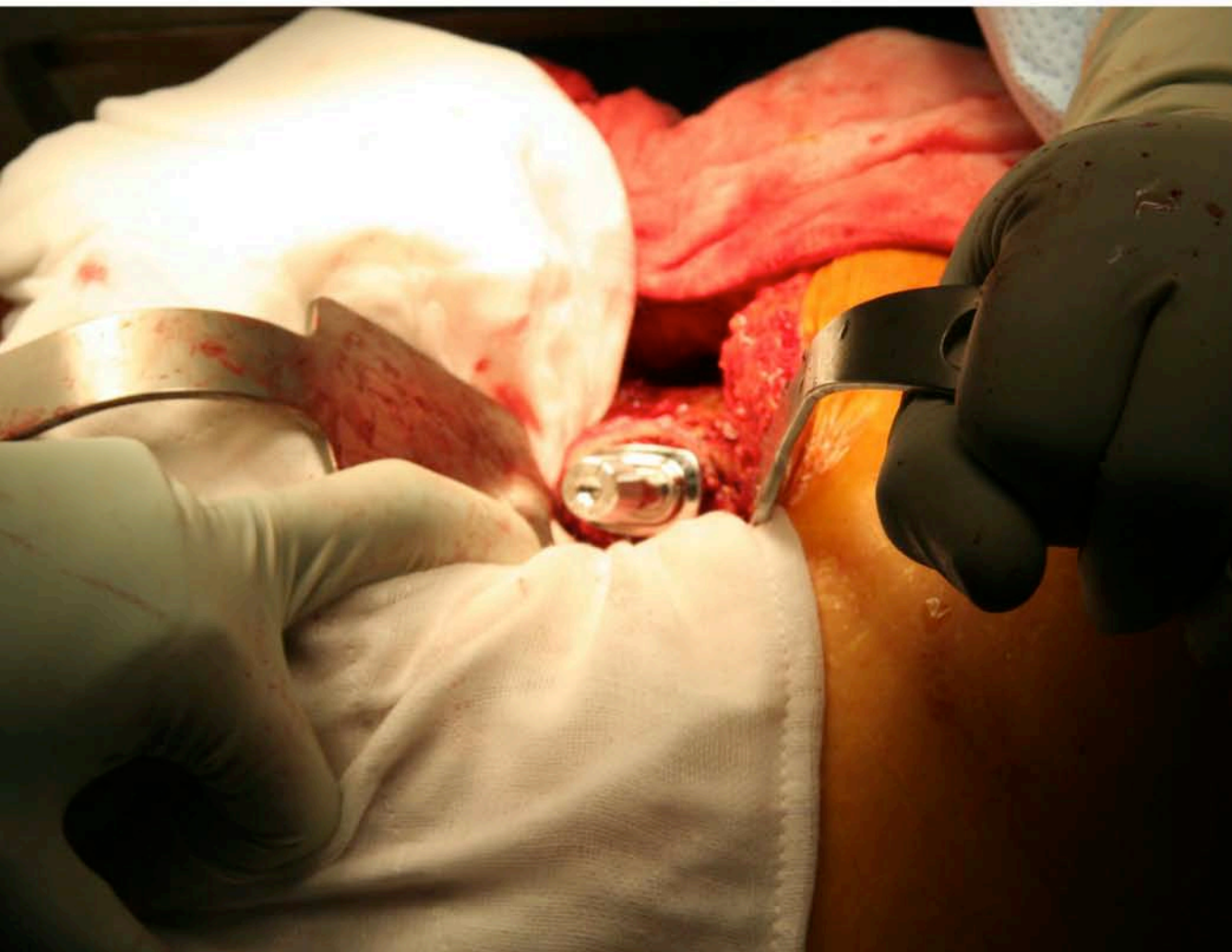
Stem implantation in Australia by I. Woodgate



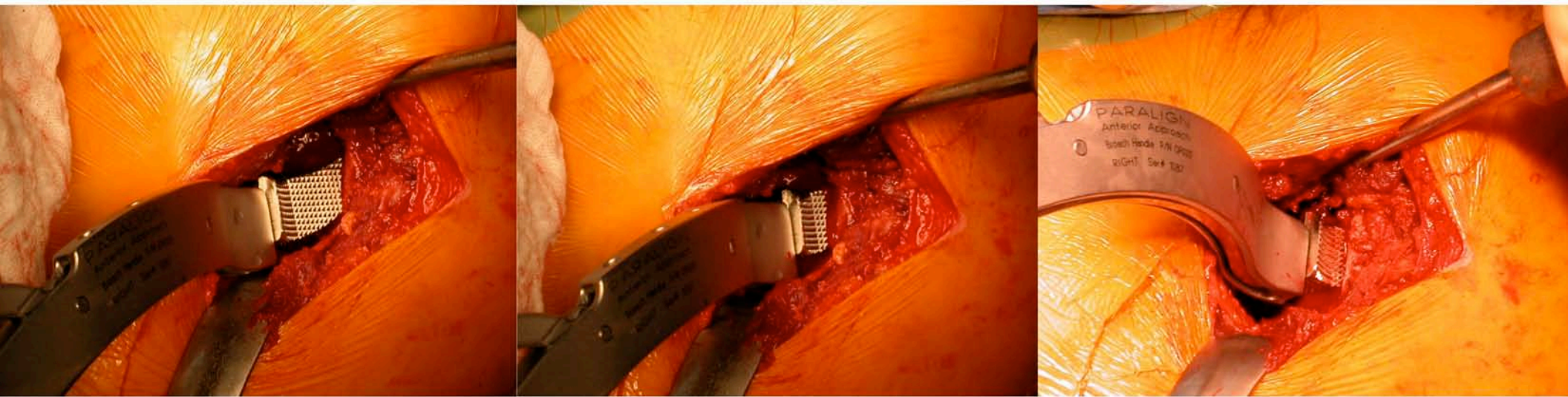
First stem implanted 12/07



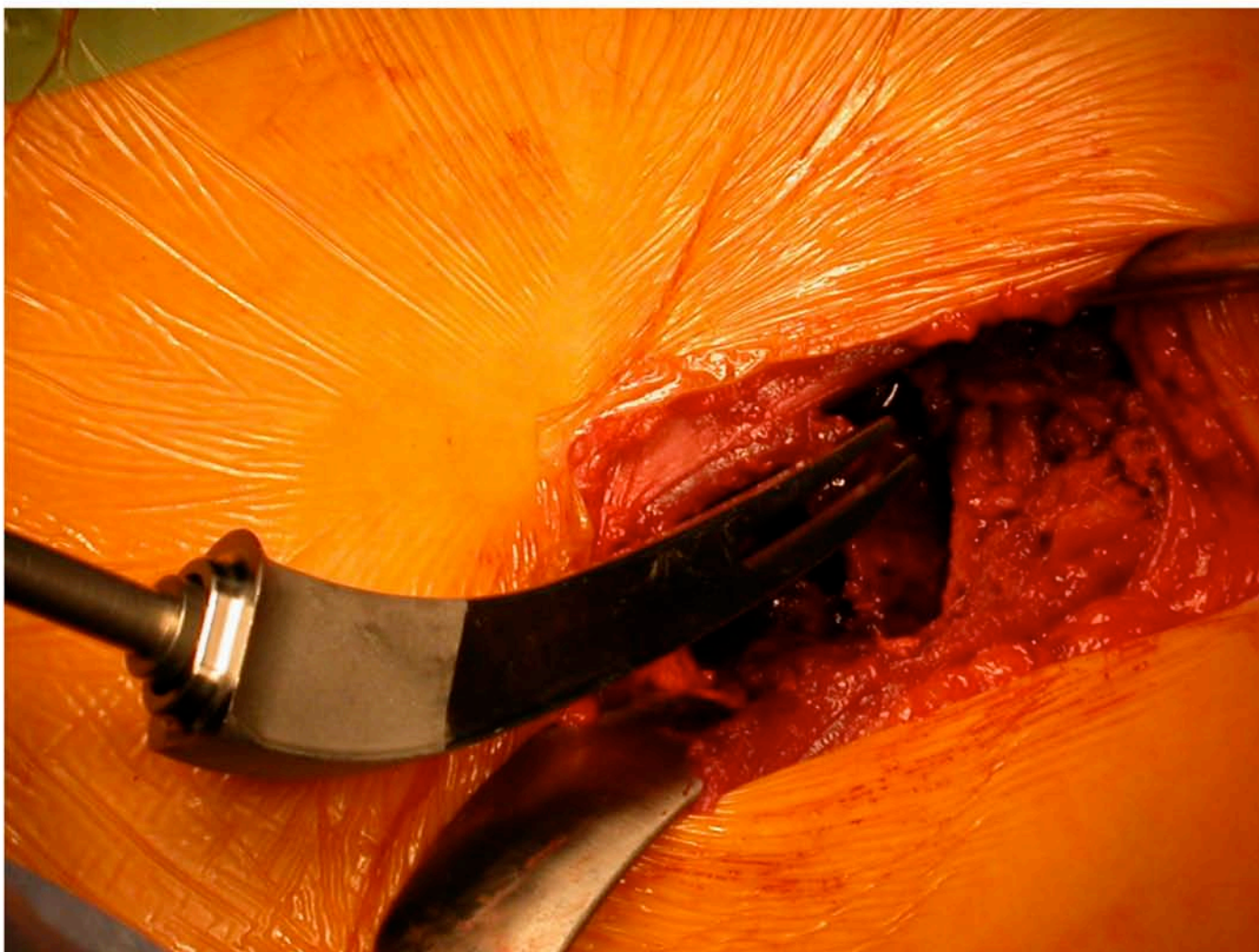
Stem insertion



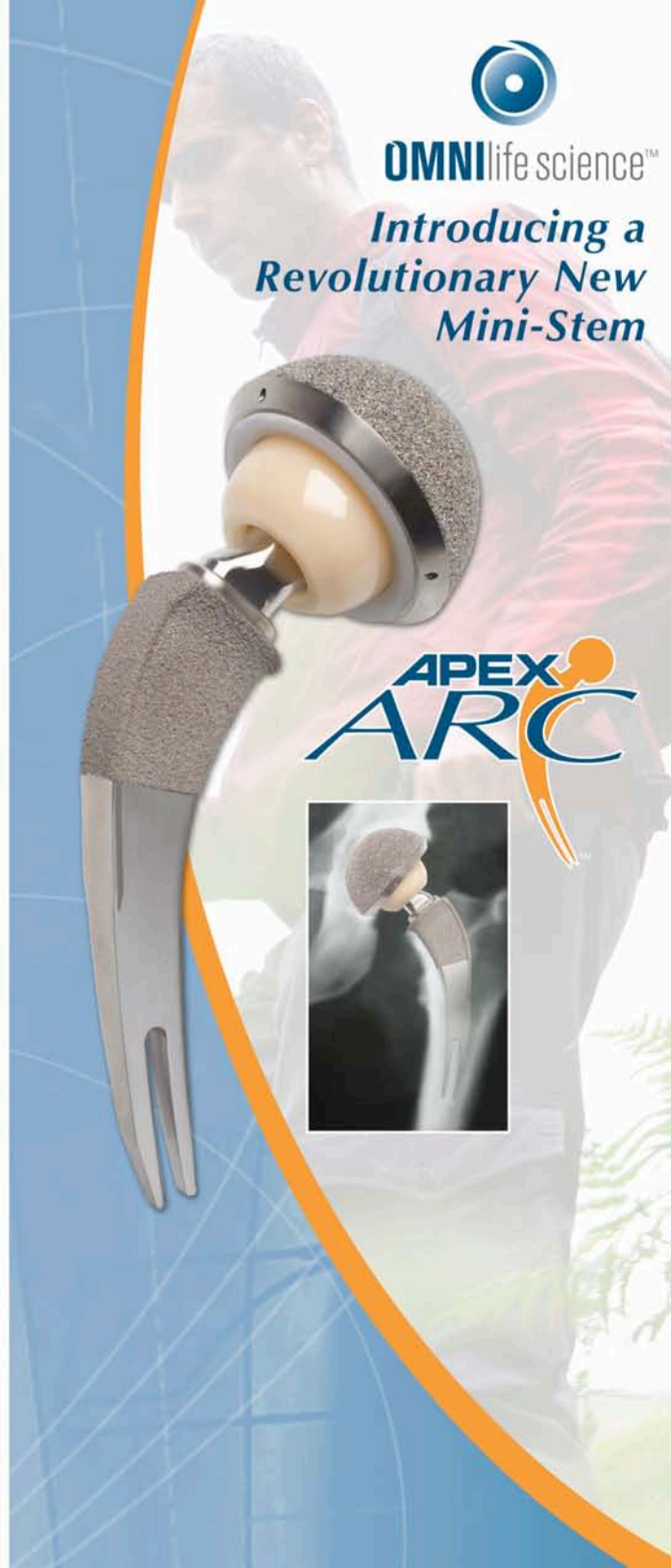
Stem in place notice tap neck for ease of retrievability




Anterior approach curved rasp handle J. Keggi & T. Kennon




Trial stem insertion




OMNIlife science™

*Introducing a
Revolutionary New
Mini-Stem*

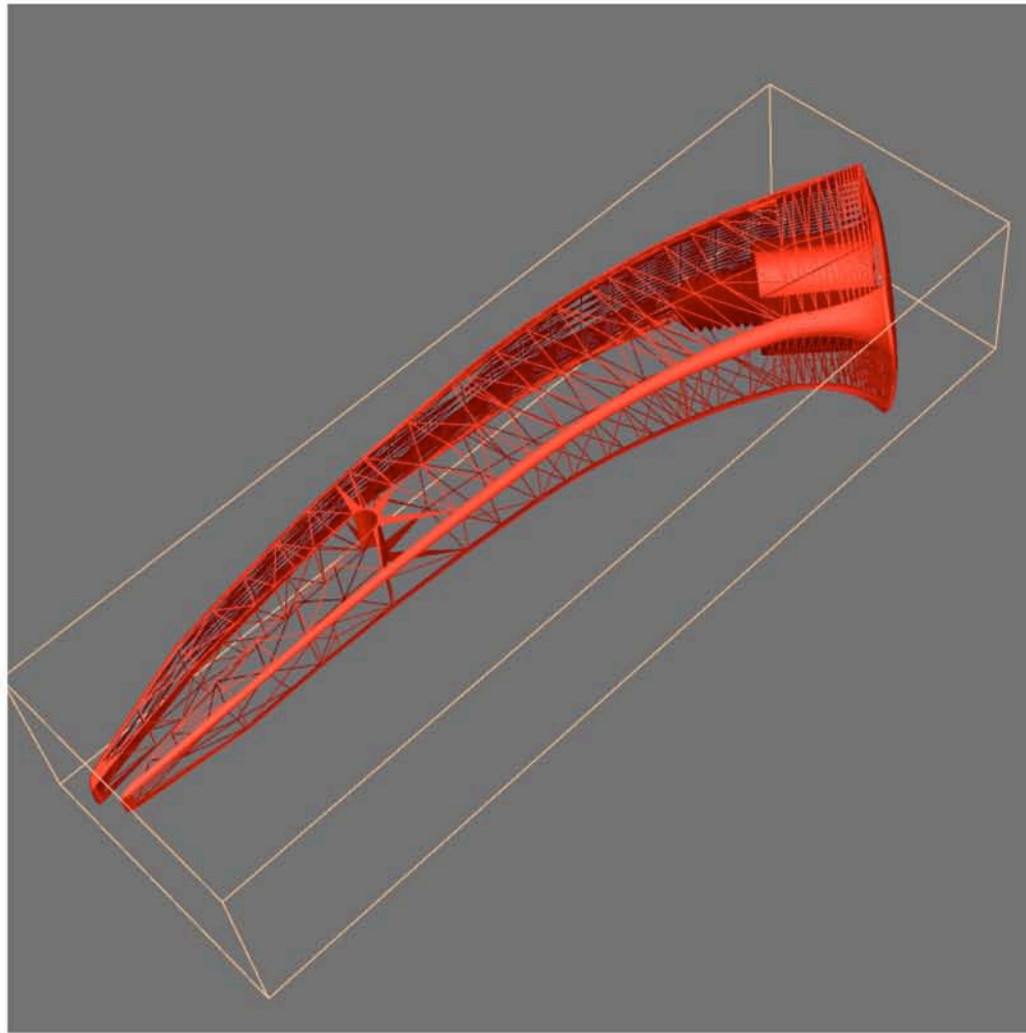
**APEX
ARC**





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A new approach to tissue sparing THA



Tissue Sparing Implant Design





TSI™ Book

Timothy McTighe, Dr. H.S. (hc)
Executive Director

Joint Implant Surgery & Research Foundation, Chagrin Falls, Ohio www.jisrf.org