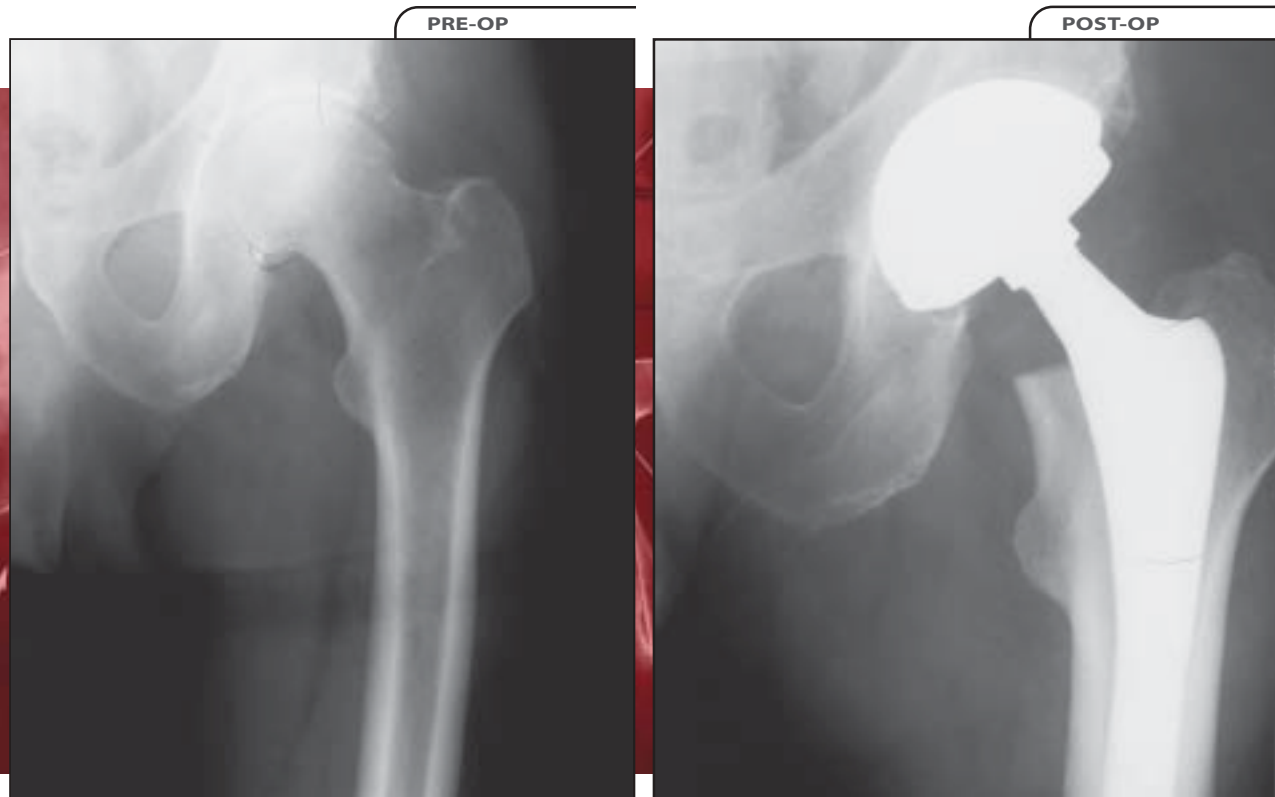


CONSERVE® Total Hip System w/ BFH™ Technology Big Femoral Heads (BFH™) Restore An Active Lifestyle

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INTRODUCTION

In a population of active older patients with Type A Dorr bone anatomy, enhanced range of motion and prevention of dislocation is important. CONSERVE® Total Hip System with Big Femoral Head (BFH™) Technology will significantly decrease the possibility of dislocation. Orthopaedic literature shows dislocation rates of 2-12% with the cost of dislocation being an average of \$4000 per event.¹ The development of alternative bearing surfaces, and in particular, CONSERVE® Total Hip System with BFH™ Technology results in restoration of biomechanics and range of motion.

PATIENT PROFILE

This is a 70 year-old patient with familial longevity, well into the mid-90s. He still skis, hikes, and is physically active. He is in excellent health, being an ASA 1 individual, and he has Type A Dorr bone on the femoral side with unilateral hip DJD. A superfinished CONSERVE® Total head coupled with a PERFECTA® RS stem was implanted on 9/5/02. On the UCLA hip rating scale from 1-10, this patient is a 9, participating in low impact sports, in this case, skiing.

SURGICAL METHOD

The approach was direct lateral and then posterior, taking off the external rotators, which are then fully repaired at the end of the case. The gluteus maximus tendon is lengthened and repaired. The capsule is fully excised and the press-fit cup, which

has 170° of angular span, is placed in the anatomic position in reference to the cotyloid and the anterior-posterior pillars, and at 47° of lateral opening. Femoral anteversion is set at his anatomic 15°. Leg length is measured using a screw placed in the supra-acetabular area. A 50mm BFH™ head was used in combination with a 60mm shell. The theoretical “jumping distance” for this size combination is 22.5mm, making head dislocation very unlikely.

POSTOPERATIVE COURSE

When the wounds are healed, the patient, after three weeks of 50% weight bearing is allowed to first begin swimming and then bicycling. He does not require occupational therapy. All of his work has been done on his own at the local gymnasium.

DISCUSSION

For energetic individuals in the Medicare age group with familial longevity, this prosthesis allows continuation of low impact activities, such as biking, hiking, skiing and kayaking. This is a unique solution to wear and to minimizing dislocation rates. The prostheses heads range from 36 to 54mm, with varying neck lengths, to allow restoration of anatomic lateral offset.

1. Johnston, Richard C, MD and Callaghan, John J MD, et al, Dislocation after THA: A single surgeon's experience, *Ortho Clinics of NA*, Vol 32, No 4, October 2001.



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