Original article:

Study of Uncemented bipolar vs Austin moores prosthesis

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Abstract:

Introduction: Present study was planned to study of Uncemented bipolar vs Austin moors prosthesis.

Methodology: During year 2010 to 2013 patients of neck femur were operated in PDVVPF’s Medical College Vilad, Ahmednagar in orthopaedic department. These patients were followed up for last 5 years. All patients were operated by posterolateral approach to hip joint. Epidural, spinal or General Anaesthesia was given during operative intervention. Ethical committee clearance was availed in year 2010. Patients were operated in lateral position.

Results: Patients treated with uncemented bipolar had better outcome than Austin-moors prosthesis.

Conclusion: Cemented bipolar has superior results than Austin moors prosthesis.

Keywords: Austin moor prosthesis

Introduction:

Harris and Allen had modified and described a calcar replacement femoral component, which is necessary for the conventional femoral components, as a part of total hip replacement to address many problems related to proximal femoral deficiency. Primary calcar replacement hip arthroplasty for treatment of unstable trochanteric fractures is associated with better clinical and functional results compared with secondary salvage calcar replacement hip arthroplasty following failed osteosynthesis or end prosthetic treatment of unstable trochanteric fractures. Whereas primary arthroplasty is a standard procedure for femoral neck fractures, little experience exists for trochanteric fractures and it was mainly used as a salvage operation after failure of its primary treatment. Present study was planned to study of Uncemented bipolar vs Austen moors prosthesis.

Methodology:

During year 2010 to 2013 patients of neck femur were operated in PDVVPF’s Medical College Vilad, Ahmednagar in orthopaedic department. These patients were followed up for last 5 years. All patients were operated by posterolateral approach to hip joint. Epidural, spinal or General Anaesthesia was given during operative intervention. Ethical committee clearance was availed in year 2010. Patients were operated in lateral position.
Observations: Comparative results

<table>
<thead>
<tr>
<th>A.M.P.</th>
<th>Bipolar uncermented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operative time one hour</td>
<td>Operative time 1 hr to 1 ½ hr.</td>
</tr>
<tr>
<td>Bleeding intra operatively was minimum</td>
<td>Bleeding comparatively more but not severe</td>
</tr>
<tr>
<td>Minimum exposure required to do surgery</td>
<td>Little more exposure was needed for acetabular part fixations</td>
</tr>
<tr>
<td>Chances of dislocation are less due to minimum exposure and of capsule resuturing</td>
<td>Chances of dislocation were more as prophylactic excision of part of capsule were done</td>
</tr>
<tr>
<td>Patients were ambulated on 4th day</td>
<td>Ampvlation was advised after one week due to partial capsulotomy</td>
</tr>
<tr>
<td>One hundred and seventy two patients were operated</td>
<td>One hundred and twenty four patients were operated</td>
</tr>
</tbody>
</table>

Discussion:
It was clear from study done by Gamel that the preoperative mobility state had a direct effect on the final clinical and functional outcomes, as hip pain, dependent or nonwalking ability, psychological problems, and mortality were more common in group 2 patients as it was aggravated by their preoperative disabled state following their failed primary treatment. This observation was also reported by many authors and others had added the effect of preoperative comorbidities as a risk factor. ³,⁴,⁵

In our study during year 2010 to 2013 patients of neck femur were operated in PDVVPF’s Medical College Vilad, Ahmednagar in orthopaedic department. These patients were followed op. for last 5 years. All patients were operated by posterolateral approach to hip joint. Epidural, spinal or General Anaesthesia was given during operative intervention. Ethical committee clearance was availed in year 2010. Patients were operated in lateral position. Herewith we observed un cemented bipolar has better results than treatment with Austin Moores prosthesis.

Conclusion: Herewith we observed un cemented bipolar has superior outcome than Austin Moores prosthesis.

References: