



## Early Intervention in the Hip and Knee

# IML Voting Results

**The Great Debate:**

**Early Intervention in the Hip and Knee**

22-23 January 2010



## Early Intervention in the Hip and Knee

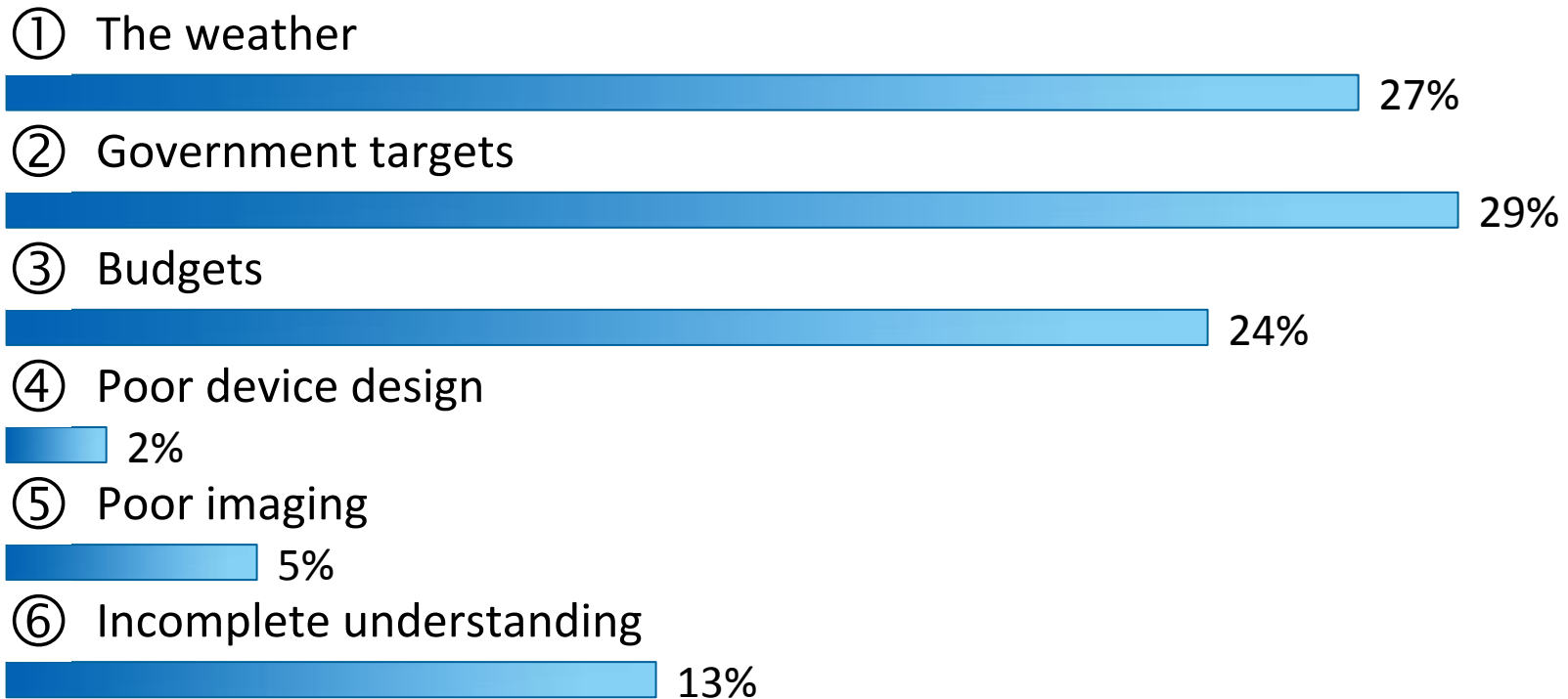
# IML Voting Results

Friday 22 January 2010



## Early Intervention in the Hip and Knee

What was the biggest problem affecting your practice in January 2010?





## Early Intervention in the Hip and Knee

Which of the following best describes you?

① Consultant for more than 10 years



② Consultant for less than 10 years



③ Still in training



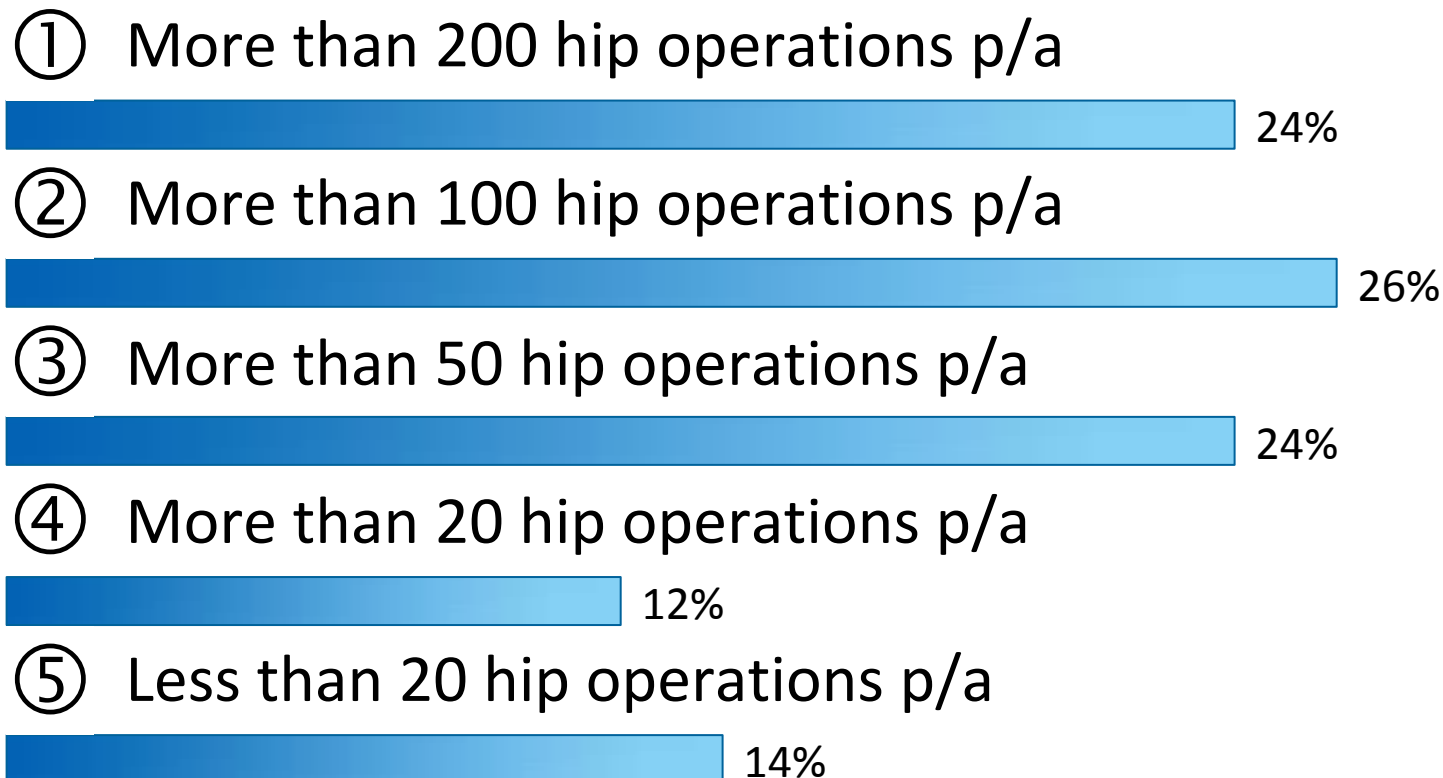
④ Not a Surgeon





## Early Intervention in the Hip and Knee

### How experienced are you?





## Early Intervention in the Hip and Knee

What best describes your surgical practice?

① Specialist Hip Surgeon



② Specialist Lower Limb Arthroplasty Surgeon



③ General or Non-Specialist Arthroplasty Surgeon



④ Non-Surgeon





## Early Intervention in the Hip and Knee

# SESSION 1

Are very early  
interventions  
clinically/cost effective?



## Early Intervention in the Hip and Knee

In what percentage of patients having primary THR do you recognise impingement as **a significant** contributing factor in the aetiology?

① Less than 10%



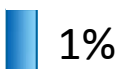
② Approximately 30%



③ Approximately 60%







④ Greater than 90%





## Early Intervention in the Hip and Knee

What does impingement surgery achieve?

- ① Relieve symptoms of impingement but doesn't alter progression to osteo arthritis  
 33%
- ② Relieves symptoms and delays the onset of osteo arthritis  
 56%
- ③ Relieves symptoms and prevents the occurrence of osteo arthritis  
 2%
- ④ Does bugger all except help Michael buy a new boat  
 9%



## Early Intervention in the Hip and Knee

Hip arthroplasty is a routine part of my practice

① Yes



② No



③ Don't Know





## Early Intervention in the Hip and Knee

Arthroscopic treatment of impingement pathology  
is a routine part of my practice

① Yes



② No





## Early Intervention in the Hip and Knee

# SESSION 2

Is conservative hip  
arthroplasty effective?



## Early Intervention in the Hip and Knee

What proportion of your hip arthroplasty practice is resurfacing?

① None



② Less than a quarter



③ Less than a half



④ More than half





## Early Intervention in the Hip and Knee

What proportion of your hip arthroplasty practice is mid-head?

① None



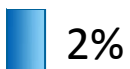
② Less than a quarter



③ Less than a half



④ More than half





## Early Intervention in the Hip and Knee

Have you had to bail on hip resurfacing in the past year?

① Yes



② No



③ Don't Know





## Early Intervention in the Hip and Knee

What proportion of your hip arthroplasty practice will now be resurfacing?

① None



② Less than a quarter



③ Less than a half



④ More than half





## Early Intervention in the Hip and Knee

# What proportion of your hip arthroplasty practice is/will now be resurfacing?

① None



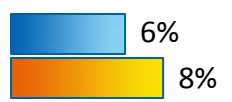
② Less than a quarter



③ Less than a half



④ More than half



Before  
After



## Early Intervention in the Hip and Knee

What proportion of your hip arthroplasty practice will now be mid-head?

① None



② Less than a quarter



③ Less than a half



④ More than half





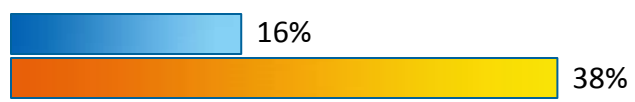
# Early Intervention in the Hip and Knee

## What proportion of your hip arthroplasty practice is/will now be mid-head?

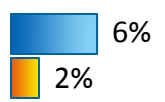
① None



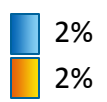
② Less than a quarter



③ Less than a half



④ More than half



■ Before  
■ After



## Early Intervention in the Hip and Knee

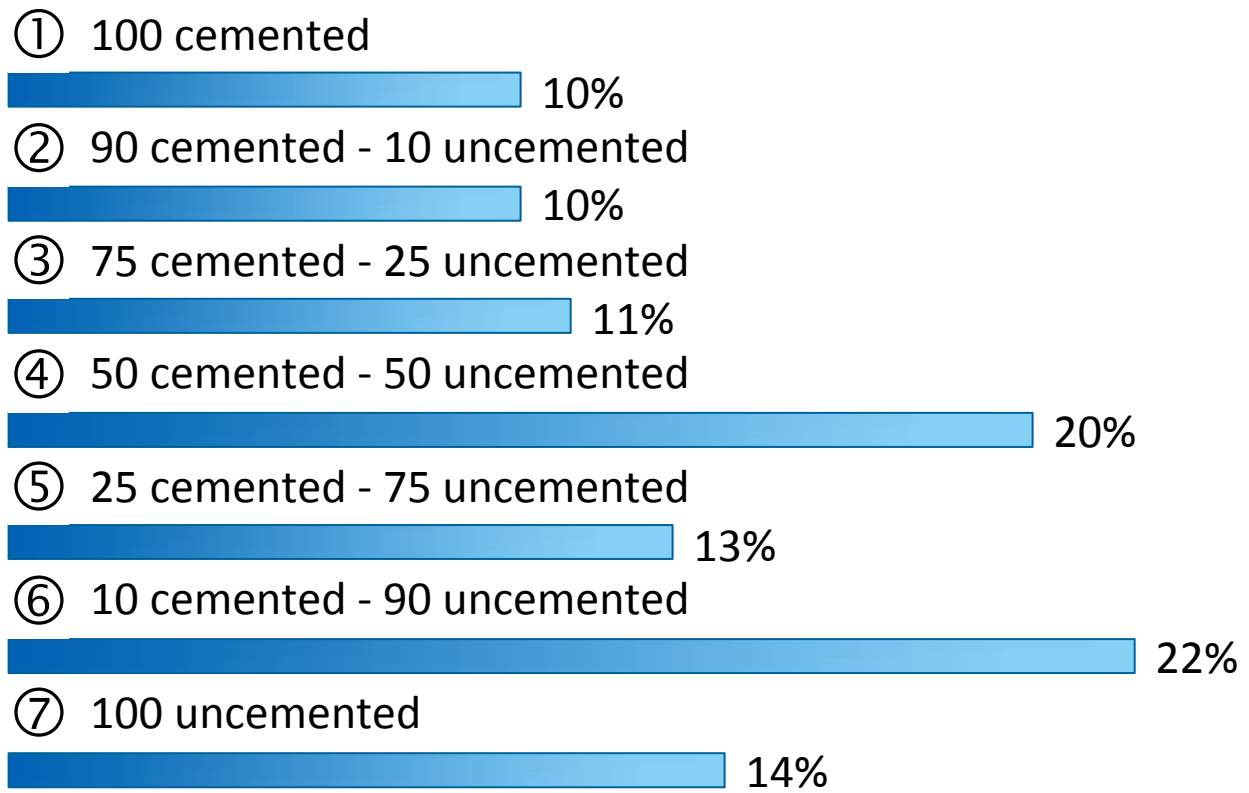
### SESSION 3

Are traditional stems  
sufficiently clinically  
effective?



# Early Intervention in the Hip and Knee

In my practice the ratio of cement:cementless stem fixation is:





## Early Intervention in the Hip and Knee

In my practice I am differentiating fixation depending on patient demographic:

- ① Use cemented stems in biologically elderly patient and cementless in the remaining



- ② Use cementless whenever possible



- ③ Use cemented whenever possible





## Early Intervention in the Hip and Knee

Prior to THR I routinely template the X-rays

① Yes



② No





## Early Intervention in the Hip and Knee

What percentage of primary THR cases require modular neck implants to achieve biomechanical reconstruction?

① <25%



② 25-50%



③ 50-75%



④ >75%





## Early Intervention in the Hip and Knee

Do you believe that cement osseous integrates?

① Yes



② No



③ Don't Know





## Early Intervention in the Hip and Knee

I believe I use a cementless stem which I can make work for all patients

① Yes



② No



③ Don't Know





## Early Intervention in the Hip and Knee

### SESSION 4

Are any cups really  
clinically effective?



## Early Intervention in the Hip and Knee

What is your standard acetabular cup?

① Cemented poly



② Cementless titanium modular



③ Other





## Early Intervention in the Hip and Knee

What is the extent of the problem with acetabular components?

① Not a major problem in my routine work



② The major problem in my hip practice



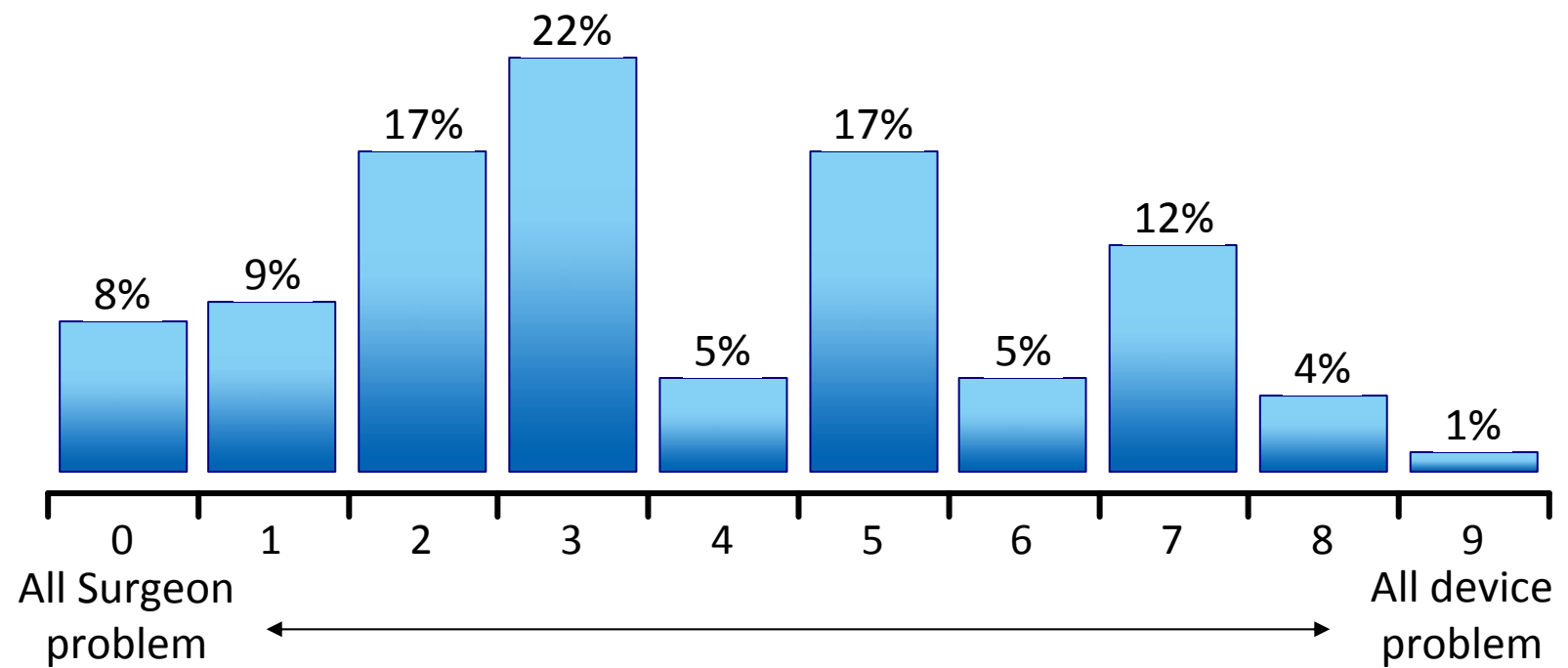
③ Only a problem when I resurface





## Early Intervention in the Hip and Knee

Is there a device problem in the acetabulum, or is it just Surgeon error?





## Early Intervention in the Hip and Knee

There is only one correct approach theory

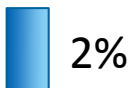
① Yes



② No



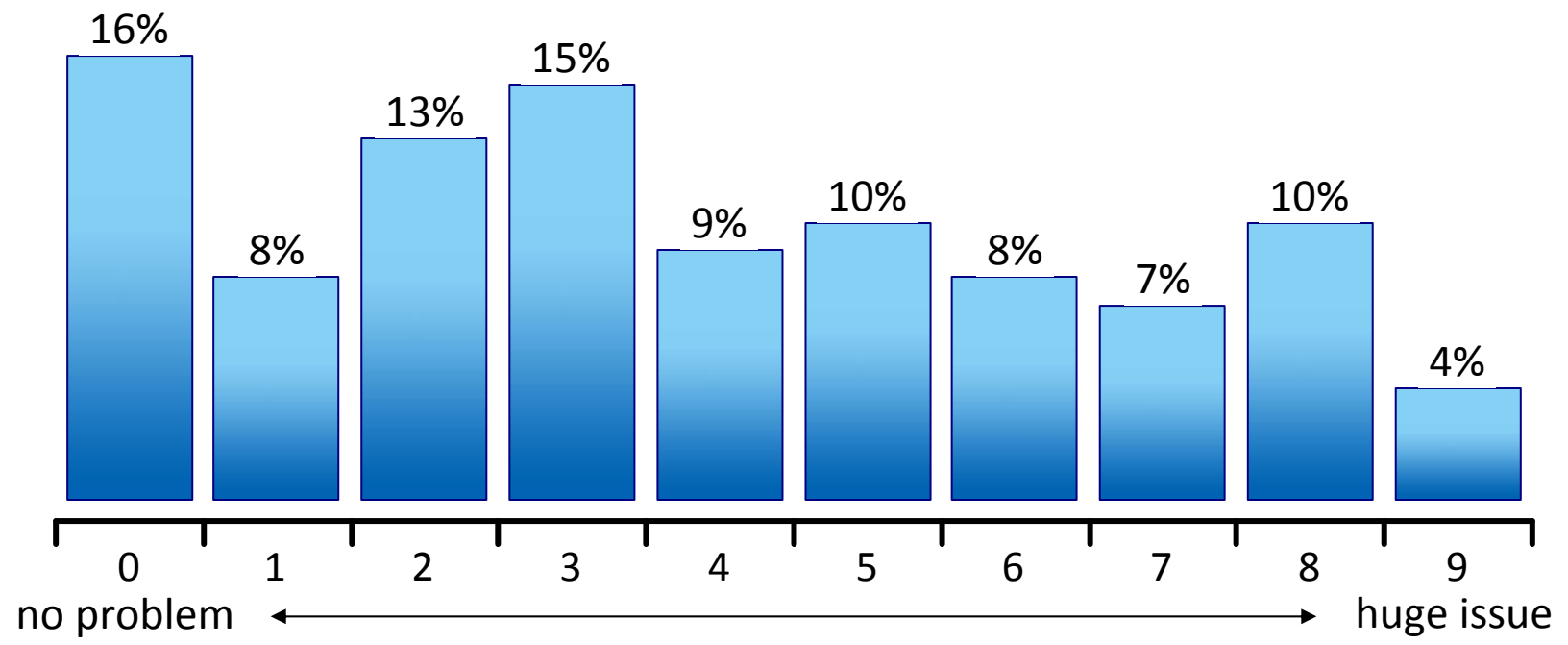
③ Don't Know





## Early Intervention in the Hip and Knee

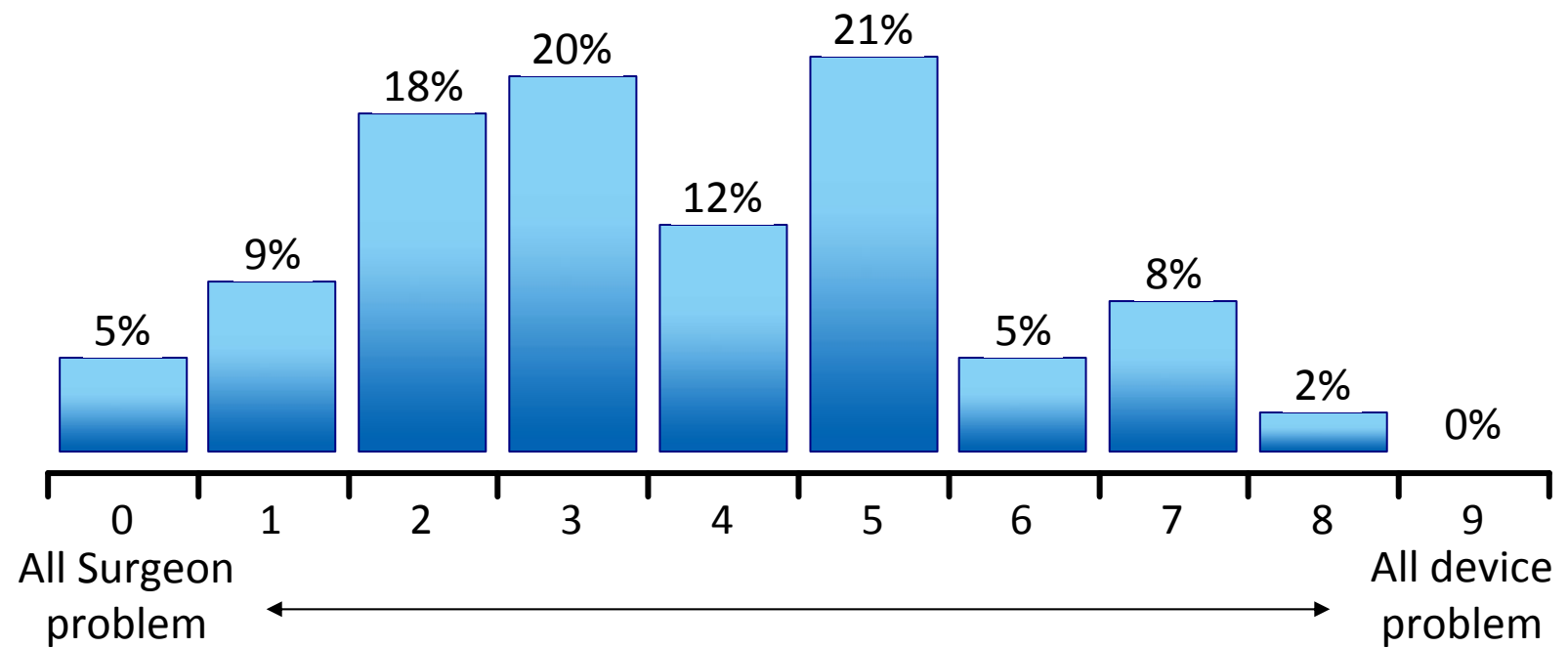
How big a problem is backside wear/ silent osteolysis?





## Early Intervention in the Hip and Knee

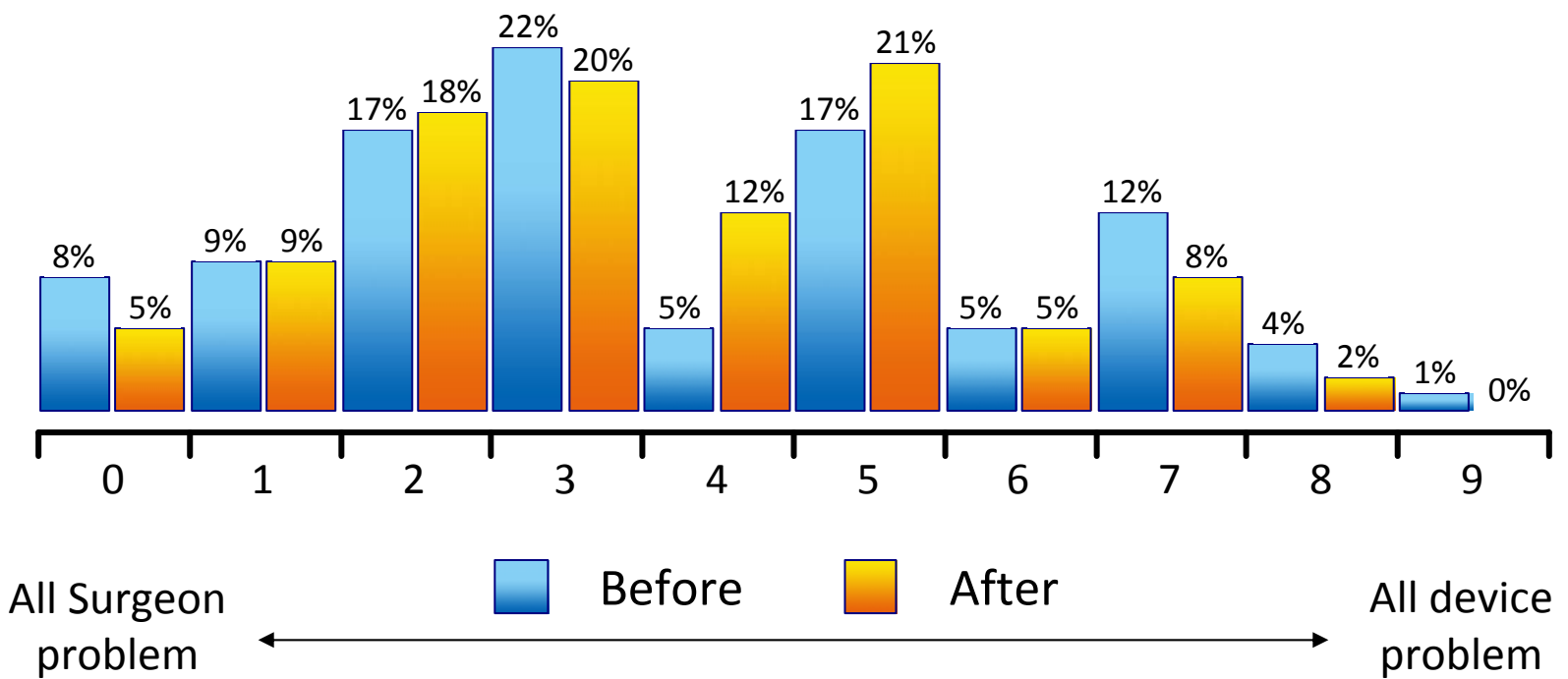
Is there a device problem in the acetabulum, or is it just Surgeon error?





# Early Intervention in the Hip and Knee

## Is there a device problem in the acetabulum, or is it just Surgeon error?





## Early Intervention in the Hip and Knee

Which of the following best describes you?

① Consultant for more than 10 years



② Consultant for less than 10 years



③ Still in training



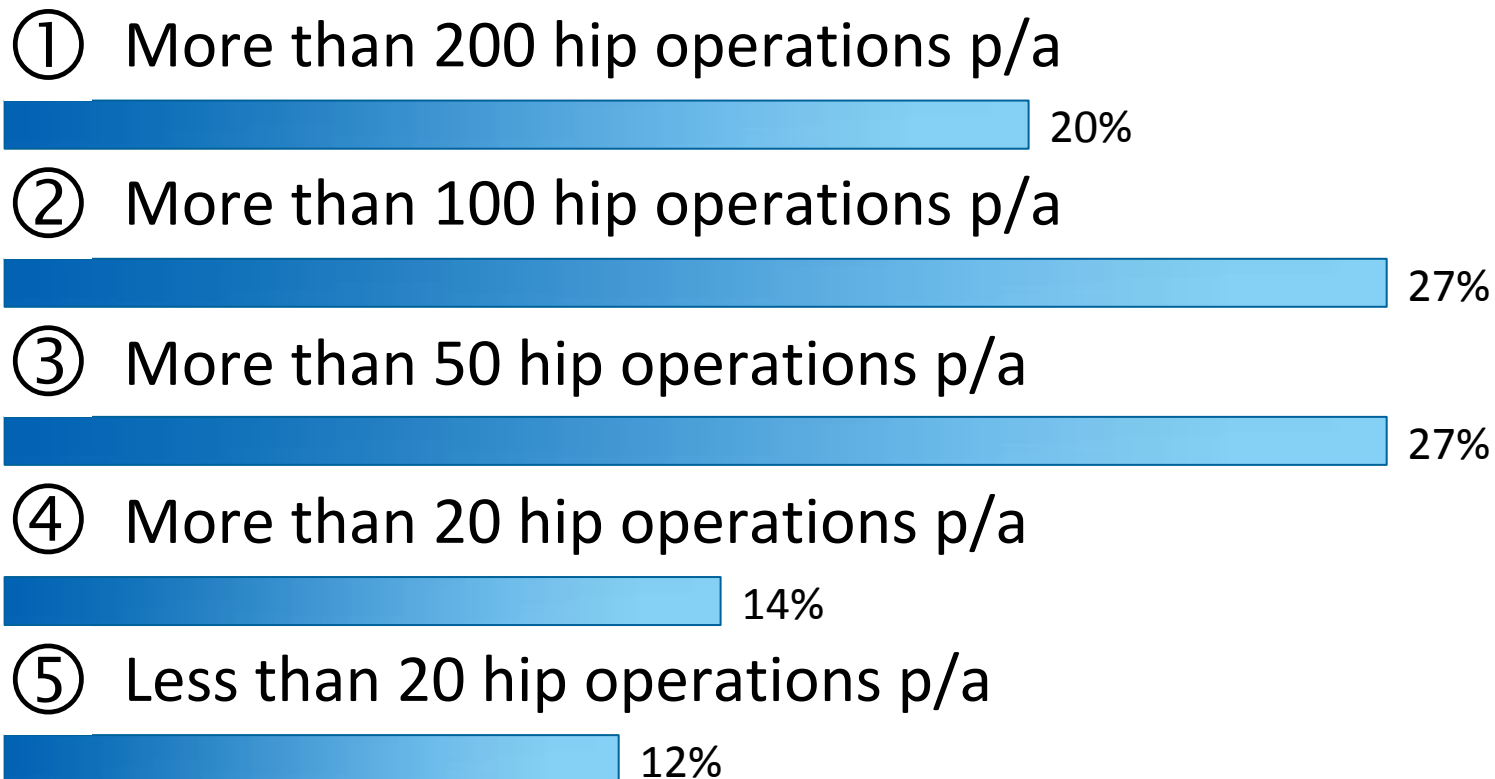
④ Not a Surgeon





## Early Intervention in the Hip and Knee

### How experienced are you?





## Early Intervention in the Hip and Knee

What best describes your surgical practice?

① Specialist Hip Surgeon



② Specialist Lower Limb Arthroplasty Surgeon



③ General or Non-Specialist Arthroplasty Surgeon



④ Non-Surgeon





## Early Intervention in the Hip and Knee

# SESSION 5

Bearings: Spoilt for choice  
or not yet good enough?



## Early Intervention in the Hip and Knee

“Standard” high density polyethylene (non-crosslink) is  
obsolete

① Strongly agree



② Agree



③ Neutral



④ Disagree



⑤ Strongly disagree





## Early Intervention in the Hip and Knee

Concern over squeaking/noise of ceramic on ceramic bearings is such that they should never be used

① Strongly agree

0%

② Agree

3%

③ Neutral

16%

④ Disagree

43%

⑤ Strongly disagree

38%



## Early Intervention in the Hip and Knee

The only possible remaining role for metal-on-metal is in hip resurfacing:

① Agree



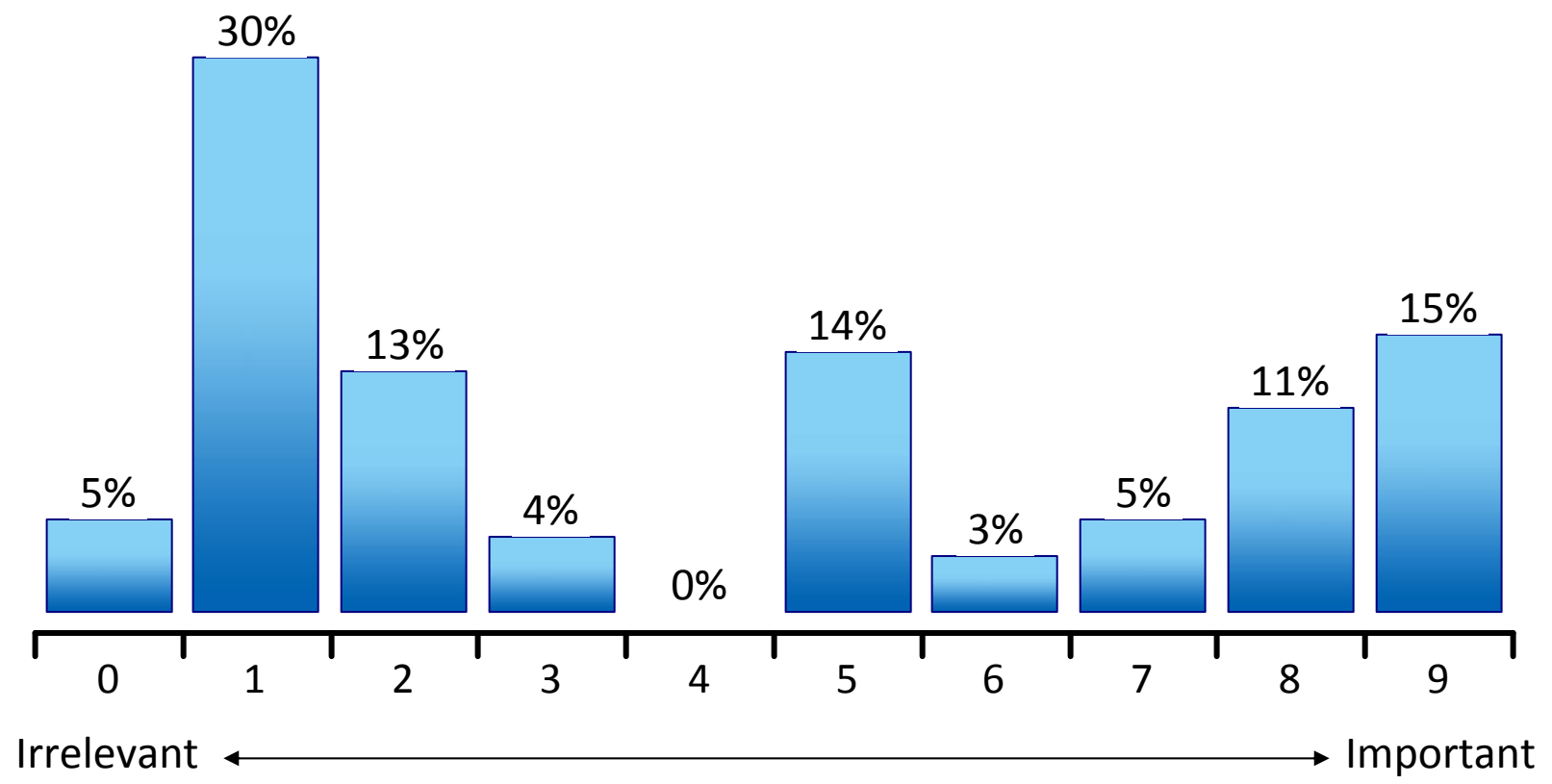
② Disagree





# Early Intervention in the Hip and Knee

## Ceramic on metal bearings have a role





## Early Intervention in the Hip and Knee

### Ceramic on metal has a role

① Yes



② No



③ Don't Know





## Early Intervention in the Hip and Knee

What is your primary orientation technique today?

① Navigation as standard

0%

② Occasional navigator

3%

③ Fluoroscopy

2%

④ Local anatomy

76%

⑤ The corner of the room

12%

⑥ Hospital chaplain

7%



## Early Intervention in the Hip and Knee

When did you feel your learning curve leveled off?

① Finished before starting Consultant job



② After first 50 cases as Consultant



③ After first 200 cases



④ Still learning





## Early Intervention in the Hip and Knee

I want everyone in the room to imagine they are 50 years old and need a THR (not hip resurfacing)... Which bearing would you prefer?

① Metal on highly cross linked poly



② Ceramic on highly cross linked poly



③ Metal-on-Metal



④ Delta Ceramic on Delta Ceramic



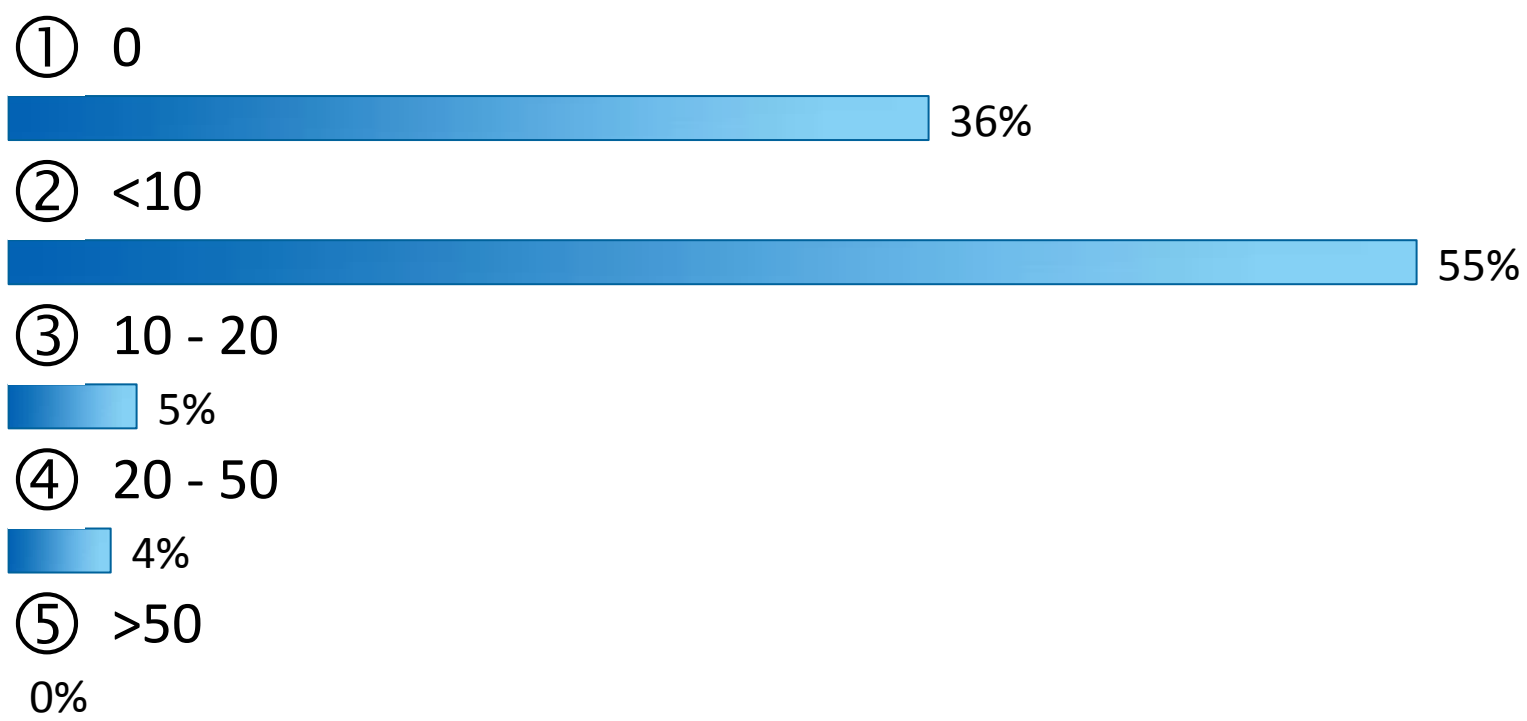
⑤ Other





## Early Intervention in the Hip and Knee

How many M-O-M hips did you revise last year?





## Early Intervention in the Hip and Knee

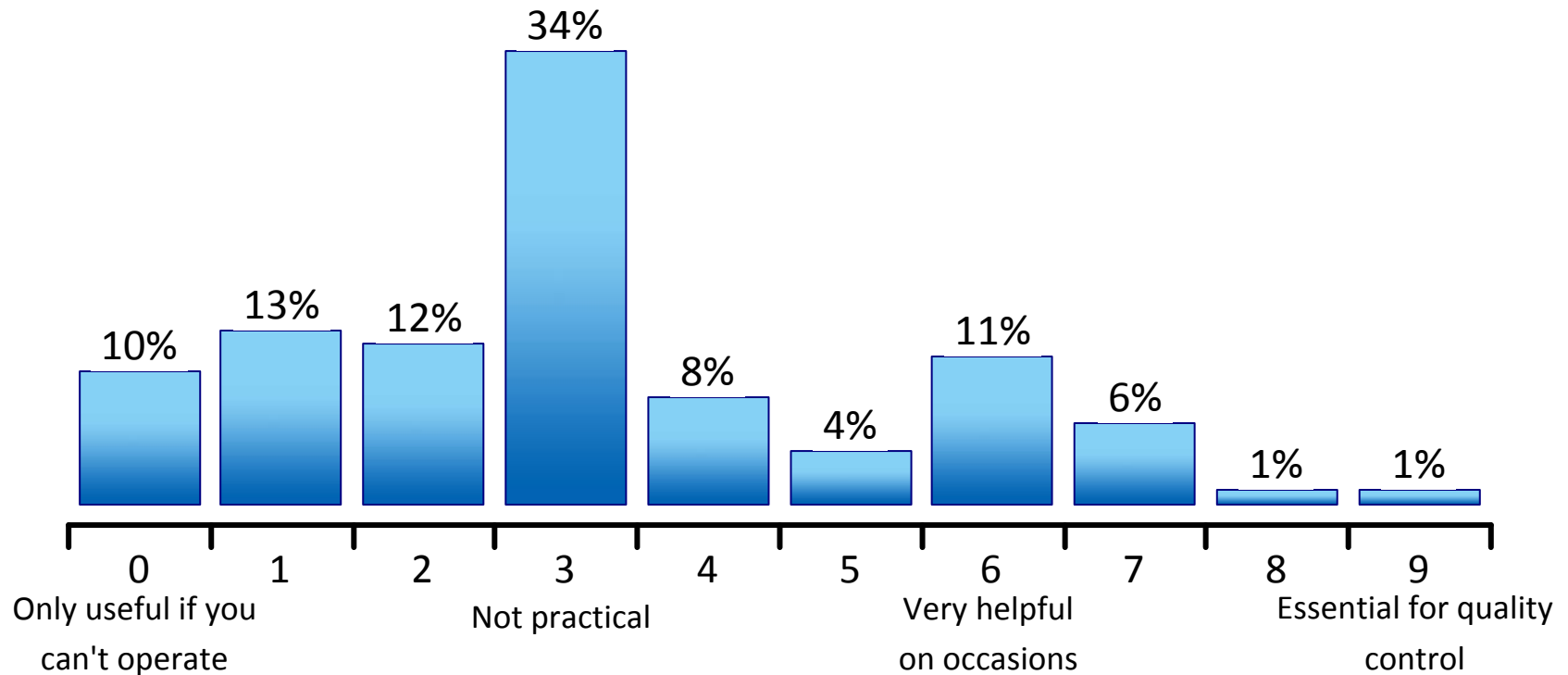
# SESSION 6

Surgical Techniques: Are  
they/we good enough?



## Early Intervention in the Hip and Knee

# What is the value of navigation technology?





## Early Intervention in the Hip and Knee

Ideally, what would be your primary orientation technique today?

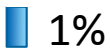
① Navigation as standard



② Occasional navigator



③ Fluoroscopy



④ Local anatomy



⑤ The corner of the room



⑥ Hospital chaplain

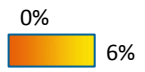




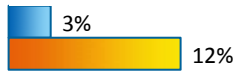
# Early Intervention in the Hip and Knee

Ideally, what would be your primary orientation technique today?

① Navigation as standard



② Occasional navigator



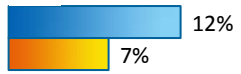
③ Fluoroscopy



④ Local anatomy



⑤ The corner of the room



⑥ Hospital chaplain



Before  
After



## Early Intervention in the Hip and Knee

Who will now tune the psoas tendon?

① Yes



② No



③ Don't Know





## Early Intervention in the Hip and Knee

### SESSION 7

Hip outcomes measures:  
Are they right, and  
effective?



## Early Intervention in the Hip and Knee

Part of my practice involves routine collection of  
'clinical outcome' data

① Yes



② No





## Early Intervention in the Hip and Knee

If I see an article in a peer review journal on gait analysis (with reference to hip arthroplasty), I am immediately attracted to it:

① Yes



② No





## Early Intervention in the Hip and Knee

Information obtained from publications from joint replacement registry's has significantly changed, at least some part of, my practice in the last two years:

① Yes



② No





## Early Intervention in the Hip and Knee

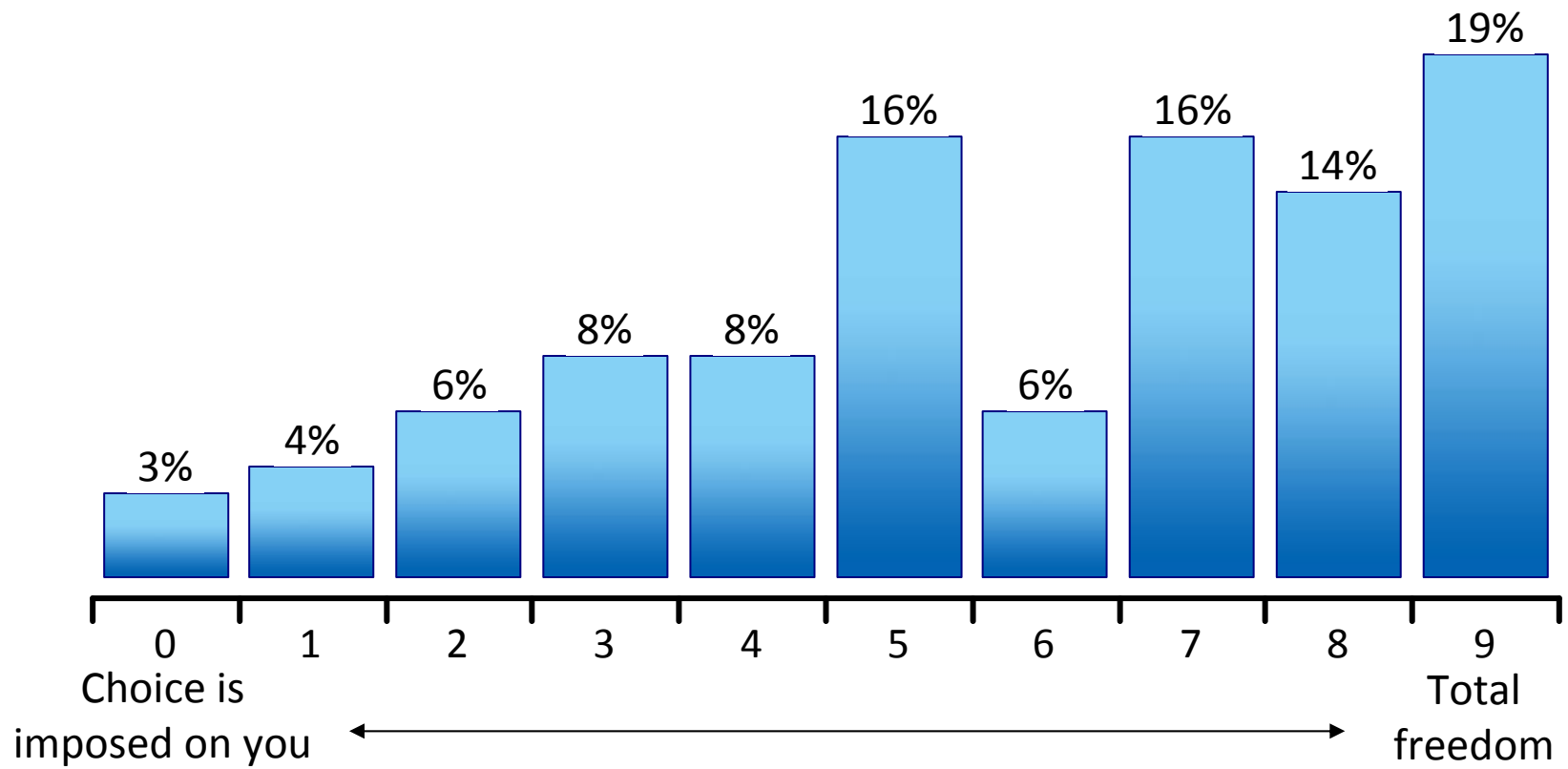
# SESSION 8

Who wants to pay and  
who makes the decisions?



## Early Intervention in the Hip and Knee

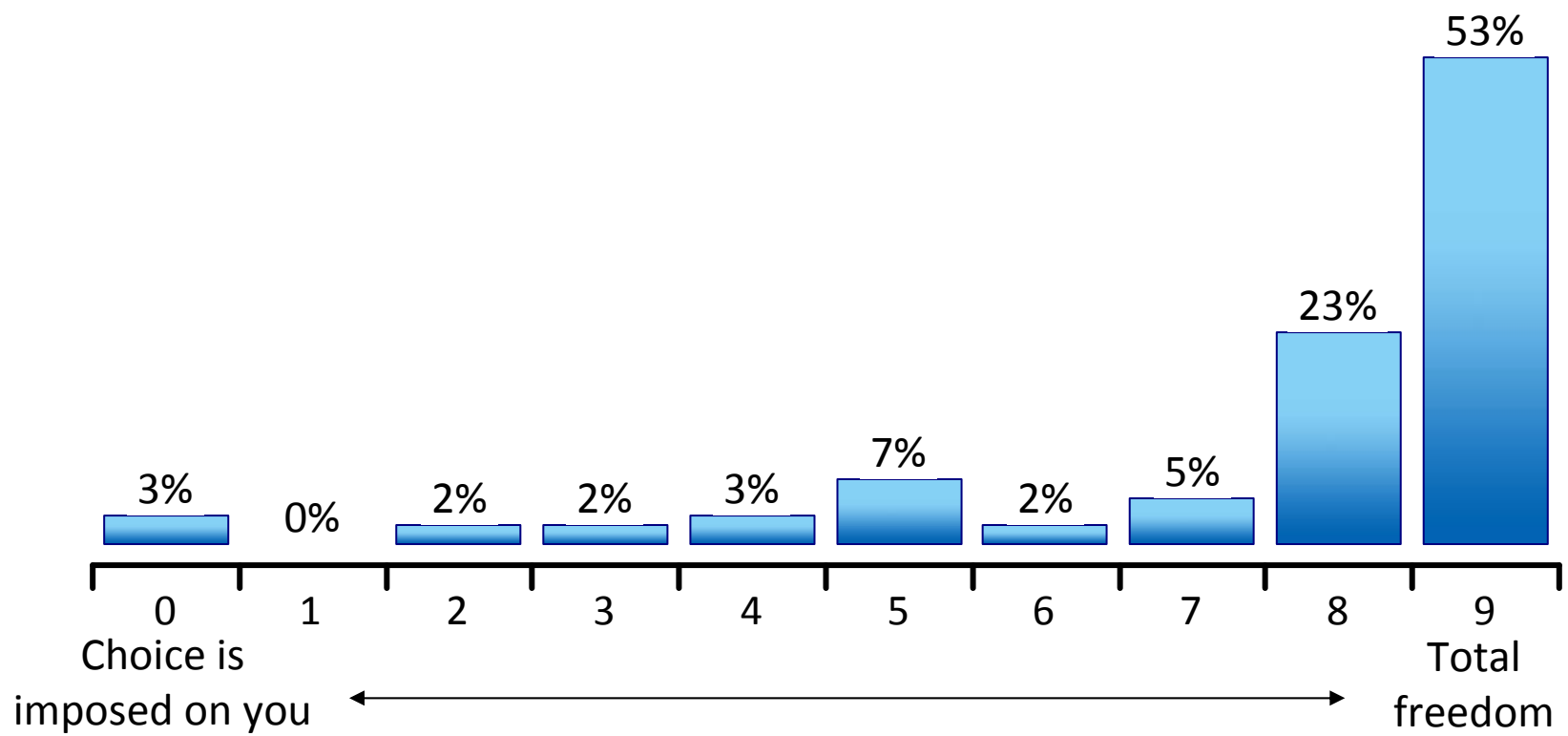
How much freedom do you have in implant choice today in your NHS practice?





## Early Intervention in the Hip and Knee

How much freedom do you have in implant choice today in your private practice?





## Early Intervention in the Hip and Knee

How many joints could you do a day in the NHS?

① 4



② 5



③ 6



④ More than 6





## Early Intervention in the Hip and Knee

How many joints could you do a day privately?

① 4



② 5



③ 6



④ More than 6





## Early Intervention in the Hip and Knee

### Who should do most routine primary THA?

① Specialist hip surgeon



② Surgeons with CCST



③ Associate specialists



④ Australian fellows



⑤ European surgeons in NHS treatment centres





## Early Intervention in the Hip and Knee

Filling in the registry form should be mandatory.  
No form, no pay.

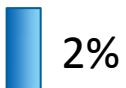
① Yes



② No



③ Don't Know





## Early Intervention in the Hip and Knee

# IML Voting Results

**Saturday 23 January 2010**



## Early Intervention in the Hip and Knee

Which of the following best describes you?

① Consultant for more than 10 years



② Consultant for less than 10 years



③ Still in training



④ Not a Surgeon





## Early Intervention in the Hip and Knee

### How experienced are you?

① More than 200 knee operations p/a



② More than 100 knee operations p/a



③ More than 50 knee operations p/a



④ More than 20 knee operations p/a



⑤ Less than 20 knee operations p/a





## Early Intervention in the Hip and Knee

What best describes your surgical practice?

① Specialist Knee Surgeon



② Specialist Lower Limb Arthroplasty Surgeon



③ General or Non-Specialist Arthroplasty Surgeon



④ Non-Surgeon





## Early Intervention in the Hip and Knee

How risk averse are you?

① Very cautious



② Interested but wary of innovation



③ Keen to explore new surgical approaches



④ Adventurous





## Early Intervention in the Hip and Knee

### SESSION 9

Are very early  
interventions  
clinically/cost effective?



## Early Intervention in the Hip and Knee

The frequency that I perform high tibial osteotomy for medial compartment arthritis is:

① Increasing



② Decreasing



③ Has remained the same throughout my career to date





## Early Intervention in the Hip and Knee

I believe that osteotomies around the knee have a useful role to play in the treatment of chronic instabilities of the knee

① Yes



② No





## Early Intervention in the Hip and Knee

ACL injuries increase the risk of degenerative joint disease of the knee. Do you think that reconstruction will reduce the likelihood of DJD occurring?

① Yes



② No





## Early Intervention in the Hip and Knee

Imagine you are 25 years old, would you have autologous chondrocyte implantation surgery for an isolated articular cartilage defect in your knee?

① Yes



② No





## Early Intervention in the Hip and Knee

Has Tim Briggs convinced you that MACI will alter the natural history of a large chondral defect in the knee?

① Yes



② No





## Early Intervention in the Hip and Knee

I have had clinical experience with hemi-cap or similar procedures

① Yes



7%

② No



93%



## Early Intervention in the Hip and Knee

What is your preferred HTO technique?

① Medial opening wedge



② Lateral closing wedge





## Early Intervention in the Hip and Knee

# SESSION 10

Are partial replacements  
clinically/cost effective?



## Early Intervention in the Hip and Knee

At arthroplasty, how much of the knee do you routinely replace?

① > 90% TKA



② > 50% TKA



③ > 50% partial knee arthroplasty





## Early Intervention in the Hip and Knee

My uni of choice is:

① Fixed bearing



② Mobile bearing





## Early Intervention in the Hip and Knee

Patello-femoral arthroplasty in my hands is:

① a routine operation I look forward to



② a difficult operation I concentrate on



③ an unrewarding operation I avoid



④ just wrong, I don't do it or recommend it





## Early Intervention in the Hip and Knee

Multi-compartmental arthroplasty is:

① An interesting possibility



② Something I have done rarely



③ A French fantasy



④ Irresponsible





## Early Intervention in the Hip and Knee

At arthroplasty, how much of the knee would you now routinely replace?

① > 90% TKA



② > 50% TKA



③ > 50% partial knee arthroplasty

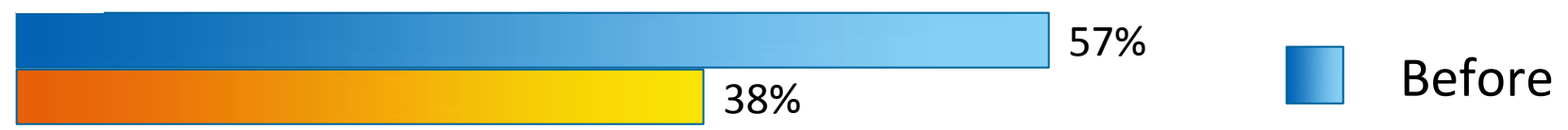




## Early Intervention in the Hip and Knee

At arthroplasty, how much of the knee do you/would you now routinely replace?

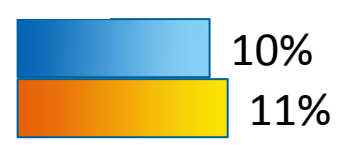
① > 90% TKA



② > 50% TKA



③ > 50% partial knee arthroplasty





## Early Intervention in the Hip and Knee

# SESSION 11

## Different TKRs: Which type works best?



## Early Intervention in the Hip and Knee

For my routine primary TKR:

① I sacrifice the cruciate and use a post and cam PS Knee

30%

② I sacrifice the cruciate and use an ultra-congruent knee design

14%

③ I retain the PCL

56%



## Early Intervention in the Hip and Knee

### Question from Michael Freeman's presentation...

- ① Should we compare the clinical outcomes of Prosthesis 1 vs those of the Pinskerova (rotating) Prosthesis



- ② Should we abandon the investigation

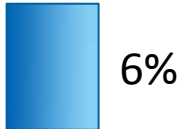




## Early Intervention in the Hip and Knee

What is clinically the most important?

① Flexion more that 120 degrees



② Stability through Full ROM





## Early Intervention in the Hip and Knee

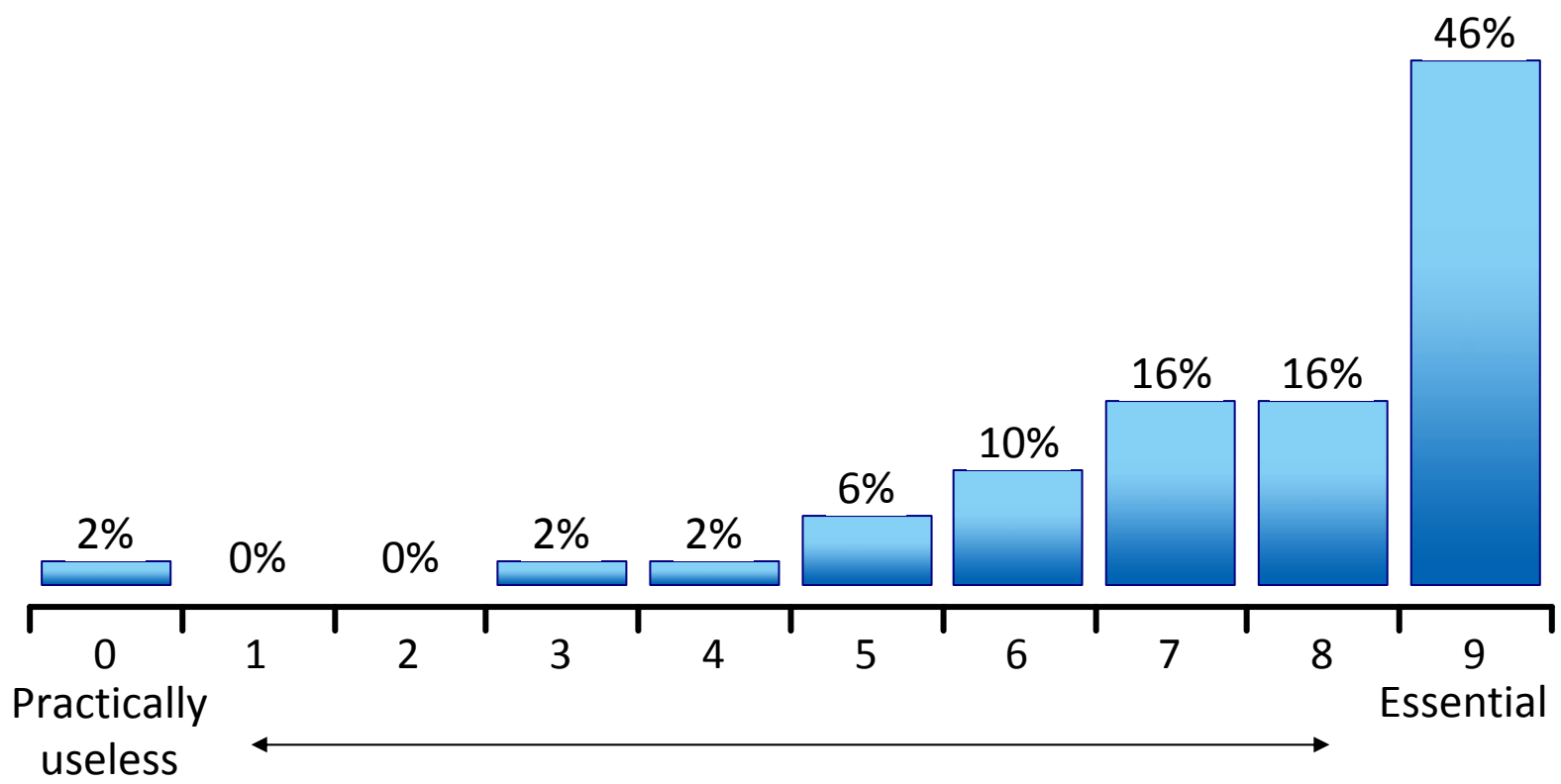
# SESSION 12

Knee outcome measures:  
What is important and  
can it be measured?



# Early Intervention in the Hip and Knee

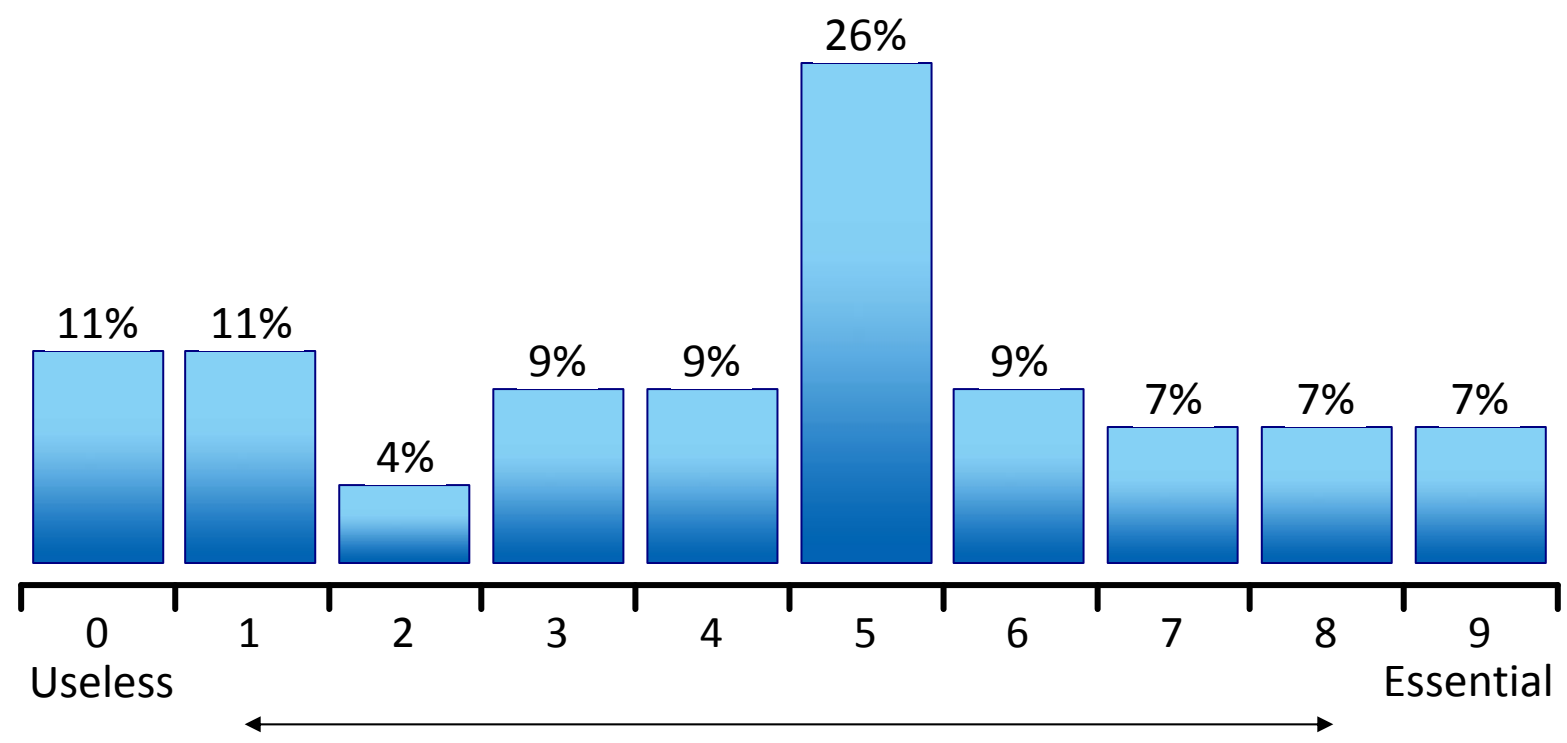
What do you think of outcome measures?





# Early Intervention in the Hip and Knee

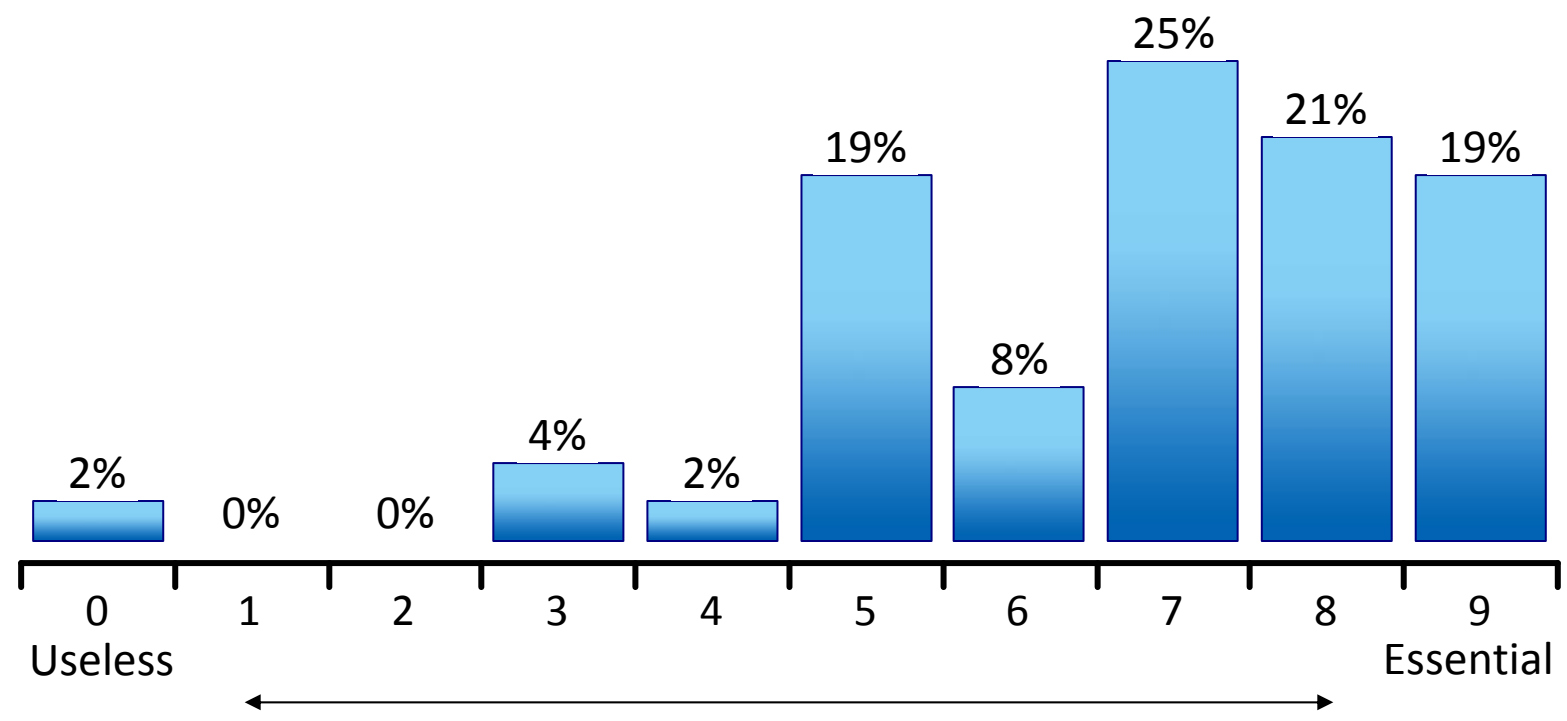
What do you think of gait analysis?





# Early Intervention in the Hip and Knee

What do you think of registry data?





## Early Intervention in the Hip and Knee

**For information on future Great Debate meetings please email:**  
**[finsbury.marketing@finsbury.org](mailto:finsbury.marketing@finsbury.org)**