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Survivorship analysis of Arthroplasty procedures

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Objective: To evaluate the 10-year outcome of Arthroplasty procedures register in view of revision rate and complications.

Materials & Methods: In this analysis, we included THA and TKA cases since 2007. We identified cases with primary index was recorded in Arthroplasty procedures register whether the revision was recorded in the register or was done in other hospitals which are not included in Arthroplasty procedures registry. TKA and THA with a ratio: 1.39 to 1.0. Implants used were from the companies J & J, Zimmer, Stryker, Biomet, Link, Corin, Samo, Implant Cast, Implant International, Surgical and Hippocrat. Kaplan Myers test was used for survivorship analysis.

Results: For THA: Mean age was 51 years (19-86), female to male ratio was 1.15:1. Indications were pediatrics hip diseases, failed Open reduction and internal fixation (ORIF) of # NoF, Avascular Necrosis (AVN), post traumatic and Osteoarthritis (OA). Uncemented THA was 85%, cemented 10% and hybrid 5%. Primary THA was 49%, complex primary 30%, while revision 21%. For TKA: A female to male ratio was 3.14:1. The indication was OA in 73%. 47% had severe varus and 15 17% had significant bone defect. Both THA and TKA had a revision rate of 2% and their implants were made by 8 companies. The incidence of infection was 2% in the absence of laminar flow, space gown and pulse lavage. Hip and knee instrumentation systems are not stocked in hospitals and they are used as loan on a case per case basis. Unexpected results are unnecessarily dependent on Surgeons but could also be due to the young age and indications of THA other than OA, the high % of complex THA & TKA are due to late presentations and complex pathology.

Discussion & Conclusion: This study has limitations as the primary outcome measure was revision. There is a possibility of undiagnosed failure or those who lost to follow up. It is difficult to estimate the true incidence of infection. However, it appears that in the presence of limited resources, the incidence of failure is not as high as it was thought. In developing countries, the availability and the selection of implants are different from developed countries. This could have an adverse effect on the outcome and survival of hip and knee arthroplasty. These were influenced by economic constraints and training and had significant effect on complication rate and survival of implants.

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