

Open Debate

Minimally Invasive Surgery

Part Two: Metal on Metal

Mr Chana F.R.C.S.(Ed)(Orth) qualified in medicine in 1975 and has been a consultant orthopaedic surgeon since 1990. By 2001, Mr Chana had carried out over 1000 hip resurfacing operations using the conventional approach. Since 2001 Mr Chana has been mastering an operative technique for truly Minimally Invasive direction to hip surgery.

“In seven years, I have done over 550 operations using the MIS approach and the results have been very positive throughout.”

With the debate of open, mini-incision and MIS becoming the hot topic within the arena of hip surgery, *Orthopaedic Product News* has teamed up with Mr Chana to present a discussion on the surgical technique, offering our readers the chance to pitch their questions to him in future issues as we further explore MIS.

In the second part of this Open Debate, Mr Chana addresses the issue of Metal on Metal articulation for hip Arthroplasty.

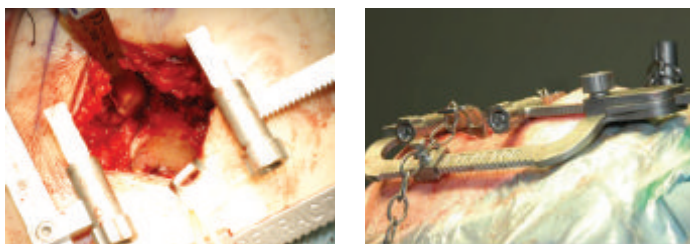


Mr Raghu Raman, Consultant Orthopaedic Surgeon, UK:

I have read your information on instrumentation and surgical technique for MIHR®. However, conventional hip arthroplasty with Metal on Metal articulation is gaining popularity as an option for primary hip replacement rather than being used to revise failed resurfacing Arthroplasty. Have you developed bespoke instrumentation for MoM hip Arthroplasty to be delivered through a minimally invasive surgical approach?

Mr Chana: For minimally invasive hip replacement it is imperative that circumferential exposure of the acetabulum is achieved. This has particular relevance with MoM big femoral head and uncemented acetabular components. If circumferential visualisation of the acetabulum is not possible soft tissue interposition from the periphery of the acetabulum will occur and compromise fixation of the acetabular component.

I have been using the Comis MIS retractor system which allows direct circumferential visualisation with very soft retraction.



Other MIS retractor systems have been developed with extra long handles. These are designed to keep the assistant's hands out of the surgeon's way, and also away from the field of exposure. However, by the sheer fact that they are long handles, they impart greater forces on the soft tissues and cause more soft tissue damage. The Comis MIS retractor system uses minimal force and is low profile so that it does not interfere with the field of view.

The other important aspect is to have perfect reaming of the acetabulum to allow for the anteversion of the acetabulum and also to have a closed position of the acetabulum in the AP plane. This can be achieved using the Chana™ reamer handle which is universally available through Precimed.



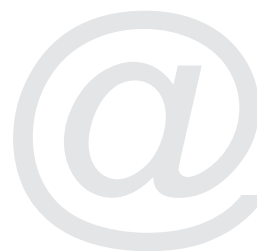
The third aspect is a curved acetabular impactor which will allow delivery of the acetabular component into its anatomical anteverted and close position. It should be kept in mind that with the MoM articulation the acetabulum is positioned in a much more closed position, i.e. near 40° to give better wear of the articulation.

Therefore the impactor that I currently use for MIS is the Comis curved impactor which is distributed through JRI. Certainly if curved impactors are designed to take other implants, then it is perfectly feasible to carry out big MoM MIS using other implants.



If you have any questions on MIS - whether you wish to learn more about the procedure, or have your own opinions about it - then send them to *OPN*, by post or email and we will put them directly to the surgeon to be answered in a later issue.

Remember, this is an open debate section, so we are relying on our readers to use it effectively and add to the discussion that takes place on these pages.



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