

Study Protocol

FUNCTIONAL AND RADIOLOGICAL OUTCOME ANALYSIS OF BIPOLAR PROSTHESIS USED IN FEMUR NECK FRACTURE THROUGH INTER-PROSTHETIC JOINT MOVEMENT – A STUDY PROTOCOL

Abstract:

Background: Fracture neck of femur is the commonest fracture in old aged individuals because of osteoporosis and advancing age causing more brittleness of bone. Blood to neck and head of femur is rich and complicated. A hip operation is successful only when it provide a stable hip which is pain free and has a good range of movement.

The Austin – Moore and Thompson prostheses have been used successfully for treating fracture NOF. Excruciating pain and erosion of acetabulum are very common complications after the use of the Austin- Moore prosthesis. The bipolar prosthesis was developed by James E Bateman in 1974, which had the great advantage of second joint, below the acetabulum. So hip motion is to occur at two surfaces thus reducing the articular erosion. Studies have shown that over an increasing period of time the bipolar prosthesis will become more of a unipolar prosthesis functionally due to stiffening up of the inter-prosthetic joint. By this study we will be able to assess whether bipolar prosthesis really functions as it's name suggests or vice versa .

Objectives:

1. Analysis of Inter – prosthetic joint movement in Bipolar prosthesis by radiological means.
2. Co-relating the inter-prosthetic joint motion with functional outcome of Bipolar prosthesis using Oxford hip score

Methodology: By appropriate and easy sampling method, the patients undergoing Bipolar hemiarthroplasty for NOF fracture will be assessed radiologically for amount of inter-prosthetic joint motion during post-operative period.

Results: Results would be assessed on basis of clinical evaluation, functional evaluation and radiological evaluation and statistical analysis would be done to conclude the findings.

Conclusion: That over an increasing period of time the bipolar prosthesis will become more of a unipolar prosthesis functionally due to stiffening up of the inter-prosthetic joint.

Keywords: X-ray, Bipolar, Hip hemiarthroplasty, fracture Neck of Femur, Inter-prosthetic joint movements.

INTRODUCTION

Fracture neck of femur is a common orthopaedic problem in old age and they have a tremendous impact on both the health care system and society in general[1]. The NOF fracture remains an unsolved fracture in terms of treatment inspite of better implant design, surgical technique and patient care[2]. NOF fractures are on increase, which is not unexpected, as the general life expectancy has significantly increased during the few decades. These fractures may double within next 20 years and fracture rate have become twice for each decade of life beyond 5th decade of life[3]. This is the commonest fracture in old aged individuals because of osteoporosis and advancing age causing more brittleness of bone. So prolonged immobilization during such fractures in elderly will jeopardise the life span of the patients. Blood to neck and head of femur is rich and complicated. A good blood supply is vital for better healing process[4]. Non-union, avascular necrosis of femoral head and secondary degenerative arthritis are the principal complications of this fracture. The surgeon may have control over the problem of non-union, whereas he may have none over avascular necrosis and arthritis. This further handicaps the treatment of these fractures as the healing process is always in doubt. It's also a known fact that hip is a weight bearing joint and many performance based functions depend on hip joint. A successful operation at hip joint should provide painless, stable hip with wide range of movements.

Since early 1950's prosthetic replacement was introduced for solving the problems of Fracture neck of femur and vitallium intramedullary prosthesis received a hearty welcome, thus preventing Non-union and avascular necrosis. This prosthesis was found to be very useful and results were encouraging. The Austin – Moore and Thompson prostheses have been used successfully for treating fracture NOF. Excruciating pain and erosion of acetabulum are very common complications after the use of the Austin- Moore prosthesis[5][6]. The bipolar prosthesis was developed by James E Bateman in 1974, which had the great advantage of second joint, below the acetabulum. So hip motion is to occur at two surfaces thus reducing the articular erosion[7]. But studies attempting to demonstrate the relative movements at the interfaces have yielded conflicting results. Its known that a friction produces particulate debris from the polyethylene liner and this was thought to be the cause of foreign body reaction causing stiffening up of the interprosthetic joint and also osteolysis and aseptic loosening of the implant. [8]Studies have shown that over an increasing period of time the bipolar prosthesis will become more of a unipolar prosthesis functionally due to stiffening up of the inter-prosthetic joint[9]. This study represents the assessment of the IPJ movement in bipolar prosthesis done for fracture NOF at 6months and mid-term follow-up by radiological means[10]. By this study we will be able to assess whether bipolar prosthesis really functions as it's name suggests or vice versa as the literature suggests.

AIM AND OBJECTIVES

AIM

Analysis of the inter-prosthetic joint movement in bipolar hemi-arthroplasty done for NOF fracture patient through X-rays.

OBJECTIVES

1. Analysis of Inter – prosthetic joint movement in Bipolar prosthesis by radiological means.
2. Co-relating the inter-prosthetic joint motion with functional outcome of Bipolar prosthesis using Oxford hip score

MATERIALS AND METHODS

Study Design:

1. Prospective study
2. Retrospective study

Source of data:

Consist of 2 parts.

Part I is a (prospective study) in which Patient's who would undergo Bipolar hemiarthroplasty for NOF fracture at AVBRH will be included in the study after obtaining their consent during the period of May 2019 to April 2021. Study will be done on a total of 50 patients.

Part II will be a retrospective study where we take a data of patients who were operated earlier in our institute and had completed atleast 2 years of follow-up.

Methodology :

By appropriate and easy sampling method, the patients undergoing Bipolar hemiarthroplasty for NOF fracture will be assessed radiologically for amount of inter-prosthetic joint motion during post-operative period.

Inclusion Criteria:

Patients who underwent bipolar hemiarthroplasty for NOF fracture would be included from 2016 onwards.

Exclusion Criteria:

- Bedridden patients
- Patients who have had post-operative infection,
- Patients who have developed myositis following bipolar hemiarthroplasty and
- Patients who have had Peri-prosthetic fractures

Implant used:

For all patients Life ortho care Bipolar prosthesis will be used (ISO – 13485 certified company). Implant made of 316 – Stainless steel. Femoral stem length is 150 mm, diameter – 8 mm. Outer head diameter varies from 37 to 53 mm with 2 mm increment. Inner prosthetic femoral head diameter was 26 mm and the lining between outer head and inner head is made of UHMWPE (Ultra High molecular Weight Polyethylene). Neck shaft angle is 130 degrees. 2 types of prosthesis are available(Fixed only with collar, Modular with or without collar and Extra – long stem also available).

Part 1 - (Prospective study) :

Pre-operative management : All patients who are undergoing bipolar hemiarthroplasty for fracture neck of femur will be considered for the study after getting a written consent from them.

All Patients will be adequately worked up before surgery. A detailed history about the mode of injury and type of fracture will be noted.

Surgical Procedure: Surgeries would be elective and done with all the aseptic precautions , Surgery will be performed under spinal anaesthesia or GA. Patient would be positioned laterally lying on the unaffected side. For all the patients Modified posterolateral approach will be used in our series.

Post-operative protocol: Throughout the post-operative period adequate care would be taken to prevent abduction and external rotation of the limb. All patients will receive Quads strengthening exercises and mechanical DVT prophylaxis during immediate post-operative period. All patient's will be started on Full weight bearing ambulation as tolerated by the patient. Once initial pain subsided specific X-rays would be done to assess the inter-prosthetic joint (IPJ) and outer bearing movement will be assessed during immediate post-op (24 to 48 hours) , at 6 weeks and after 6 months with operated hip in neutral and maximum abducted positions.

X-ray Technique:

Two A.P X-rays of pelvis will be taken.

1. Limbs in neutral position and neutral rotation
2. X-ray with affected limb in Maximum abduction will be taken.

Radiological Assessment:

We follow the method of plain radiographs, as described by Bochner

On the X-ray in the neutral position, 3 lines are drawn as follows:

Line 1: a tangent is drawn through the inferior aspects of both the ischial tuberosities which is used as a reference line.

Line 2; a tangent drawn along the Inferior aspect of acetabular part of the prosthesis

Line 3 : Line along the centre of femoral stem's long axis.

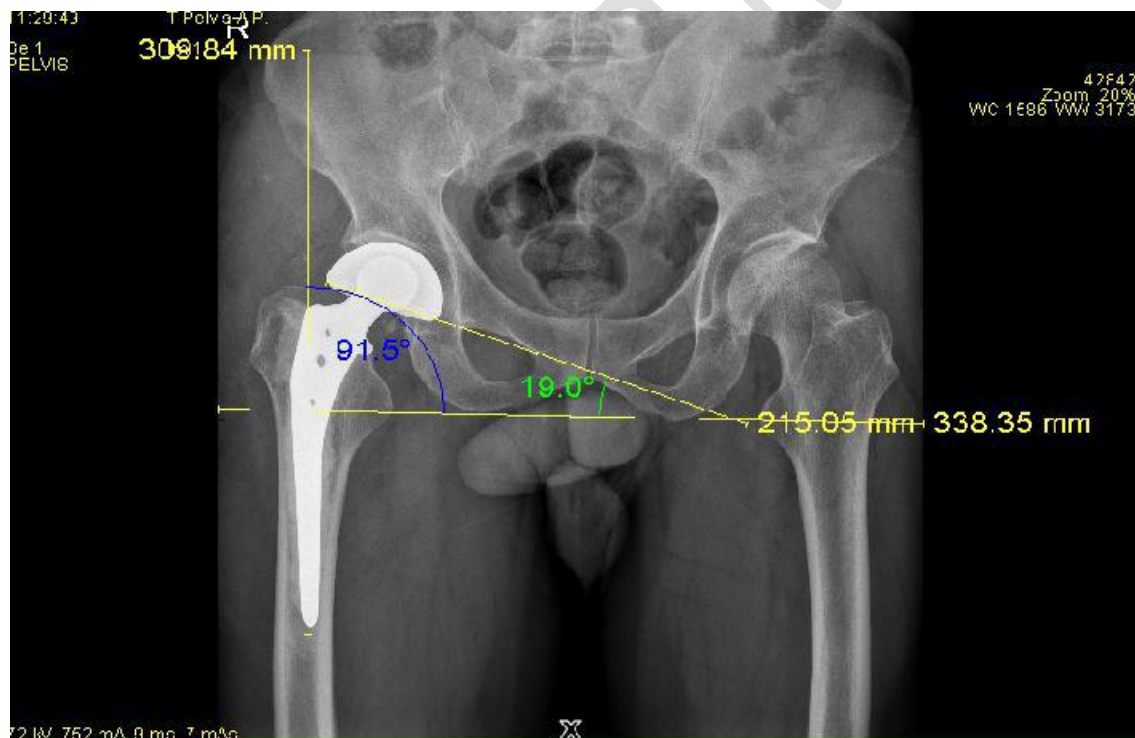


Fig 1. X-Ray image

Angle A is defined as the intersection of the line 1 and line 2

Angle B is formed by the intersection of the line 2 and line 3

The same process will be repeated on the maximum abduction AP X-ray also and angles are marked as A1 and B1.

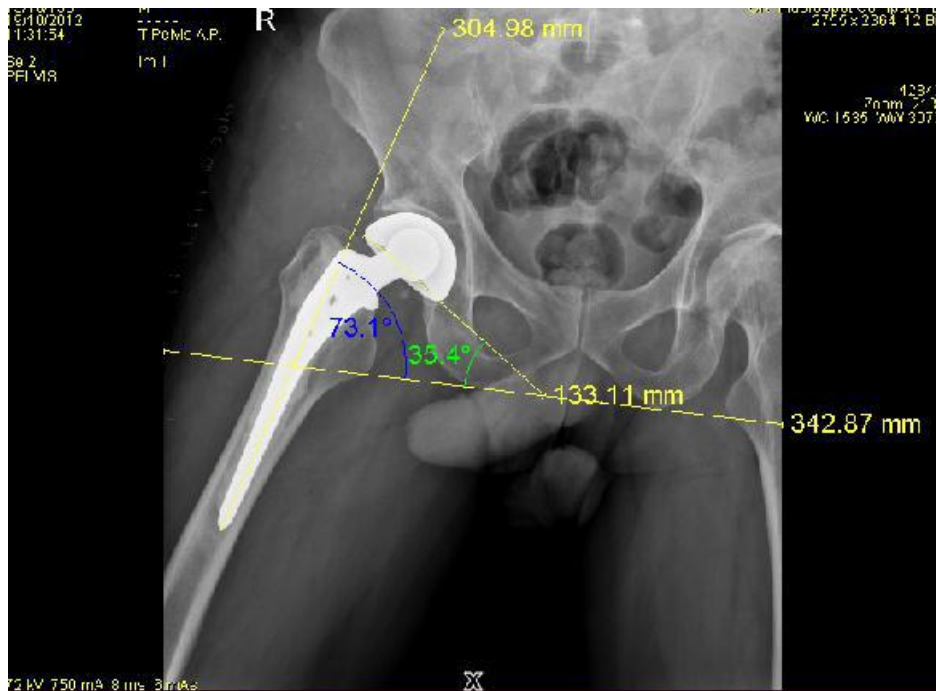


Fig 2. Xray of pelvis

Now, B2 is the difference b/w angle B and B1 which represents total amount of abduction of the hip in the operated limb.

A2 is the difference b/w angle A and A1 which represents the extent of motion taking place between the acetabular part and the acetabulum (Outer bearing interface).

As we have 2 variables ie. (B2 – total amount of abduction, A2 – motion at the outer bearing interface), the difference between B2 and A2 represents the extent of abduction happening at the Inter- Prosthetic joint.

Thus the sum of abduction, movement at outer bearing interface and Movement at inter-prosthetic joint will be calculated and tabulated for each patient at each follow-up.

Example:



Fig 3. X-ray of pelvis with both hips (neutral position) with Bipolar prosthesis on right side showing

Angle A – 45.1 and Angle B – 86.4 degrees.



Fig 4. X-ray of pelvis with both hips (Abduction of operated hip) with Bipolar prosthesis on right side

showing Angle A1 – 43.3 and Angle B1 – 74.4 degrees.

A = 45.1, B = 83.4, A1 = 43.3, B1 = 74.4 (DEGREES)

B2= 9 DEGREES (TOTAL ABDUCTION)

A2 = 1.8DEGREES (MOTION @ OUTER CUP)

B2-A2 = 7.2 DEGREES (INTER-PROSTHETIC JOINT MOTION)

A2 = 20 % (MOTION @ OUTER CUP)

B2 - A2 = 80 % (INTER-PROSTHETIC JOINT MOTION) .

After the half yearly follow-up, in addition to Radiological assessment Functional outcome will also be assessed with Oxford hip score..

Part – 2 (Retrospective study):

Patients in this group who have already undergone Bipolar H.A and completed 2 years follow-up will be received. The x-rays will be taken in the similar fashion as described above.

Functional outcome assessment will be done using Oxford hip score. The retrospective study helps us to assess Inter prosthetic joint movement at 6 months follow-up.

Oxford Hip Score (OHS):

- It's useful to Analyse the results post surgical procedures by measuring patient's perceptions in relation to surgery. OHS assesses pain (6 items) and function (6 items) of the hip in relation to daily activities such as walking, dressing, sleeping etc.12 items with 5 categories of responses. Scores range from 0 to 4 (worst to best).

Grading :

0 to19 Worst, indicates extreme hip arthritis, requires some form of surgical intervention.

20 to 29 Fair, indicates moderate to severe hip arthritis. Assessment by X-ray

30 to 39 Good,indicates mild to moderate hip arthritis.

40 to 48 Excellent, indicates satisfactory joint function. requires no formal treatment.

STATISTICAL ANALYSIS - Appropriate statistical test would be applied to analyze data.

Follow-up:

Follow-up of all patients at 2 weeks, 6 weeks , 3 months and 6 months

Results:-

Results would be assessed on basis of clinical evaluation, functional evaluation and radiological evaluation and statistical analysis would be done to conclude the findings.

Discussion

The basic advantage of the Bipolar prosthesis over conventional unipolar prosthesis is movement at the two interfaces ie. Between the prosthetic inner femoral head and polyethylene liner and between acetabulum and the outer head. With this study proposed that the complications like acetabular erosions would be delayed or prevented by reducing wear due to sliding motion in the acetabular socket. Various radiographic studies have been done in which the prosthesis was imaged in various non-weight-bearing and static weight-bearing positions to estimate the fraction of movement that is occurring at the inter-prosthetic joint in a bipolar prosthesis.

Drinker and Murray reported that although some inner motion occurred in most implants, it was less than predicted.

Philips TW (1987) had done a study on Fluroscopic movement in 100 patients who had undergone Bateman Bipolar arthroplasty. Out of these 100 patients Group I had 76 patients with arthritis of hip and Group II had 24 patients with neck of femur fractures. In 80% of group I patients, the prosthesis retained Bipolar function at the end of 4 years follow-up study as compared to only 25% of group II patients retained the bipolar functioning of the prosthesis.

Verbene G.H.M (1983), did a radiological study of movements of two components in Variokopf prosthesis in 20 patients with fracture neck of femur during Immediate, 1 month and 3 months post-operative period. He observed that the IPJ lost mobility and at 3 months it became almost completely stiff with inter-prosthetic joint motion of only 16.9% being retained.

Presence of systemic disorders like hypertension¹¹⁻¹⁷, diabetes¹⁸⁻²³ also play a key role in fracture healing and treatment of these underlying entities needs to be addressed properly. Few of the other related studies on bone and joint disorders are available²⁴⁻³⁸.

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