

DIRECT ANTERIOR APPROACH EXACTARS STEM



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protesica e artroscopica ricostruttiva
delle grandi articolazioni

Istituto Clinico Villa Aprica
Como



HIP ARTHROPROSTHESIS

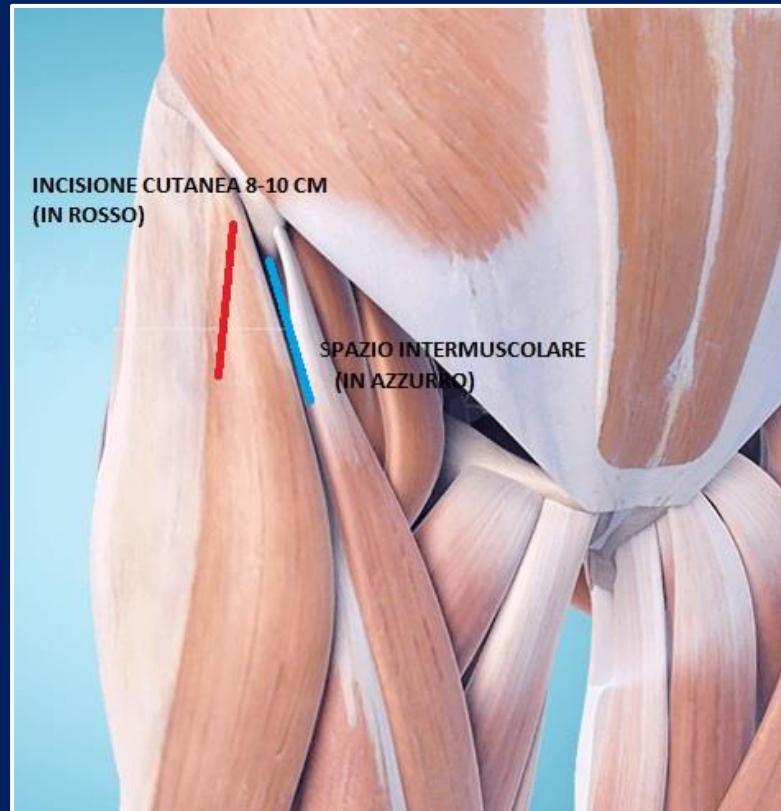
- ✓ CURRENTLY EXCELLENT CLINICAL RESULTS
- ✓ TISSUE SPARING SURGERY
- ✓ USE OF THE LATEST GENERATION PROSTHESES



HIP ARTHROPROSTHESIS

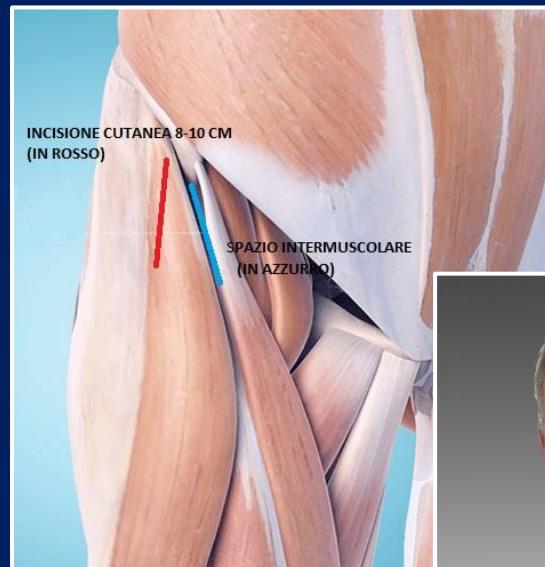
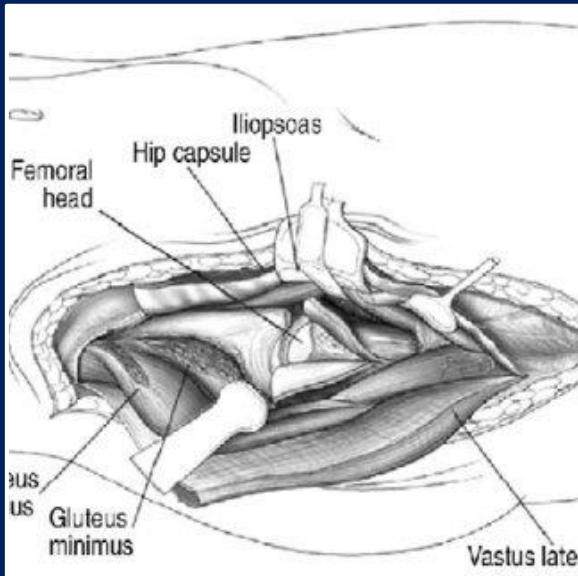
DIRECT ANTERIOR APPROACH

MINIMALLY INVASIVE



HIP ARTHROPROSTHESIS

DIRECT ANTERIOR APPROACH
MINIMALLY INVASIVE



SMITH PETERSEN 1949

JOEL MATTÀ 2005

HIP ARTHROPROSTHESIS



LATERAL APPROACH

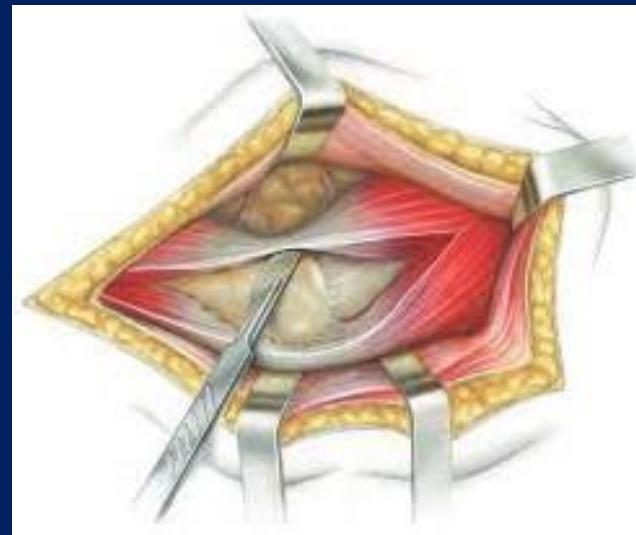
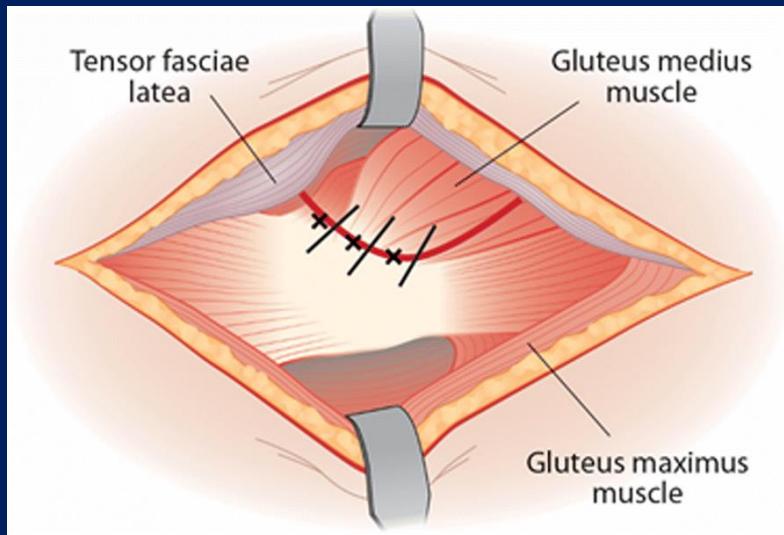
POSTERO LATERAL APPROACH

ANTERIOR APPROACH (ITALY ABOUT 15%)

HIP ARTHROPROSTHESIS

LATERAL APPROACH

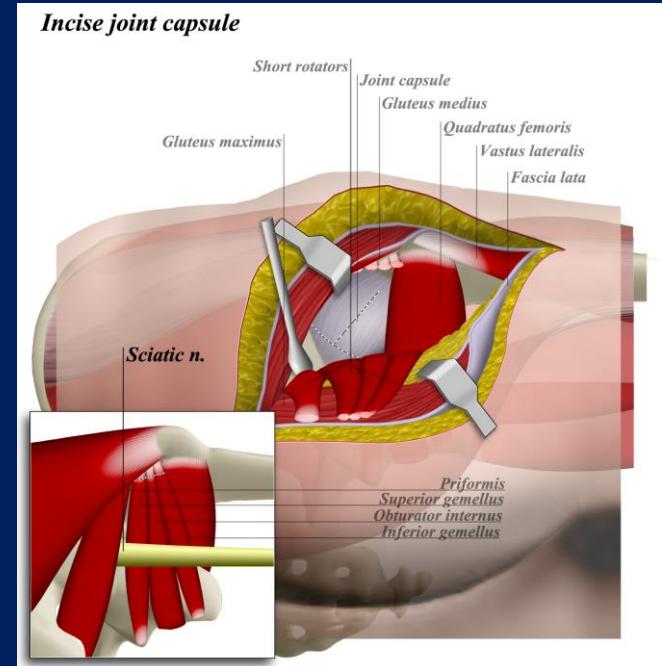
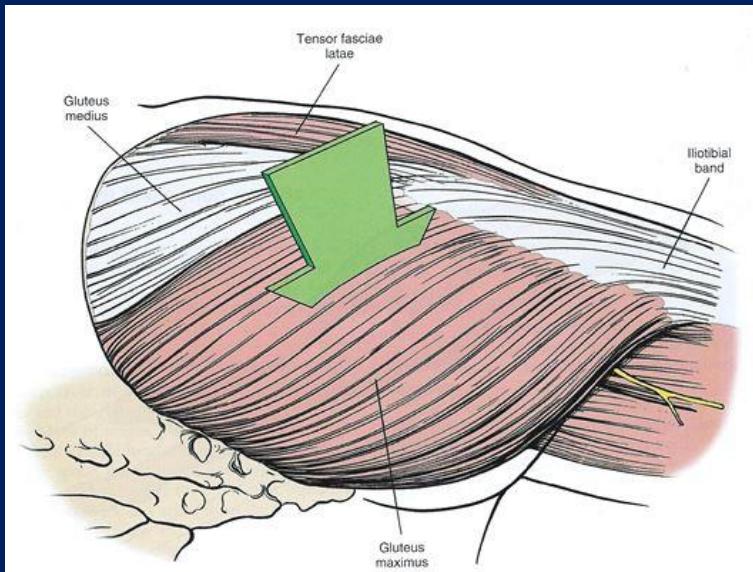
Middle gluteus detachment



HIP ARTHROPROSTHESIS

POSTERO LATERAL APPROACH

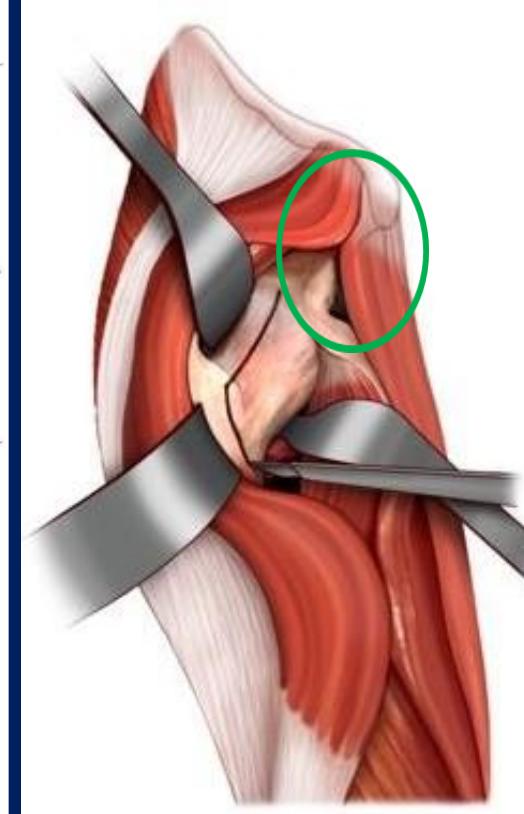
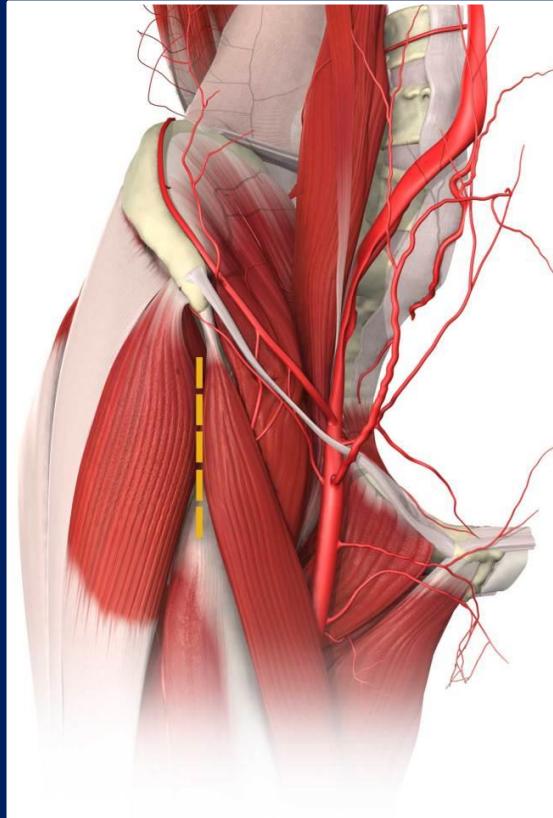
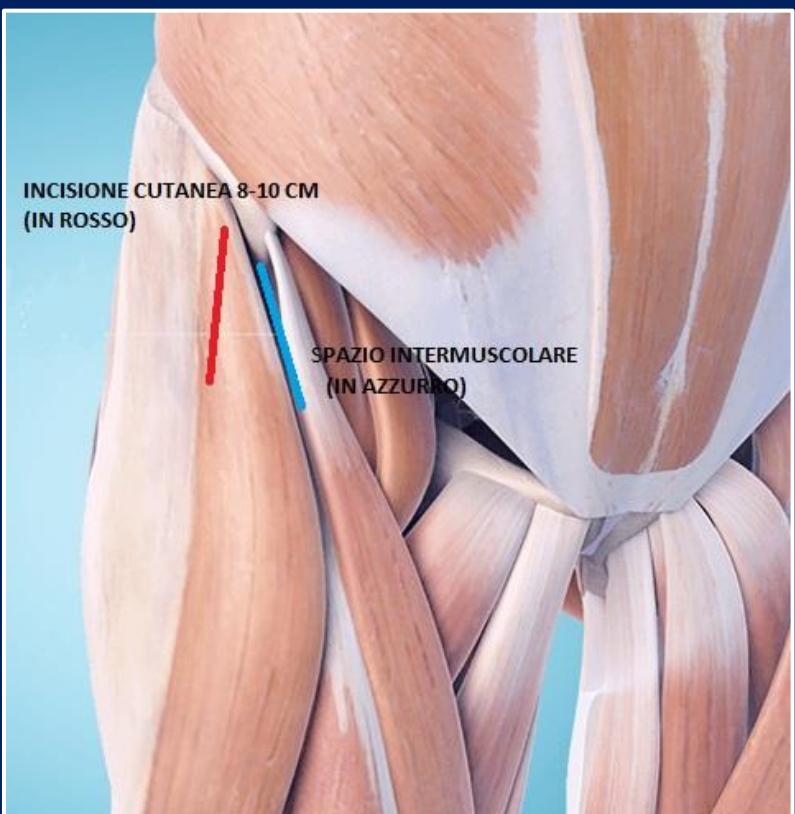
Through the gluteus maximus and extrarotator detachment



HIP ARTHROPROSTHESIS

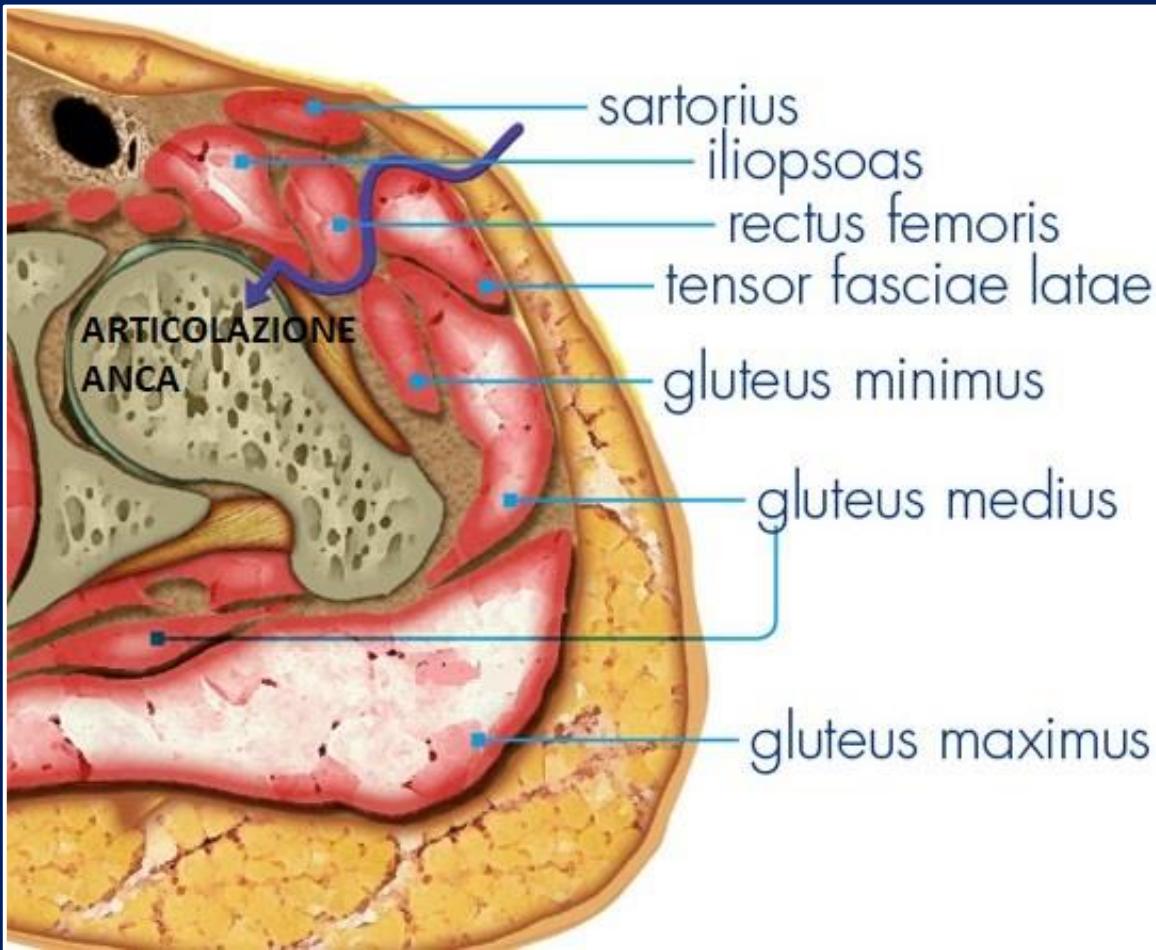
ANTERIOR APPROACH

Completely intermuscular between tensor fasciae latae and sartorius

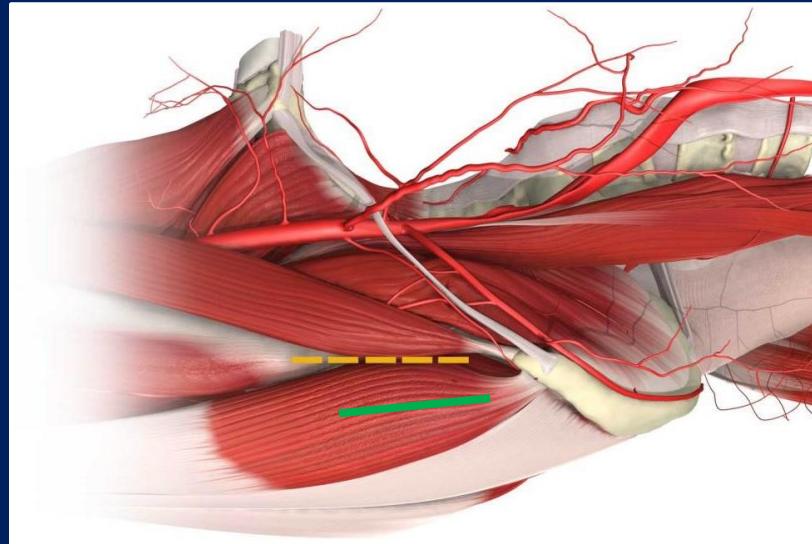


HIP ARTHROPROSTHESIS

ANTERIOR APPROACH



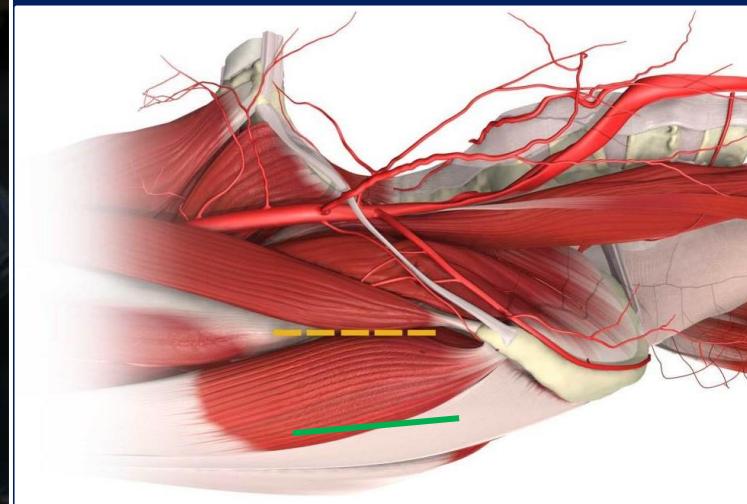
HIP ARTHROPROSTHESIS ANTERIOR APPROACH



SKIN INCISION 8-10 CM

HIP ARTHROPROSTHESIS

ANTERIOR APPROACH



INCISION OF THE MUSCLE BAND IN THE MIDDLE
OF THE FASCIA LATA TENSOR
LATERAL CUTANEOUS FEMORAL NERVE

HIP ARTHROPROSTHESIS

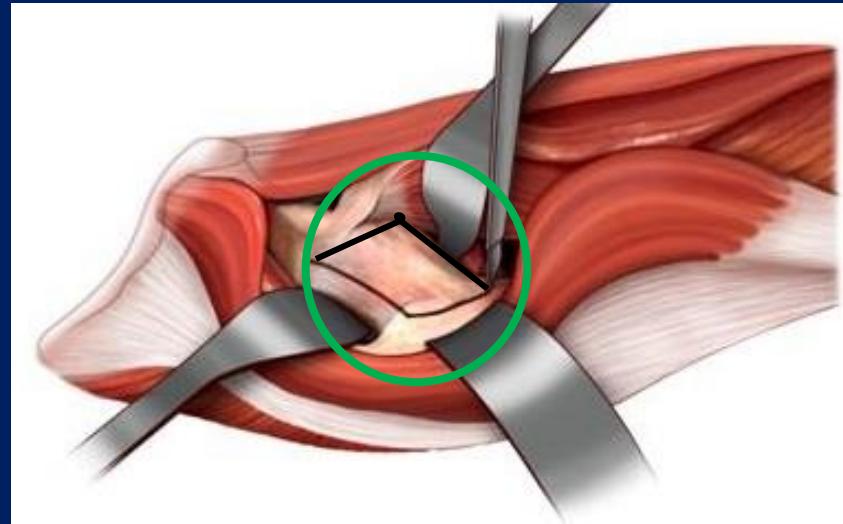
ANTERIOR APPROACH



LATERAL CIRCUMFLEX ARTERY

HIP ARTHROPROSTHESIS

ANTERIOR APPROACH

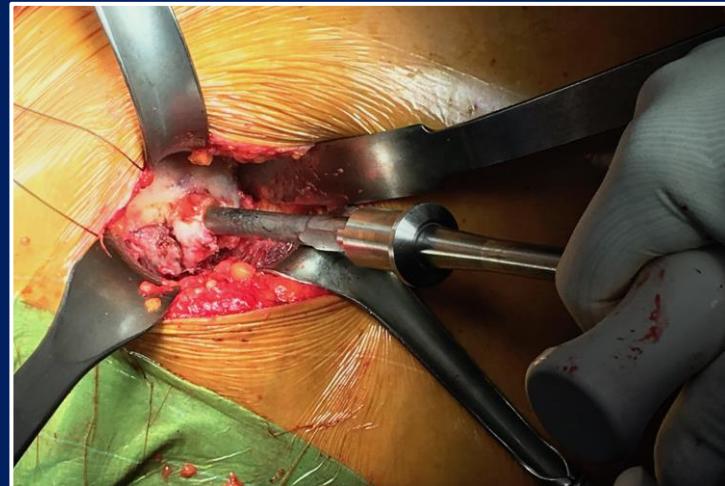


EXTENSIVE ANTERIOR CAPSULOTOMY



HIP ARTHROPROSTHESIS

ANTERIOR APPROACH



Osteotomy starts from the trochanteric dimple and goes orthogonal to the medial part of the femoral neck- **high resection**

Saw blade never directed laterally- risk of greater trochanteric resection

HIP ARTHROPROSTHESIS ANTERIOR APPROACH

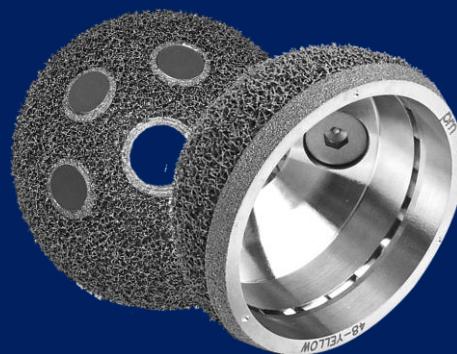
High primary stability ensured by low profile and polar crushing,
which promote the equatorial distribution of load forces



JUMP System

HaX-Pore[®]: double coating in porous
Titanium and Hydroxyapatite
applied with plasma-spray technique

ULTRAFIT finish[®] which gives an
oversizing in the equatorial region

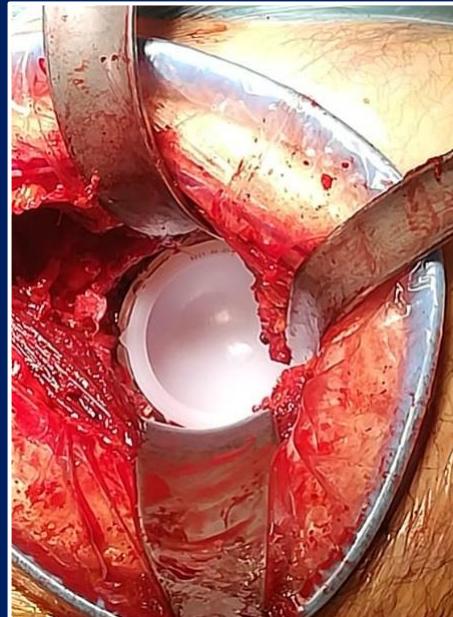


JUMP[®] System TRASER[®]

Trabecular titanium structure



HIP ARTHROPROSTHESIS ANTERIOR APPROACH



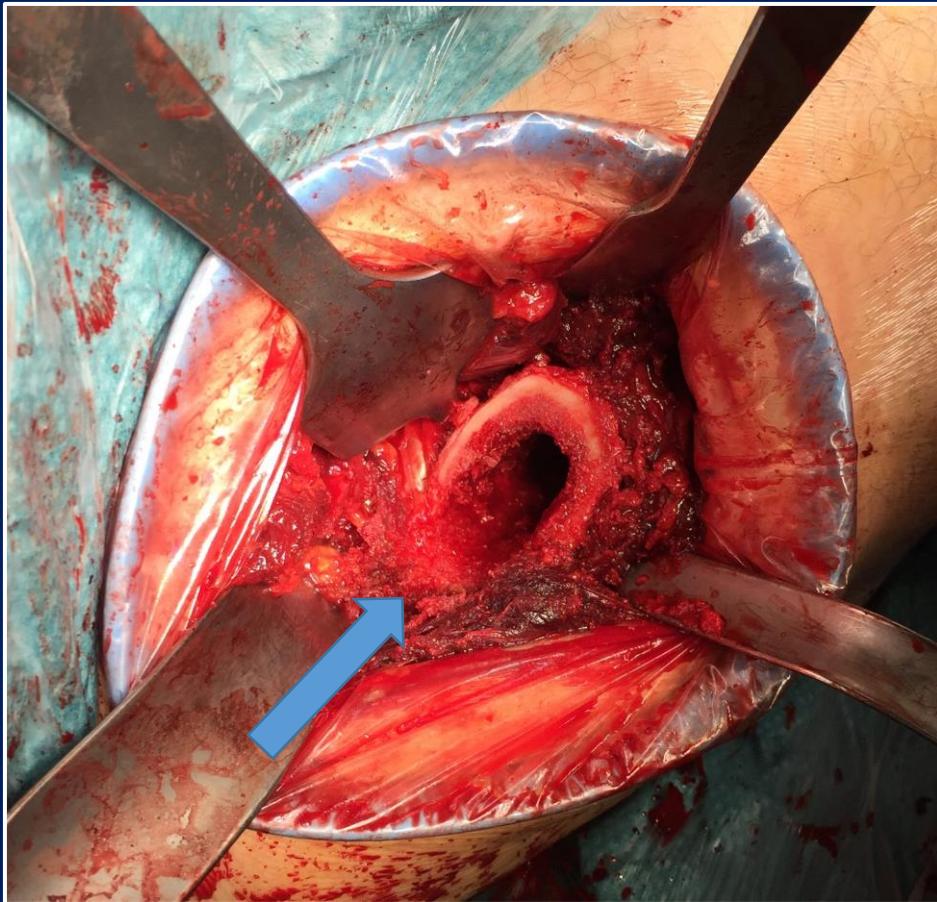
ANTIVERSION 10°-15°

HIP ARTHROPROSTHESIS ANTERIOR APPROACH

FEMUR FOUR POSITION
LOWER LIMB EXTENSION



HIP ARTHROPROSTHESIS ANTERIOR APPROACH

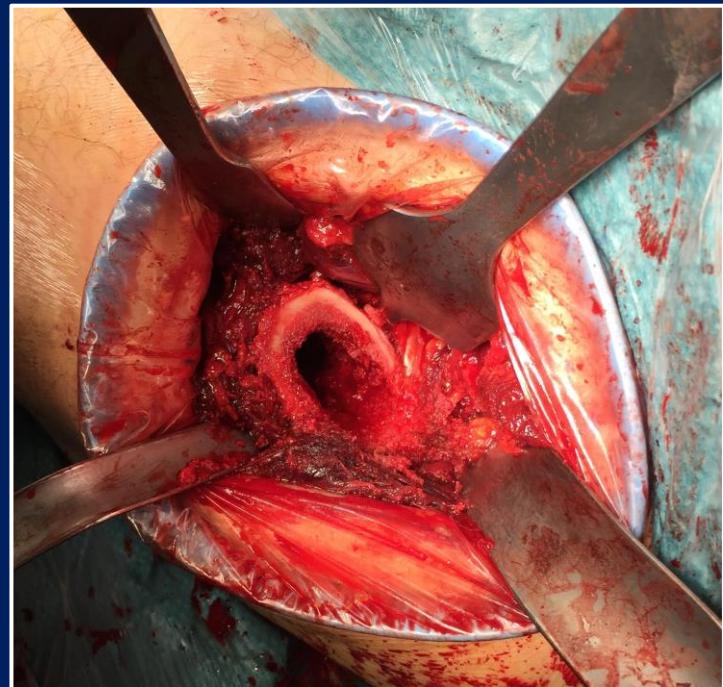
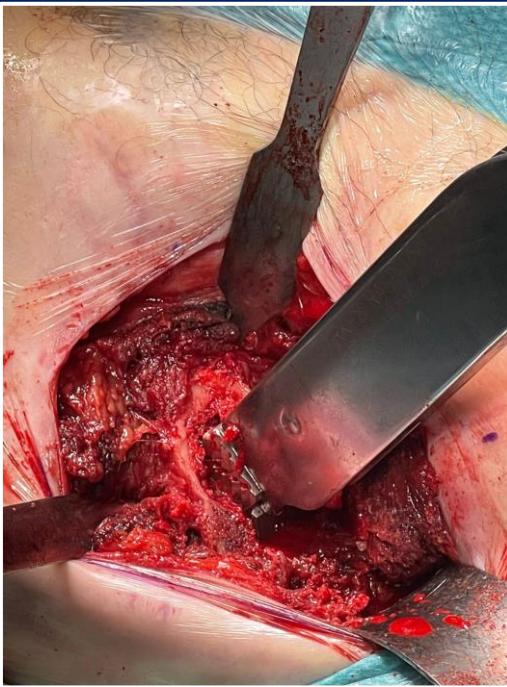


SUPERIOR CAPSULAR RELEASE

FEMUR ELEVATION

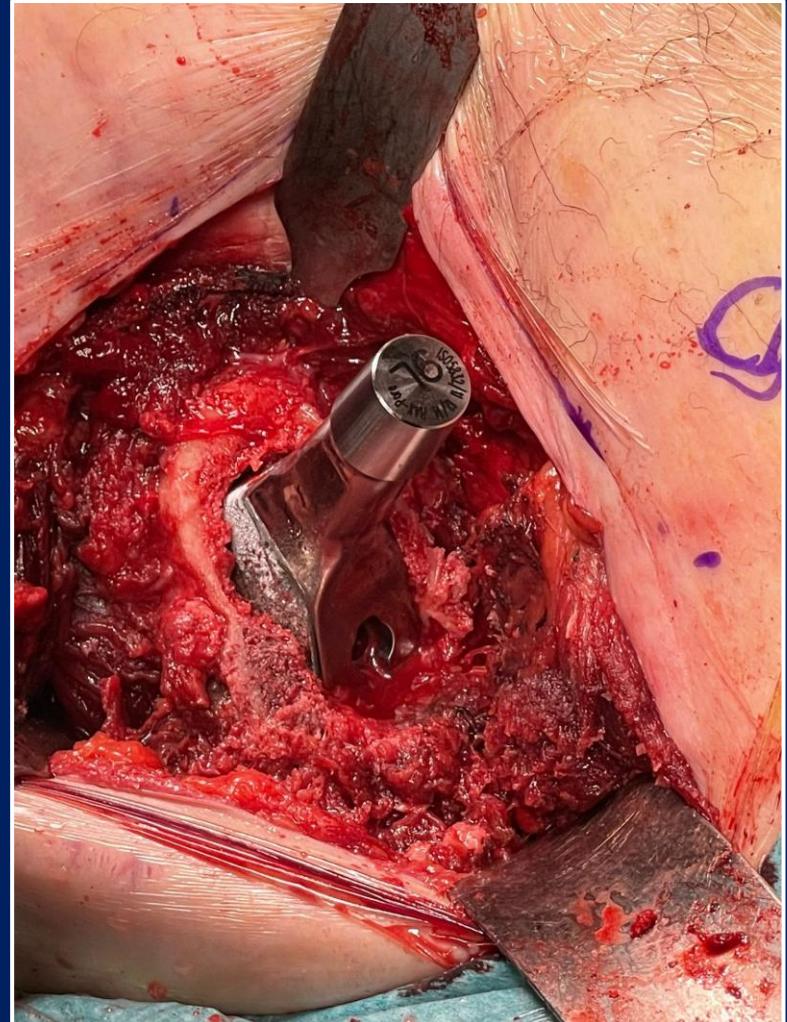
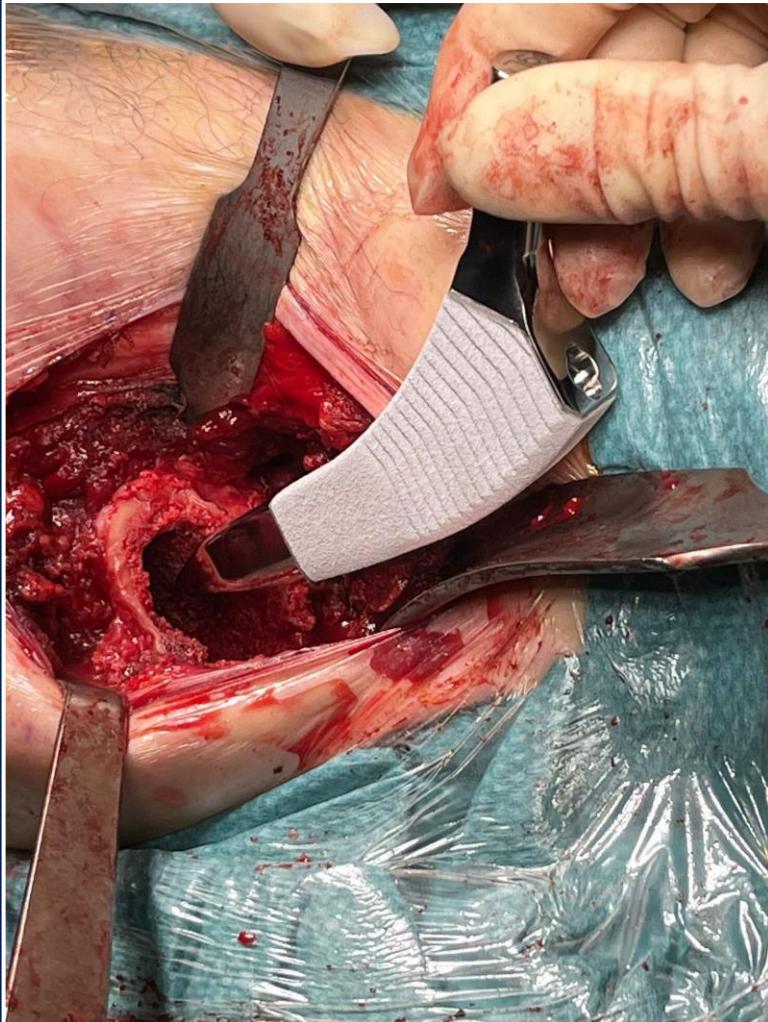
DON'T DETACH THE EXTRAROTATOR MUSCLES

HIP ARTHROPROSTHESIS ANTERIOR APPROACH

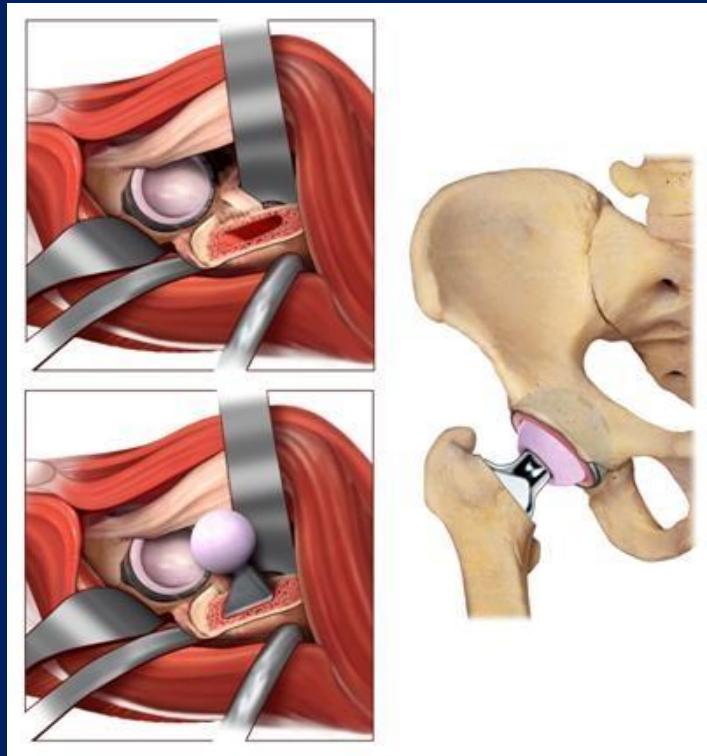


MEDIAL CORTICAL REFERENCE – PARALLELISM
NEUTRAL POSITION OF THE STEM
 0° ANTIVERSION

HIP ARTHROPROSTHESIS ANTERIOR APPROACH

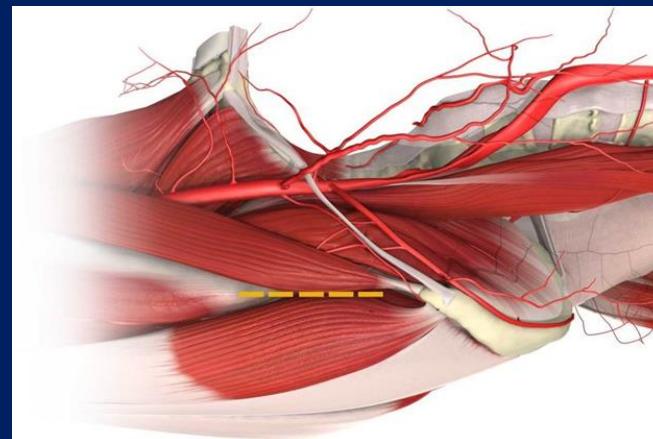
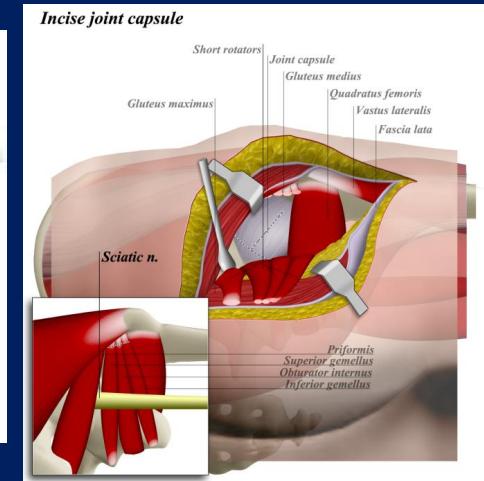
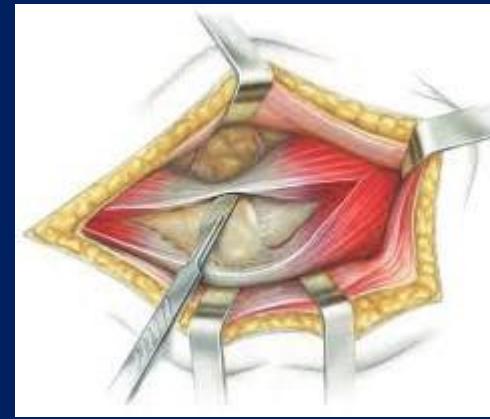
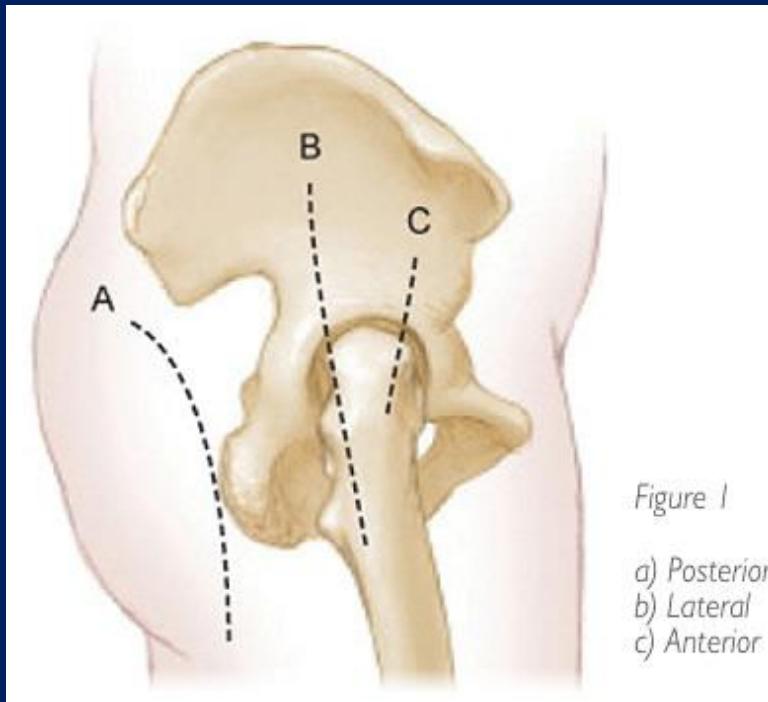


HIP ARTHROPROSTHESIS ANTERIOR APPROACH



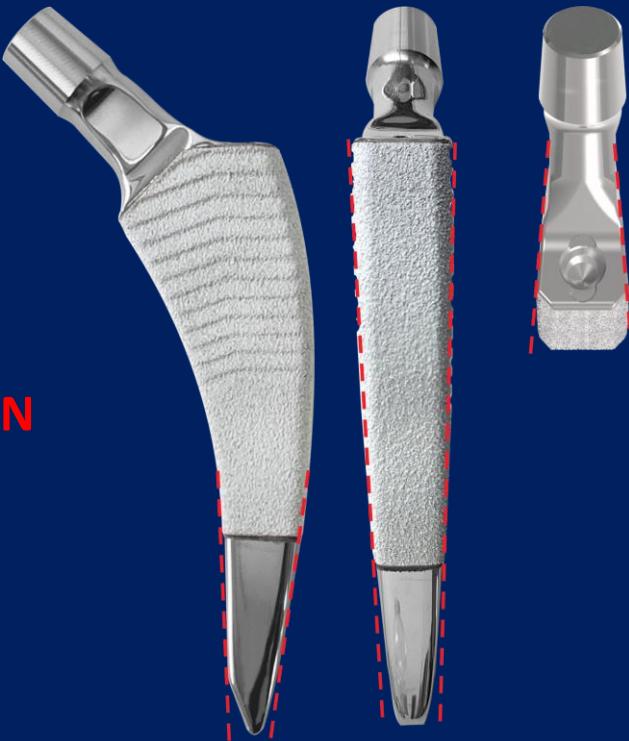
HIP ARTHROPROSTHESIS

ANTERIOR APPROACH COMPLETELY INTERMUSCULAR



HIP ARTHROPROSTHESIS

TRIPLE COIN



EXACTARS STEM

METAPHYSEAL ANCHORAGE

The **triple tapered design** (frontal, coronal and sagittal) supports axial and rotational stability favouring load distribution in the metaphyseal region.

The **progressive growth of the neck** proportional to the stem size allows for a better restoration of the natural anatomy.

The **anatomical curvature** and the **optimized dimensions** allow an easy introduction even with minimally invasive techniques or with anterior approach, as well as a **limited bone sacrifice**.

HIP ARTHROPROSTHESIS



EXACTARS STEM

Standard e Lateral

12 sizes STANDARD and LATERAL, with the same 132° CCD angle
and 6 or 7mm offset in the lateral version, according to the size.

HIP ARTHROPROSTHESIS



EXACTARS STEM

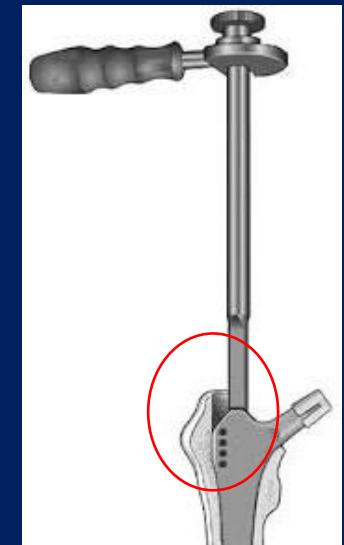
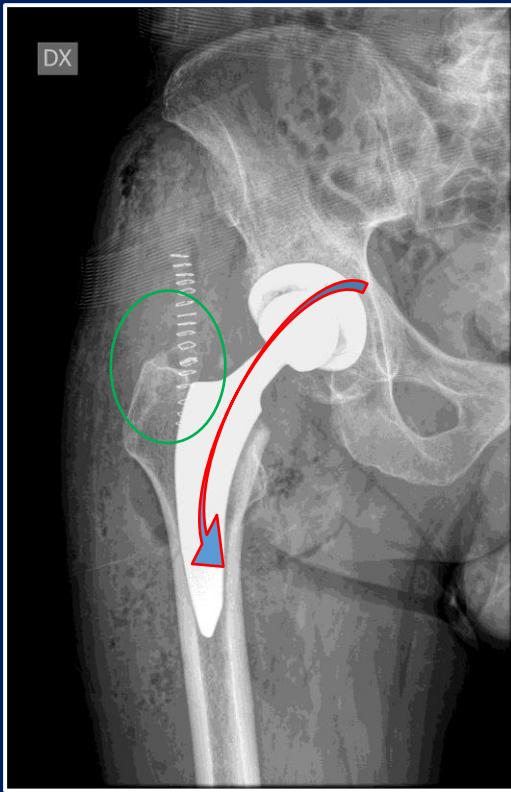
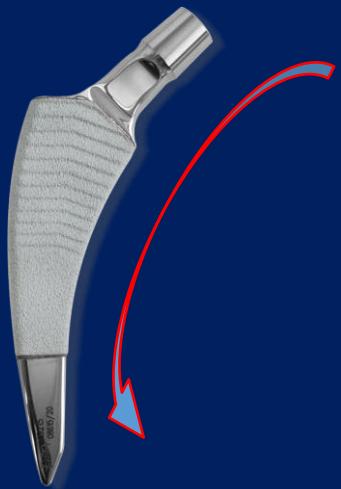
Horizontal grooves in the proximal portion for improved axial stability.

The **HaX-Pore®** double coating of porous Titanium and **hydroxyapatite** applied with plasma spray technique in the **metaphyseal region** guarantees an optimal primary fixation and encourages osteoblast colonization thus promoting biological integration.

Distal **tapered design** and the **mirror polished** avoid load concentration on the femoral cortex thus postoperative thigh pain.

HIP ARTHROPROSTHESIS

ANTERIOR APPROACH + BONE-SAVING PROSTHESIS



Bone and insertion of abductor muscles preservation

HIP ARTHROPROSTHESIS

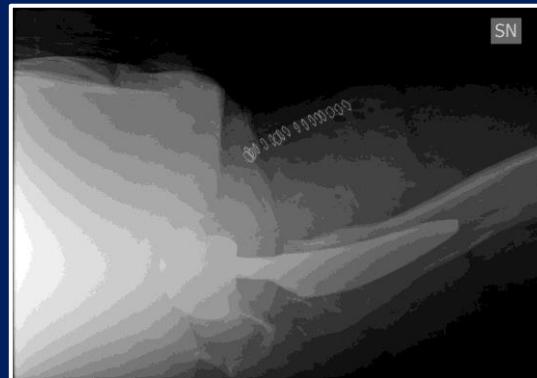
ANTERIOR APPROACH – EXACTARS



CALCAR PRESERVATION

HIP ARTHROPROSTHESIS

ANTERIOR APPROACH – EXACTARS



HIP ARTHROPROSTHESIS

ANTERIOR APPROACH – EXACTARS



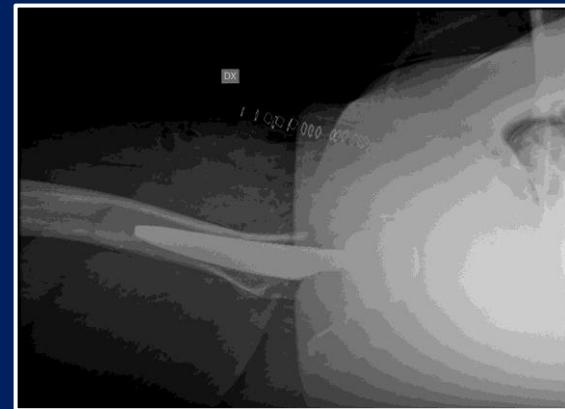
HIP ARTHROPROSTHESIS

ANTERIOR APPROACH – EXACTARS



HIP ARTHROPROSTHESIS

ANTERIOR APPROACH – EXACTARS



HIP ARTHROPROSTHESIS

ANTERIOR APPROACH – EXACTARS



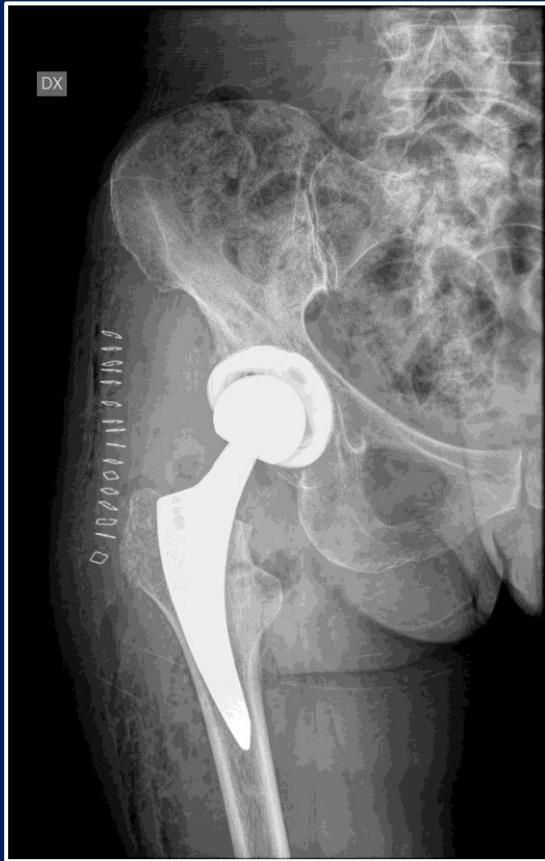
IN THIS CASE ANTERIOR APPROACH FORCING

IN THIS CASE IT IS NECESSARY TO RELEASE
ROTATORS AND ABDUCTORS MUSCLES

POSTERO LATERAL APPROACH

HIP ARTHROPROSTHESIS

ANTERIOR APPROACH – EXACTARS



**COXA VALGA – IDEAL STRAIGHT STEM
BUT EXACTARS CAN BE USED**

HIP ARTHROPROSTHESIS

ANTERIOR APPROACH - RESULTS

IMMEDIATE

Reduced skin surgical scar

Fully intermuscular surgical approach

Less bleeding (respect muscle structures)

Reduction of postoperative hematomas

Less postoperative pain (respect muscle structures)

Resumption of immediate walking

Reduction of lameness and functional limitation in the immediate postoperative

Faster resumption of complete joint function

Reduction of the average time of hospitalization

Fewer constraints

?? Lateral cutaneous femoral nerve lesion

?? Intraoperative femur fractures

SHORT AND MEDIUM TERM

hip perceived as more natural and physiological

LONG TERM

reduction of dislocations (POSTERO LATERAL 3,5 %- LATERAL 2,2 % - ANTERIOR - 0,5 %)

reduction of dysmetries

HIP ARTHROPROSTHESIS

ANTERIOR APPROACH

PAZIENTE IN 5a GIORNATA POSTOPERATORIA

**Accesso anteriore mini invasivo
protesi anca destra**

www.ortopedicocamos.it



THANK YOU

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camosp@alice.it