

CEMENTLESS ACETABULAR RECONSTRUCTION

SUMMIT[™] and DURALOC[®]

Clinical Summary



DURALOC®

CEMENTLESS ACETABULAR RECONSTRUCTION

Ten-year results of a press-fit, porous-coated acetabular component

Grobler G.P. Learmonth I.D. Bernstein B.P. Dower B.J. (2005) The Journal of Bone and Joint Surgery; 87-B: 786-789.¹ The DURALOC[®] Cup was used in 100 hips undergoing THA with a minimum follow up of 10 years.

100% survivorship at ten years with aseptic loosening as an endpoint.

No acetabular components showed evidence of migration and no acetabular components were revised for aseptic loosening.

No differences in outcomes between cemented and uncemented acetabular components after 12–14 years: results from a randomized controlled trial comparing DURALOC with CHARNLEY® cups

Bjørgul K. Novicuff W.M. Andersen S.T. Brevig K. Thu F. Wiig M. Åhlund O. (2010) J Orthopaed Traumatol ; 11: 37-45.10.²

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This study compared the clinical outcomes of a matched series of 80 DURALOC 1200 Cups and 71 CHARNLEY Cups used in total hip replacements with a follow-up of 10 years.

Survival of the implants was determined using Kaplan– Meier survival analysis. The results indicate a slightly better survival for the DURALOC cup for the first 12 years, but the logrank test between the implants was not significant (Mantel- Cox; p = 0.09).

7/71 patients had some evidence of loosening of the cup in one or more zones in the CHARNLEY group, while only 1/80 in the DURALOC group had any evidence of loosening (p = 0.024).

10-year results confirm previous reports from noncontrolled studies that "survival of an uncemented hemispherical porous-coated cup as well as the cemented all polyethylene cup is excellent".

DURALOC®

CEMENTLESS ACETABULAR RECONSTRUCTION

Over the last 15 years the DURALOC Acetabular cup system has been provided for more than





Over the last 15 years the SUMMIT[™] system has been provided for more than

patients.4



DURALOC and SUMMIT have both been awarded with ten year ODEP ratings.⁵

Latest ODEP ratings can be found at www.odep.org.uk



By partnering with DePuy Synthes you will have access to a comprehensive portfolio of quality total hip solutions

S U E R E D H I P S Y S T E M

Minimum 10-Year Follow-Up of Cementless Total Hip Arthroplasty Using a Contemporary Triple-Tapered Titanium Stem

Carlson S.W. Goetz D.D. Liu S.S. Greiner J.J. Callaghan J.J. The Journal of Arthroplasty (2016).⁶ 100 patients received the SUMMIT POROCOAT® femoral prosthesis during primary THA.

Mean duration of clinical follow-up was 11.3 years.

100% survivorship at ten years with revision due to femoral loosening or radiographic femoral loosening as an endpoint.

Radiographic evaluation of the hips with minimum 10-year radiographic follow-up demonstrated femoral bone ingrowth in all hips. There was no evidence of radiographic loosening, subsidence, radiolucencies, or osteolysis.

No hips were revised for aseptic loosening or infection.

"At minimum 10-year follow-up, the SUMMIT stem inserted with a ream-and-broach technique achieved excellent results as there were no cases of revision for femoral component loosening and there was no evidence of radiographic loosening".

Improved Survival of Uncemented versus Cemented Femoral Stems in Patients Aged < 70 Years in a Community Total Joint Registry

Wechter J. Comfort T.K. Tatman P. Mehle S. Gioe T.J. (2013) Clinical Orthopaedics and Related Research; 71:3588-3595.⁷ A total of 1559 primary THA's used the uncemented SUMMIT femoral prosthese. The procedures were recorded on the HealthEast Joint Registry between 1991 and 2011.

The cumulative revision rate (CRR) with 95% Cl at 5 years was 0.8% (0.4%-1.3%).

"When the focus was stem revisions performed specifically for aseptic loosening related to wear/ osetolysis, uncemented stems demonstrated better survival in patients \leq 70 years old".





References

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- 3. Internal sales data DURALOC hip Implant, accurate to June 2016. Data on file DePuy Synthes
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All analysis was carried out by DePuy Synthes, the NJR do not vouch for the accuracy of the interpretation.



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