Dual Mobility

Revision

Clinical Summary

DePuy Synthes

PART OF THE Johnson & Johnson FAMILY OF COMPANIES

Dual Mobility
Revision

Dual Mobility Cups in Revision Total Hip Arthroplasty

Viste A, Desmarchelier R, Fessy M-H. International Orthopaedics (SICOT). 2017 Mar; 41(3): 535-542[1]

A retrospective study of 334 revision THAs performed with dual mobility cups from the NOVAE® product range (SUNFIT TH®, NOVAE E TH® and Novae Stick®). Femoral revision was also performed in 91 cases due to perceived loosening pre- or intra-operatively. In all cases of femoral revision, a stem from the CORAIL® product line was used.

The patient population was followed for a mean of 7 years (range: 5-10 years) and was made up of 179 females and 150 males.

At latest follow-up, there were 11 dislocations - 7 of which were recurrent, and 10 cases of cup aseptic loosening.

When all reasons for revision were combined, dual mobility cups demonstrated a 3.3% dislocation rate at 7 years in patients at high risk of dislocation.

Prevention of Dislocation in Total Hip Revision Surgery Using a Dual Mobility Design.

Philippot R, Adam P, Reckhaus M, Delange F, Verdot F-X, Curvale G, Farizon F. Orthopaedics & Traumatology: Surgery & Research. 2009 Oct; 95(6): 407-413[2]

163 revision THAs were performed using a NOVAE® dual mobility cup (38 NOVAE SUNFIT®, 51 NOVAE Stick®, 58 NOVAE-1®, 16 NOVAE COPTOS®). The patient cohort had a mean age of 68.7 years (range: 34-92 years) and was 63.2% female.

After a mean follow-up of 60.4 ± 17.6 months the overall dislocation rate was 3.7%. In a sub-group of patients for whom the revision was conducted due to recurrent instability (n=26) the dislocation rate was 0%.

With failure defined as revision surgery for aseptic loosening, the 7-year survivorship for dual mobility cups in revision THA was 96.1% (95% CI: 92.8-99.2%).

BI-MENTUM™

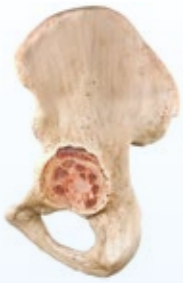
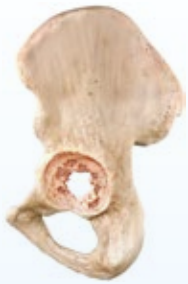
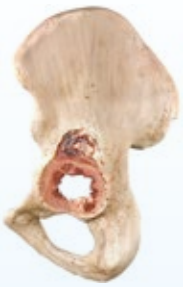
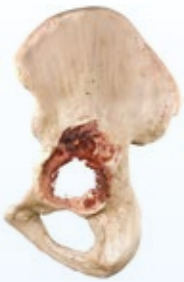
DUAL MOBILITY SYSTEM

Currently available evidence indicates that a dual mobility implant is becoming a leading treatment option to address instability for revision hip surgery.[3,5-6]

To further enhance the DePuy Synthes portfolio, a strategic co-operation and supply agreement has been formed with Société d'Etude, de Recherche et de Fabrication (SERF) to exclusively launch the SERF NOVAE® SunFit TH Dual Mobility System under the brand name BI-MENTUM™ Dual Mobility System.

SERF is the original developer of the dual mobility implant with over nearly 40 years of clinical experience.[7]

Range of Acetabular Defects

Paprosky 1	Paprosky 1 or 2A	Paprosky 2B or 2C	Paprosky 2C or 3A	Paprosky 3A or 3B
				

From primary to more complex revision cases, the BI-MENTUM Dual Mobility System addresses most surgeon needs

Bi-MENTUM Pressfit

Bi-MENTUM Plus

Bi-MENTUM Revision

Bi-MENTUM Cemented with BI-MENTUM Plate

Dual Mobility
Revision

Treatment of recurrent THR dislocation using a cementless dual-mobility cup: a 59 cases series with a mean 8 years' follow-up.

Leiber-Wackenheim F, Brunschweiler B, Ehlinger M, Gabrion A, Mertl P. Orthop Traumatol Surg Res. 2011 Feb;97(1):8-13.[3]

Retrospective analysis of 59 patients undergoing revision THR due to recurrent dislocation using a cementless Novae dual mobility cup.

Implantations were performed between 1995 and 2001 and the mean follow up was 8 years (9-11).

There was one early dislocation. This was treated conservatively and there was no re-occurrence.

The crude dislocation rate was 1.7% and the survivorship with dislocation as the endpoint was 98% (95% CI 95-100%).

Revision Total Hip Arthroplasty Using a Reconstruction Cage Device and a Cemented Dual Mobility Cup.

Schneider L, Philippot R, Boyer B, Farizon F. Orthopaedics & Traumatology: Surgery & Research. 2011 Dec; 97(8): 807-813.[4]

A continuous series of 96 patients undergoing acetabular revision with an antiprotrusio cage and a cemented dual mobility cup (Novae Stick®). The patient population had a mean age of 69.9 years (range: 34-95 years) and was 74% female. During the study period, 15 patients died and 4 were lost to follow-up.

After a mean follow-up of 41.6 months (range: 1-101 months) the mean Postel Merle d'Aubigné score increased from 9.6 ± 3.06 to 15.5 ± 2.32.

Overall, 10 dislocations occurred resulting in a dislocation rate of 10.4%. None of the cases of dislocation were intraprosthetic.

With all-cause acetabular component exchange as the endpoint, the survival rate at 8 years was 95.6% (95% CI: 93.3-97.7%).

References

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