Different levels of Rotational and Translational Surgical Mal-Positioning Affects the Occurrence and Severity of Edge Loading Institute of Medical & **Biological Engineering** and Wear in Total Hip Replacements **UNIVERSITY OF LEEDS** Mazen Al-Hajjar¹, Oscar O'Dwyer Lancaster-Jones¹, Sophie Williams¹, Louise M. Jennings¹, Jonathan Thompson², Graham H. Isaac^{1,2}, Eileen Ingham¹, John Fisher¹⁺

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Stratified Approach For Enhanced Reliability (SAFER)

SAFER

+ j.fisher@leeds.ac.uk Introduction Materials and Method **Results** Discussion 36 mm BIOLOX® delta ceramic-on-Wear stripe location, orientation and depth on the femoral Increased wear rates [1, 2] and acetabular rim Surgical variations, such as steep inclination heads: fracture [3] of hip replacement bearings ceramic (DePuy Synthes, UK) angle, medialised cups, head offset -1.005 20 reported clinically have been associated with 3±1 um 15±3 um 45° deficiencies, stem subsidence, and joint laxity Translational surgical mismatch edge loading, which could occur due to steep can lead to edge loading and increased wear Cup inclination angle Inclination angle 45 cup inclination angle or mismatch in centres of in hip replacement bearings. 2 mm rotation of the head and cup leading to 5 020 ep ጲ 8±3 µm 33±6 µm -1 004 2 microseparation conditions [4]. This study showed that both increased 4 mm -1.027.88 2 mm 4 mm -0.031.40 surgical translational mismatch between the Stripe wear has been observed on retrievals Translational surgical mismatch in centres of centres of rotation of the cup and head 2.0 and has been associated with edge loading [1]. paration combined with increased cup inclination 1.5 ■45° cup compounded the increase in the level of inclination Steep cup inclination angle alone did not Ê1.0 Six-station Leeds Mark II dynamic microseparation conditions, severe angle Physiological Anatomical 65° cup reproduce stripe wear in ceramic-on-ceramic edge loading condition and increased wear 0.5 inclination Hip Joint simulator bearings in vitro, however, microseparation Š angle rates. have replicated stripe wear and the bi-modal Gait input: 3 kN twin peak load, ±10° internal/ M-L surgical translational mismatch (mm wear debris distribution observed clinically [5. external rotation & -15°/+30° extension/flexion Mean (±95% confidence limit) magnitude of dynamic Significance 6]. Lubricant: 25% new-born calf serum microseparation under 2 & 4 mm medial lateral surgical translational mismatch with two cup inclination angles Total number of cycles: three million An advanced physiological in vitro simulator conditions: 45° & 65°, for ceramic-on-ceramic bearings. No. of samples: 6 samples per condition method, that can predict the occurrence and Aim 14 2 mm translational mismatch 1.2 with 45° cup inclination angle severity of edge loading and the wear of Gravimetric measurements every one million 1.0 The aim of this study was to determine the . . 4 mm translational mismatch g 0.8 different hip bearings materials and designs cycles using microbalance (XP205, Mettler with 45° cup inclination angle influence of cup inclination angle on the .0.6 Toledo, UK) due to variations in surgical positioning, was 2 mm translational mismatch 0.4 magnitude of dynamic microseparation, severity with 65° cup inclination angle Geometric measurements to reconstruct three 0.2 developed in this study, and used as a of edge loading, and the resulting wear rate of a ALL E dimensional representation of wear area using 4 mm translational mismatch 0.0 with 65° cup inclination angle 2 preclinical testing technique to better predict CMM (Legex 322, Mitutovo, Japan) ceramic-on-ceramic bearing, under different Magnitude of dynamic microseparation (mm the efficacy and reliability of new hip Wear of ceramic-on-ceramic bearing versus dynamic levels of rotational and translational surgical Statistical analysis was performed using one microseparation displacement under the four testing replacement bearings. way ANOVA (significance at 0.05)

References

positioning.

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Disclosure

J. Fisher is an NIHR senior investigator, a paid consultant to DePuy Synthes, Invibio, Tissue Regenix Group plc and a share holder of Tissue Regenix Group plc; E. Ingham is a paid consultant to DePuy Synthes, Stryker, Tissue Regenix Group plc and a share holder of Tissue Regenix Group plc; S. Williams is a paid consultant to DePuy Synthes; Jonathan Thompson and Graham H. Isaac are employees at DePuy Synthes

conditions.

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