The Arcos Revision Hip System is the latest modular platform designed by Biomet following successful previous modular revision stems. It is not my first experience with modular revision stems but with this system I am almost sure, for the first time, that I will be able to find solutions to most of the problems we must deal with.

The main characteristic of the Arcos system is its simplicity. There are three proximal body types compatible with five distal stem designs. The same system accepts different fixation philosophies and helps address different defect. In my experience the most common construction is the splined tapered stem with the cone body. I have used the broach body and the PPS stem for easy cases achieving a very satisfactory bony contact with very good results thanks to its modularity. For special cases, I’ve used the interlocking distal stem with an excellent guide for the distal screws and also the ETO stem.

There are a great number of possibilities and the new users should be trained before using it to take advantage of all options. We all will agree that Biomet makes a great effort in education.

The Hip: What is keeping you awake?

Saturday, 20 September 2014

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How the Arcos Revision Hip, a Modern and Next Generation Revision Hip System, Made My Life Easier in the OR

By Dr. Francesc Anglés Crespo

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“I am surprised and intrigued by the varied opinions across different regions. It’s great to come to meetings such as this to open my eyes to different opinions and new ideas.”

– Dr. D. Liu, John Flynn Gold Coast Private Hospital, Tugun, Australia

StageOne Select Modular Hip Spacer System – My Experience

By Professor Dr Carlo L. Romanò, M.D.
Adjoint Professor University of Milan, Director of the Center for Reconstructive and Osteo-articular Infection Surgery (CRIOT) - Galeazzi Orthopaedic Research Institute

We have been using the StageOne Select hip system for more than two years with positive results. It offers a number of advantages over other interval spacers, allowing intra-operative choice of the antibiotic(s) type and concentration, stem length, offset and femoral head size, while mechanical resistance permits early partial weight bearing to the majority of patients. This is of utmost importance in order to maintain muscle tone and an acceptable quality of life between stages.

We have not experienced any complications related to the use of the device; the only drawback - the time required to build up the spacer during surgery - can be overcome by starting spacer preparation immediately after the removal of the infected implant, while the surgeon completes the debridement. Another important tip is to fully coat the neck of the spacer with antibiotic-loaded bone cement to avoid disassembling and metal exposure to possible bacteria colonization.

Resident’s Corner

By Dr. M. Loppini, Istituto Clinico Humanitas, Milan, Italy & Campus Bio-Medico University of Rome, Rome, Italy

Today, medicine is different from fifty years ago. Now it’s essential to achieve research to improve our practice, by collecting data and reviewing it in order to understand what is right and what is wrong. Clinical and surgical practices along with clinical and science researches are part of our careers.

Multi-center studies are a good example of working together. Studying the outcome of a specific implant for instance, we’d collegially determine the pre-op diagnosis, the outcome of the study with a common end point being to improve our practice and patient care.

From my perspective, this meeting is a unique opportunity for residents to meet world known experts. Meeting people focused on hip surgery is good because I believe the future lies in sub-specialties. We need to concentrate on one or two fields and gain experience in surgery and clinical research in order to achieve great things. Activities such as “Breakfast with the Stars” are fantastic opportunities to build relationships with surgeons from around the world. Globalization is happening and we need to be a part of it.

Today’s Key Statistics

• 52 Different OrthoLabs have been organized in the last two days
• 300 Hip surgeons have attended one of the OrthoLab sessions
• 385 Audience questions were sent to the moderator
• 76 Different lectures & case studies have been presented
Is Infection Keeping You Awake?

By Dr. Henrich Mannel,
Technical Director, Biomet Germany

Infection can be a devastating complication in arthroplasty. Local antibiotic prophylaxis is the standard of care in Europe for cemented implants to overcome this challenging issue. However, for cementless implants, the options are restricted to systemic treatments only.

Since December 2013, we have been conducting a clinical study to demonstrate safety of BioGuard Coating, applied to the Taperloc stem and Exceed acetabular shell. BioGuard for cementless THA consists of two antibiotics: rifampicin and fosfomycin. The antibiotics are applied to implants without further carrier using an ink-jet technology. After implantation, they elute entirely into the peri-implant space upon contact with body fluid and remain around the implant for hours to days.

BioGuard Antibiotic Coating is supposed to allow reduction of bacterial adhesion and therefore, colonization of the implant surface. We look forward to learning and sharing the results of our ongoing clinical study.

Biomet Germany Highlights

New G7 BiSpherical Shell

By Dr. Robert Hube, OCM Orthopädische Chirurgie München, München, Germany

We have been working on development of the G7 BiSpherical shell for about two years now and were excited to highlight this new product for our German colleagues Thursday night. I believe the G7 BiSpherical shell design provides surgeons much better press-fit and primary fixation compared to the current hemispherical, 4 mm titanium, "stiff" shells. Its macrostructure and geometry allow the surgeon to feel a true benefit upon impaction, which is much different than the competitive hemispherical designs. Until now, the problem has been that other more flexible cups did not allow for a ceramic insert. If you look at market share, ceramic-on-ceramic is the second fastest growing articulation on the market. Therefore, it is a great advantage to be able to utilize two different bearing surfaces within a single, more flexible, shell design. This will create great future potential for this offering in various markets around the world.

“Truly international meeting, with more than 30 countries represented and lots of interaction, great meeting!”

– Hadi Saleh, President, Biomet International

G7: A Global Success Story

By Andrea Friend, Product Manager, Global Hip Reconstruction

Google Glasses

Mini-battle

“\textit{I find it most valuable that this meeting is totally neutral. You do not get the impression that it was organised by a large company. The merging of case studies and presentations has defined a new philosophy and standard for how meetings should be conducted.}”

– Prof. C. Perka, Charité-Universitätsmedizin Berlin Campus Charité Mitte, Berlin, Germany

G7 Acetabular System - Beautifully Efficient

The G7 multi-bearing platform is the first global acetabular implant system designed to optimize implant and instrument delivery for the hospital and OR staff, as well as the surgeon and patient. Developed in conjunction with orthopedic surgeons from Europe, The United States and Asia Pacific, G7 was launched October 2013 with over 6,000 procedures completed to date. The G7 acetabular portfolio builds upon Biomet’s rich clinical history of successful acetabular products with the introduction of an intuitive, streamlined approach to total hip arthroplasty reflecting the expressed needs of Biomet’s customers:

Simplicity, Efficiency, Performance.

SIMPLECTY

The G7 system introduces Biomet’s unique patent pending color-coding system, designed to simplify implant and instrument selection during surgery. Biomet is the first company to apply this concept to the acetabular implant, instrumentation, and package labeling to encourage a simple approach to total hip arthroplasty.

EFFICIENCY

Efficiency is one of the most important factors in today’s healthcare environment. The G7 system was designed to streamline the hip replacement procedure from pre-surgical preparation of instruments, to surgery, and through cleaning and sterilization by storing instruments in patient specific mini trays according to template shell size. The system promotes an improved flow to help minimize hospital costs and common OR frustrations.

PERFORMANCE

The G7 system combines Biomet’s rich history of clinically proven products and technologies with new instruments and tray features designed to improve the surgeon’s experience and maximize long-term performance. By utilizing the latest technological developments in implant and instrumentation design, it offers a wide range of acetabular shell options, clinically proven fixation and advanced bearing technologies within a simple, elegant and highly flexible instrumentation platform.
Mini Case Study- Arcos Revision

By Dr. J. Rod Davey, Toronto Western Hospital, Toronto, Canada

Mr. R.C. is a 63-year-old male unable to work due to right groin/thigh pain and increasing shortening of his right leg. He had a right, cemented Muller total hip arthroplasty in 1982 and underwent a long stemmed cemented femoral revision in 1995 for loosening.

X-rays showed wear of the all polyethylene cup and loosening of the long stemmed, cemented femoral component. There was bone loss proximally, cortical thinning distally and varus remodeling of the femur.

Work up for infection was negative. Pre-operative planning showed that a trochanteric slide osteotomy would be required to safely remove the stem and cement. I planned on using the Arcos modular system with a 190 mm STS stem in the osteopenic femoral diaphysis and a cone body proximally to equalize leg lengths (Figure 2).

Post-operative X-rays at 4 months show a Regenerex RingLoc+ multi-hole cup with screws and an Arcos 80mm cone body and 190 mm STS distal stem. Note the bevel of the 190mm stem placed anterior. A trochanteric bolt with washer was used to stabilize the trochanter. Leg lengths were restored (Figures 3a and 3b). Weight bearing was restricted to 25% for the first 6 weeks. Pain and gait both improved and he was able to return to work after 4 months. B

Pre-operative planning radiograph with templates showing 190 mm STS stem, 80 mm cone body to restore leg length and planned trochanteric slide osteotomy.

Radiographs at 4 months post-op show Arcos cone body and STS stem in good position with healing of trochanteric slide osteotomy and restoration of leg length. Lateral X-ray shows the bevel of the 190 mm stem placed anterior.

Figure 2

Figure 3a

Figure 3b

“Fantastic program! Every concern in today’s hip surgery is addressed. Top class faculty offering easy participation and interaction.” — Javier de Gracia, Director Biomet Spain

Peer-to-Peer Interaction in Our EMEA & International Center of Excellence Program

By Marc Vogels, Vice-President of Reconstruction EMEA

Exchanging best practices, uniting passion, peer-to-peer meetings, learning by observing and meeting with the experts, are all elements that drive surgeons today to learn and get more expertise in a certain domain of interest. Standard ways of learning are becoming less interesting and in the new era of education, one to one or peer-to-peer meetings are gaining more interest and attention.

Learning and gaining confidence with any new product, technology or surgical technique requires different ways of training and learning. An important and highly recommended way to learn is the opportunity to observe surgery, work with the expert and get in personal contact with a specialist or key opinion leader in a certain field or domain. The positive vibes of spending quality time together and exchanging experience, in a focused and dedicated setting, are the favorite ways of learning for many surgeons today.

We have identified the best teachers in EMEA that are passionate about what they do and experienced with the different key products and technologies that we offer to health care professionals. These experts are willing to share their knowledge with you and the many other colleague surgeons interested in learning. Our only objective is to offer you every single opportunity to learn from the experts in a very effective, efficient and comfortable way.

Knowledge is power and our revitalized EMEA Centre of Excellence program is a modern tool to offer you the most effective ways of modern teaching. We look forward to seeing you taking advantage of this program’s educational projects and learning opportunities and hope you enjoy the power of this program that has been specially designed for you. B

Rethinking Our Pathways for THA

Prof. P. Aldinger,
Diakonie-Klinikum Stuttgart

It’s quite exciting to be here in Rome and a great honor and pleasure to be part of the meeting faculty. This symposium has covered a number of interesting topics on our minds for hips – bearing surfaces, approaches, materials, stems and fixation. It’s quite inspiring to have such a large international group together from all over the world to interact and learn how everyone handles hip arthroplasty around the globe. I enjoy learning how I can improve my practice and how I can contribute to others so they may improve their practice.

Perhaps one of the most important topics in the hip market today is surgical approach for the hip and the desire of surgeons to get their patients up earlier and achieve faster rehabilitation. As we all know, there are many demands from the socioeconomic standpoint. So, we must rethink our pathways around total hip surgery and make it better for the patient, less painful and facilitate faster rehabilitation. This will involve varying implants and approaches as changes to one variable often affect others. I enjoy examining these details together as we continue to share our experiences. B

“I am excited to see all of the familiar and new faces here at this meeting. Upon arrival, you immediately see that this event has been organised by a very professional staff that welcomes each and every individual. It is clear that the conversation does not stop when scientific presentations end. It is this collaboration and learning that is both educational and energising. It allows us all to return home with a reinvigorated passion for what we do.” — Jo Theunissen, Regional Vice President

Knowledge is not only power, but passion and a desire of surgeons to get their patients up earlier and achieve faster rehabilitation. As we all know, there are many demands from the socioeconomic standpoint. So, we must rethink our pathways around total hip surgery and make it better for the patient, less painful and facilitate faster rehabilitation. This will involve varying implants and approaches as changes to one variable often affect others. I enjoy examining these details together as we continue to share our experiences.
**Anticipating Future Needs**

**By Professor A. Moroni, University of Bologna, Bologna, Italy**

I am a Professor of orthopaedic surgery at the University of Bologna (Italy), specializing in total hip, hip resurfacing and knee replacement for over 20 years. Last year I performed over 754 replacements, of which 96 were knees.

Since my residency at the Mayo clinic, I have noticed many changes regarding patient knowledge. Today, patients are much younger, more active and well versed in technologies. Their access to information creates a desire to be a part of the process in choosing what is best for them. This is one reason why mealtimes like this are so important; to keep informed of surgical trends and new technologies.

What is truly innovative, is gathering hundreds of world known experts in the same room and sharing information about their practice and preferences; understanding what they are doing and why. This is a fantastic opportunity for the industry to take notes and be prepared for upcoming market demands. When we can balance surgical trends with personal experience and clinical evidence, we are able to improve our practice and anticipate future needs.

For example, with the debate between cemented and uncemented philosophies, the majority now choose uncemented even though scientific evidence shows that with elderly patients, cemented fixation is much more efficient. That’s a paradox! How should we use this evidence? It’s always good to know and learn from other surgeons’ habits.

**The Strength of Networking Amongst Surgeons**

**By Erwin Vermeersch, Vice President Medical Education & Training**

Learning and gaining confidence with any new product, technology or technique requires scientific meetings and often hands-on training, but we believe an equally valuable experience is the opportunity to observe teaching faculty and surgeons who are experienced in the use of certain products and technologies.

Another unique learning opportunity is the Biomet Surgeon Network live broadcasts. At pre-scheduled times, live surgeries are broadcast on a worldwide basis to showcase new techniques performed by expert surgeons. Participants get the opportunity to ask questions, interact with each other, make remarks, etc. ideal for networking with colleagues from all parts of the world. To overcome the sometimes challenging differences in time zones, there is also access to a library of archived surgeries.

However, there is also a need for change... With constrained resources, limited available out-of-office time for surgeons, more customized needs, and pressure on performance in hospitals, we need to re-evaluate what we have been doing traditionally to develop new ways of offering learning opportunities to our surgeons.

The biggest gap in today’s training and education is interactivity with our audience. Exchanging experiences and debating the latest techniques like virtual meeting rooms with the use of tablets, webinars with attendees interaction, online debates on clinical cases, computer enhanced visual learning, apps, etc. appear on the horizon and deserve our attention and courage to change and will certainly make training and education more effective, interesting and engaging.

*“Since the Knee meeting organised in Prague last year, we gained a reputation of an international company with key opinion leaders from all over the world and important faculties.”* – Stefano Castagnola, Managing Director, Biomet Italy

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**The Importance of Partnership and Collaboration for Comprehensive Clinical Evidence from Multiple Clinical Studies**

**By Jing Xie, PhD, Vice President Global Clinical Research**

To fend off the growing perception that medical implants are a commodity, medical device companies face ever-increasing demands for clinical evidence. The traditional approach of one-size-fits-all study design to support a product line is no longer adequate. Specific requirements vary in terms of type of clinical data, length of follow-up and patient population. For example, to support a new product introduction, manufacturers may need to plan both a small RCT, to assess safety/effectiveness of the products in a more controlled setting, and a large scale long term multi-center study to evaluate efficacy in various patient populations. In addition, different analytical tools may be required for new technologies such as osseointegrative coating. To effectively manage this dynamic environment, a multi-dimensional, global clinical evidence plan is crucial to long-term product acceptance.

If the clinical evidence plan is the blueprint, the execution of the blueprint is even more critical. This execution is impossible without the support of research centers and participating surgeons. Many efforts have been put forth to streamline compliance approval, contract negotiation and robust site selection. Biomet recognizes the importance of collaborating with Level I research centers throughout the clinical research process - from the development of the clinical evidence plan through study design, execution and dissemination of findings. The expertise and experience from Level I centers is invaluable to the continued success of clinical research. We welcome your partnership and encourage you to share your research ideas with us! B