OCM Approach for Hip Arthroplasty
-En Chu Kong Experience

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Approaches for Hip Arthroplasty

- Traditional posterior approach (Moore posterior approach)
- Traditional anterior approach (Hardinge anterior approach)
- Mini posterior approach
- Mini anterior approach
- Three-incision mini-invasive approach
- Two-incision mini-invasive approach
- OCM mini-invasive approach

OCM: Out-patient Clinic Munich

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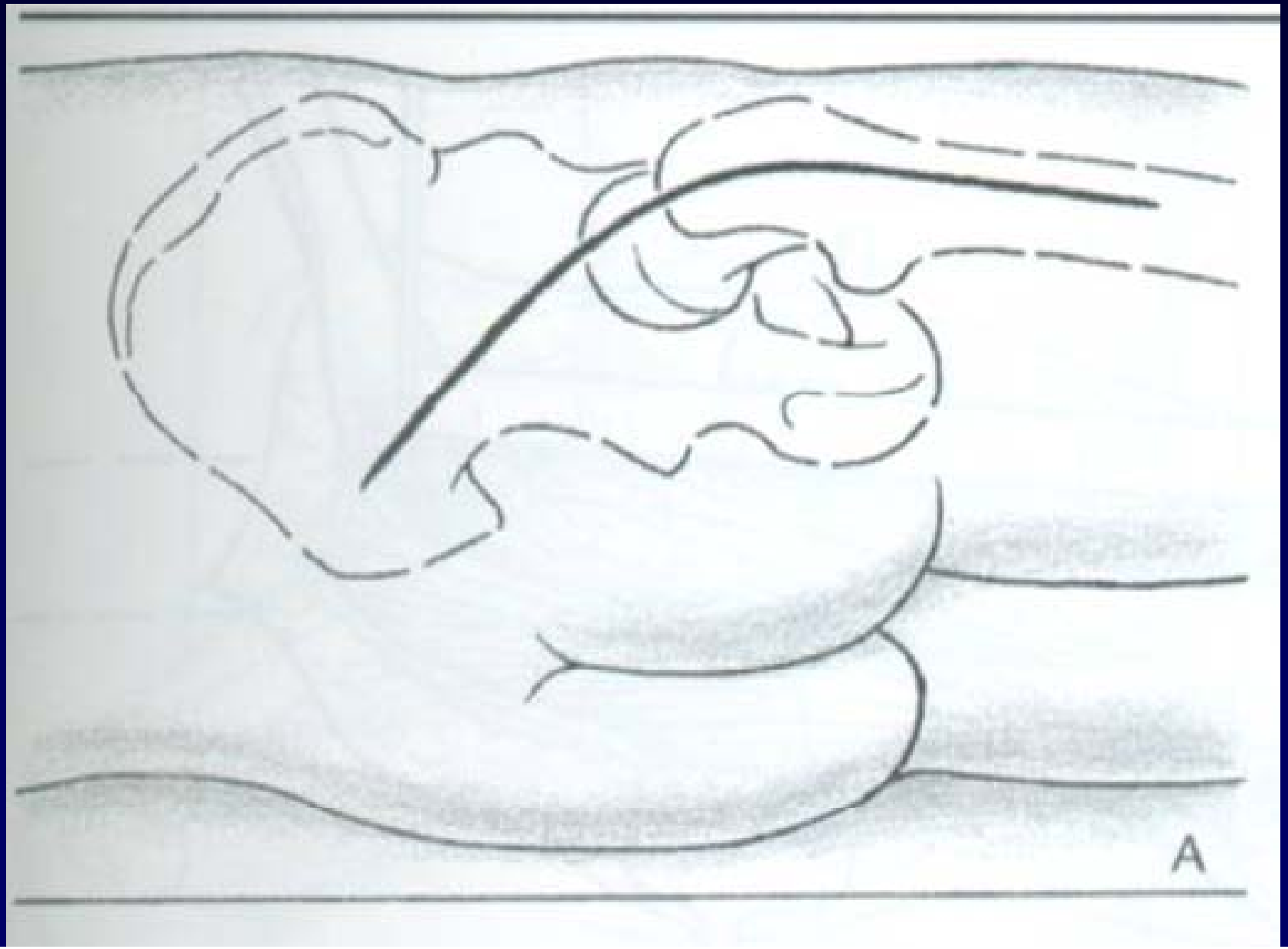

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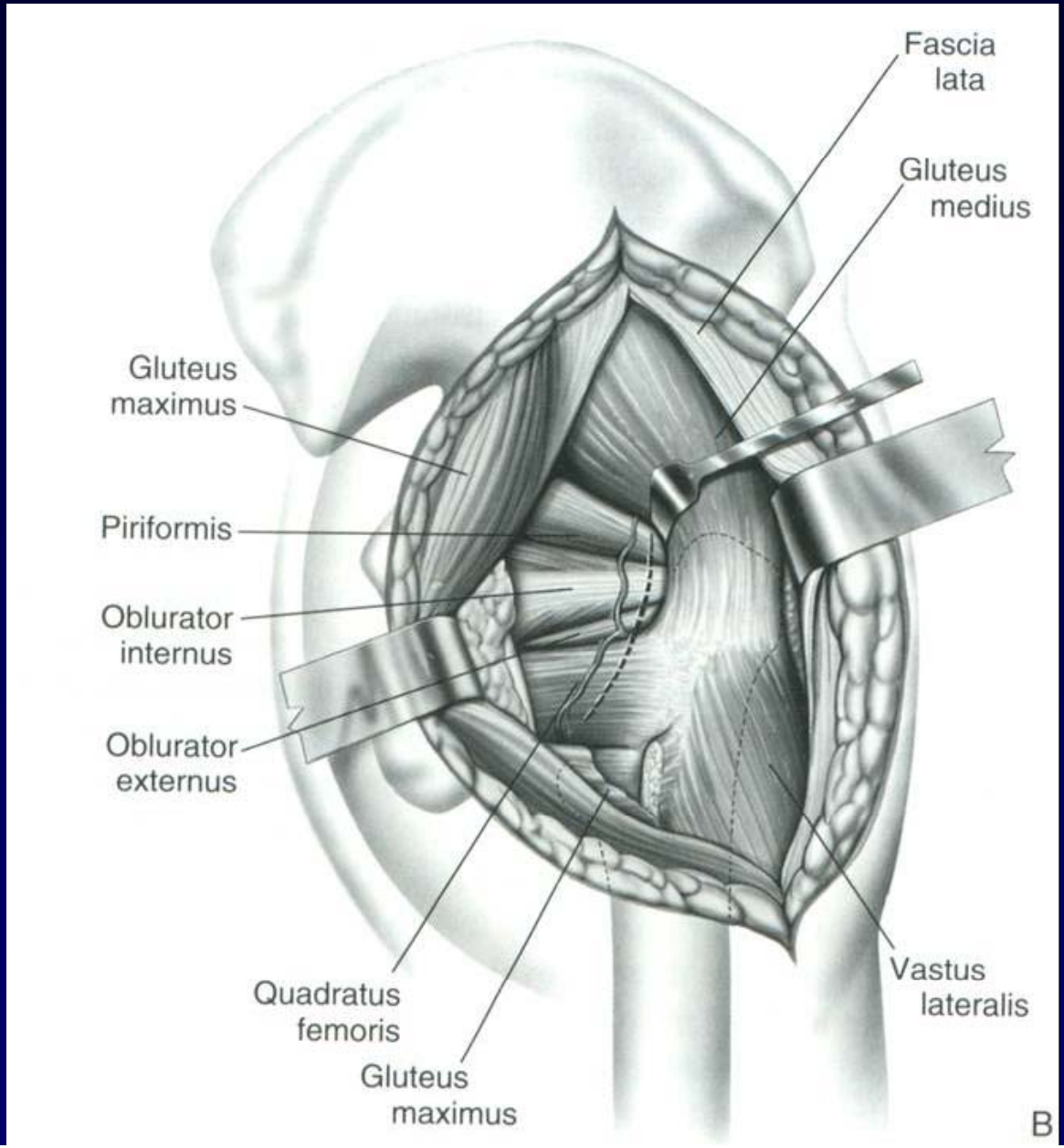
Fascia lata
Gluteus medius
Gluteus maximus
Piriformis
Oblurator internus
Oblurator externus
Quadratus femoris
Gluteus maximus
Vastus lateralis
B

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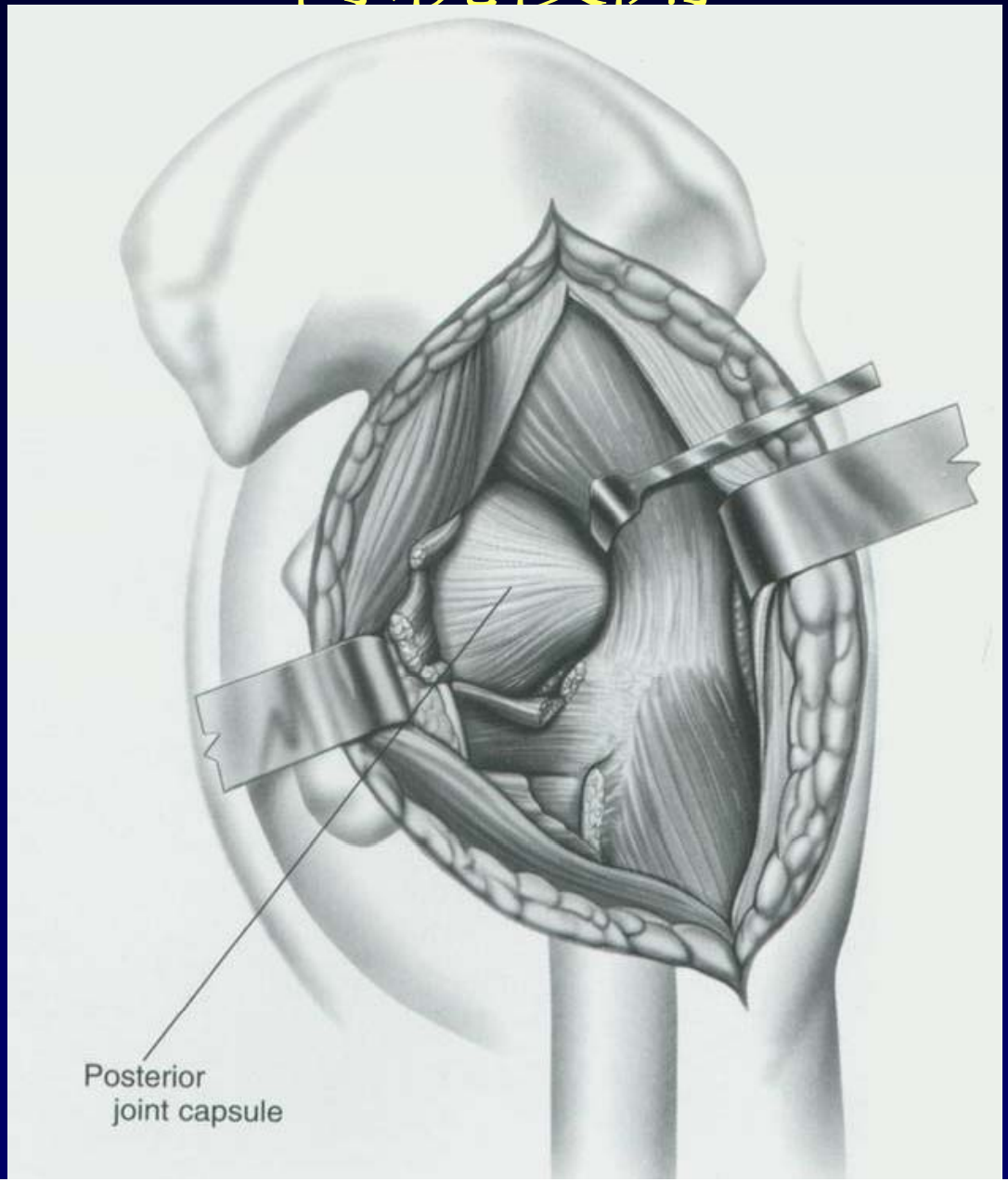

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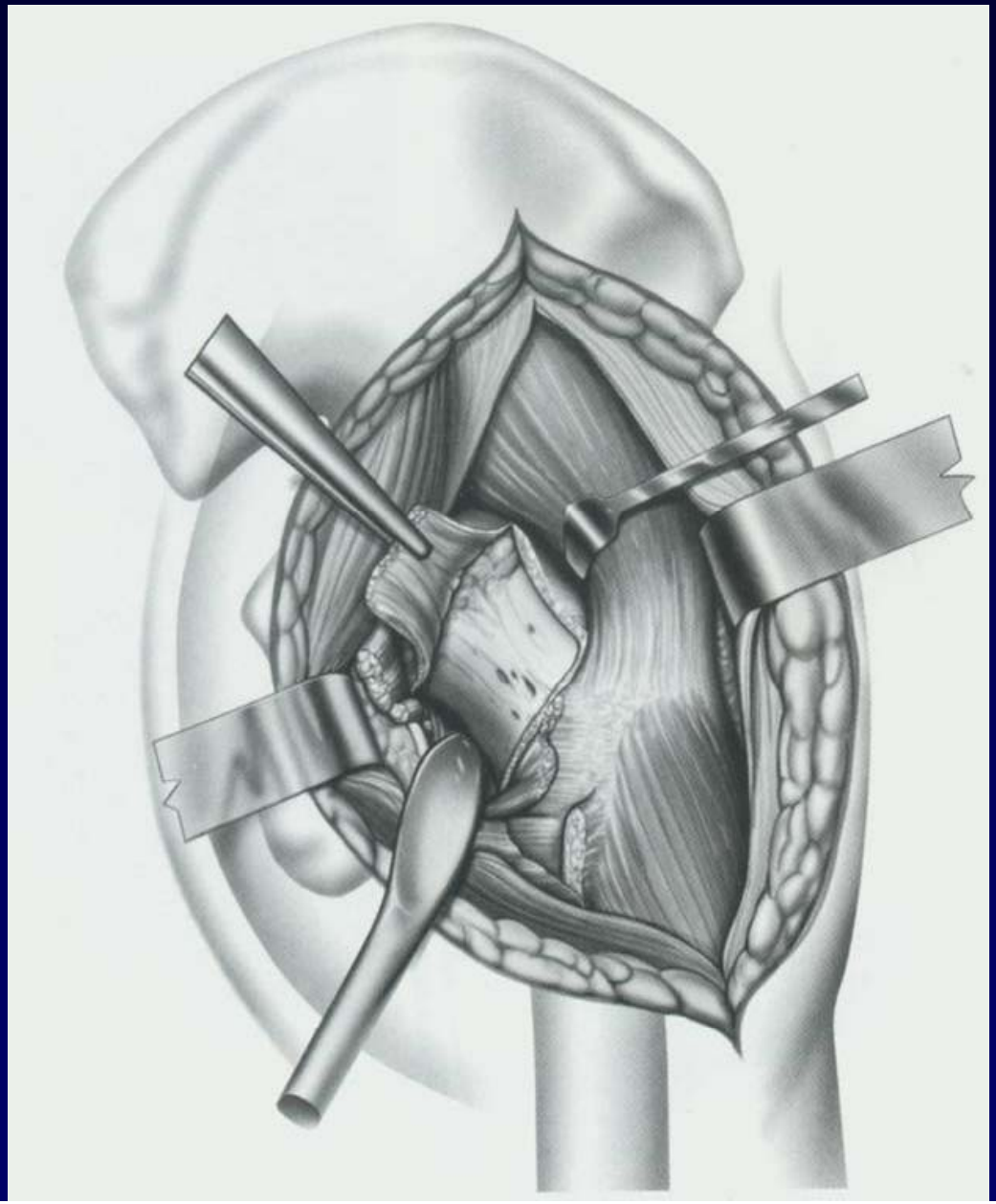

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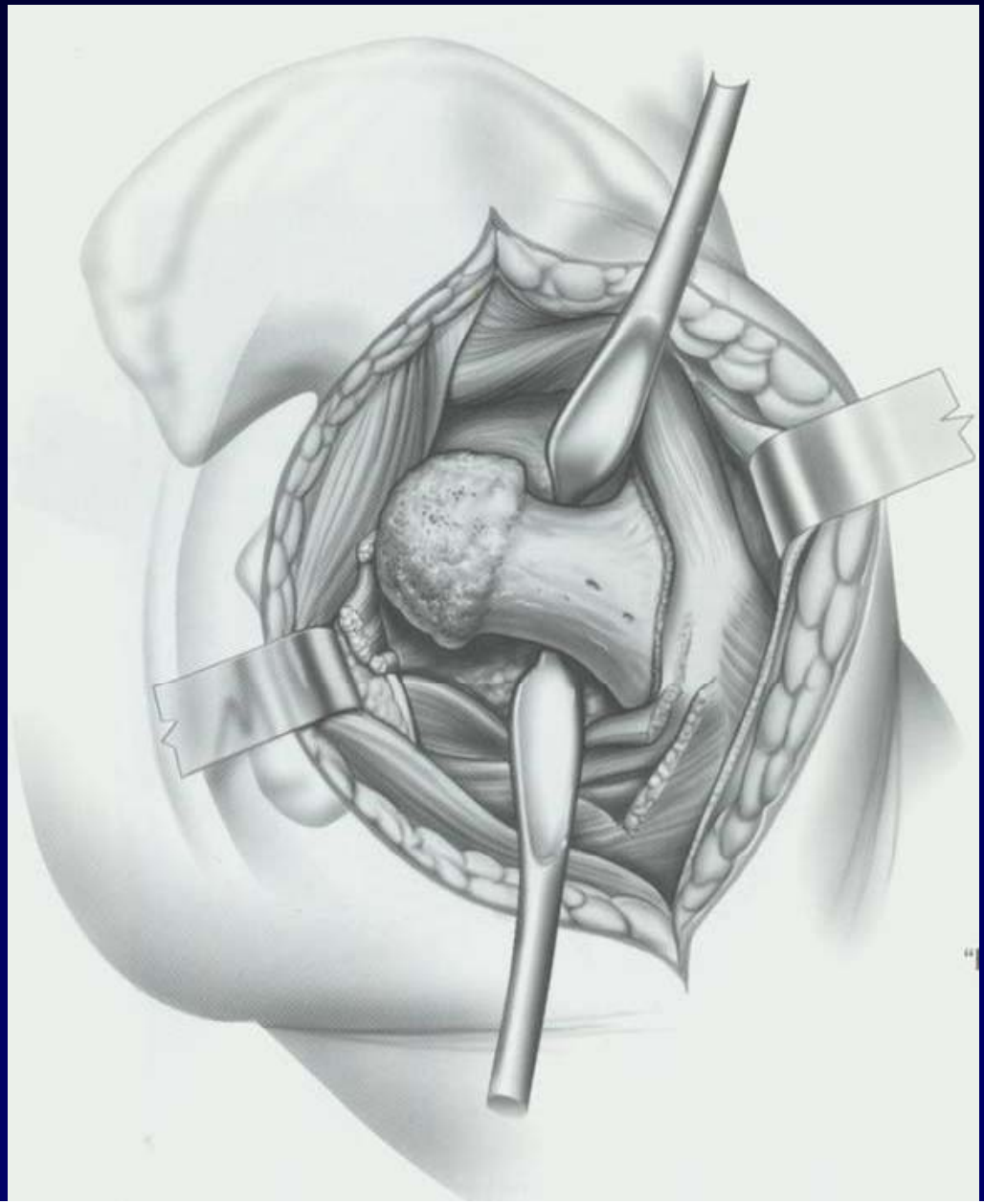

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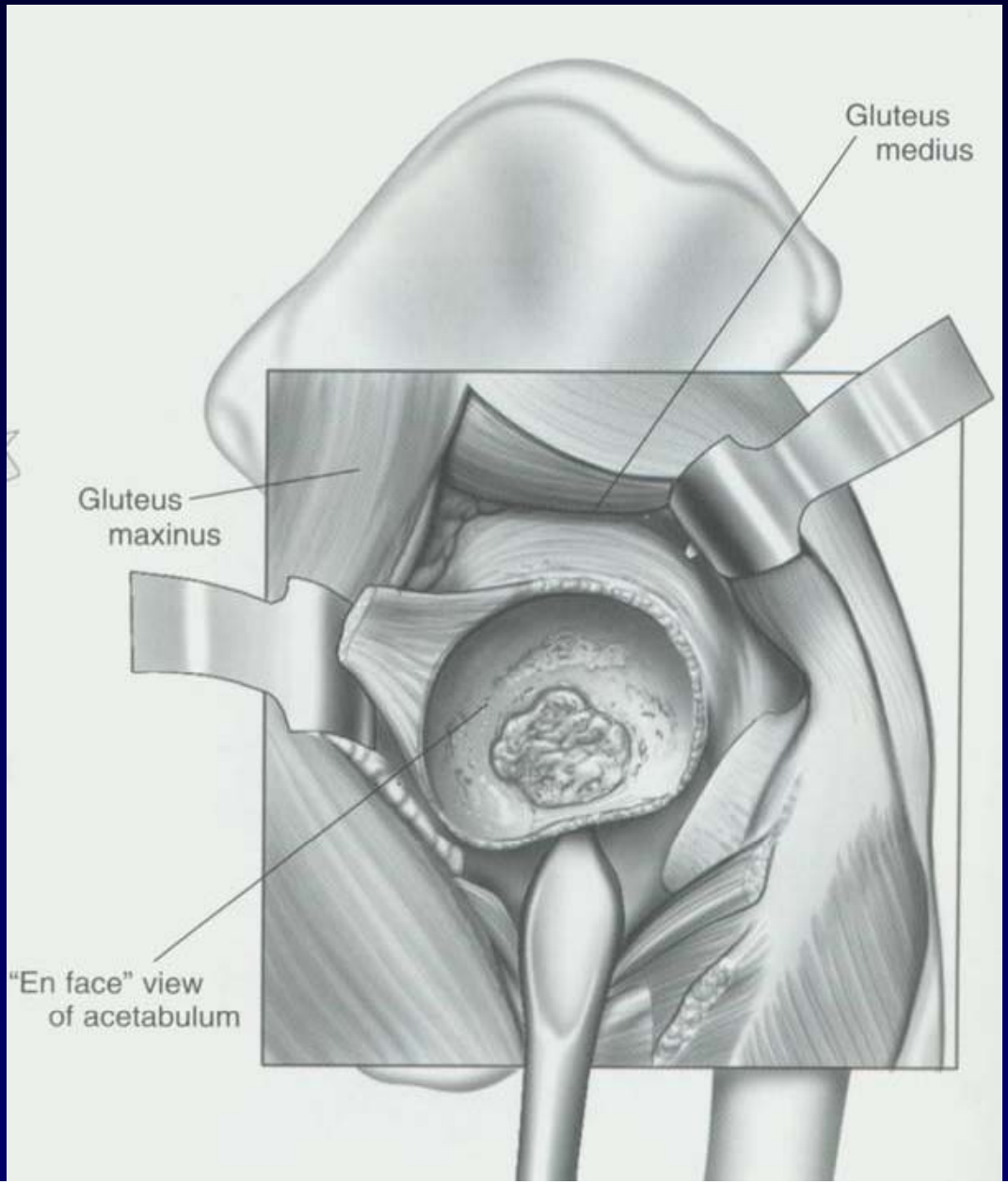

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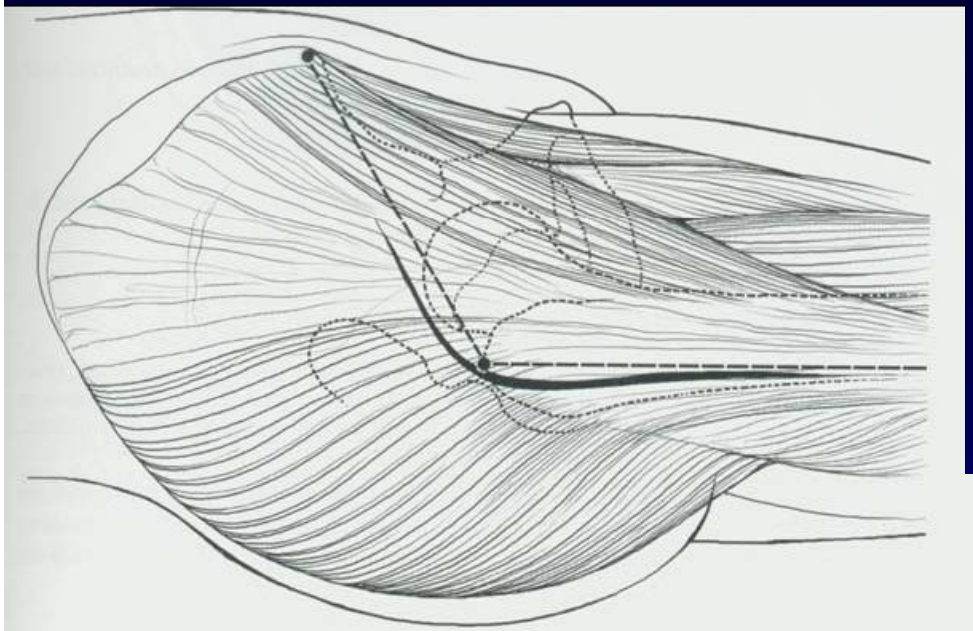

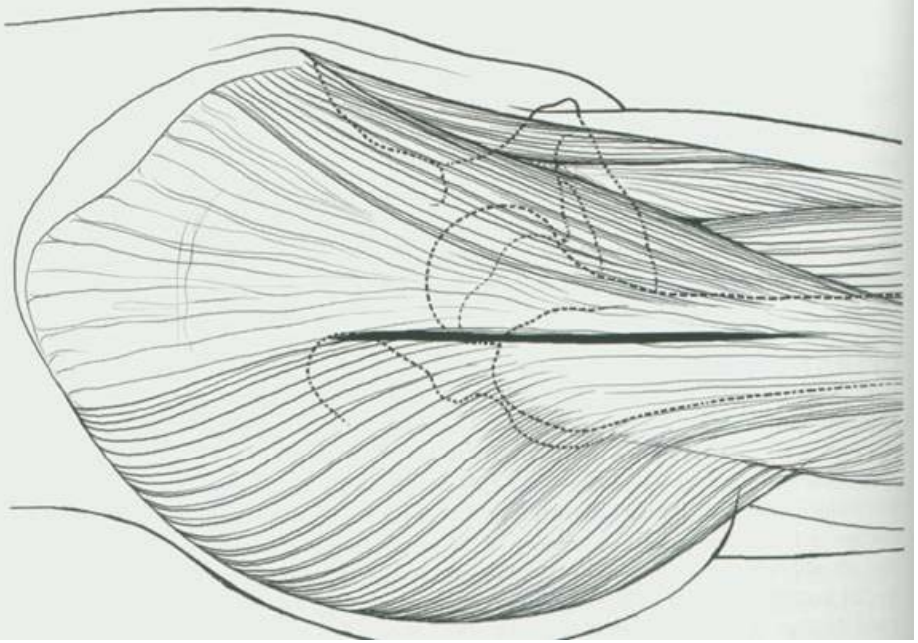

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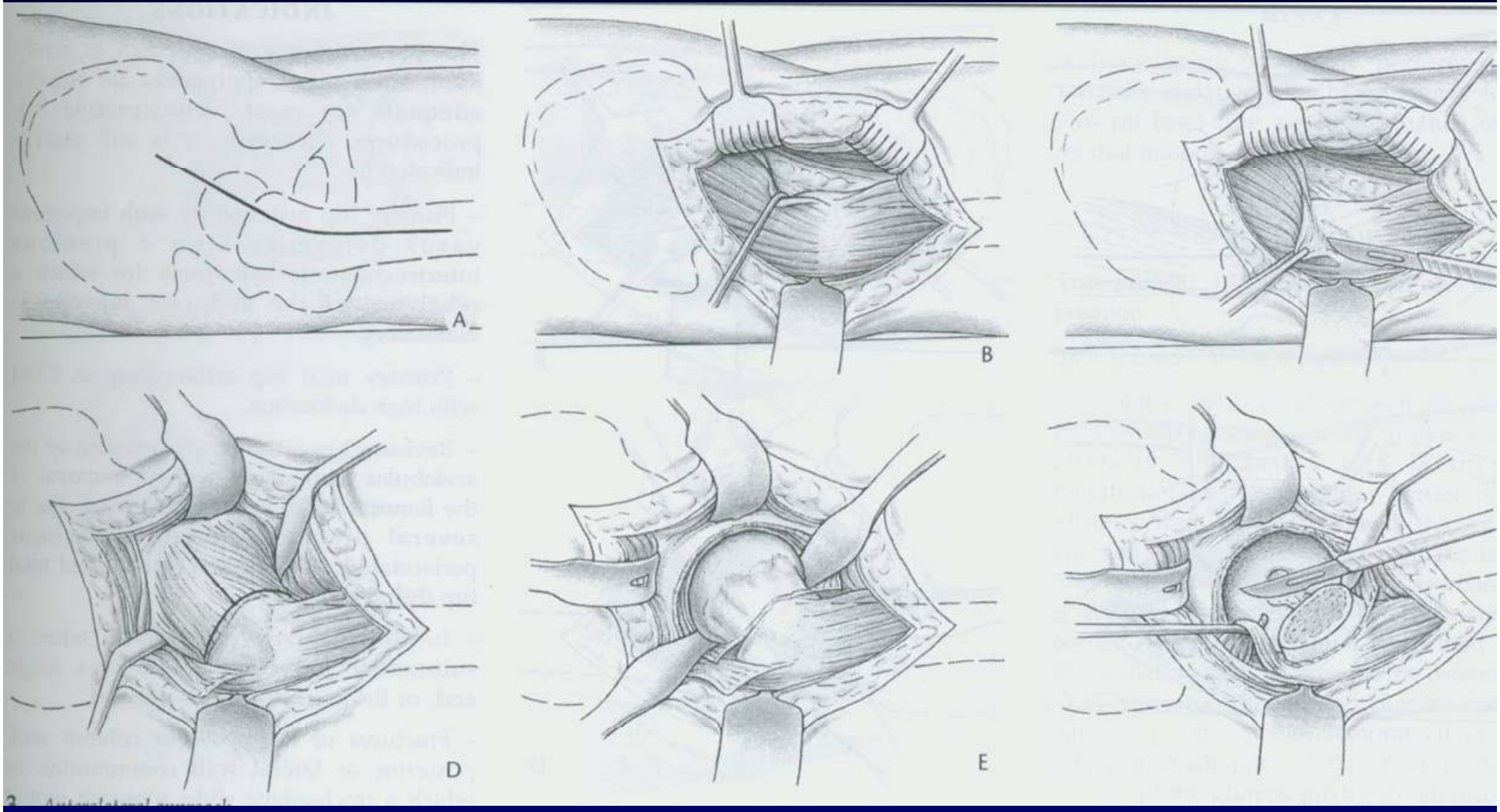

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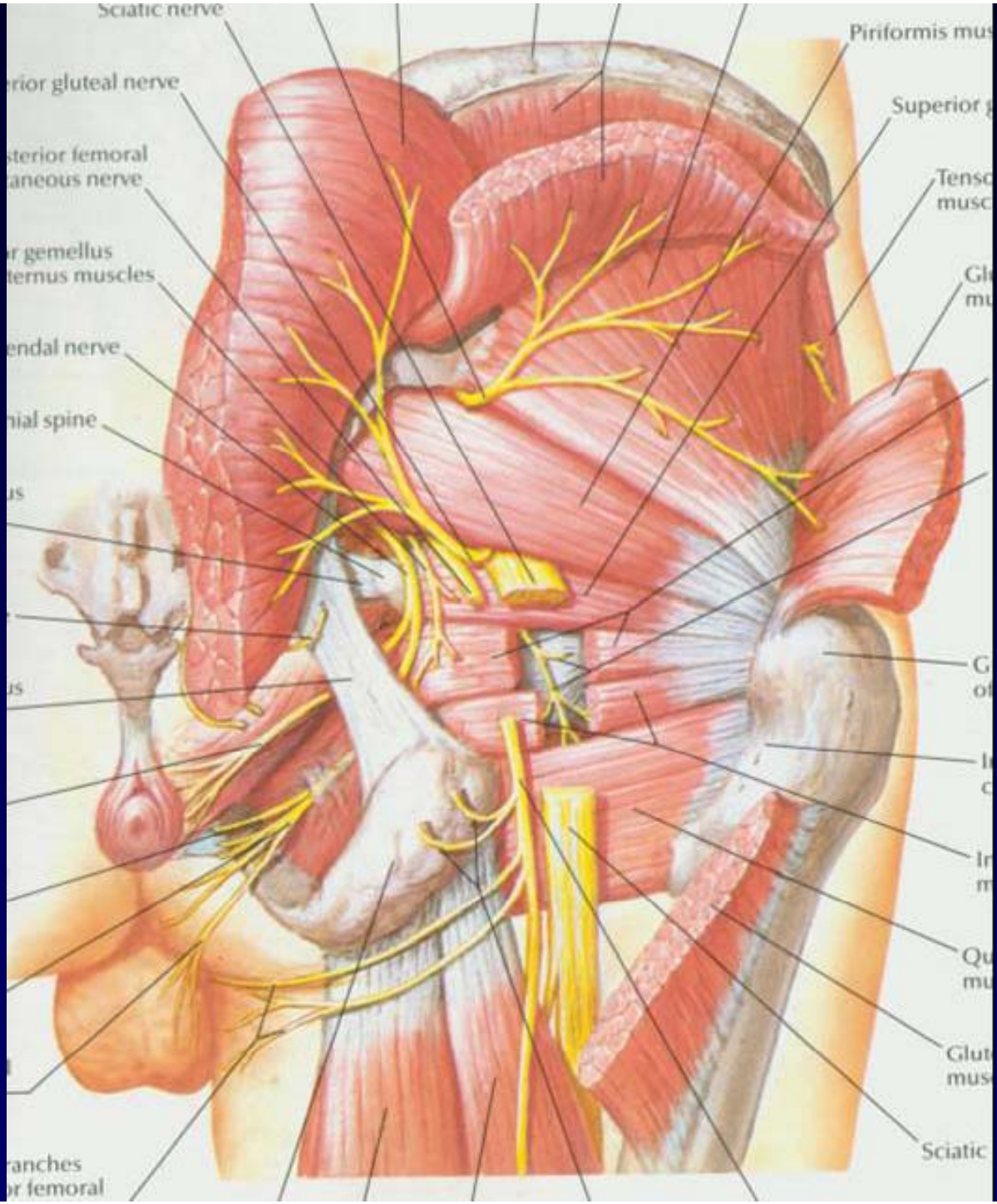
Sciatic nerve
Piriformis mus
erior gluteal nerve
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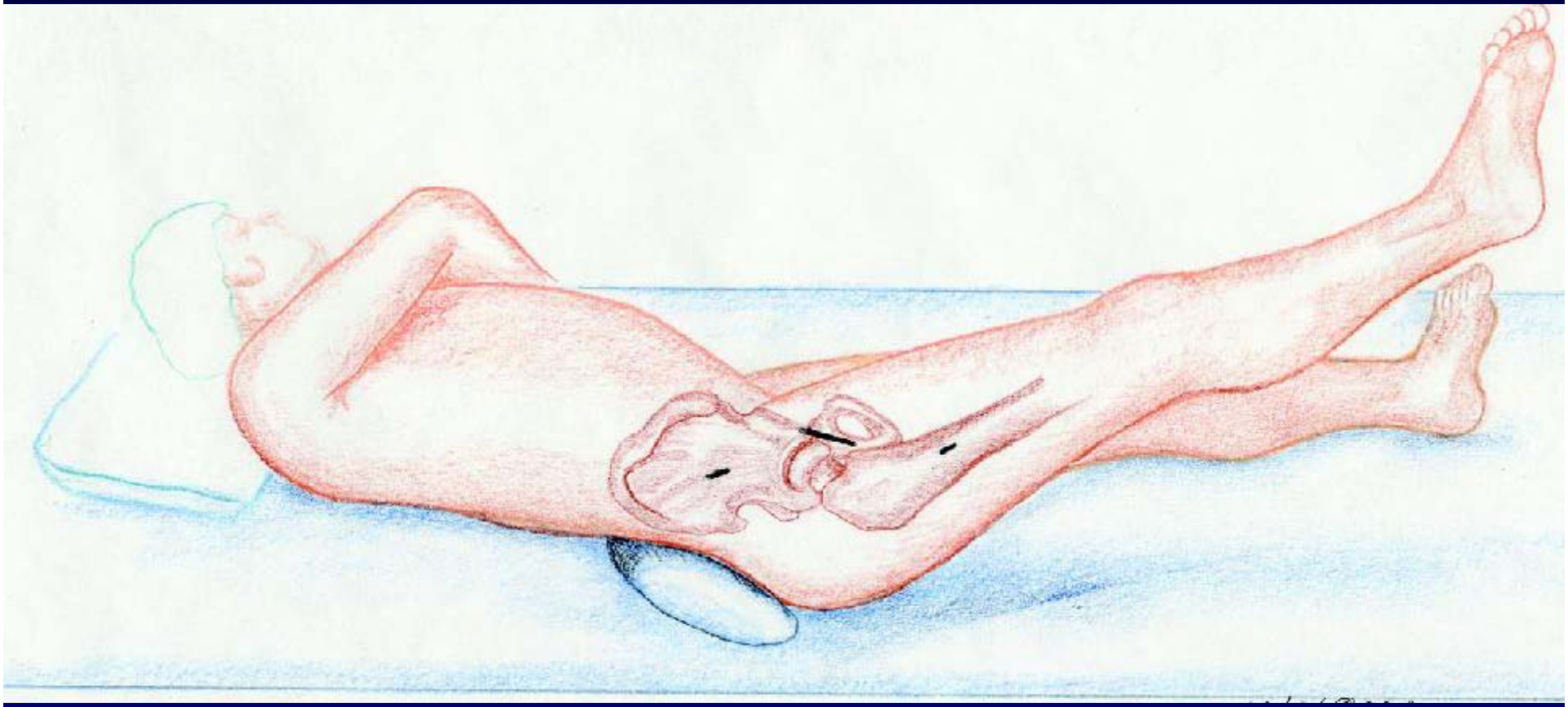
Sciatic
anches
r femoral

Two- and Three-Incision Hip Arthroplasy

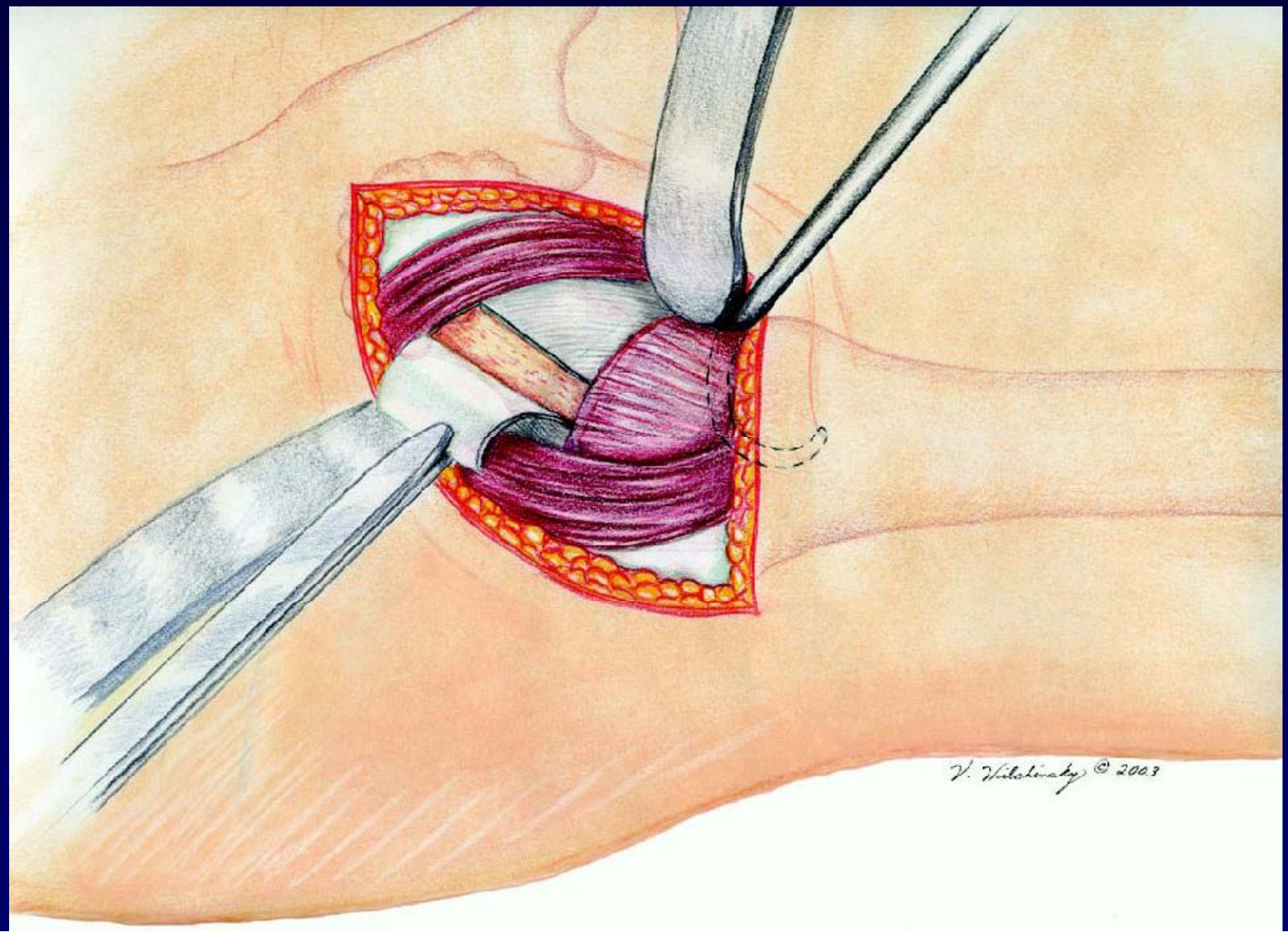
- 2003. *J Bone Joint Surg Am.* 85:39-48,

Fig. 1
Performance of an anterior approach for total hip arthroplasty with a one, two, or three-mini-incision technique depends on the surgical profile of the patient.

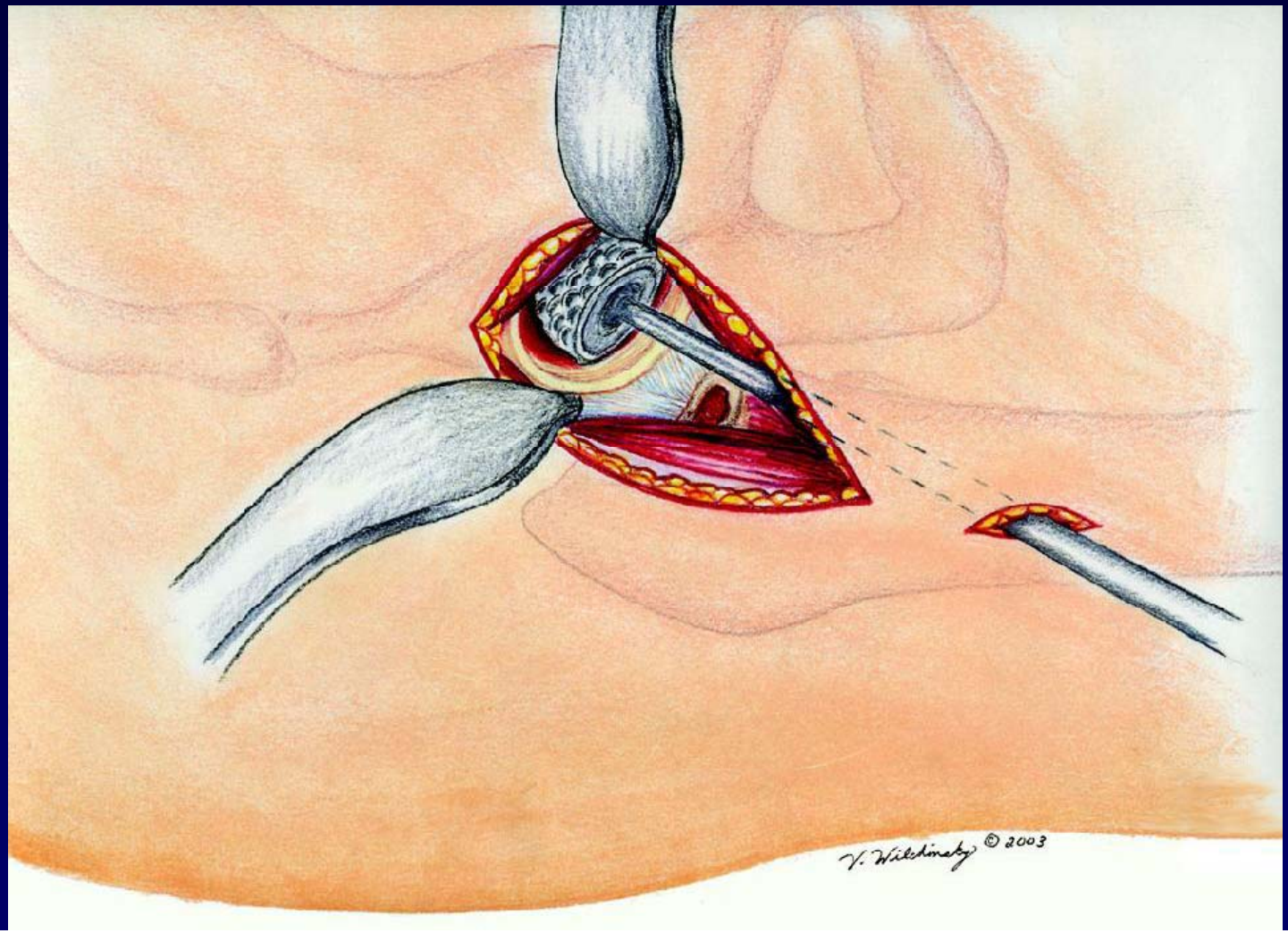
Two and Three Incisions Hip Arthroplasy



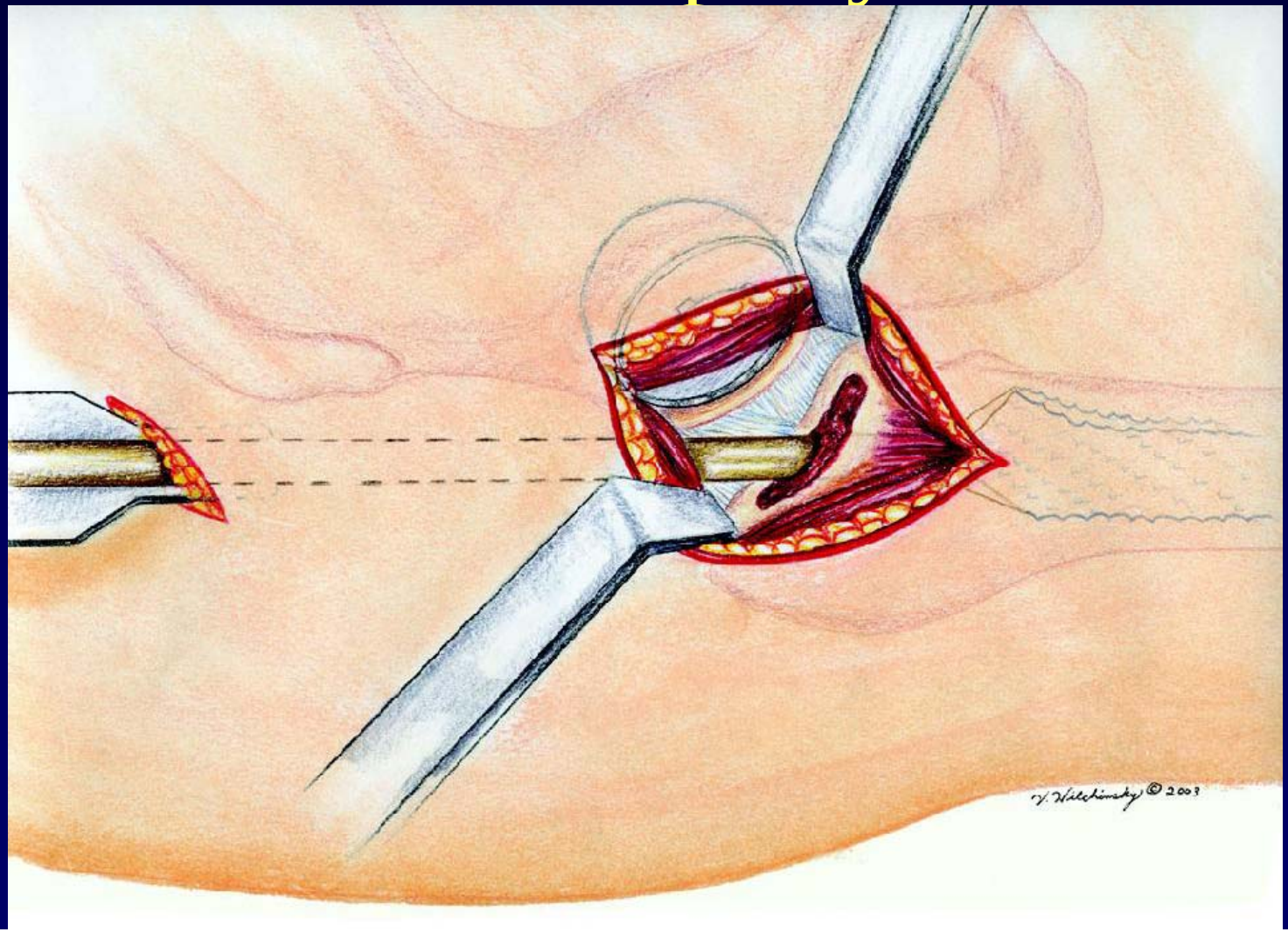
Two and Three Incisions Hip Arthroplasy



Two and Three Incisions Hip Arthroplasty



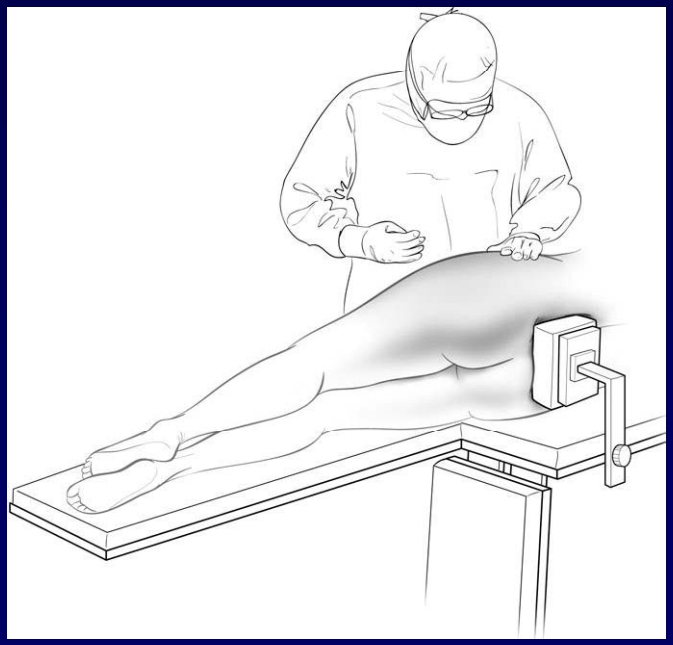
Two and Three Incisions Hip Arthroplasty

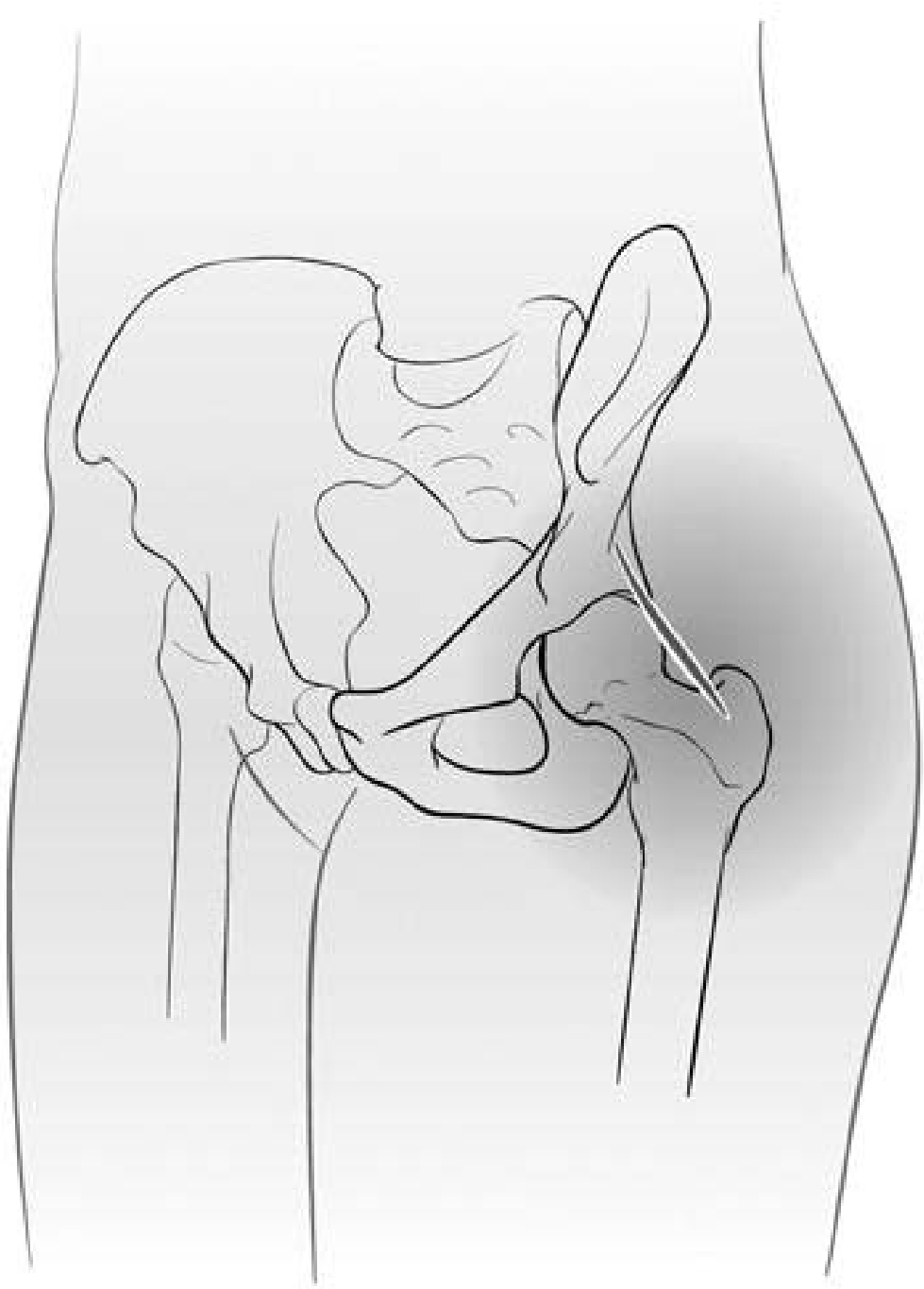


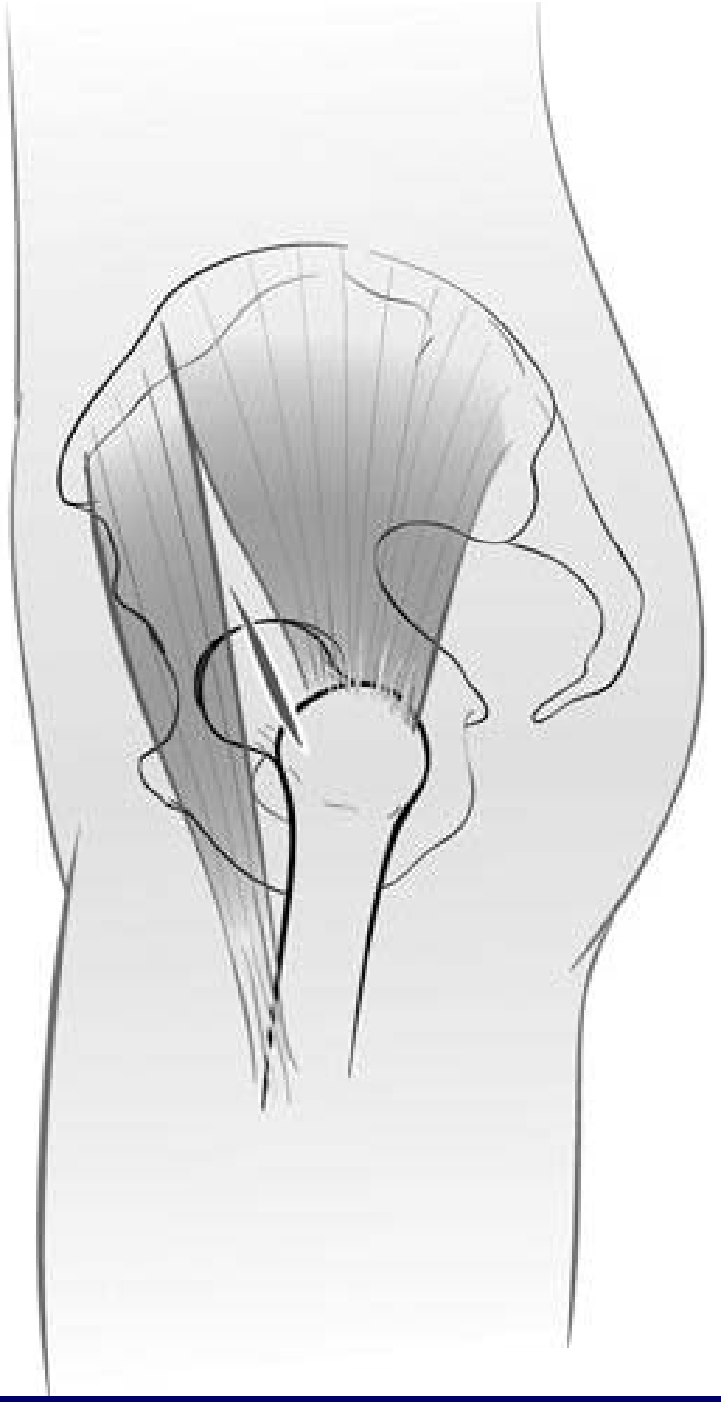
Can We Do It With One Incision?

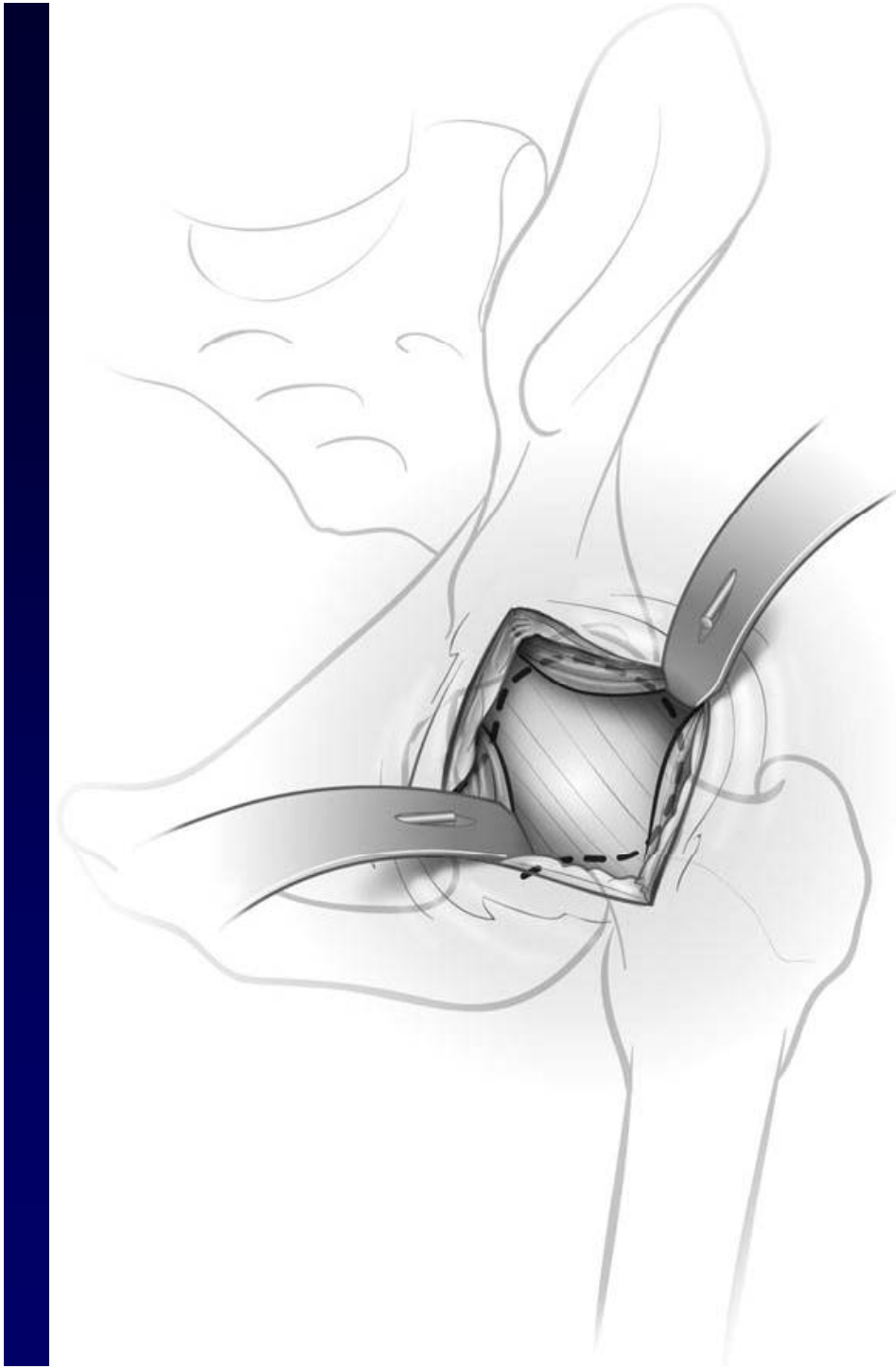
Anterolateral Mini-Incision Hip Replacement Surgery

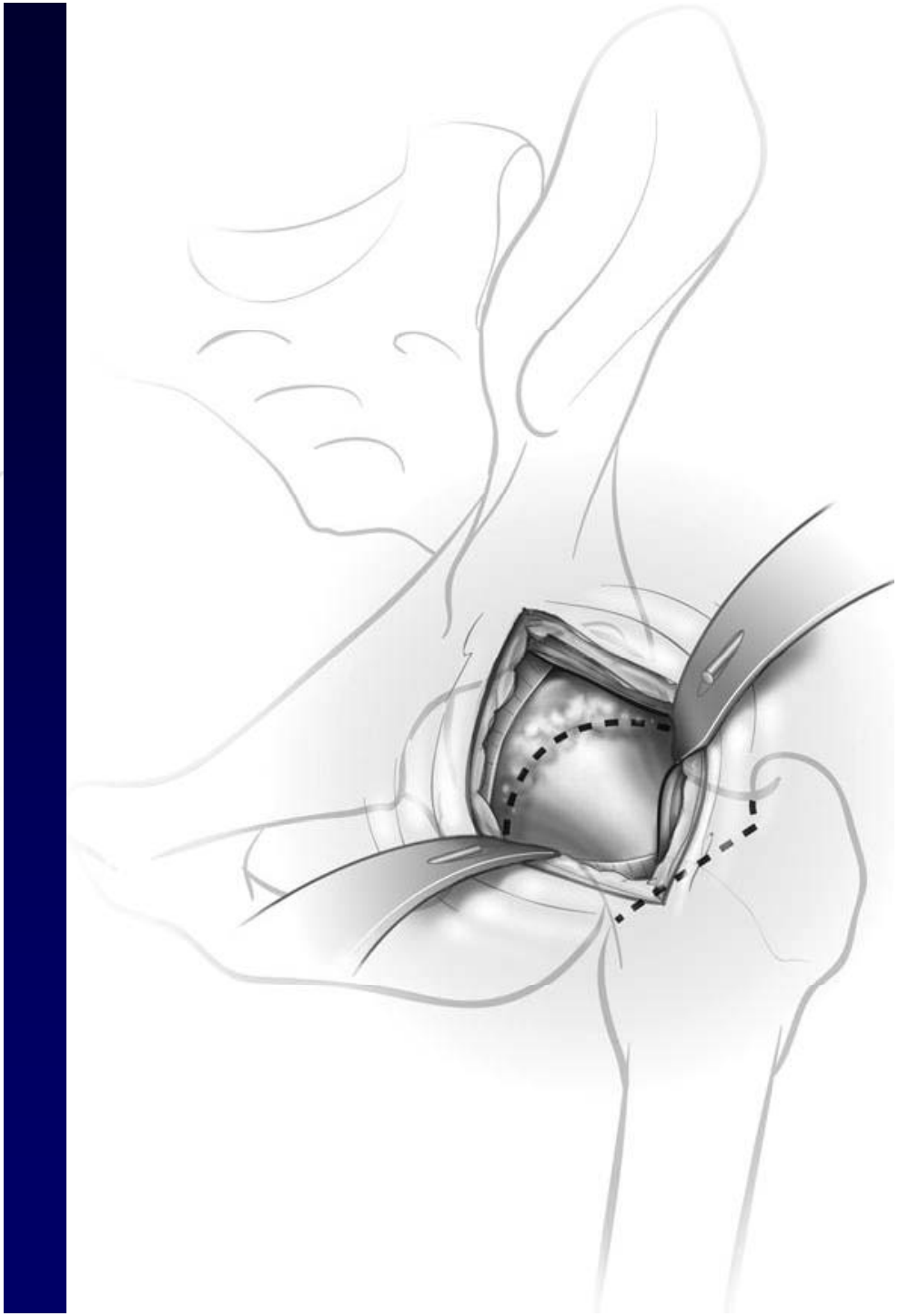
- Kim C. Bertin, MD; Heinz Rottinger, MD
- From *CORR* 2004; 429:248-255

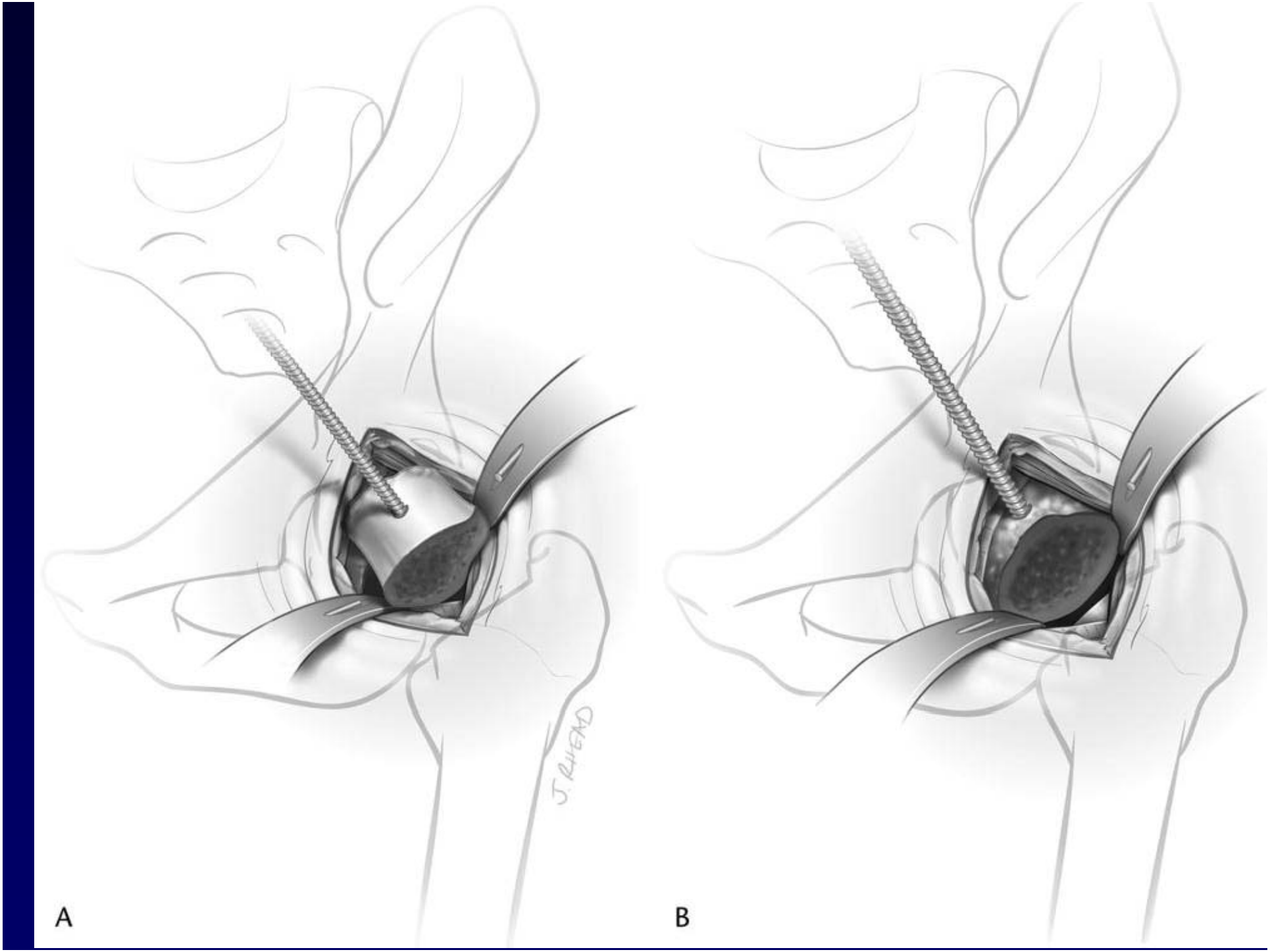











A
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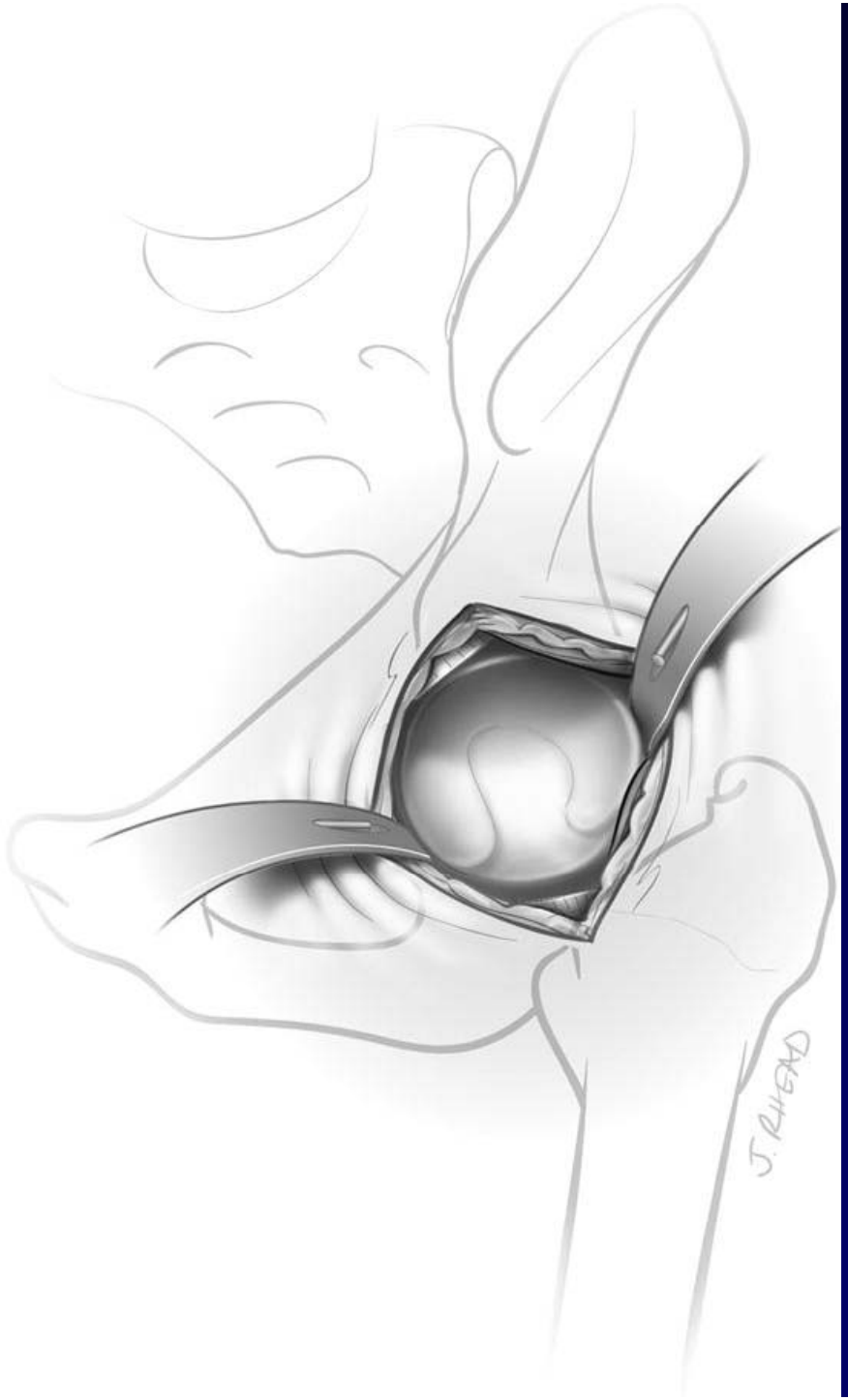
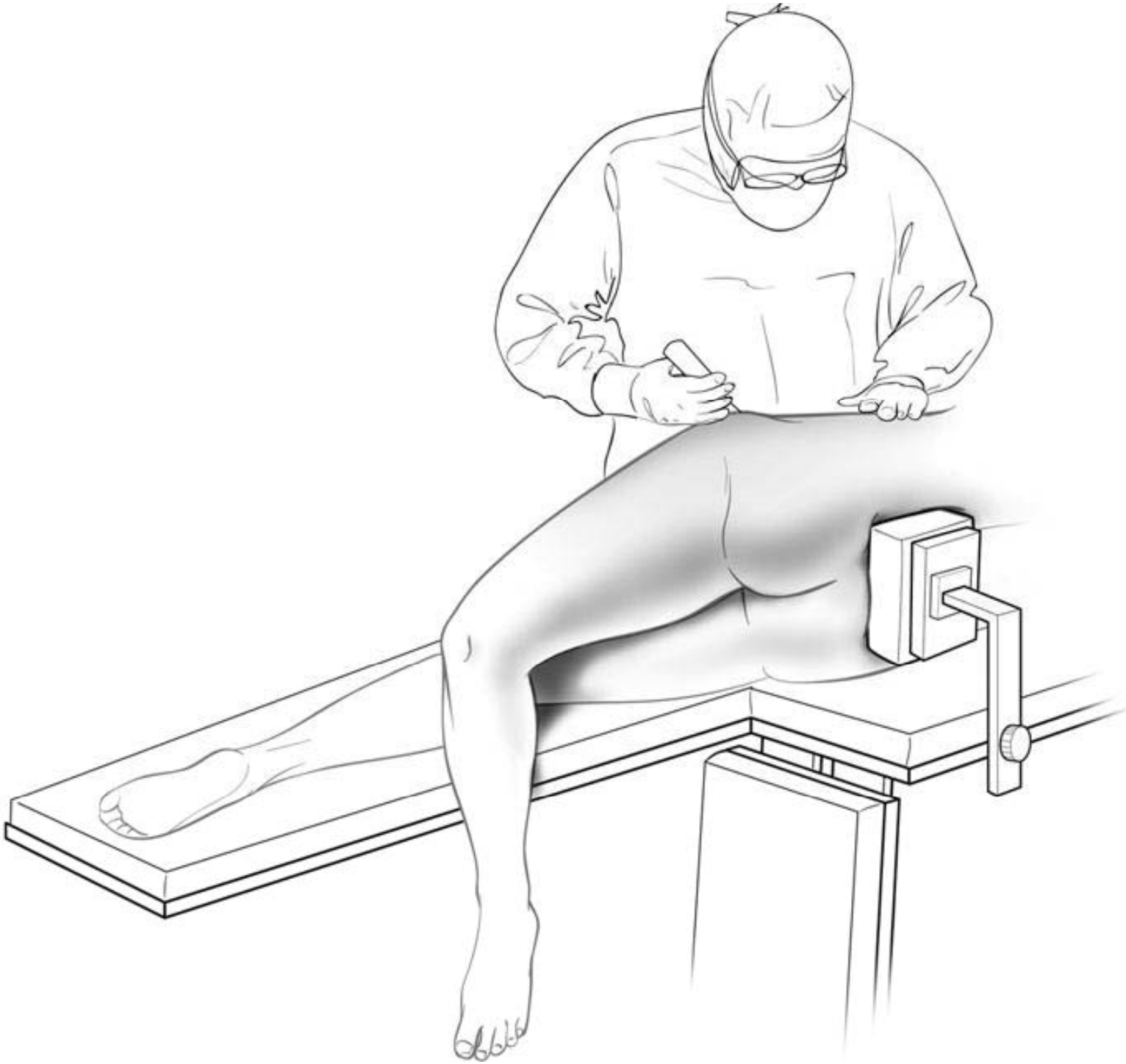
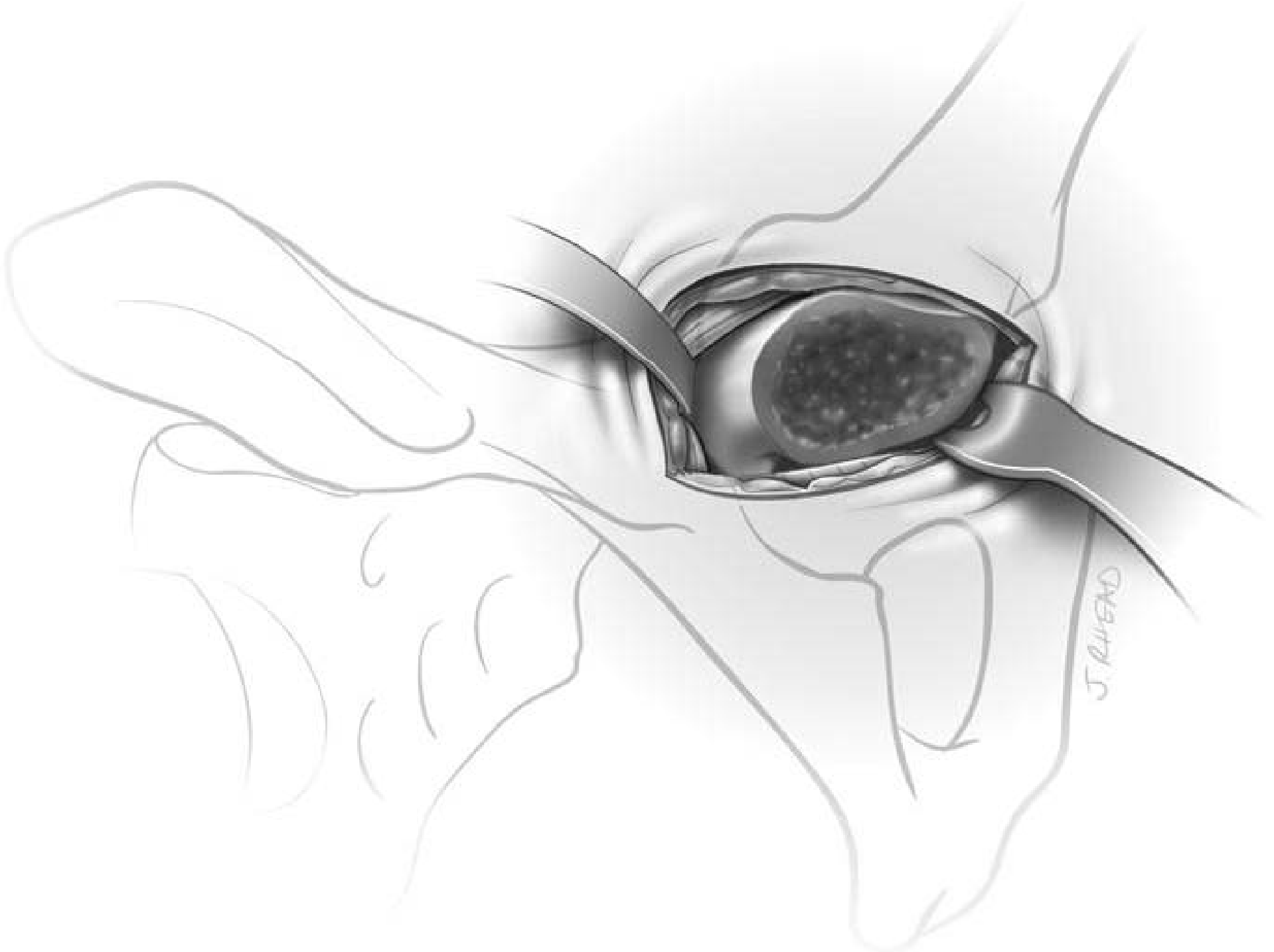
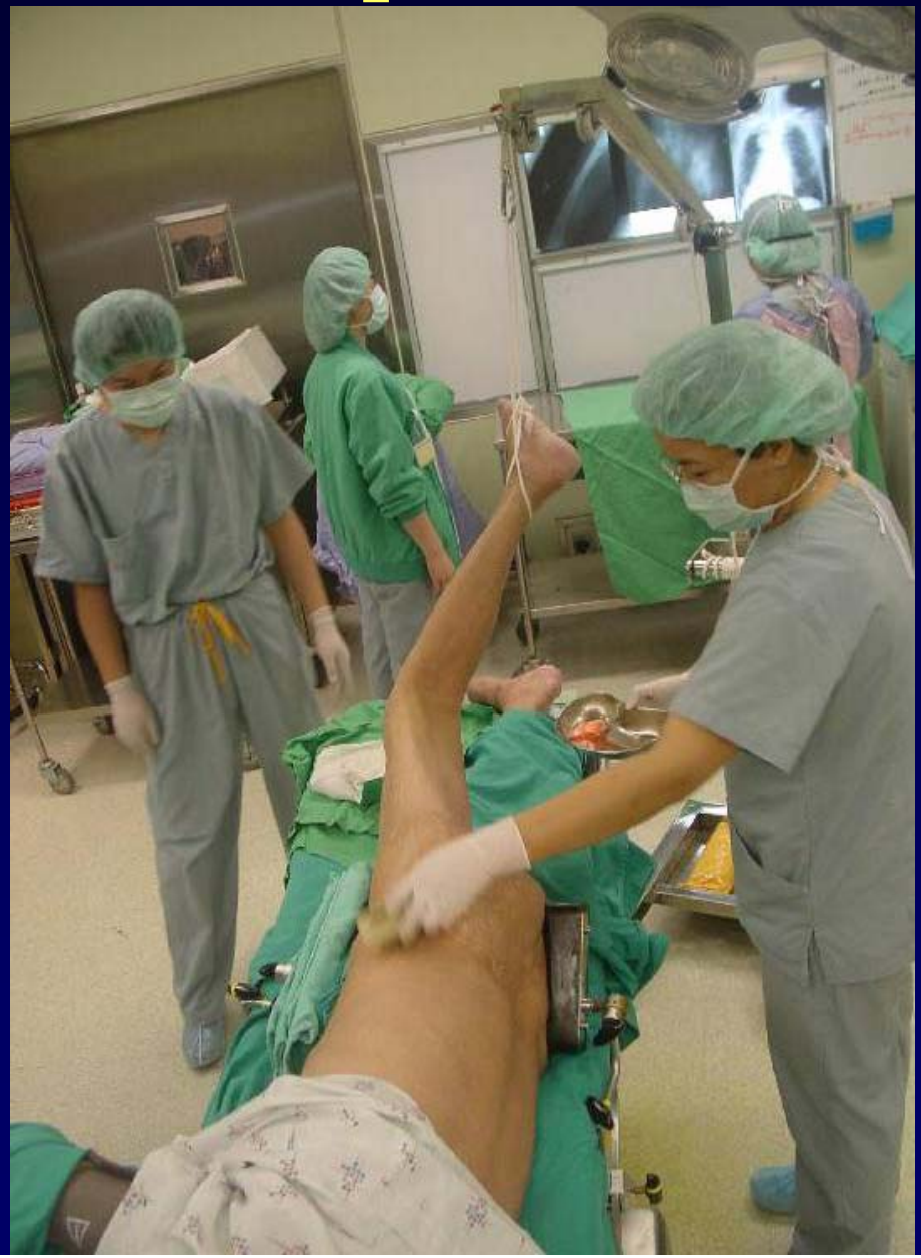
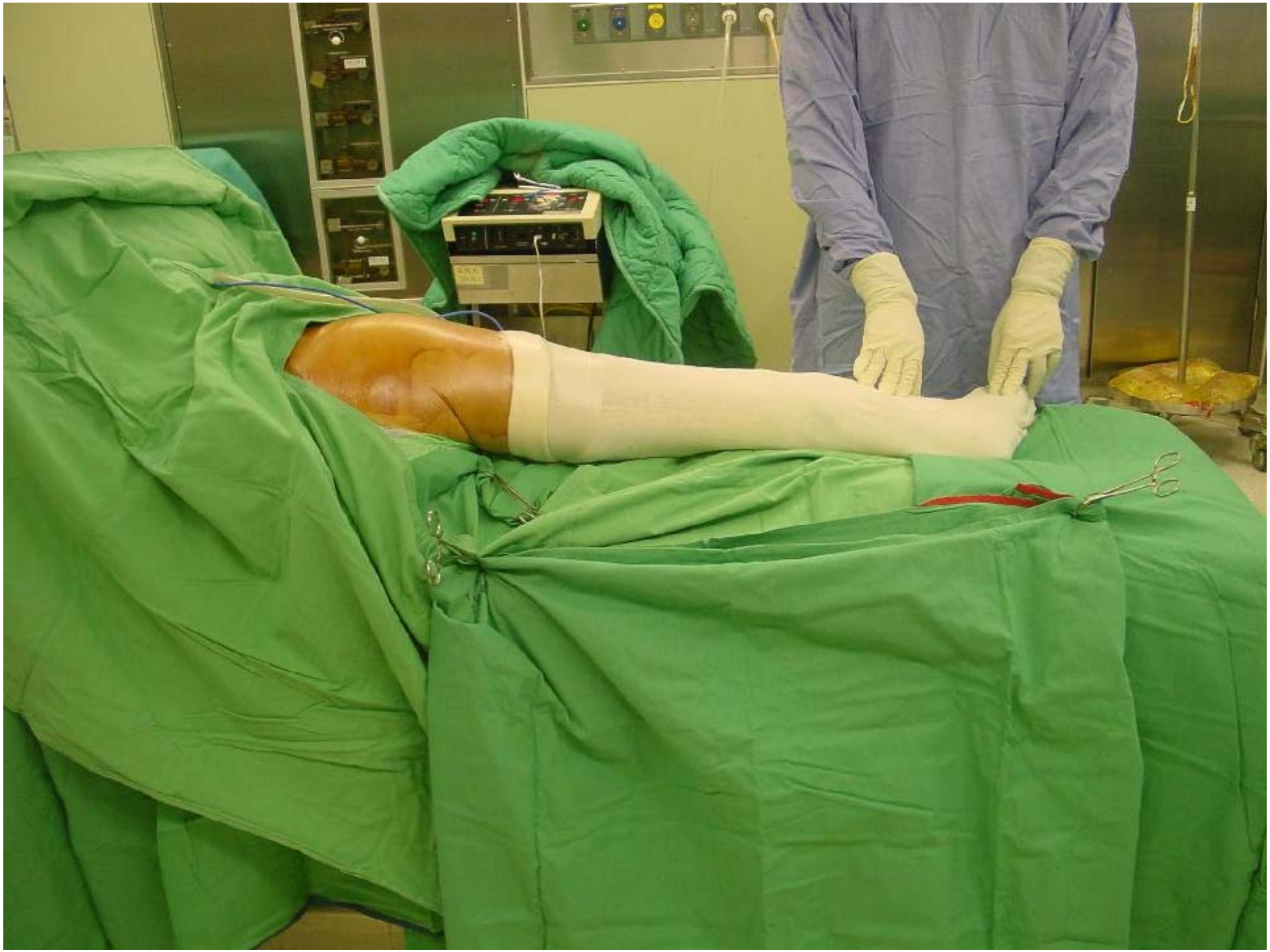


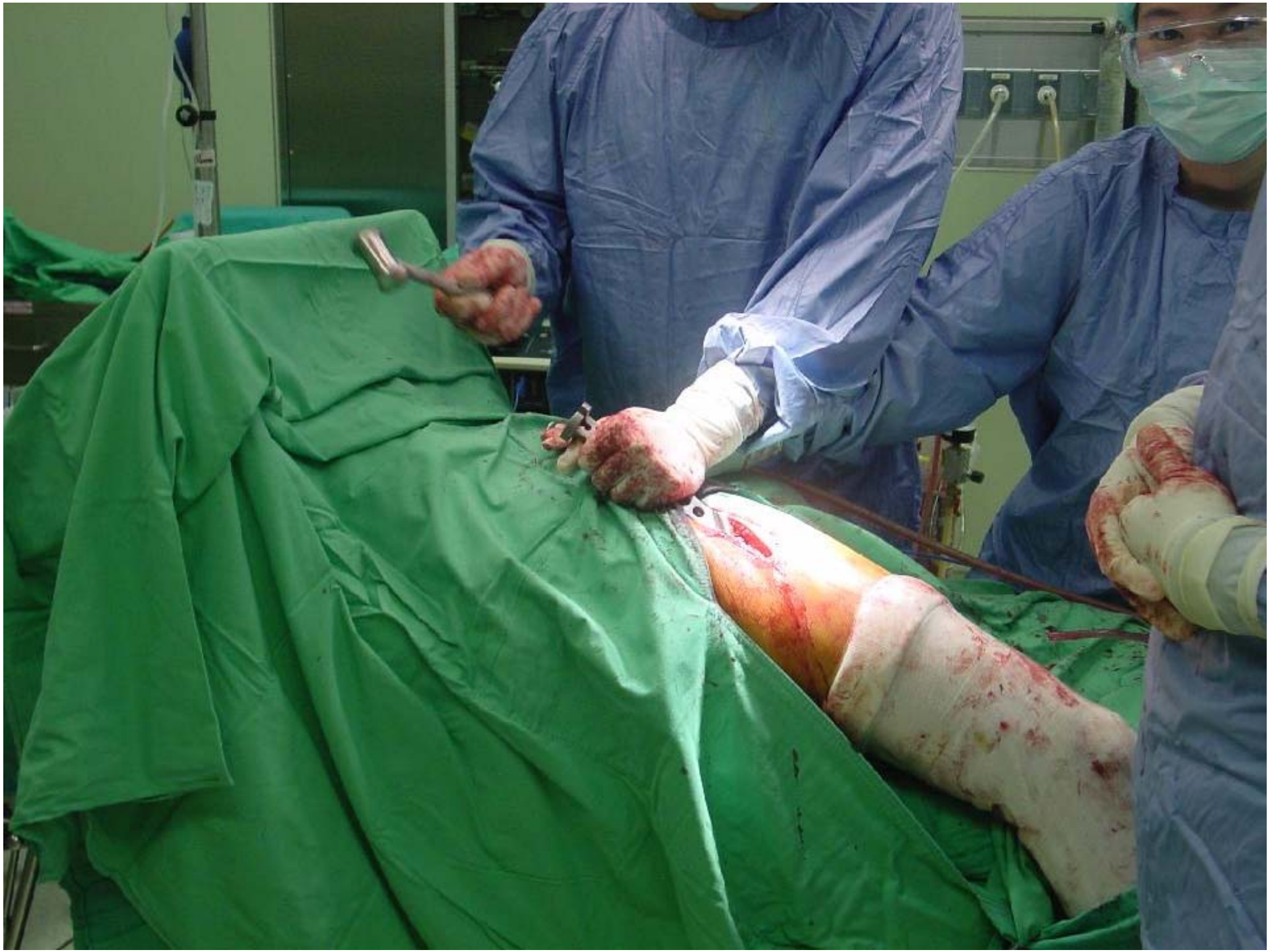


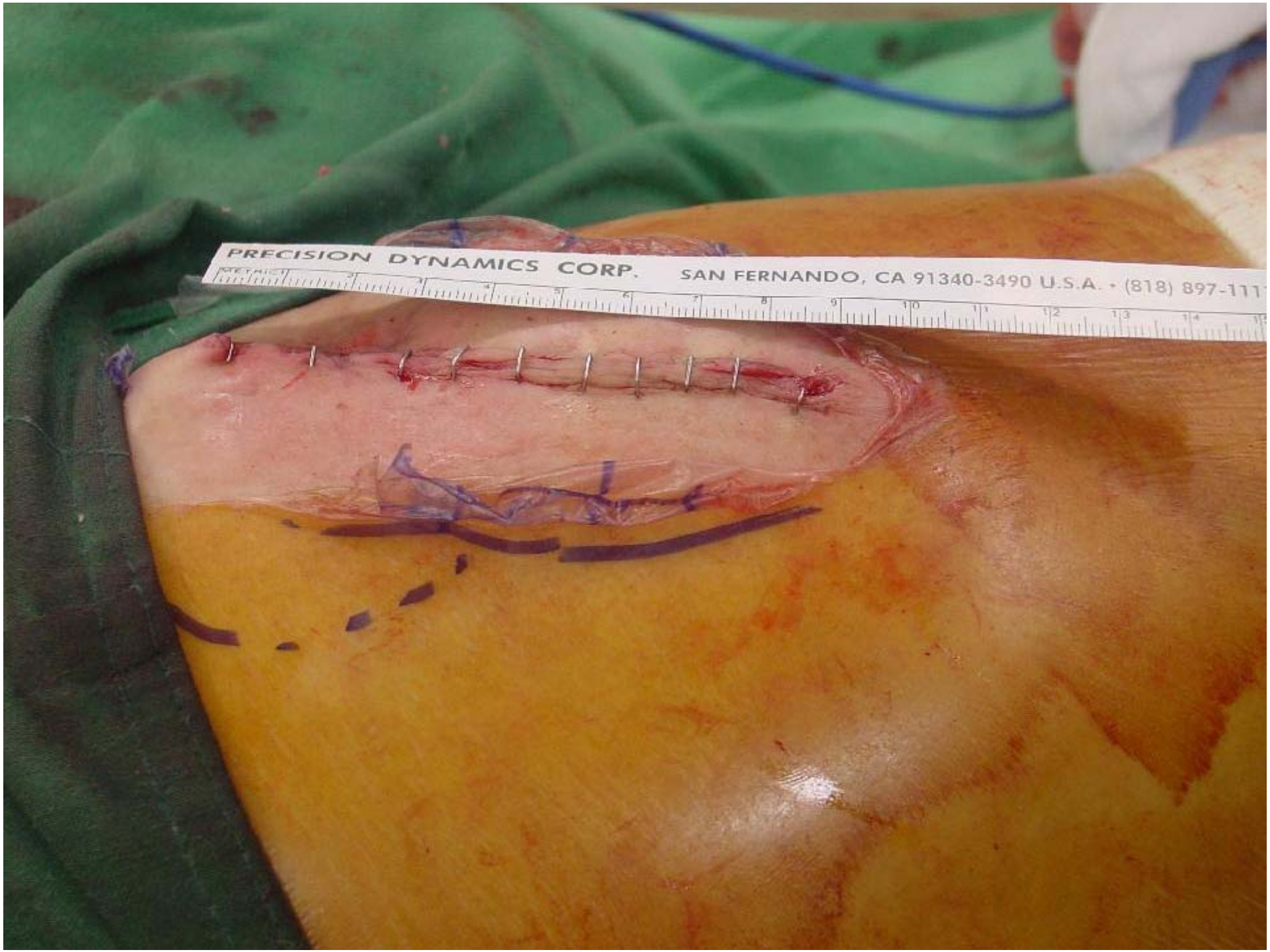


Our Experience





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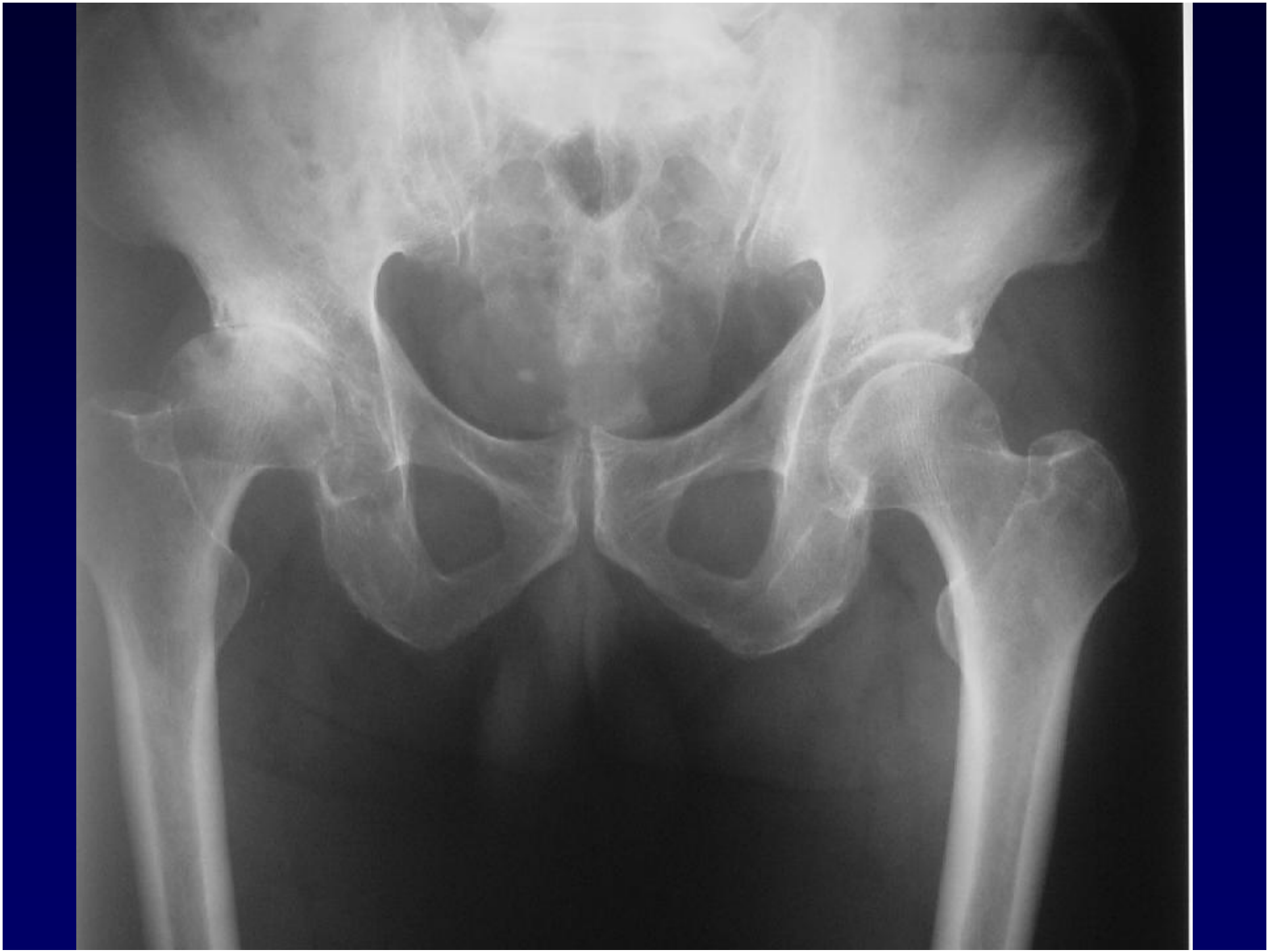

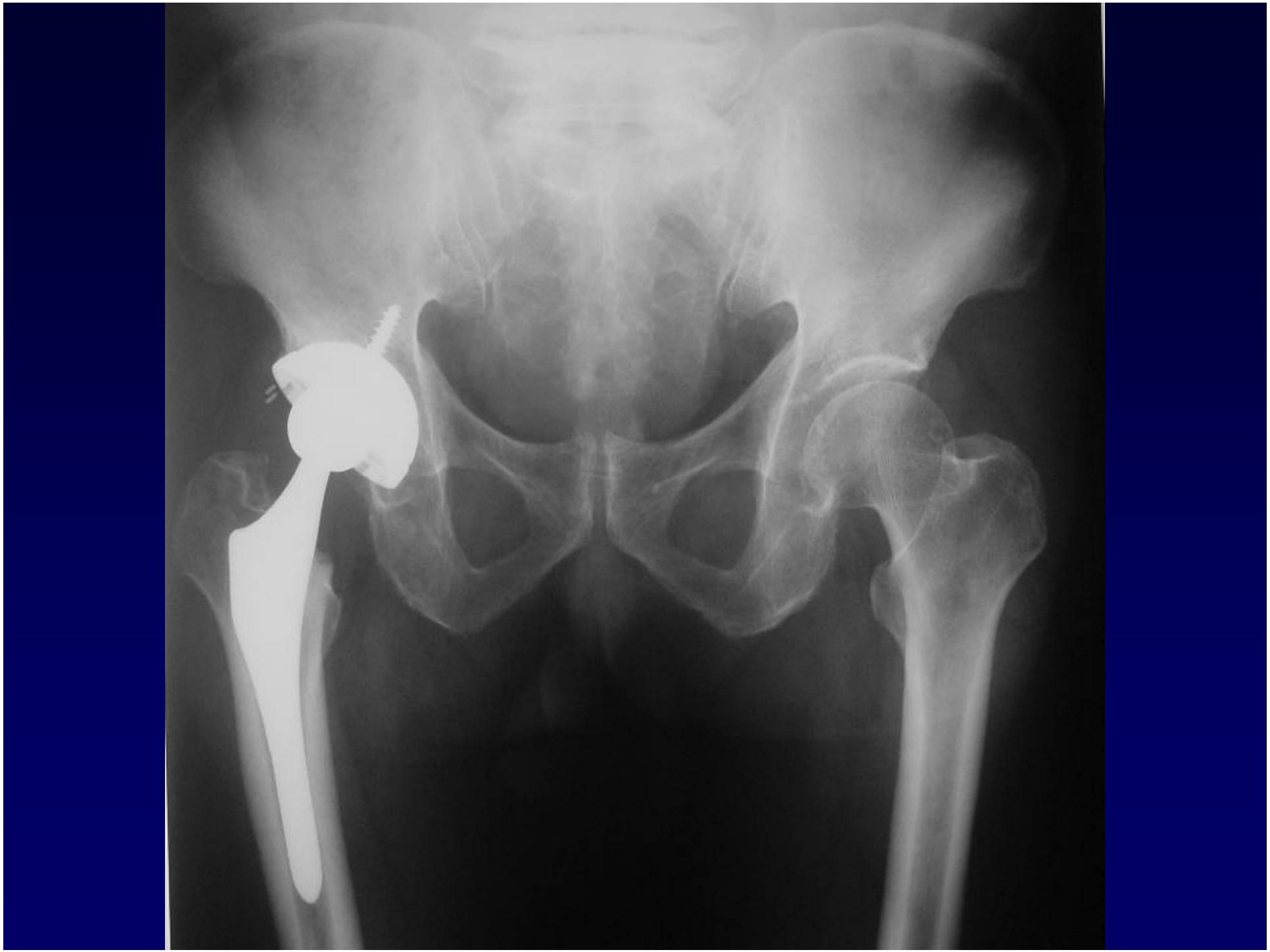

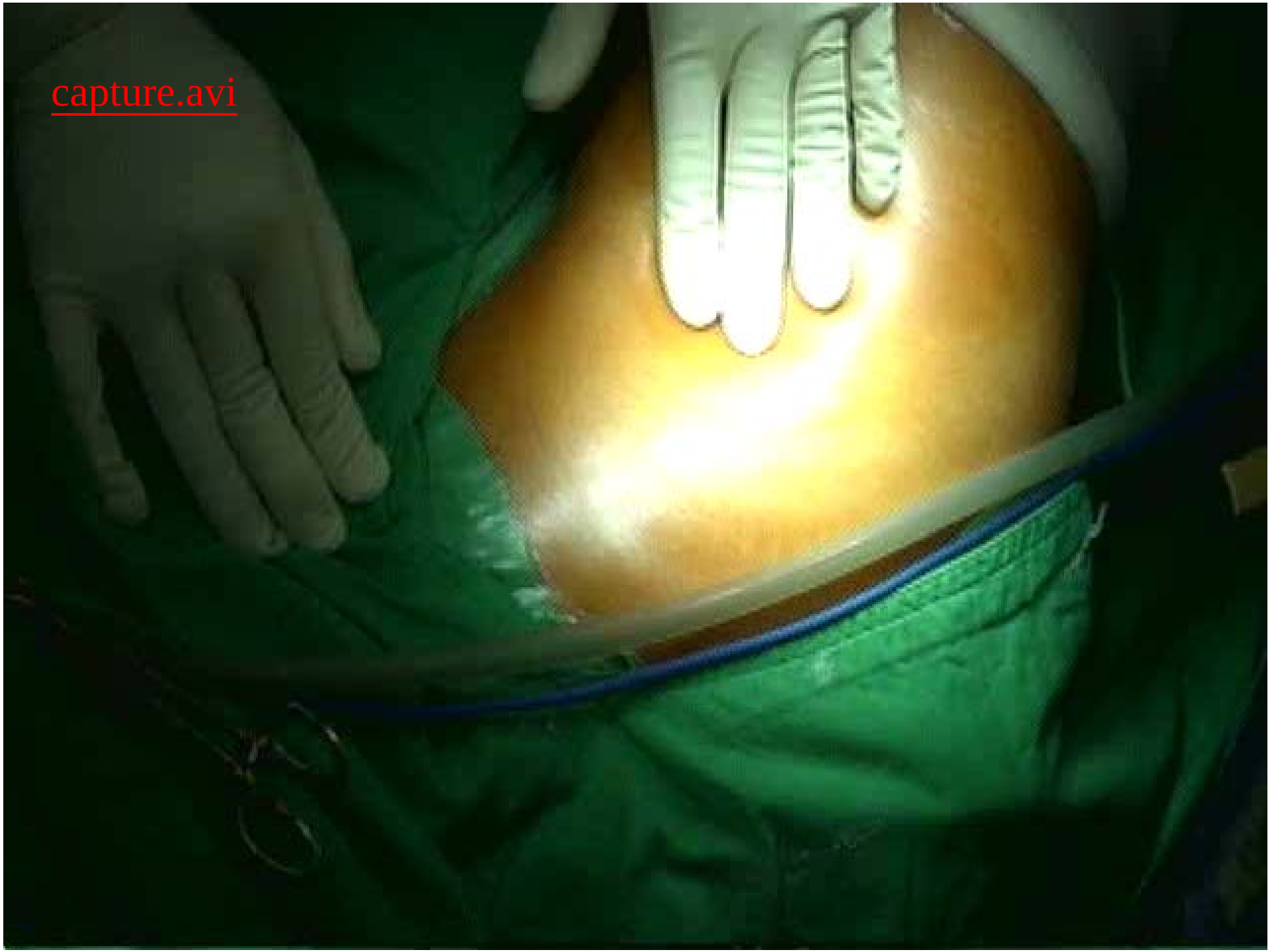
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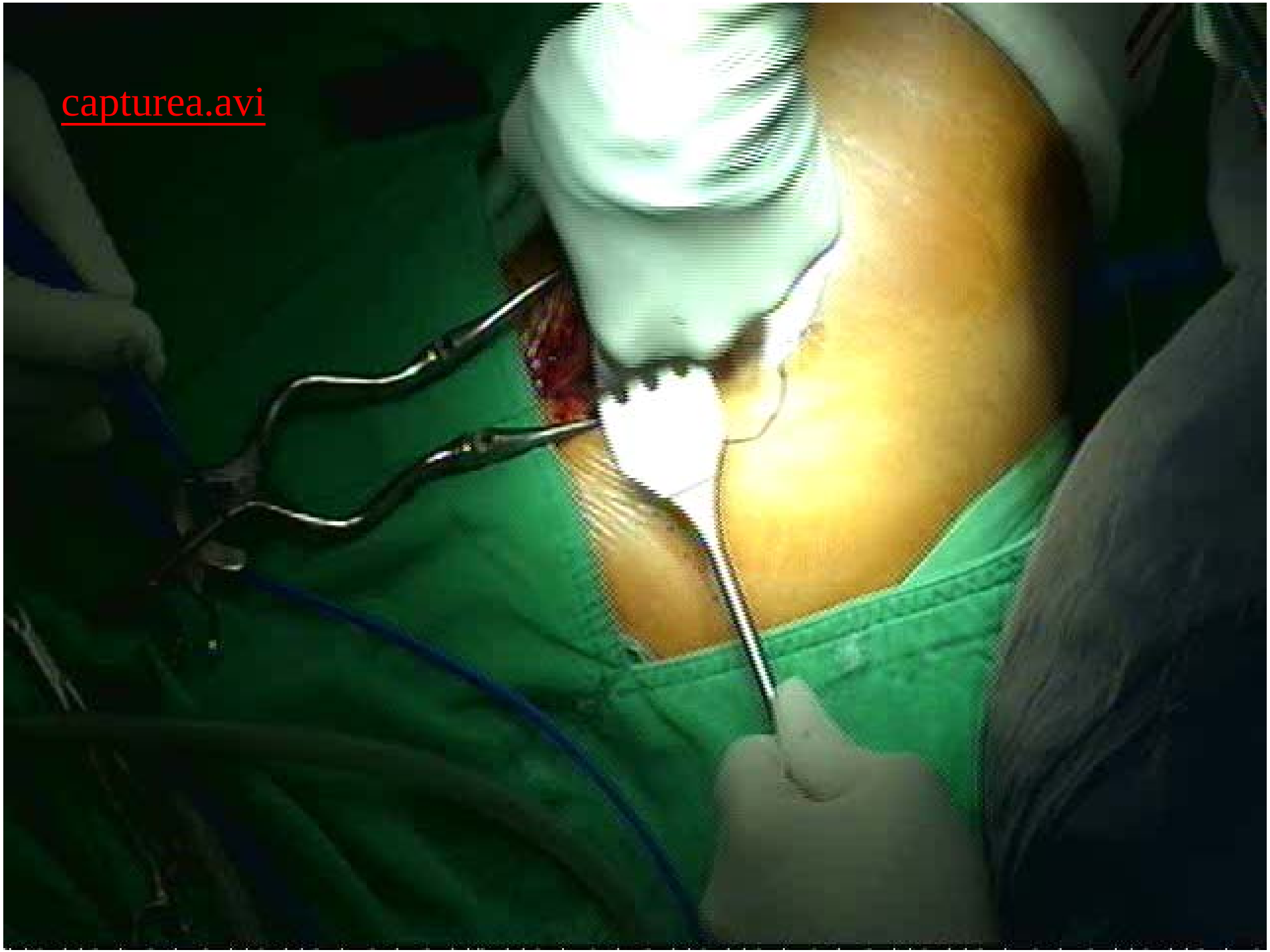
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Patients

- From 2005, we have done 15 OCM approaches.
- Two are arthrotomies
  - one for excision of foreign body
  - one is for debridement
- Two are Moore hemiarthroplasty
- Five are Bipolar hemiarthroplasty
- Six are total hip arthroplasty

Complications

- One dislocation due to stem infection and rotation
- One periprosthetic fracture during reduction
  - Walk without walker within 4 weeks

FAQ
Frequently Faced Problems

- Hard to remove femoral head and neck
  - The original author advised two cuts
- Hard to insert stem
  - More soft tissue release to obtain external rotation and extension position
- Hard to reduce
  - Release more soft tissue

FAQ
Frequently Faced Problems

- How to confirm canal placement? Not penetrate out?
  - Before placing stem, I suggest placing k-wire as probe to feel the continuity of the bone.
  - If there is bone defect, perioperative portable X-ray (or C-arm) is needed after placement of stem.


captureb.avi

Advantages and Disadvantages

- Advantages
  - Reduced dislocation rate
  - Minimal muscle injury
  - Good exposure of acetabulum
- Disadvantages
  - Special design instrument
  - Revision?

手術方式	優點	缺點	適合病人	肌肉傷害
傳統前開	不容易脫臼	臀中肌無力	無法配合的病人 老年人	大
傳統後開	不會臀中肌無力 傷口小,約6公分	容易脫臼 容易傷及坐骨神經	可以配合的病人 年輕人	大
雙切口髖關節置換手術	不容易脫臼 不會臀中肌無力	兩個傷口	全部	小
三切口髖關節置換手術	不容易脫臼 不會臀中肌無力	三個傷口	全部	小
單一切口微創髖關節置換手術	不容易脫臼 不會臀中肌無力 傷口小,約7公分	手術困難，醫師需要學習	全部	小

Conclusion

- The minimal invasive OCM approach is good for hip arthroplasty. Extensive soft tissue release is recommended if we cannot achieve proper position or reduce the prosthesis.

謝謝收看