TOP STORIES

Pain Meds and Hearing Loss in Women: Houston Methodist’s New Biomechanics Lab; Implant Corrosion Update
By Elizabeth Hothenz
Familiar pain meds are associated with hearing loss in women. Houston Methodist is opening a new ortho biomechanics lab, complete with state-of-the-art motion equipment. And Rush is the only facility in the U.S. with a new technology to tackle implant corrosion.

A Fresh Look at Bone Graft
By Robin Young
Sometimes back to the basics requires a new approach. Here’s a fresh look at bone graft for spine fusion courtesy of Pinnacle Spine. Think you know all there is to know about bone grafts? Here’s a new approach that increases bone graft coverage by 35-49%.

Orthofix Settles With SEC & DOJ for $14 Million
By Jessica Metts
Orthofix settles with the SEC and DOJ for $14 million. The case concerns claims of bribery in Brazil, fake invoices and exaggerated discounts by employees to lure in government hospital doctors. Five employees left the company and, all are personally reimbursing Orthofix as part of the agreement.

Galatz v. Crosby: Biceps Long Tendon: Pain Generator Requiring Tenodesis in TSA
By OTW Staff
Oft, everyone agrees tenodesis is the way to go for TSA. But with no prospective, randomized clinical trials regarding the long head of the biceps after total shoulder arthroplasty there remain too many questions. Which, of course, results in a spirited debate between Galatz and Crosby.

News Shorts
- Two Clearances Open North American Market for 7D
- SpineSource to Market Kisco’s Lumbar Cage
- New Study: THR Surgeons Should Ease UP on Restrictions
- Conmed Posts 6.8% Fourth Quarter Sales Increase
- TKA Patients <55: Who Will Be Dissatisfied?
- Spine RF Ablation System Cleared for All Bony Anatomy
- For all the news in Orthopedics, click here.

BREAKING NEWS

Spine RF Ablation System Cleared for All Bony Anatomy
By Walter Elmer
A Medtronic plc radiofrequency energy ablation system now...

First Meniscus Replacements in Texas With NUSurface Implant
By Elizabeth Hothenz
Joseph Berman, M.D. has performed the first meniscus replacement procedures in Texas using the NUSurface...

Paget’s Fracture Risk INCREASED With Intensive Treatment
By Elizabeth Hothenz
When it comes to Paget’s disease of bone, it looks like an accepted treatment isn’t panning out...

Conmed Posts 6.8% Fourth Quarter Sales Increase
By Tracy Romans
Conmed Corporation is a global medical technology company...

Putnam Plastics Expands Laser Capabilities
By Elizabeth Hothenz
Putnam Plastics Corporation is expanding to include advanced laser machining and state-of-the-art short pulse and...

Jeffrey Kobs, M.D.—New Medical Director at Raleigh Orthopaedic
By Elizabeth Hothenz
Dr. Kobs is a partner and practicing orthopedic surgeon with Raleigh Orthopaedic for the past 24 years...
Look at the Pauwels’ grade to determine your implant fixation strategy. As the fracture angle increases from 30 to 70 degrees, the shear forces on your construct are going to increase and you need to somehow neutralize the tendency of the femoral head to shift inferiorly and medially.

Pauwels’ Type 1 fractures tolerate load very well. They can tolerate compression and simple screw placement is appropriate.

Pauwels’ Type 2 and 3, where you’re going to have a higher shear angle and more forces across the fracture, I would choose a fixed angle device with a de-rotation screw. There is data from several series that if do have a Pauwels’ Type 3 the failure rate with screws alone was twice as high as our series utilizing fixed angle devices. And in Gardner’s series the failure rate with screws alone was 7x higher than if they used a sliding hip screw.

Are there other implant options to neutralize the shear forces? Well, there have been a few other ideas proposed. Some authors have proposed the so-called cross-screw technique, or a Pauwel screw which is perpendicular to the fracture line. We looked this up and our failure rate was about 50%. I don’t think screws alone can neutralize the forces across the hip with a vertically placed fracture, and we have abandoned this idea completely.

Nails have been reported, believe it or not, as a way to neutralize forces, essentially as a way to connect the fixation of the head and neck to the shaft. Definitely better than screws alone. I think there are some technical challenges to make sure that the reduction stays put while you’re placing the fixation device. But it is an alternative that has been reported in some series.

So in my opinion, a young, active patient under age 60 should keep his or her own femoral head and ORIF is the best choice. Why? Because you have a high rate of union. You have a documented good survivorship of the femoral head—85% at 10 years. You do have to be careful. Attention to quality of reduction is important and fixed angle implants should be used for vertical fractures.

Dr. Su: My opponent is a formidable one. He’s a gifted surgeon. He has countless publications. I’ve sent patients to him and they’ve thanked me for sending them to the movie star surgeon. He’s both trauma and arthroplasty trained and he’s had a long history of putting things together even from childhood.

But I have a trump card for my argument and the trump card, since we’re in Vegas, is that these people here are at a conference for joint replacement, so I think they’re going to see things my way.