

ORTHO HOLLER

COCHIN ORTHOPAEDICS SOCIETY NEWSLETTER - APRIL 2022

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President's Message

From the desk of the President
COS Dear friends

One more year has passed under the knots of the covid pandemic. Over the last year, we have been involved in and been delivering on a wide range of workstreams and activities. I hope you have noticed that it had been of benefit to patients and supporting surgeons. It is worthwhile replaying a few highlights and looking ahead to the next year.

Our work on Trauma care during the pandemic was commendable and we gradually stepped up to elective surgeries coping with Covid situations. In spite of the pandemic situation, COS had left no stones unturned. We were able to conduct monthly meetings although a few were online. National and international events organized by COS were attended well. We are committed in the training of postgraduate students and budding young Orthopaedic surgeons.

We have proved that COS is ahead of the other clubs in Kerala by organizing tournaments and bagging the trophy in the cricket match organized by KOA. Our Kochi Machans bagged the trophy this year also. Our members have been elected to covetable professional and social organisations.

The support of family members has always been a strength of COS. We plan for the family meeting in April 2022. COS is a blend of the experience of senior members and energetic and talented younger members.

I take this opportunity to thank each and every member of the COS and the family for the wholehearted support and cooperation extended to the executive committee of COS in the past year.

Dr K C Mathew
Jai COS



Secretary's Message

Dear esteemed members of Cochin Orthopaedic Society,

It is indeed an honour to be the secretary of the largest single Orthopaedic club in the state of Kerala. Even with the pandemic still making waves and spreading uncertainty, we as a club could stand together and conduct our monthly meetings without lapse, either online or offline. Cheers to all the members for actively participating in the meetings and stimulating active academic discussions. We hope to conduct family meetings, medical camps and get-togethers in the coming months when the Covid pandemic settles down further.

We could celebrate Onam virtually with lots of programs from our members. The Athapookkalam, Insta reels and Onappattu competitions had numerous entries and were much appreciated by everybody. We started the 'COS Events Calendar' in google which is presently subscribed by a large majority of our members. This allows events updated by the club office to be displayed on the calendars on all mobile phones. We could update and amend our by-laws to conform with those of other large organizations. We are in the process of making a club directory this year and requesting the wholehearted cooperation of all the members for collecting the details.

The Cochin Orthopaedic Society hosted a virtual seminar for school children on road safety awareness in conjunction with the Bone and Joint day celebration 2021. The theme 'Save self, save one' was envisioned by the President of the Indian Orthopaedic Association to spread the message of safety, especially on the roads and public places.

Our gala event Cochin International Orthopaedic Summit 2021 was a resounding success even on an online platform and was well attended by over 600 delegates from around the globe. It was a full 3-day program and inaugurated by our honourable Minister for Health and Family Welfare, Mrs Veena George. The meeting was felicitated by Mr Sashi Tharoor, Honorable Member of Parliament. It was the untiring efforts of Chairman Dr Suresh Paul, Secretary Dr Sudheer Shareef and Scientific committee Chairman Dr John T John which made it an enjoyable and useful one of a kind conference on 'Complications in Orthopaedics'. We hope to conduct it with the usual fervour as a physical meeting next time and the topic envisioned is 'Challenges in Orthopedics'.

Our club members had multiple publications in the last year and decorated faculty positions in various national and international programs. We are the proud winners of KOA premier league cricket tournament 2022 conducted at Palakkad this year, and I congratulate every team member for putting in tireless effort to make this happen. Especially captain Dr Paul K Jose, vice-captain Dr Joice Varghese, best batsman of the tournament Dr Jaseel Mohammed and best bowler of the tournament Dr Shinas B Salam. Our Online PG Training program (COSOPTP) is a regular well attended virtual program for PG residents from all over Kerala and we have eminent faculty from all district clubs. I congratulate Dr Bipin Theruvil, Dr Jiss Joseph Panakkal, Dr Balu C Babu and Dr Divya G for conducting it regularly and maintaining the good quality of the academic program.

Dr. Sujit Jos

MS(Ortho), MRCS Ed.

Prof. & HOD, MOSC Medical College Hospital, Kolenchery, Ernakulam Hon. Secretary, Cochin Orthopaedic Society



THE COCHIN ORTHOPAEDIC SOCIETY

Dr. K C Mathew
Hon. President

Dr. Sujit Jos
Hon. Secretary

Dr. Jiss Joseph panakkal
Hon. Treasurer

Dr. Suresh Paul
Imm Past President

Dr Venugopal R
Vice President

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Executive Committee Members

Dr. Murukan Babu
Dr. Babu George

Why do hips fail in 2022? Technique or technology??



Dr Bibin Theruvil
Medical Trust Hospital

Recently I received a frantic call from a junior of mine. One of his hip replacements done for neck of femur started having recurrent dislocations a few months after surgery. He sounded shocked that despite using an imported uncemented design with a large ceramic head, and lengthening 1 cm, it still dislocated (Fig1). He expressed his disappointment that the technology had failed him.

Here we look at some of the top reasons why hips are revised in 2022 and see if we need to improve our technology or technique or both.

Infection

In India, this is still the most common cause for revision. This could be due to patient-related factors like diabetes, inflammatory arthritis, surgeon-related factors like prolonged surgery, lack of ultraclean theatre environment. Recently many studies have shown that ceramic bearings reduce the rate of infection as compared to conventional meta on poly bearing

Dislocation

The predominant reason why hips dislocate is because of a faulty cup position. The surgeon needs to spend time exposing the cup properly (Fig2) and getting the position right. Larger head and dual mobility liners are only of secondary importance. A few minutes spent on checking stability will also help to prevent dislocation.

Fractures

Fractures around the calcar are normally picked up by the operating surgeon. If identified, expose the fracture properly and decide if a few cerclage wires are enough or if it needs a longer stem in more extensive fractures.

Fractures around the acetabulum are missed usually and picked up only late. The predisposing factors include small acetabulum, inflammatory arthritis, osteoporosis, previously irradiated bone, excessive reaming, and the use of a peripherally expanded cup.

Intra op this is identified by a sudden loss in press fit. Small incomplete cracks are stable and may be left alone after using multiple screws. Transverse and posterior column fractures are the usual unstable patterns. These will need to be fixed with a plate as soon as they are identified and the outcome is good if fixed well.

Lengthening

This is one of the common reasons for an unhappy arthroplasty (Fig3). In Kerala, there is a myth that in ceramic on ceramic bearings hips have to be put in "tight". I have heard this at many conferences. We also hear that up to 1 cm lengthening is "recommended" while performing a THR in fracture necks. Both of these are urban myths with no scientific basis. Whatever be the bearing surface, the aim is to recreate normal anatomy, not to increase length/offset. As a general rule, based on the anatomic studies in the femur we have done in the Kerala population, we know that the shoulder of the implant (irrespective of the design) should be distal to the tip of GT by about 1.5 to 2 cm (Fig3). In our population, the horizontal femoral offset is way smaller than the smallest offset available in many implants. If we reconstruct the hip with a larger offset implant, the patient often perceives an apparent lengthening due to pelvic tilt. Templating helps to avoid these.

Nerve Injury

Sciatic nerve injury is one of the most devastating complications a patient can have. Unlike the previous complications, there is no satisfactory medical/surgical treatment for this.

The common understanding is that this risk is higher with a posterior approach. Contrary to this conventional wisdom, studies

have shown that the risk is more in the Hardinge approach. When doing a THR through lateral approach, since the surgeon is not seeing the nerve, there is a risk while placing the Charnley retractor. While doing the femur, If the surgeon lifts it up with a Hohmann-type retractor posteriorly the nerve may be compressed. Again attention to surgical technique is important.

Liner malseating.

This is not uncommon with hard-on-hard bearings(Fig 4). This is very subtle and can easily be missed on X-rays. To prevent this, one has to see the shell 360 degrees (Fig 2), before impacting the liner.

Summary

In 2022, the technology as far as THR is concerned is extremely good and has up to a 99% success rate at 30 years. It is very difficult to improve technology like this which is near perfect. However, if you look at the revisions most of it is due to faulty technique and there is a lot of scope for improvement here.

Tailpiece

The reason for the dislocation in the case I discussed initially was due to an open and retroverted cup. This was revised successfully to a more closed and anteverted position (Fig 5). The stem was left alone.

When my junior asked "Sir, why did it dislocate?" I told him , "Rely more on your technique than the technology".

Fig 1
Shows a dislocated right THR with an open and retroverted cup

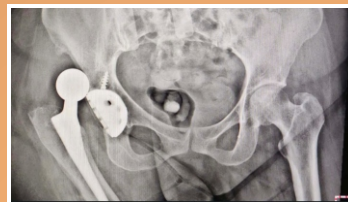


Fig 2
Intraoperative picture of a cup with 360 degree exposure

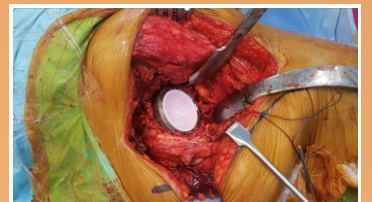


Fig 3
Shows a THR with increased lengthening and offset with true lengthening. The pelvic tilt cause an even higher apparent lengthening. This needed a revision



Fig 4
Subtle ceramic liner malseating inferiorly. In most hips in our population the shoulder of the implant should be deeper to GT by 15-20mm.

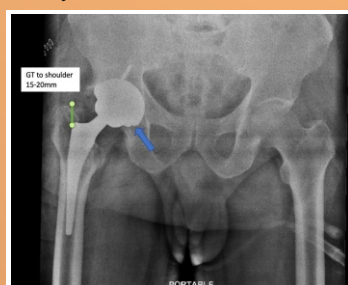


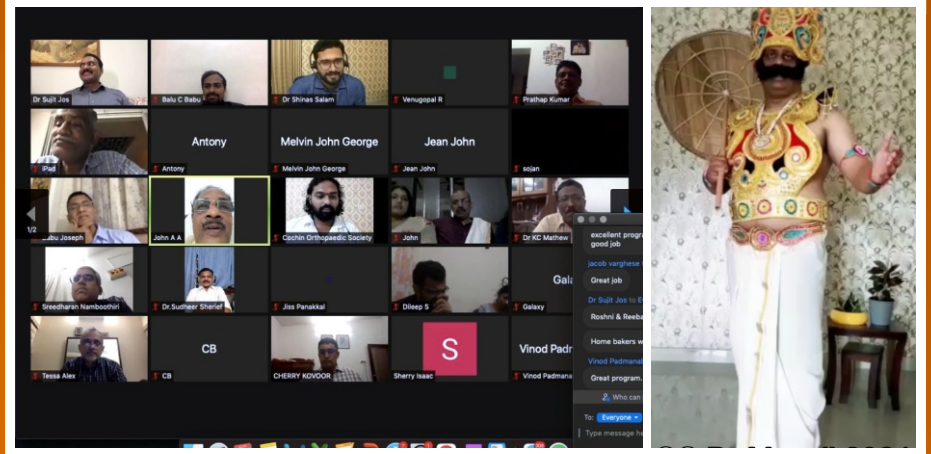
Fig 5
Postoperative radiograph of figure 1 showing a cup in more anteverted and closed position. Stem did not need revision.



BONE AND JOINT DAY



ONAM CELEBRATION



CIOS



CIA



KOA LPL



ORTHO HOLLER QUIZ!

- Q. Ant eaters sign is seen in
- Q. An orthopaedic surgeon who is a noble laureate.....?
- Q. Radio graphic view best suited to assess proneal tubercle morphology.....?
- Q. Avn Base of the fifth mt known as.....?
- Q. Identify the condition associated with vanishing

Cash prize of
₹3000
to the winners

Awards & Achievements

Congratulations



Dr Vinod Padmanaban
President
District Sports Council

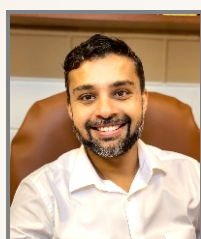


Dr Jacob
Nominee
District Sports Council

DR VENUGOPAL NAIR BEST CONSULTANT PAPER



Dr Vijayamohan S
Aster Medicity
Kochi



Dr Joice Varghese
Lourdes Hospital
Kochi

BEST VIDEO



Dr Dileep S
Lourdes Hospital
Kochi

SHOULDER AND ELBOW SOCIETY OF INDIA PRESIDENT



Dr Prathap Kumar

PUBLICATIONS BY COS MEMBERS

- Nora's Lesion: Bizarre Parosteal Osteochondromatous Proliferation In Right Foot: A Case Report Shikhar Yadav*, Divya G., Jithin Mohan, Joice Varghese
- Interlinked Hamstrings For Combined Anterolateral And Anterior Cruciate Ligament Reconstruction -a Novel Technique For All. Ankit Jose Ortho One Orthopaedic Speciality Centre India
- Osteoid osteoma masquerading monoarthritis of the elbow: Mohamed Jisam, Julio Chacko Kandathil, Muhammed Jassim Abdul Jalal, Elezabeth Manuel, Dr Bibin Theruvil
- Tissue Wrapping Augmentation For Anterior Cruciate Ligamentreconstruction: A Review Of Clinical Literature: Jacob G, Shimomura K, K Yogesh, Nakamura N
- Infantile Tuberculous Osteomyelitis of Proximal Tibia-Rare Occurrence: Case Report and Review of Literature: Jamsheed T DNB Ortho. , John T John MCH Ortho. , Dileep S DNB Ortho. ,Divya
- A study of femoral offset in the South Indian population and its clinical implications in hip arthroplasty: Dr.Gautam kumar.
- Manual extraction is superior to power tools when removing stripped titanium locking screws: N. Nizaj, C. Muhammed Shamseer, A.N. Sukesh, Jacob Varughese, Dr Bibin Theruvil
- A study of femoral offset in the South Indian population and its clinical implications in hip arthroplasty: Gautam Kumar , Mohamed Jisam , Jacob Varghese , Julio C. Kandathil, Dr Bibin Theruvil
- Total Hip Arthroplasty in Post-traumatic Acetabular Nonunion with Symphysis Pubis Diastasis A Case Report: Deepu Jacob Punnoose, MBBS, Nizaj N, MBBS, Sukesh A N, DOrtho, DNB, Julio C. Kandathil, MD Radiology, FRCR, CCT (UK), and Dr Bibin Theruvil, MS Ortho, FRCS (Trauma and Ortho), CCT (UK)
- Short-Term Outcomes of Robotic Lateral Unicompartmental Knee Arthroplasty: An Indian Perspective: Thadi Mohan -Johncy Panicker-Jai Thilak-Druvan Shaji" -Harsha Hari
- Isolated MPFL reconstruction for recurrent lateral patellar instability in patients with TT-TG distance <25 mm: A calculated safe risk!:Sumant Chacko Verghese, Santosh K. Sahanand, Nikhil Joseph Martin, Abbay Harsh Kerketta, Prashanth Chalasani', David V. Rajan
- Arthroscopic Plication in Medial and Lateral Elbow Instability: Francesco Luceri, Davide Cucchi, Joseph Martin Nikhil,Pietro Simone Randelli, Paolo Arrigoni