

FOREWORD

A warm welcome is extended to all those attending the British Hip Society's Annual Scientific meeting, in Leeds

This year has seen a further rise in the number of abstract submissions, from the record of 139 in 2005 to 242 last year to 257 this year – including 4 authors who managed to submit the same paper twice. All abstracts were anonymised and reviewed by the selection committee. There were substantial numbers of high quality submissions that we regret we were not able to offer a podium presentation to, we would encourage those authors to resubmit next year. Many important papers are presented in poster format; we encourage all delegates to review these excellent works in the coffee area.

Would all podium presenters please ensure their presentation is brought as a PowerPoint presentation in portable form and loaded on to the computer at least 30 minutes before their session begins. There will not be facilities for connecting up individual laptops.

All poster presentations should be mounted on the first day (using the Velcro stickers provided at reception) and should remain until the last clinical session on Friday to allow judging for the poster prize.

Would presenters **and** senior authors please check over their abstracts as they appear in this booklet and let me know as soon as possible if there are any corrections that need to be made. The abstracts will appear in the JBJS supplement later this year.

I hope you all have an enjoyable and productive time at the Leeds meeting. On your behalf I extend thanks to Martin Stone, the local organising committee, and to Leslie O'Leary and Hazel Choules at the BOA for their efforts towards organising this meeting and the production of this booklet.

Peter Howard
Editorial Secretary, BHS

BRITISH HIP SOCIETY

ANNUAL MEETING – LEEDS 2007

28th February - 2nd March 2007

Final Programme

Wednesday 28th February

Hip Impingement Symposium - requires registration separate to main BHS meeting

14.00	Introduction	Johan Witt
14.15 - 14.35	Pathology of FAI and Diagnosis	Mark Norton
14.45 - 15.05	Open approaches	Johan Witt
15.15 - 15.45	Arthroscopic approaches	Damian Griffin
15.45 - 16.05	The Role of Periacetabular osteotomy	Gavin Hussell
16.15 - 16.35	Current outcomes of treatment	Marcus Bankes
16.45 - 17.30	Case discussions - Participants welcome to bring cases for discussion	

Thursday 1st March

9:00 - 12:00 Emerging Hip Surgeons Session. Leeds Royal Armouries
Organisers Peter Bobak (Leeds) and Richard Grogan (Bradford). Dan Berry in attendance.

10.30 -12.00 Symposium: Biological implications of Metal on Metal Articulation
Chaired by Keith Tucker & John Skinner, Holiday Inn, Royal Armouries Road, Leeds.

All attending are invited to send one side of an A4 sheet, a brief synopsis or their interest.

Round table discussion to cover the following issues:

Chromosomal reactions

Tissue reactions

Tribology

Retrievals

Standards

Grants and Funding

MHRA

BOA Meeting in Manchester Sept 07

Questions

12.00

Lunch @ Leeds Royal Armouries

12.45. Opening Main Meeting & Welcome by Colin Howie, President of the British Hip Society

1 - 2.30 Instructional Session: Total Hip Replacement after DDH – How I do it. Chair: Colin R Howie

Total Hip Replacement for difficult DDH. Colin Howie
Cemented acetabular reconstruction (Indications technique and results). John Hodgkinson
Cemented femoral reconstruction. John Timperley
Uncemented femoral reconstruction. Dan Berry, Mayo Clinic
Surface replacement. Derek McMinn Birmingham

2.30 - 3.30 Free papers Metal on Metal Chair John Hodgkinson

2.30 9-year results of Birmingham hip resurfacing in osteoarthritis

J Daniel, H Ziaee, PB Pynsent, DJW McMinn

The McMinn Centre, Birmingham

10 year multi-centre evaluation of the Cormet hip resurfacing arthroplasty

R Spencer, M Bishay, S Krikler, U Prakash, P Foguet, D Griffin, D Pring, M

Norton & R Nelson

Weston Super-Mare General Hospital, Bath Royal United Hospital, Walsgrave Hospital, Princess Elizabeth

Hospital Guernsey & The Royal Cornwall Hospital.

Metal on metal hip replacement

JF Nolan, C Darrah, ST Donell, J Wimhurst, A Toms, T Marshall, T Barker, P

Case, C Peters,

JK Tucker

Norfolk & Norwich NHS Trust & Bristol University

Ten Year Results Of Metasul Metal–On–Metal Articulation In Total Hip

Replacement

P Monoot, V Eswaramoorth, YE Kalairaja, RE Field

Discussion

3.05 Rehabilitation after hip resurfacing arthroplasty: could we achieve better function?

KL Barker, MA Newman, H Pandit, DW Murray

Nuffield Orthopaedic Centre NHS Trust Oxford

Pseudo-tumour following resurfacing arthroplasty: a case series

P Harvie, S Glyn-Jones, H Pandit, D Whitwell, N Athanasou, D Murray, CLMH

Gibbons

Nuffield Orthopaedic Centre, Oxford, England

Systemic metal levels following revision of failed resurfacings to conventional THR's.

J Daniel, H Ziaee, C Pradhan, DJW McMinn
The McMinn Centre, Birmingham

Discussion

3.30 - 3.45 Tea

3.45 - 5.00 Free papers Basic Science Chair David Sochart

3.45 Orthopaedic bone cement: Do we know what we are using?

J Bridgens, S Davies, L Tilley, C Lee, P Norman, I Stockley

Northern General Hospital, Sheffield

Cement pressurisation on acetabular component insertion – the effect of a flange.

BJA Lankester, O Sabri, S Gheduzzi, JD Stoney, AW Miles, GC Bannister

Avon Orthopaedic Centre, Bristol and Department of Mechanical Engineering,

University of Bath.

Cement extrusion from the acetabulum in total hip arthroplasty: incidence and modification of technique to reduce the risks.

AD Acharya, T Petheram, MJW Hubble and JR Howell JR.

Princess Elizabeth Orthopaedic centre, Royal Devon and Exeter Foundation

NHS Trust.

Discussion

4.13 A prospective study of the incidence of cranial emboli at hip resurfacing with and without cement.

AG Bailie, Y Kalairajah, MC Forster, AJ Spriggins

Sportsmed SA, Adelaide, South Australia.

Surgical site infection after total hip replacement.

PJ Jenkins, TA Simons, CY Ng, JA Ballantyne

Department of Orthopaedic Surgery, Queen Margaret Hospital, Dunfermline,

Whitefield Road,

Dunfermline.

Discussion

Variation Within The Gene Encoding Sfrp-3 Affects Bone Phenotype Before And After Total Hip

Arthroplasty

A Gordon, L Southam, J Loughlin, G White, AG Wilson, I Stockley, AJ Hamer, R Eastell, JM Wilkinson.

Academic Unit of Bone Metabolism, University of Sheffield.

Wear and creep of highly cross-linked polyethylene against cobalt chrome and ceramic femoral heads.

LM Jennings, AL Galvin, J Fisher

Institute of Medical & Biological Engineering, Leeds, UK

Mathematical modelling of the impact of low polyethylene wear bearings on aseptic loosening after total

hip arthroplasty

A Gordon, AJ Hamer, I Stockley, JM Wilkinson

Academic Unit of Bone Metabolism, Sheffield

Discussion

5.00pm Annual General Meeting

Pre-dinner Drinks

8.00 Dinner, Leeds Royal Armouries

Friday 2nd March

8.30 – 10.20 **Free papers - Revision Total Hip Replacement.** Chair Ian Stockley

8.30 A Thick Cement Mantle Increases Early Migration Of Impaction Grafted Femoral Stems

M Ganapathi, J H Kuiper, S G Griffin, E S Saweeres, N M Graham

Hip Unit, Robert Jones and Agnes Hunt Hospital, Oswestry

Survivorship of cemented revision arthroplasty for aseptic loosening in total hip replacements.

VT Veysi, RW Metcalf, I Udom, NJ Carrington, MH Stone

Leeds General Infirmary, Leeds, United Kingdom

Discussion

8.47 The Posterior Lip Augmentation Device- Two Centre Study Outcomes At A Minimum Of Five Years

Follow Up

Campbell D, Dearing J, Finlayson D, Datir S, Sturdee S, Stone M

Raigmore Hospital, Inverness and Leeds General Infirmary

The Use Of Large Diameter Femoral Heads In Revision Total Hip Replacement

M Ganapathi, B George, E Clatworthy, A John, M Maheson, S Jones

Hip Unit, Llandough Hospital, Cardiff

A cemented constrained liner in revision hip surgery: 2 – 6 year results.

AG Bailie, JR Howell, MJ Hubble, AJ Timperley, GA Gie

Princess Elizabeth Orthopaedic Centre, Exeter

Discussion

9.13 The Prostalac Hip: Outcomes 10-15 Years After Two-Stage Revision For Infection

GS Biring, T Kostamo, BA Masri, DS Garbuz, CP Duncan.

University of British Columbia, Department of Orthopaedics, Division of Adult Lower Limb Reconstruction

& Oncology, Room 3114, 910 West 10th Avenue, Vancouver, Canada.

Vibration assisted femoral impaction bone grafting. Reducing the risk of fracture whilst improving bone

graft strength

BJ Bolland, AMR New, ROC Oreffo, DG Dunlop.

Southampton General Hospital

Predictors of quality of life outcomes after revision total hip replacement.

GS Biring, BA Masri, NV Greidanus, CP Duncan, DS Garbuz

University of British Columbia, Department of Orthopaedics, Division of Adult Lower Limb Reconstruction

& Oncology, Room 3114, 910 West 10th Avenue, Vancouver, Canada.

Discussion

9.29 Encouraging Early Results Of A Modular Trabecular Metal Acetabular Shell
G Charnley, R Putaswamiah, E Yeung
Broomfield Hospital, Chelmsford, Essex
Porous Tantalum Uncemented Acetabular Shells In Revision Total Hip

Replacement: 2 To 4 Year Clinical
and radiographic results

WY Kim, NV Greidanus, BA Masri, CP Duncan, DS Garbuz

Discussion

9.46 Department of Adult Reconstructive Orthopaedics, University of British
Columbia, Vancouver, Canada.

Exchange arthroplasty to treat peri-prosthetic femur fractures

W Steens, A Katzer

St. Franziskus Hospital Muenster, Germany, Ortho Clinic Hamburg, Germany

Reef long-stem revision hip prosthesis – outcome analysis for peri-prosthetic
fractures

P Proctor, J Page, IW Wallace

James Cook University Hospital

The importance of accurate coding in Orthopaedic patients: a 2 centre
comparison study of payment by

Results

SS Jameson, AVF Nargol, MR Reed

Wansbeck General Hospital, Northumberland, University Hospital of North
Tees, Stockton-on-Tees

Discussion

Tea/Coffee

Getting paid for what we do – PBR - (Payment by Results). Chair Peter Kay

Getting Paid For What We Do (PBR)

Introduction Peter Kay

It is interesting to reflect on the stated aim of The British Hip Society which is “to provide a forum for the discussion of research, advances in clinical practice and the results of surgical procedures pertaining to the hip joint” there is no specific mention of finance. It has been reassuring that health economists tell us that much of hip surgery and hip replacement in particular is one of the most cost effective interventions in health care when money spent is compared to the improvement it brings to the quality of the life of the patient.

Hip surgery however is expensive; the fractured hip in the elderly with medical and socioeconomic co-morbidity, major pelvic reconstruction in the young, hip replacement and revision hip surgery are some of the most expensive and frequently performed procedures with some of the longest waiting times.

The NHS is changing but unfortunately it is also currently financially challenged, we as Hip Surgeons need to meet the challenges and must change and broaden our aims. Unless we can practice hip surgery in units that are financially stable and viable then hip surgery along with our patients will suffer. I believe that the only solution lies in ensuring that clinical effectiveness, even if the care is complex, and financial success go hand in hand and whilst undoubtedly we may strive for the highest quality of evidenced based hip care for the patient we must also ensure that our individual units and our hospitals are financially viable.

The challenge for us is therefore two fold, firstly to ensure we truly offer the best treatment to our patients and secondly we must demand of the NHS a financial system that allows the best to be delivered. Whilst we need to be efficient we really need to make sure our units are realistically “Getting Paid for What We Do”

Payment by results (PBR) potentially offers the opportunity to differentiate and realistically pay for simple and complex treatments in a fair and incremented way - however there are challenges. We need to understand the current system and work to help perfect it, we need to survive the current system as it develops, it needs to work across the whole health care economy and finally we need use it to deliver better care in terms of better outcomes and shorter waits hopefully leaving us with sustainable and improved orthopaedic units capable of not only delivering targets but also advancing clinical practice, undertaking research and training the next generation of hip surgeons.

10:35 – 12:00

Getting Paid for What We Do – Payment by Results

10:40-10:45 Peter Kay
Vice President BHS

Introduction

10:45-10:55 Sebastian Habibi
Head of Strategy
PBR DOH (Invited)
Strategy behind PBR
The current system
How the system will be perfected

The Policy and Strategy behind PBR
How to perfect the system

10:55-11:05 Heather Lewis
Director of Finance Oswestry
(Confirmed)
How to code and bill under PBR
Balancing the books with complex work
Future developments in PBR

How to code and Bill
How to survive the system

11:05-11:15 Andrew Foster
Chief Executive Wrightington,
Wigan and Leigh NHS Trust
(Confirmed)

Making the System Work
How to work with the system

Across the whole trust
The local healthcare economy
Commissioning complex work regionally

11:15 -11:25 Pip Robinson
18 week National Lead
DOH (Confirmed)
Delivering 18 weeks
Opportunities and Threats with PBR
How PBR fits with reform

Delivering 18 weeks and PBR
How to use the system

11:25 -12:00 Panel discussion/debate (35 min)

12.00 **Presidential Guest lecture – Dan Berry**

1.00pm Lunch

2.00 Poster prize presentation.

2.05 - 3.50 **Free papers - Primary Hip Replacement** Chair Keith Tucker

2.05 Randomised controlled trial of cemented versus uncemented hemiarthroplasty for displaced intra-capsular fractures.

S Haleem, GA Pryor, Martyn J. Parker

Peterborough District Hospital.

Double femoral osteotomy – planning for the future!

V V Killampalli, E Shears, E Prause, J O'Hara

The Royal Orthopaedic Hospital NHS Trust

Decreasing length of hospital stay following primary joint arthroplasty through the use of an outreach team.

I A Findlay, K K Chettiar, & H D Apthorp

Conquest Hospital, Hastings.

Discussion

2.31 Joint replacement in the overweight patient. A logical approach or new form of rationing?

W R Davis, M Porteous

West Suffolk Hospital NHS Trust

ASA grading versus mortality in elective orthopaedic procedures

EM Prempeh, R Cherry

University Hospitals Coventry and Warwickshire

A prospective randomised study of post-operative blood salvage with autologous retransfusion following

primary total hip replacement

DH Williams, LK Smith, VG Langkamer

Weston General Hospital

Discussion

2.57 Movement pattern of the c-stem prosthesis. A radiostereometric analysis of 33 primary hip arthroplasties

followed for 3 years.

M Sundberg, J Besjakov, T von Schewelow, Å Carlsson

Departments of Orthopaedics, Malmö University Hospital, Sweden.

Ten year results of a composite total hip replacement stem in young patients.

S. P. White, M. Lee, I. D. Learmonth

Comparative measurement of peri-prosthetic bone remodelling in cemented and uncemented total hip

replacement at minimum follow up of 10 years, using dual energy x-ray absorptiometry.

Prakash Chandran, PKR Mereddy, M Azzabi, M Andrews, JG Bradley.

Scarborough General Hospital, Scarborough, North Yorkshire

Discussion

3.23 Avon Orthopaedic Centre, Bristol, United Kingdom.
Early Experience With The Trident Acetabular System – A Cause For Concern
R J Pickard, C M Hobbs, H J Clarke, D J N Dalton, M L Grover, A J Langdown.
Portsmouth Hospitals NHS Trust, Queen Alexandra Hospital, Cosham,

Portsmouth.

Long term results of the Charnley low-friction arthroplasty implanted via a
posterior approach; 10 to 14 year
results of a prospective multi-surgeon series.

VT Veysi, RW Metcalf, D Shutt, P Gillespie, MH Stone

Leeds General Infirmary, Leeds

The Exeter Universal hip replacement for the young patient – 10 to 17 years
follow up.

S Lewthwaite, B Squires, G Gie, J Timperley, J Howell, M Hubble, R Ling

Princess Elizabeth Orthopaedic Centre, Royal Devon & Exeter Hospital, Exeter.

Discussion

3.50 Tea/coffee

4.10 Mackie Prize for best Podium presentation

Topic in focus – Polyethylene acetabular components. Chair Charles Wynne-Jones.

Debate: “This house believes that there is no place for polyethylene
within a metal socket in total hip
replacement”

For – John Timperley.

Against – Peter Howard

5.15 - 5.30 **Papers prize & close, Presidential handover.**