

## 'Explanting' the well-fixed, cemented acetabular implant

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### BACKGROUND

Aseptic loosening is the most common indication for revision of a cemented acetabular implant. Removal of loose components is straightforward. Revision surgery for malposition, infection or polyethylene wear may require the removal of a well-fixed acetabular component. This can be achieved with the use of osteotomes, reamers and drills.<sup>1,2</sup> We describe a rapid and straightforward technique that may be used as an alternative, as well as discussing its limitations.

### TECHNIQUE

The acetabular rim is exposed as usual. The Explant® Acetabular Cup Removal System (Zimmer, Swindon, UK) is selected, sized 2mm larger than the acetabular component. The blade of the device is pushed into the bone–cement interface and is used to circumscribe first the rim and then the full radius of the cement mantle surrounding the

implant. Typically, the process takes less than five minutes and the whole cement mantle emerges, complete with its key holes (Fig 1).

### DISCUSSION

We would caution against use of this technique in certain circumstances. It is difficult to maintain the Explant® seated in a good position if the implant is not well fixed or if there is gross polyethylene wear. We use different techniques where the acetabular wall is thin or the cement mantle is eccentric.

### References

1. Masri BA, Mitchell PA, Duncan CP. Removal of solidly fixed implants during revision hip and knee arthroplasty. *J Am Acad Orthop Surg* 2005; **13**:18–27.
2. Sabboubeh A, Al Khatib M. A technique for removing a well-fixed cemented acetabular component in revision total hip arthroplasty. *J Arthroplasty* 2005; **20**: 800–801.

## A soft, inflatable patient support

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### BACKGROUND

Patient support is frequently required during just one part of a procedure (eg the pelvis for the perineal portion of an abdominoperineal resection of the rectum). This is commonly achieved by placing a gel patient positioner underneath the pelvis. However, this positioner can remain in place for a long time and we had noticed that patients complained occasionally of back pain after the operation. It was thought that this might be attributable to the placement of the support under the pelvis.

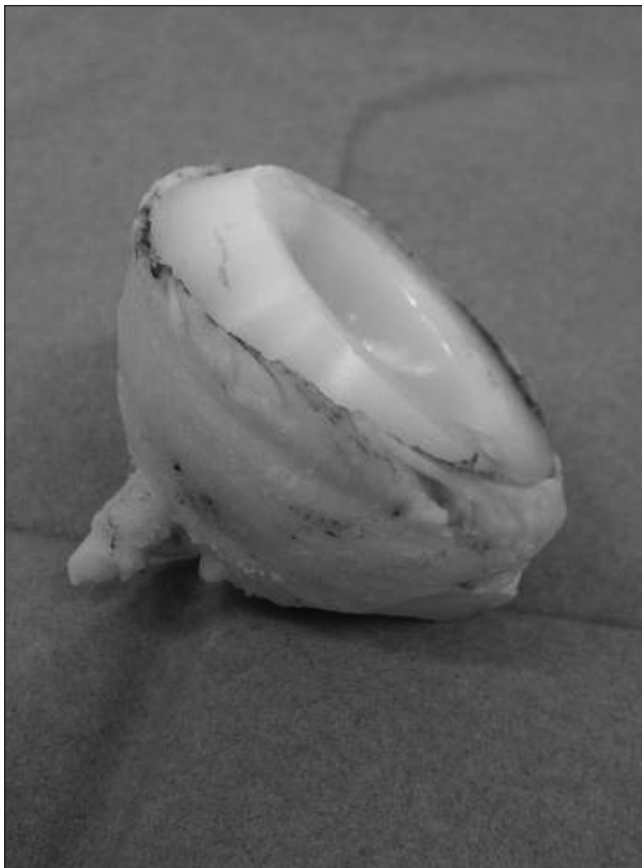


Figure 1 Removed acetabular component



Figure 1 Intravenous fluid pressure bag at end of operating table