

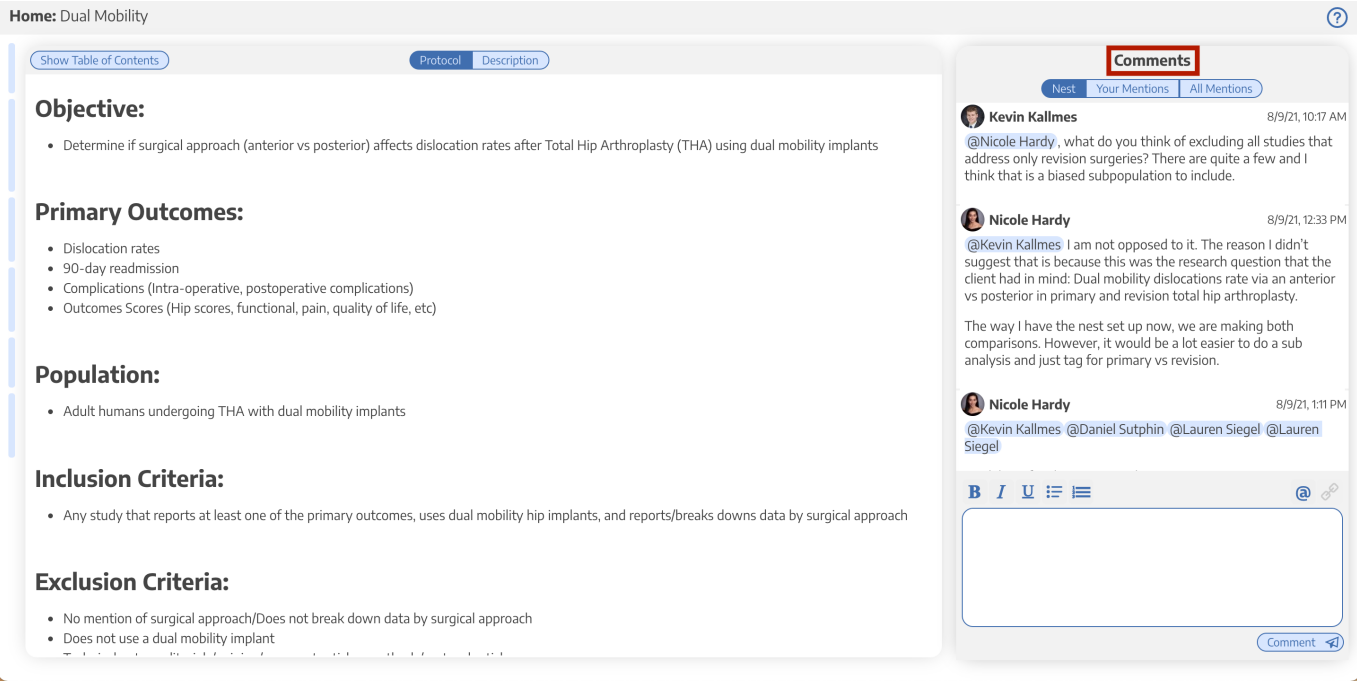
# Comments

Comments enable you to communicate with your whole team, mark individual studies for review, and “@” specific team members to send them alerts.

The Nest Comments system allows all users of the nest to communicate within the nest instead of countless e-mails back and forth.

## Navigate to "Nest Home"

Once at the Nest Home, you will see the Comments section on the right side.



## Nest-level Comments

Nest-level Comments refer to comments made about the nest in general. They are available in the Nest Home.

Home: Dual Mobility

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ProtocolDescription

Objective:

- Determine if surgical approach (anterior vs posterior) affects dislocation rates after Total Hip Arthroplasty (THA) using dual mobility implants

Primary Outcomes:

- Dislocation rates
- 90-day readmission
- Complications (Intra-operative, postoperative complications)
- Outcomes Scores (Hip scores, functional, pain, quality of life, etc)

Population:

- Adult humans undergoing THA with dual mobility implants

Inclusion Criteria:

- Any study that reports at least one of the primary outcomes, uses dual mobility hip implants, and reports/breaks down data by surgical approach

Exclusion Criteria:

- No mention of surgical approach/Does not break down data by surgical approach
- Does not use a dual mobility implant

Comments

NestYour MentionsAll Mentions

Nicole Hardy8/9/21, 1:22 PM

Results of primary total hip replacement with first generation Bousquet dual mobility soc...  
@Kevin Kallmes @Daniel Sutphin

Also, unclear if Harris hip score is the mean per patient or per hip?

Nicole Hardy8/9/21, 1:19 PM

Results of primary total hip replacement with first generation Bousquet dual mobility soc...  
@Kevin Kallmes @Daniel Sutphin

Need to think about whether to include inflammatory arthritis and post-traumatic hip OA as part of the larger OA category or trauma.

Nicole Hardy8/9/21, 1:13 PM

Results of primary total hip replacement with first generation Bousquet dual mobility soc...  
@Kevin Kallmes @Daniel Sutphin

Just a note to think about: they say 76 people died, but 12 were

B I U

Comment

# Study-level Comments

Study-level Comments are attached to specific studies in a nest. This provides two advantages in terms of specific tracking:

- The comment will 'follow' that study and be visible to anyone viewing that study in the future;
- If you @ a Collaborator (see below), they can access that study and see the comment in context in one click!

To make a Study-level comment, navigate to the study of interest (in any mode, including Inspector), and add your comment under the Comments panel in the bottom left.

Home

Study

Inspector

Comments

geriatrics

Cemented Dual Mobility Cup for Primary Total Hip Arthroplasty in Elder Patients with High-Risk Instability

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Abstract:

Several studies have shown that double mobility (DM) cups reduce postoperative dislocations. Does the cemented dual mobility cup reduce dislocations in a specific cohort of elder patients with a high dislocation risk? Our hypothesis is that this implant is optimal for elder patients because it reduces early dislocation. We have retrospectively reviewed elder patients who underwent total hip arthroplasty (THA) with cemented double mobility cup between March 2009 and January 2018. The inclusion criteria were patients (>75 years) who were operated on for primary THA (osteoarthritis or necrosis) with a cemented dual mobility cup and a high-risk instability (at least two patient-dependent risk factors for instability). The exclusion criteria were revision surgeries or hip fracture. In all the cases, the same surgical approach was performed with a Watson Jones modified approach in supine position. We have collected demographic data, instability risk factors. Patients were classified using the Devane's score, Merle d'Aubigné score and the patient's likelihood of falling with the Morse Fall Scale. Surgical and follow-up complications were collected from their medical history. Sixty-eight arthroplasties (68 patients) were included in the study. The median age was 81.7 years (SD 6.4), and the American Society of Anesthesiologists (ASA) score showed a distribution: II 27.94%, III 63.24% and IV 8.82%. Devane's score was less than five in all of the cases. At least two patient-dependent risk factors for instability (85% had three or more) were present in each case. The median follow-up time was 49.04 months (SD 22.6). Complications observed were two cases of infection and one case of aseptic loosening at 15 months which required revision surgery. We did not observe any prosthetic dislocation. The cemented dual mobility cup is an excellent surgical option on primary total hip arthroplasties for elder patients with high-risk instability.

Keywords:

total hip arthroplasty; cemented dual mobility cup; complications and survival

Full Text Review

Full Text Uploaded!

Exclusion Reason

Included Exclude Include

Tagging

TagText

DislocationTable 2

Infection < Post-operativeTable 2

SexTable 2

Function ScoreThe Merle D'Aubign...

Pain ScoreThe Merle D'Aubign...

Median AgeThe median age of t...

Anterolateral: primaryThe same surgical te...

Retrospective

Tag

Enter Text

Add Tag

Comments

Daniel Sutphin8/20/21, 10:29 AM

@Nicole Hardy this study specifies that it uses the Watson Jones modified approach in supine position, which is terminology that is not present in any other study. I looked it up and it seems that it is an anterolateral approach, but still wanted to note this difference.

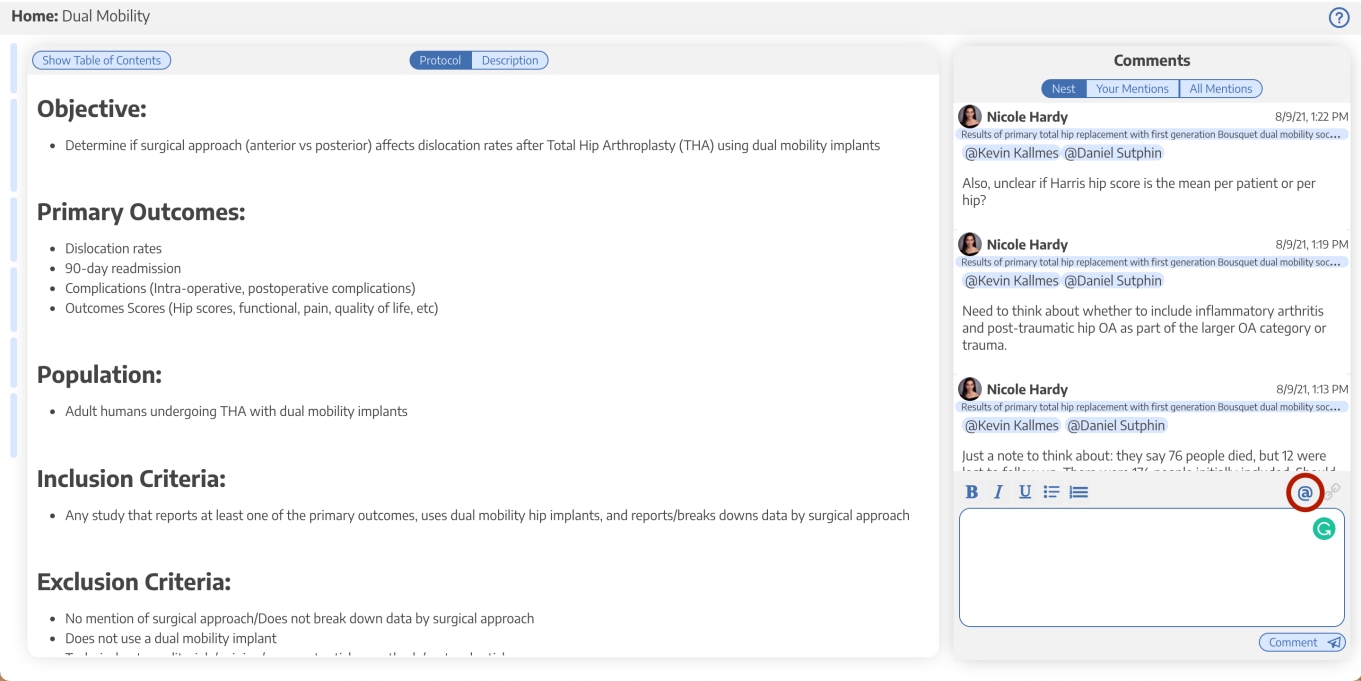
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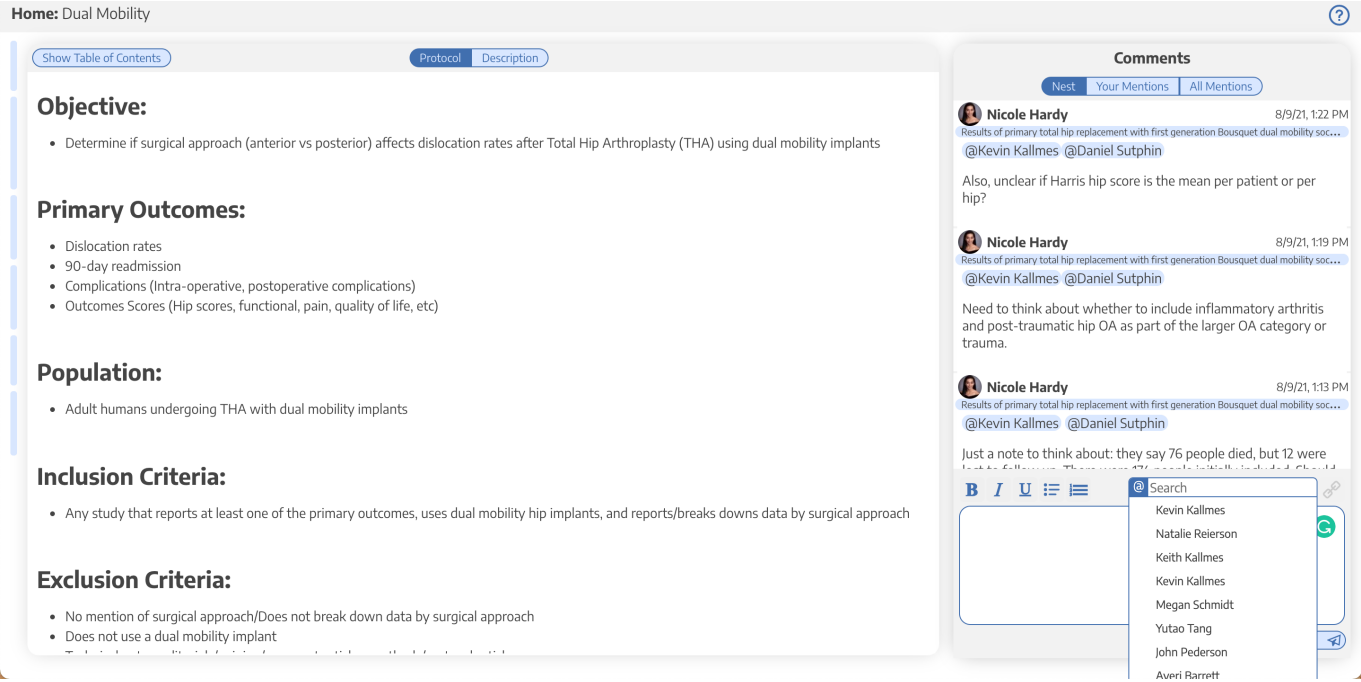
# Comment @ a Collaborator

## How to @ a Collaborator

Click the blue @ button above the comment section.



Click on the person or people you want to mention:



## Why @ a Collaborator?

If you @ a Collaborator, it will send them an email and also mark the nest with a red icon on AutoLit

Home so they know to view the Comment.

Additionally, if you do not @ the Collaborator, they will not be able to see Nest-level comments that may be relevant to them or access Study-level comments except by accidentally happening upon your earlier comments.

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