

# 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.

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 downs 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

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Kevin Kallmes

8/9/21, 10:17 AM

@Nicole Hardy, what do you think of excluding all studies that address only revision surgeries? There are quite a few and I think that is a biased subpopulation to include.

Nicole Hardy

8/9/21, 12:33 PM

@Kevin Kallmes I am not opposed to it. The reason I didn't suggest that is because this was the research question that the client had in mind: Dual mobility dislocations rate via an anterior vs posterior in primary and revision total hip arthroplasty.

The way I have the nest set up now, we are making both comparisons. However, it would be a lot easier to do a sub analysis and just tag for primary vs revision.

Nicole Hardy

8/9/21, 1:11 PM

@Kevin Kallmes @Daniel Sutphin @Lauren Siegel @Lauren Siegel

B I U : ≡

@

Comment

## Nest-level Comments

Nest-level Comments refer to comments made about the nest in general.

Nested Knowledge - <https://wiki.nested-knowledge.com/>

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

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Nicole Hardy8/9/21, 1:13 PM

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

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1a. To make a comment, first click the blue @ button above the comment section.

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1b. Click on the person or people you want to mention

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Kevin Kallmes

Natalie Reiseron

Keith Kallmes

Kevin Kallmes

Megan Schmidt

Yutao Tang

John Pederson

Averi Barrett

# Study-level Comments

Study-level Comments refer to the specific studies within the nest

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geriatrics

MDPI

Article

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

José María Lamo-Espínosa <sup>1,\*</sup>, Jorge Gómez-Álvarez <sup>1</sup>, Javier Gatica <sup>1</sup>, Álvaro Suárez <sup>1</sup>, Victoria Moreno <sup>1</sup>, Pablo Díaz de Rada <sup>2</sup>, Andrés Valenti-Azcárate <sup>1</sup>, Matías Alfonso-Olmos <sup>1</sup>, Mikel San-Julián <sup>1</sup> and Juan Ramón Valenti-Nin <sup>1</sup>

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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 4.4), 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 (86% 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

check for updates

Citation: Lamo-Espínosa, J.M.; Gómez-Álvarez, J.; Gatica, J.; Suárez, A.; Moreno, V.; Díaz de Rada, P.; Valenti-Azcárate, A.; Alfonso-Olmos, M.; San Julián, M.; Valenti-Nin, J.R. Cemented Dual Mobility Cup for Primary Total Hip Arthroplasty in Elder Patients with High-Risk Instability. *Geriatrics* **2021**, *6*, 23. <https://doi.org/10.3390/geriatrics601023>

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Full Text Review

Full Text Uploaded!

Exclusion Reason

Included

Exclude

Include

Tagging

Tag

Text

Dislocation

Table 2

Infection < Post-operative

Table 2

Sex

Table 2

Function Score

The Merle D'Aubign...

Pain Score

The Merle D'Aubign...

Median Age

The median age of t...

Anterolateral: primary

The same surgical te...

Retrospective

Tag

Enter Text

Add Tag

Comments

Daniel Sutphin

8/20/21, 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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