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Our business hours are
Monday - Thursday 9 - 5
Friday 9 - 4

Welcome to our inaugural Newsletter. We will continue our newsletter throughout the year and encourage feedback and suggestions for topics you would like discussed.



HIP RESURFACING

Dr Angus Nicoll

Conventional total hip replacement surgery has been considered unsuitable for the younger, more active patient. More recently, excellent symptomatic and functional results have been achieved with hip resurfacing. A return to participation in exercise and appropriate recreational sport provides the physical and mental gains associated with increased activity.

Hip Resurfacing is bone conserving, particularly on the femoral side. Instead of removing the head completely, it is shaped to accept an anatomically sized metal sphere. There is no large stem to go down the central part of the femur and the surface of the acetabulum (the socket) is also replaced with a metal implant, which is press fit directly into the bone. In the event that a revision should become necessary there is still a virtually intact healthy femur allowing for a 'primary' hip without the normal complications associated with revision.

Previous generations of hip resurfacing produced disappointing results due to inadequate available materials and engineering tolerances. There is a risk of fracture of the neck of the femur, particularly with overzealous early activity. Current developments include components finely machined to produce a very high quality surface with a low friction finish, hence low wear and improved metallurgical properties. The surgical technique

is demanding, specific training and experience in hip resurfacing may be advantageous.

The modern generation of implants introduced in the past 15 years have virtually eliminated the risk of dislocation, significantly reduced the problem of leg length discrepancy, and demonstrated excellent clinical results and survivorship in independent clinical studies and multiple hip registries. The 2006 Annual Report from the Australian National Joint Registry showed Revision Surgery of the most commonly used hip resurfacing to be 0.9% Revision Procedures per 100 Observed Component Years.

Hip resurfacing is a viable option for your younger, higher demand patients with hip arthritis wishing to return to an active lifestyle.



ACUTE KNEE INJURY SERVICE

Treating your patients within 2 working days for:

- Acute sporting / recreational knee injuries
- Your patient will be assessed and treated by our specialist Orthopaedic Surgeons
- For urgent management, MRI scans are available within two working days by special arrangement

Bare Bones
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UNICOMPARTMENTAL KNEE ARTHROPLASTY

Modern treatment for isolated knee osteoarthritis
Dr David Christie

Invented in the early 1970's, the unicompartmental knee arthroplasty is intended for the treatment of isolated medial or lateral tibio-femoral compartment osteoarthritis in the young patient.

Over the past decade, improved metallurgy and designs have seen a resurgence of the unicompartmental knee arthroplasty (UKA). The conservative nature of UKA with the replacement of one compartment allows for the preservation of bone stock in the other tibio-femoral compartment. The only other treatment alternative for isolated compartment osteoarthritis is a proximal tibial osteotomy which has now been shown to be outperformed by UKA in 10 years studies.

Correct patient selection for UKA is paramount to their success. The ideal candidates are low to moderate demand, 50-65 years old patient who have no ligamentous knee instability with a correctable varus / valgus deformity accompanied by isolated unicompartmental osteoarthritis.

Recent encouraging results of long term studies with modern design UKA have provided the impetus to consider extending these indications to the young and active persons, who were previous candidates for an osteotomy. Mild arthritis involving the patello-femoral joint and the patient's weight per se should not determine the suitability for UKA procedure. The improvement

in motion range is considerably better for UKA than total joint arthroplasty.

Contra-indications include moderate severe PFJ arthritis, ligamentous instability, high-impact activity and inflammatory arthritis.

With the emergence of newer designs of UKAs and better understanding of patient selection criteria, the indications for unicompartmental knee arthroplasty are being expanded and redefined. UKA has certainly gained popularity with beneficial faster patient recovery, short rehabilitation period and better patient satisfaction with recent encouraging literature reports. Current reports demonstrate 90-95% survival at 10 years before a total arthroplasty is required.

Recent reports suggest that with careful patient selection results of UKA can rival and even surpass that of the total knee arthroplasty. UKA is a valuable option for treatment of single compartment arthritis with TKA remaining the procedure of choice with tricompartmental disease, ligamentous instability, patients with high activity demand on their knee and poor bone quality.



**LAUNCHING
AUGUST
2007**

**OUR
WEBSITE...**

www.gcos.biz

ON CALL ROSTER

Coordinated from our practice is the ON CALL roster covering both Allamanda Private Hospital and Pindara Private Hospital.

Patients requiring acute emergency orthopaedic care will be treated by one of five Gold Coast orthopaedic surgeons involved with the roster.