

Left Total Hip Arthroplasty with Utilization of a Next Generation Decellularized Dermal Allograft to Augment the Repair of a Left Hip Gluteus Medius Tear

Jon E. Minter, DO

Alpharetta, GA

Board Certified, American Board of Orthopaedic Surgeons

Surgical Summary

Clinical Presentation:

- 95-year-old female presented with constant enduring pain of 6 months duration with a severity of 3/10 associated with climbing stairs, squatting, and walking.
- The history of pain was a gradual onset, crepitus, and giving way involving the left groin radiating down the thigh.
- She uses a cane, with a maximum ambulatory distance less than one block, unable to climb stairs and has difficulty putting on socks and shoes.
- Conservative management over approximately 6 weeks failed to resolve pain.
- Physical examination revealed an audible grinding and pain with passive ROM.
 - Flexion: 95 degrees, Abduction: 25 degrees, Adduction: 10 degrees, External Rotation: 5 degrees, Internal Rotation: 0 degrees, Stability: no joint stability
- Standard anterior, posterior and lateral radiograph consistent with severe degenerative changes and osteoarthritis (Figure 1).

Intraoperative Findings:

- Significant degenerative disease and severe osteoarthritis consistent with radiographs.
- Initial entry past the iliotibial band, evidence of a chronic gluteus medius tear, with the anterior two-thirds torn away from insertion on the greater trochanter with some retraction.



Figure 1

Surgeon Perspective:

"In utilizing DermaPure in this patient, I found that it had exceptional handling characteristics and adequately provided supplemental support to the repair of this soft tissue defect. I was able to get a water tight seal."

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Surgical Procedure:

- Patient underwent total hip arthroplasty utilizing the Mako[®] Robotic Arm Assisted Technology. Initial entry past the iliotibial band exposed a chronic torn gluteus medius tendon.
- Debridement of the gluteus medius tendon.
- Repair of the gluteus medius tendon and vastus lateralis muscle tissue with augmentation of the repair utilizing a 4.0 cm x 6.0 cm DermaPure[®] decellularized dermal allograft, placed as an overlay over the repair (Figure 2 and 3). Secured with 0 polydioxanone (PDS) sutures peripherally.
- Iliotibial band closed with a running single loop locking suture 1 polydioxanone (PDS).
- Deep layer closed with Stratafix[™] in running fashion, shallow layer closed with 2-0 Vicryl[®].



Figure 2



Figure 3

DermaPure[®] Implantation:

4 cm x 6 cm
Basement membrane
outer-most

Post-Operative Note:

- 6 weeks s/p surgery the incision is healed. The patient is not experiencing any pain 0/10. She uses a wheelchair and ambulates with a walker.
- Range of Motion:
 - Flexion: 90, Abduction: 30, Adduction: 10, Internal Rotation: 10, External Rotation: 10
- Standard anterior, posterior and lateral radiograph of left hip: well healed, well fixed acetabular shell and hip stem.

TissueRegenixUS.com
833-567-0767
1808 Universal City Blvd, Universal City, TX 78148

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