The philosophy

- proximal fixation of the implant is crucial in the success of the surgery
- a tight fixation gives mechanical stability and allow the grafts in the fenestration to consolidate, making it a self-locking device
- this prevents over-loading of calcar – no subsidence, no loosening, no failure

Proximal fixation

Impaction grafting:
- the most important area is the medial side near calcar. Graft should be inserted when nearly half of the prosthesis has gone inside
- fill the fenestrations of the prosthesis with bone grafts, as the prosthesis advances into the canal
- the collar of the implant should not over-hang onto the calcar
- if done properly, it should rest onto the neck and will compress the grafts

Posterio-lateral incision
Cut the rotators close to the bone

Incise the capsule in “T” shape
Superior lateral neck attached to Gr. Troch must be removed

Piriformis fossa as entry point
Selection of Implant

- Preoperative planning
- Intra-operative planning
- Correct head diameter
- Correct stem width
- Correct length of collar
- Cement
- Tension band wiring
Reduction by gentle pressure

Capsular repair