

SUPER Hip Procedure

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Disclosures

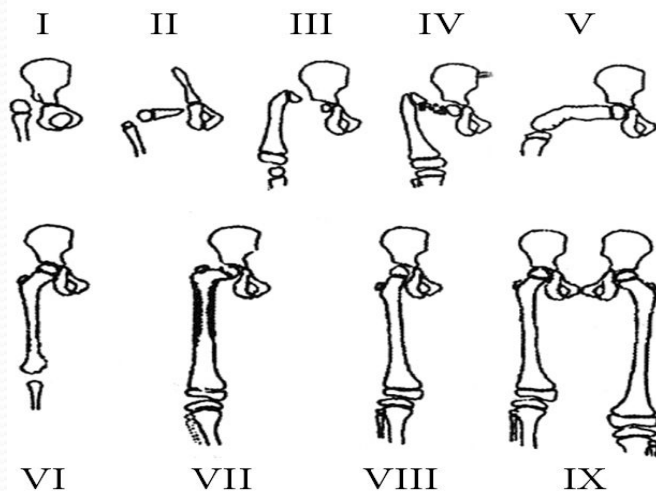
- **Used video of POSI-ASAMI lecture by Paley**
- **Operated 5 CFD only**

- **Reconstruction of the hip in CFFD is called the SUPERhip procedure**
- **SUPER is an acronym for Systematic Utilitarian Procedure for Extremity Reconstruction.**
- **Dr. Paley described the procedure in 1997.**
- **It is a combination of surgical procedures designed to comprehensively address and correct severe bone and soft tissue deformities.**
- **The SUPER hip can be performed as early as age two and is recommended between the ages of two and three.**
- **The procedure can be performed at any age, including adulthood.**

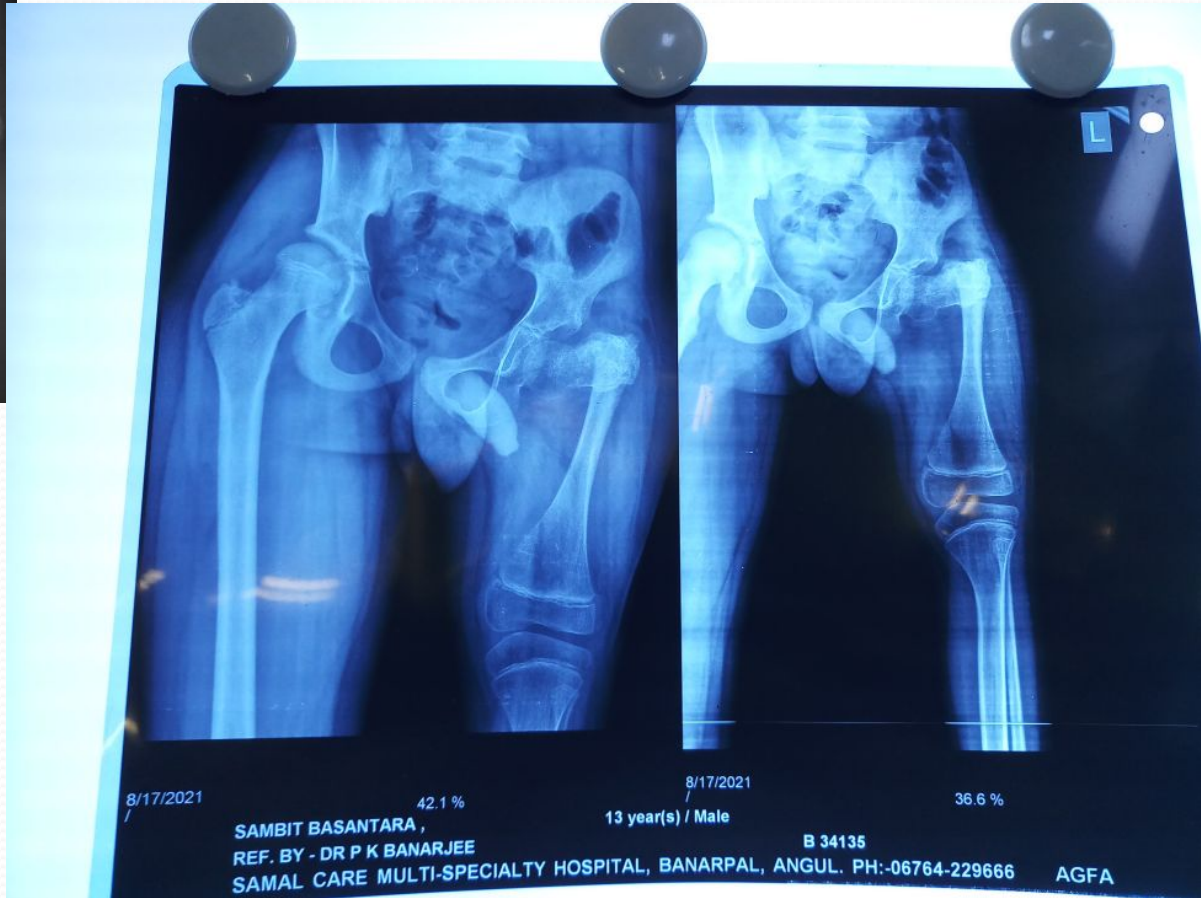
CFFD



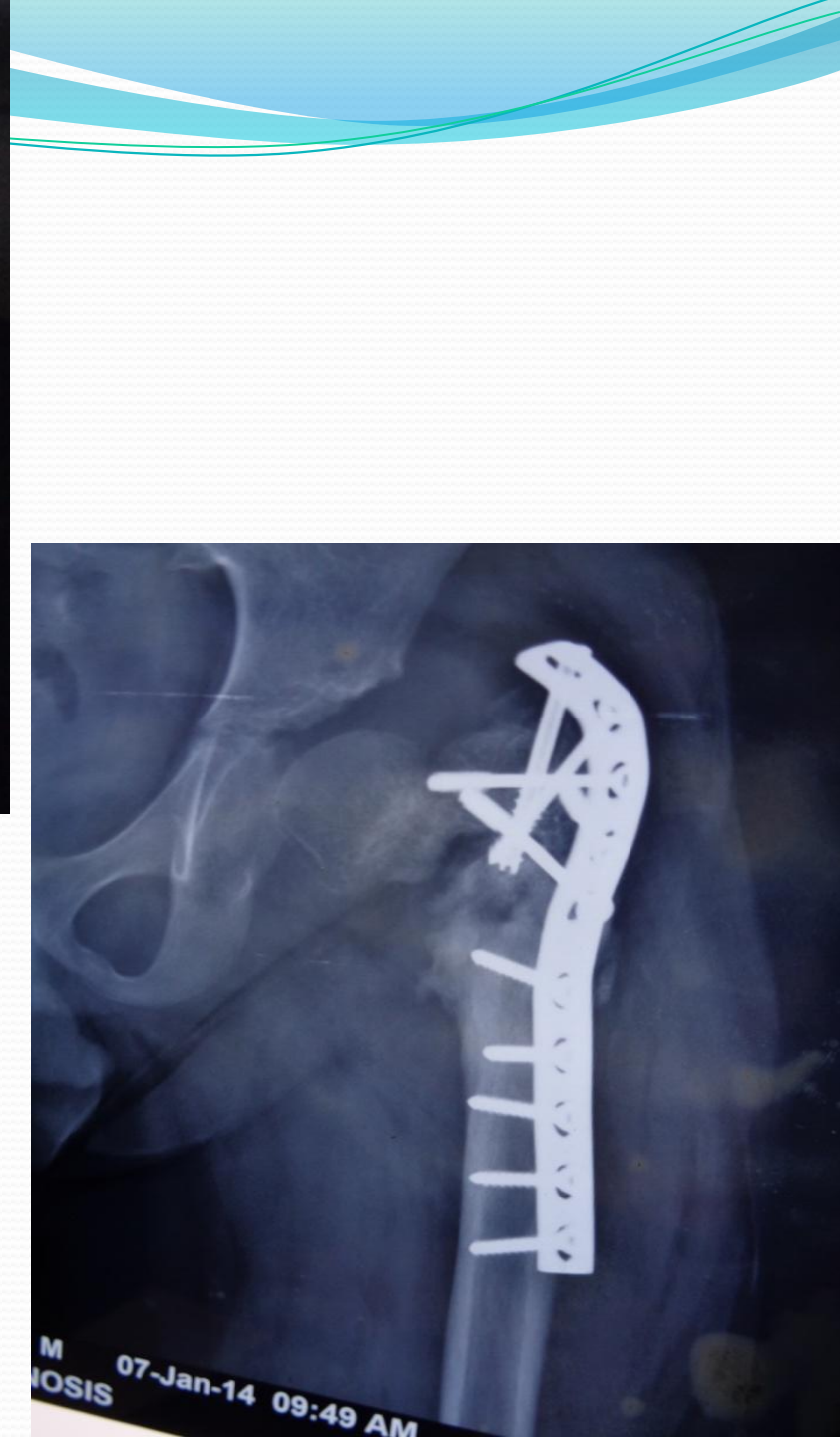
- Proximal femoral focal deficiency
- Aitken, Hamanishi, Gillepsi and Paley
- Hip and Knee instability and shortening
- Goal- Walking with foot on ground/ Prosthesis
- Achieving hip, knee, ankle and foot stability- Correction deformity - lengthening

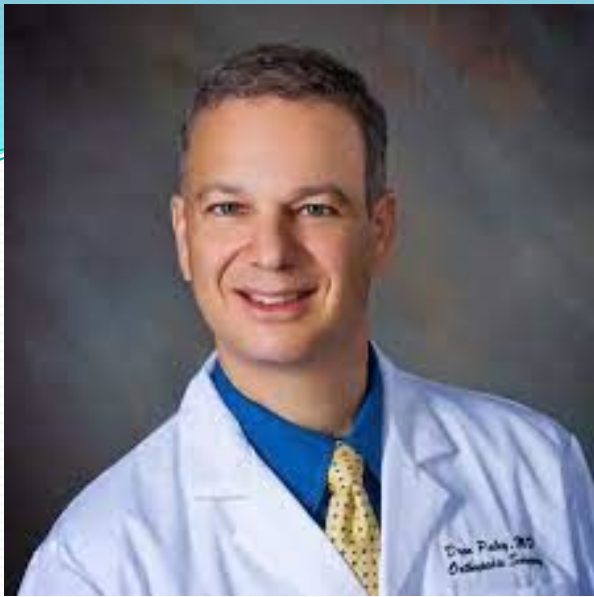


Why This Procedure?

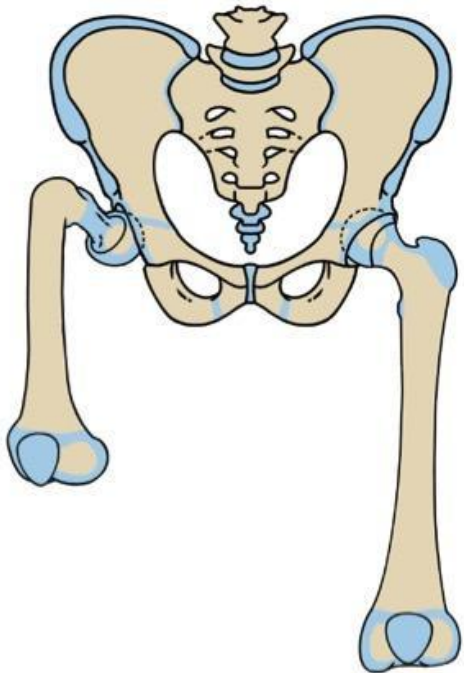








- **Took 10 years to understand deformity**
- **Operated many cases and recurred**
- **First case in 1997**





Supé Hip Video Final.mp4



**Billing code
named as a
surgical
procedure**

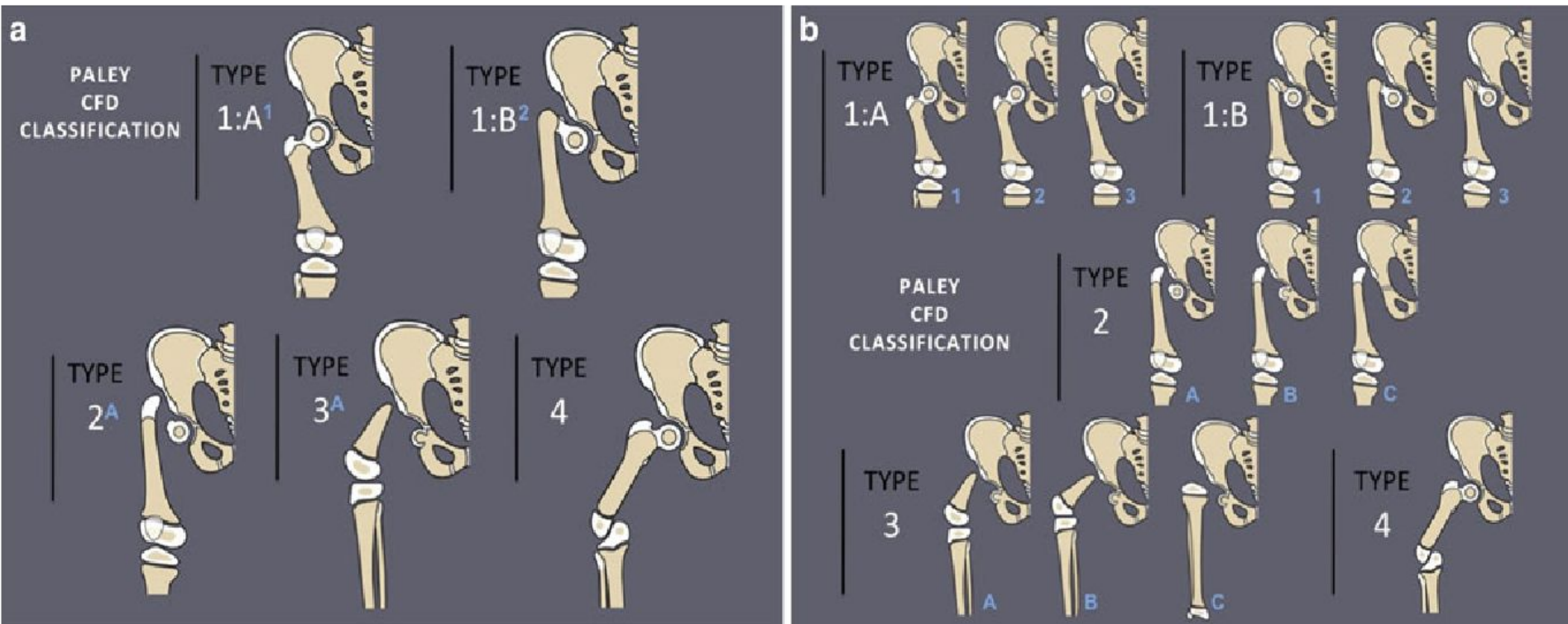
Pathoanatomy

- Understanding deformity
- Hip abducted in flexion
- Distal femur externally rotated
- Pseudo coxa vara appears to be severe
- Bump is not great trochanter
- Greater trochanter very close to ilium and points towards sacrum
- Gluteus medius, minimus, piriformis, iliopsoas, TFL, RF, are severely contracted



- **SUPER hip 1 procedure is used to reconstruct Paley type 1 CFFD cases- especially 1B**
- **SUPER hip 2 procedure is used to reconstruct Paley type 2 CFFD cases.**

CFFD(Paley)





1-B 3

1-A-3





Indication of SUPER hip I

- 1A-3
- 1B 1,2,3



CFFD- GOALS OF TREATMENT

- **Correct hip deformity, and dysplasia of acetabulum**
- **Make the hip stable**
- **Serial Lengthening till equalization**

The SUPER Hip procedure has three parts

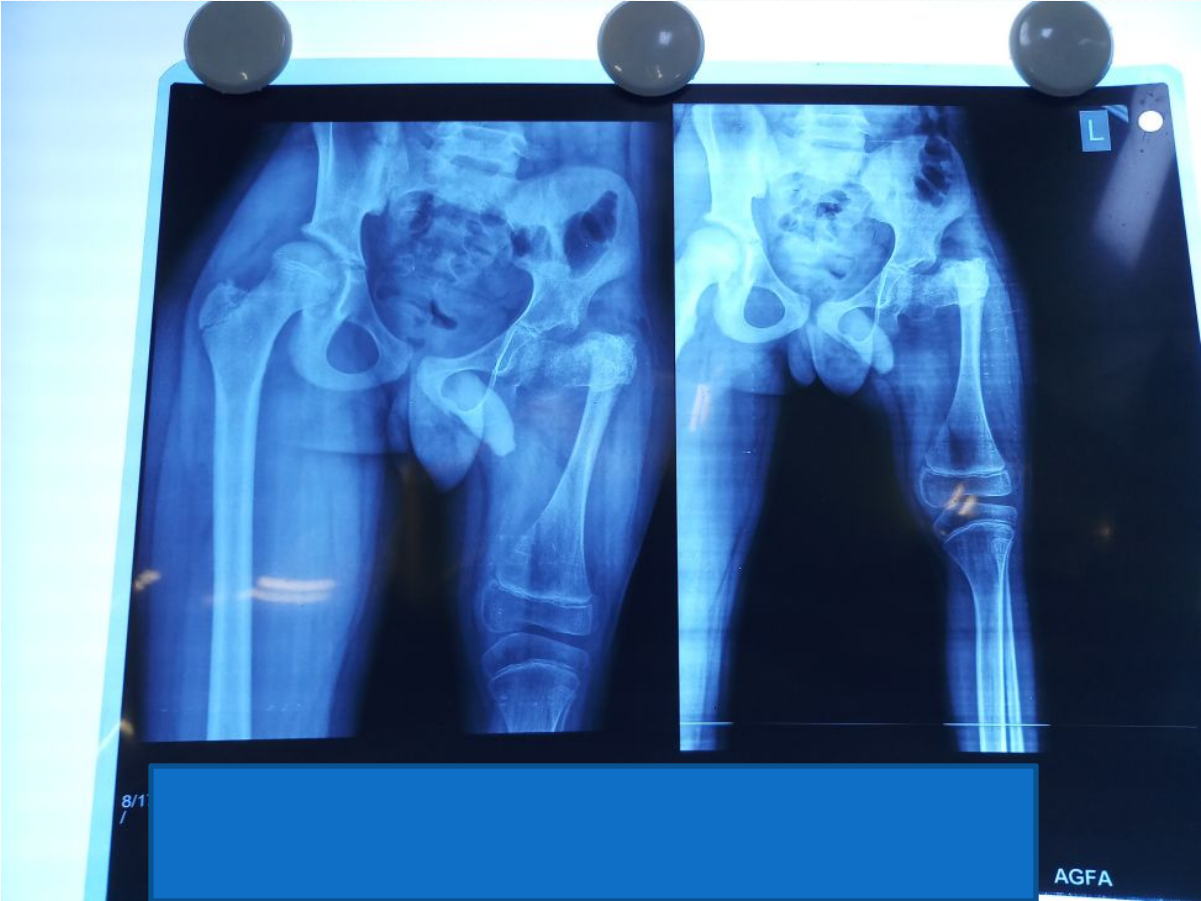
- **Soft-tissue releases**
 - Used to correct hip flexion, abduction, and external rotation
 - Result: Corrects contractures of hip joint
- **Femoral osteotomy**
 - Used to correct upper femoral varus, flexion, and external rotation
 - Result: Corrects bony deformities of the femur
- **Pelvic osteotomy**
 - Used to correct lack of femoral head coverage
 - Result: Corrects hip dysplasia

STEPS

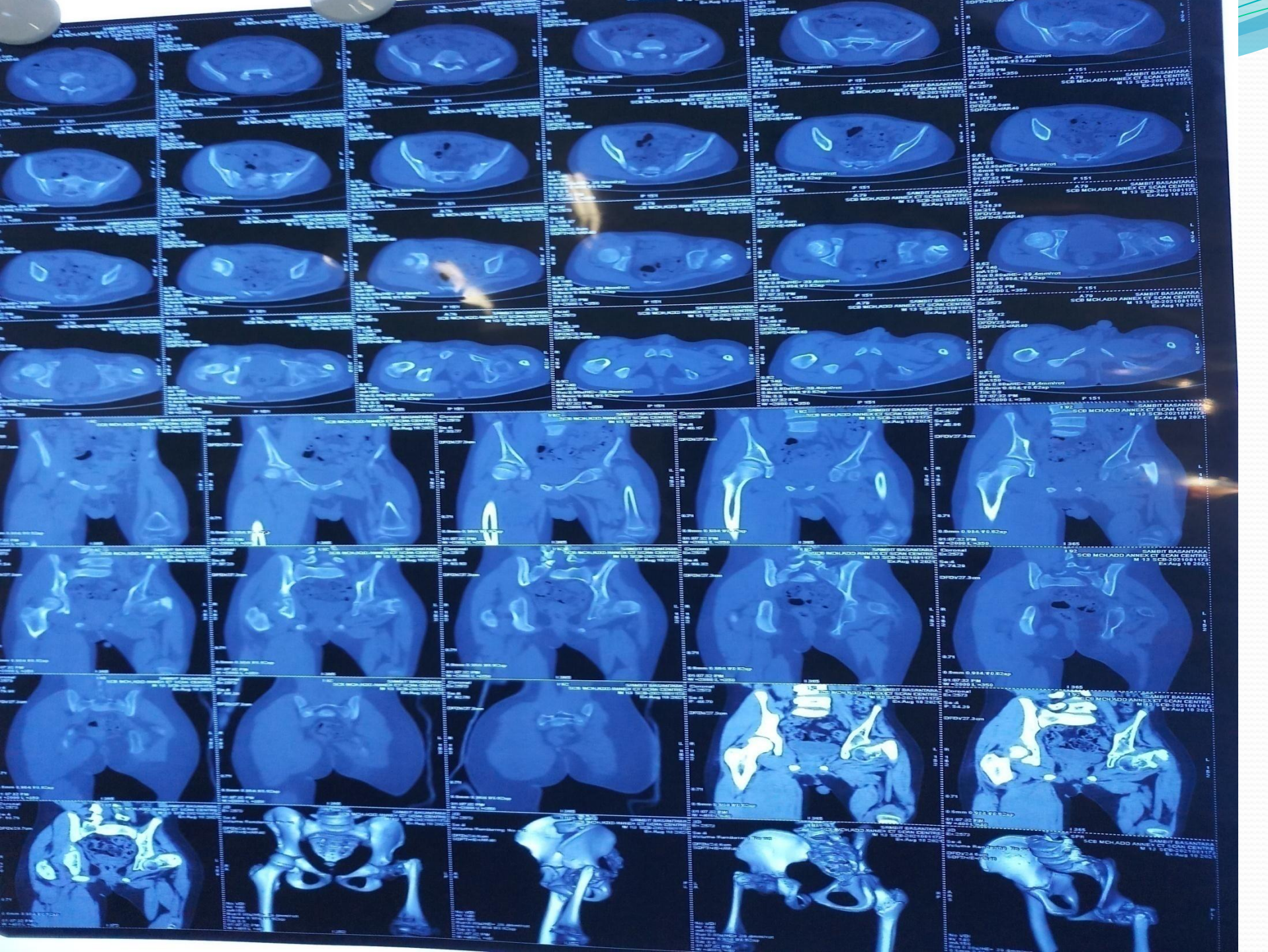
1. Positioning, prepping and draping
2. Incision
3. Flap elevation
4. Fascia lata release
5. Hip flexion contracture releases
6. External rotation contracture release
7. Abductor muscle slide
8. Elevation of quadriceps
9. Guide wire insertion
10. Blade plate/DHS insertion
11. Subtrochanteric osteotomy
12. Periosteum release
13. Distal femur fixation and internal rotation
14. Femoral shortening
15. Pelvic Osteotomy: Paley Modified Dega Osteotomy (Paley-Dega)
16. Bone grafting of Dega osteotomy
17. Iliac wing osteotomy
18. Muscle repairs and transfers
19. Closure.
20. Postoperative Course

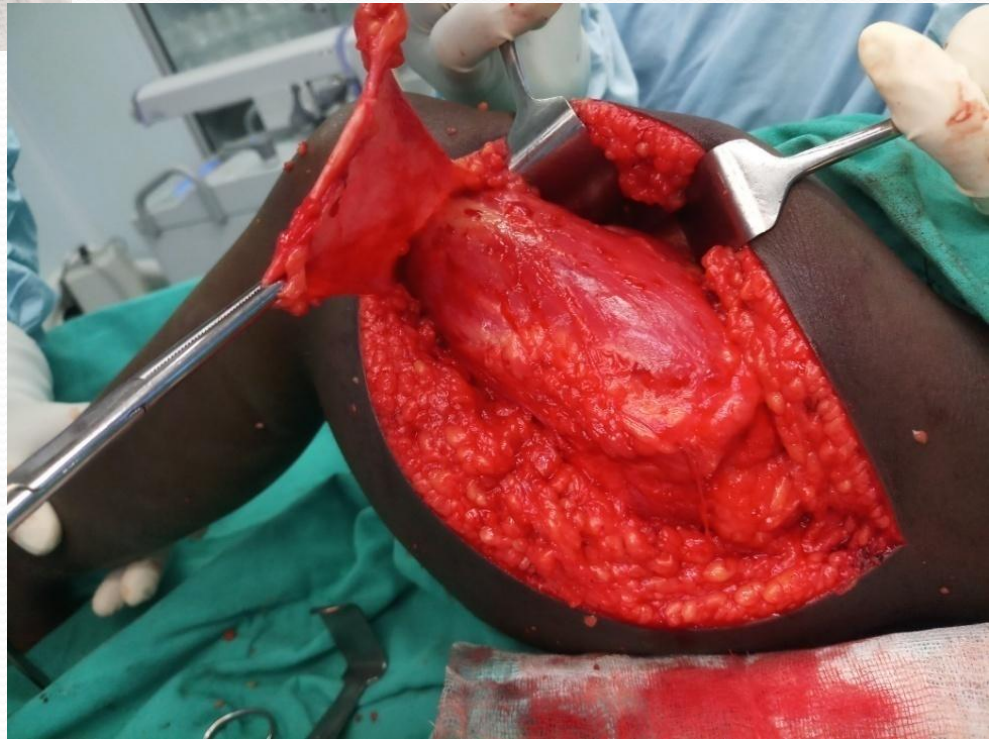


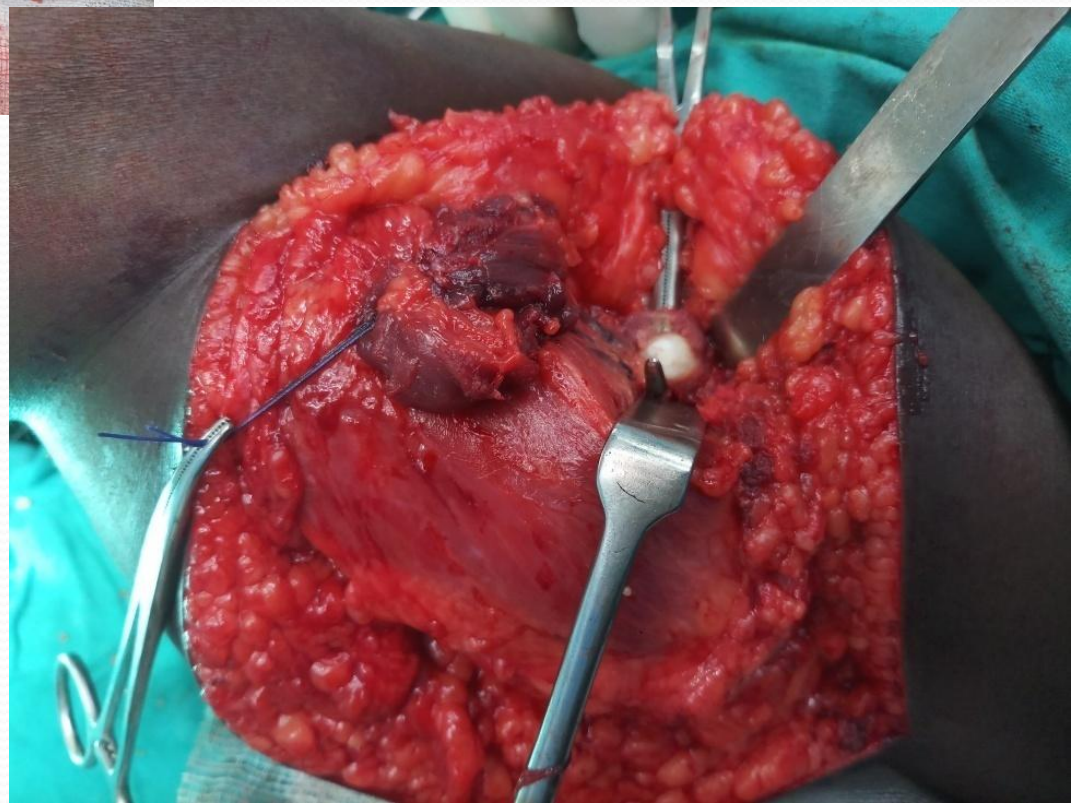
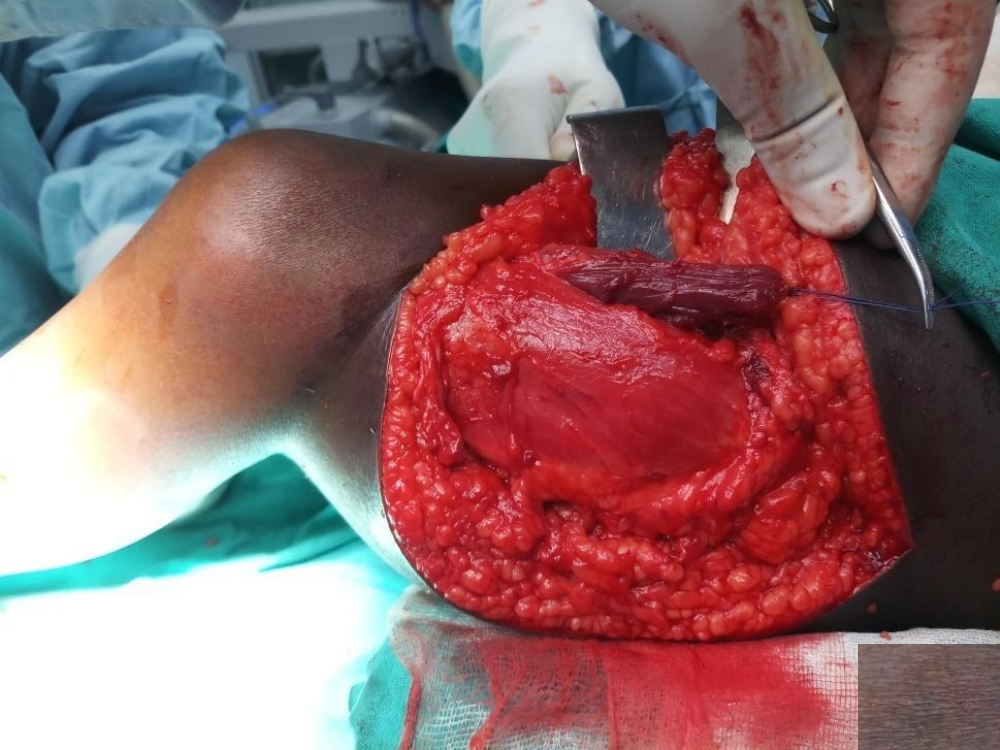
1-B-3

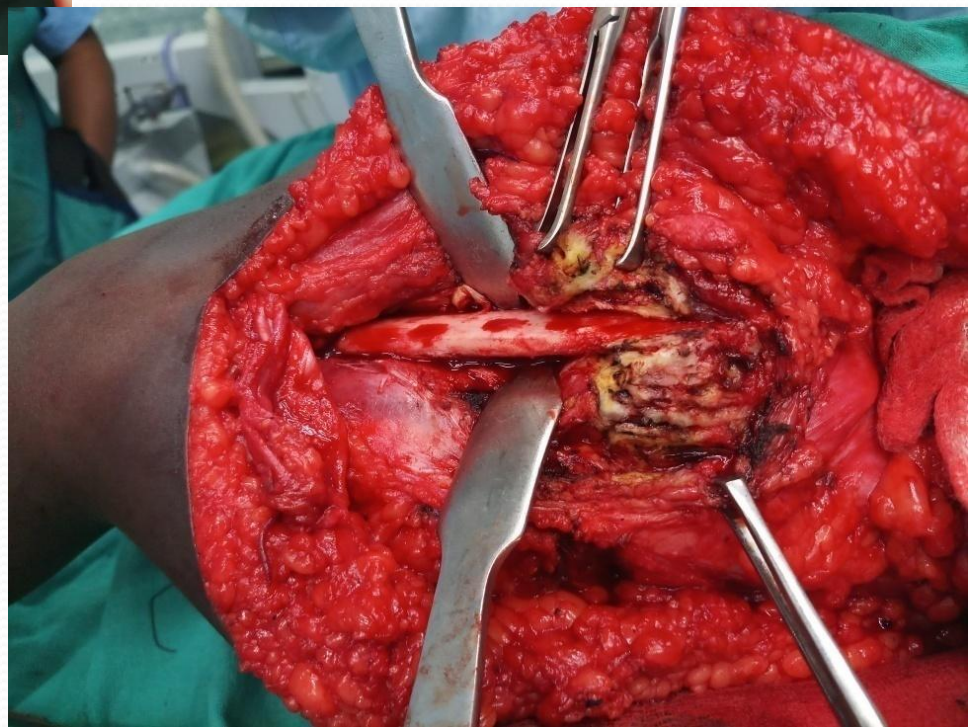
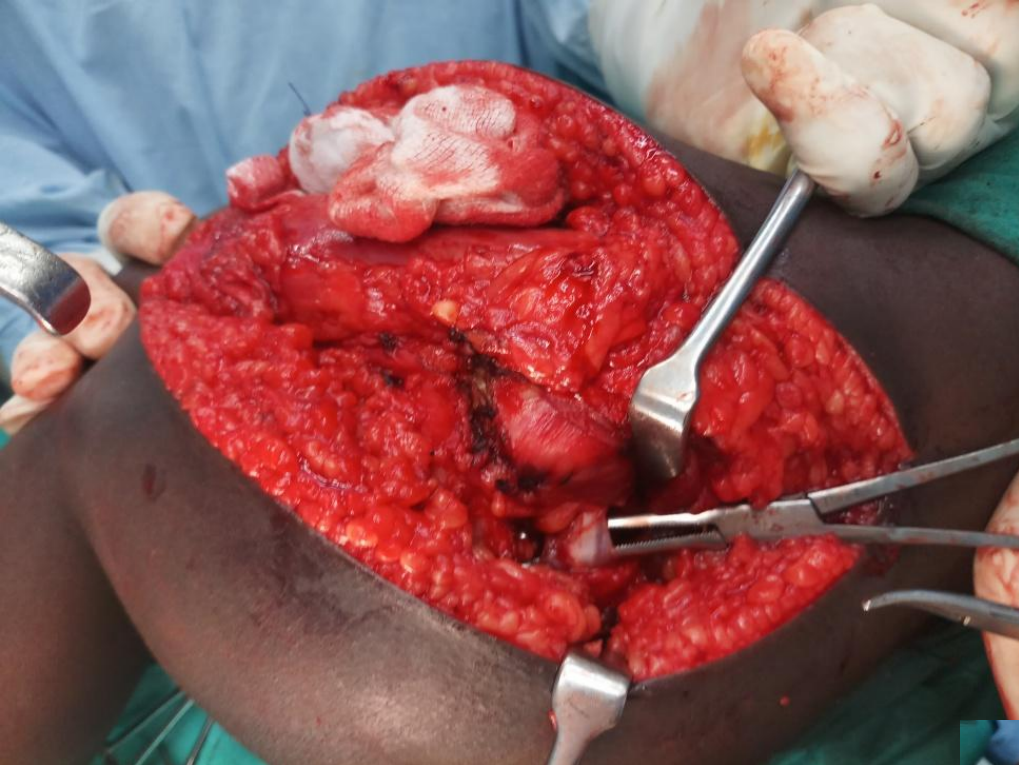


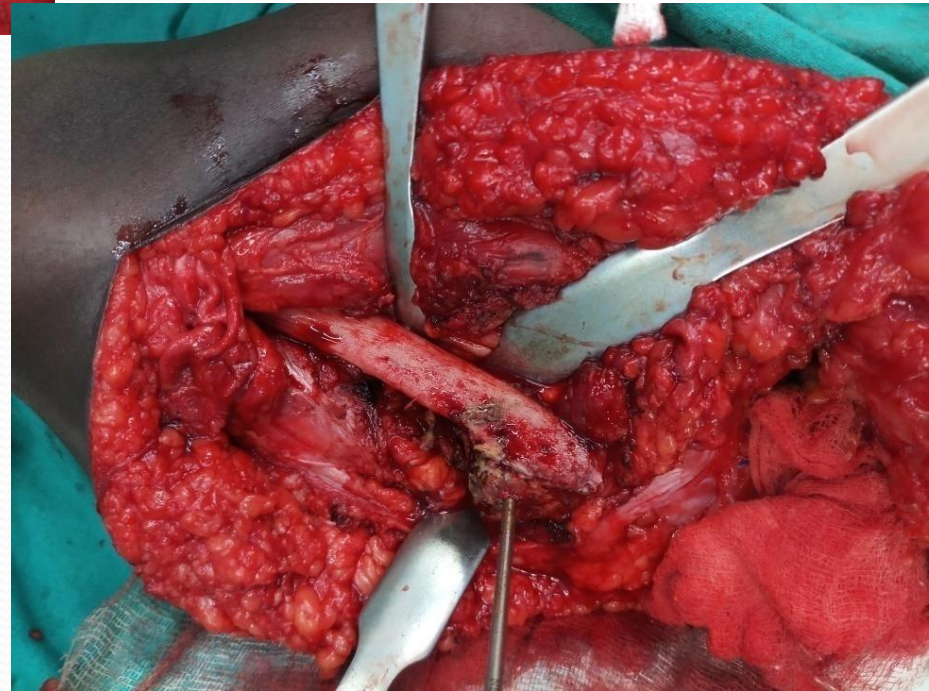
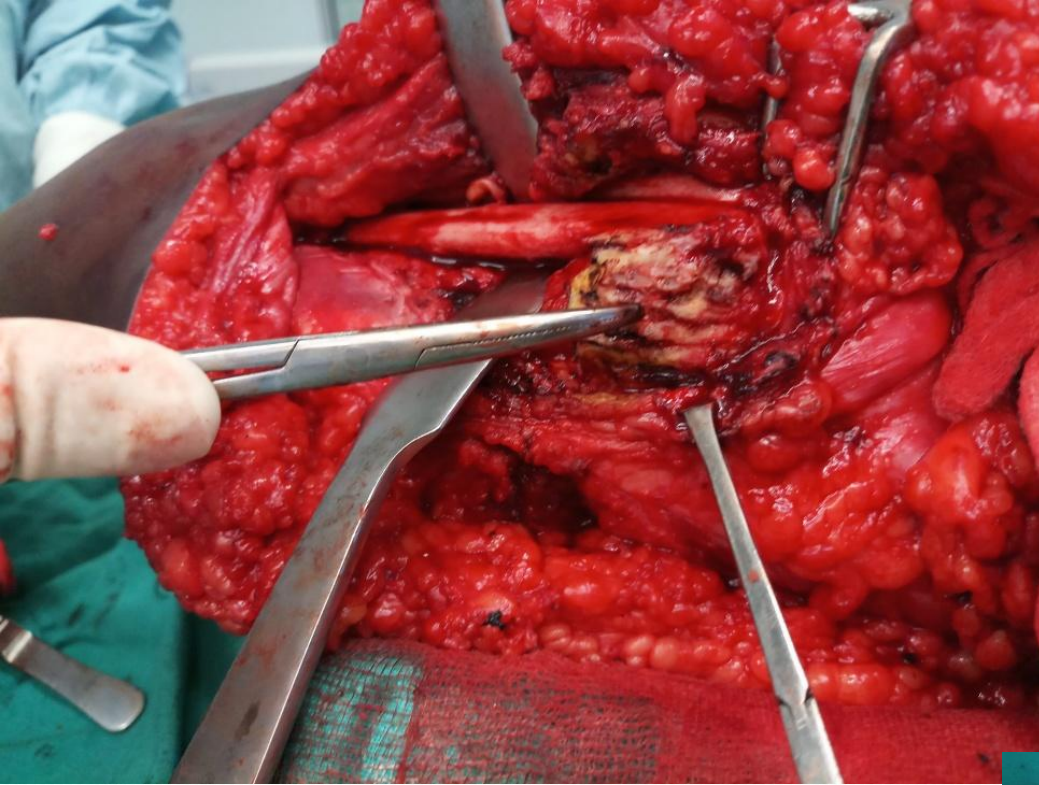
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AGFA

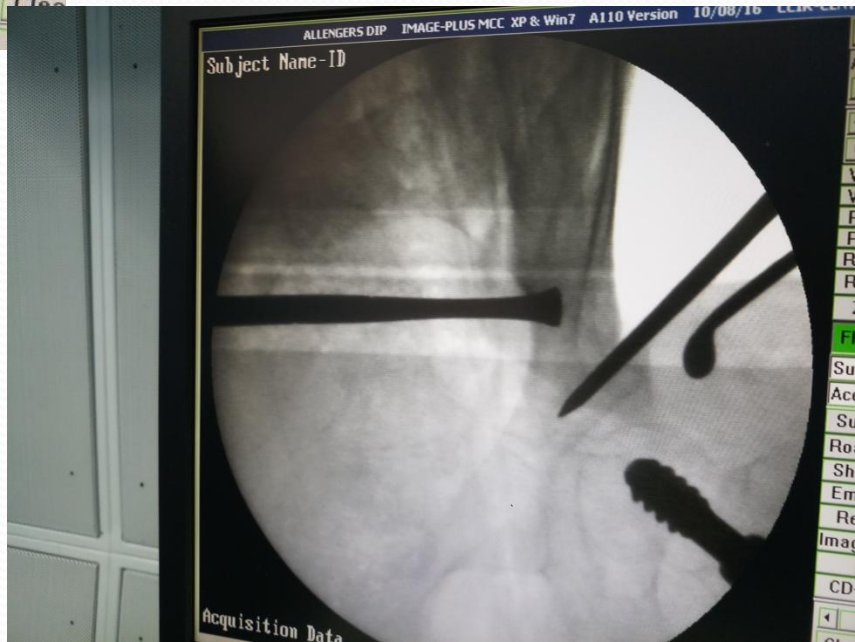
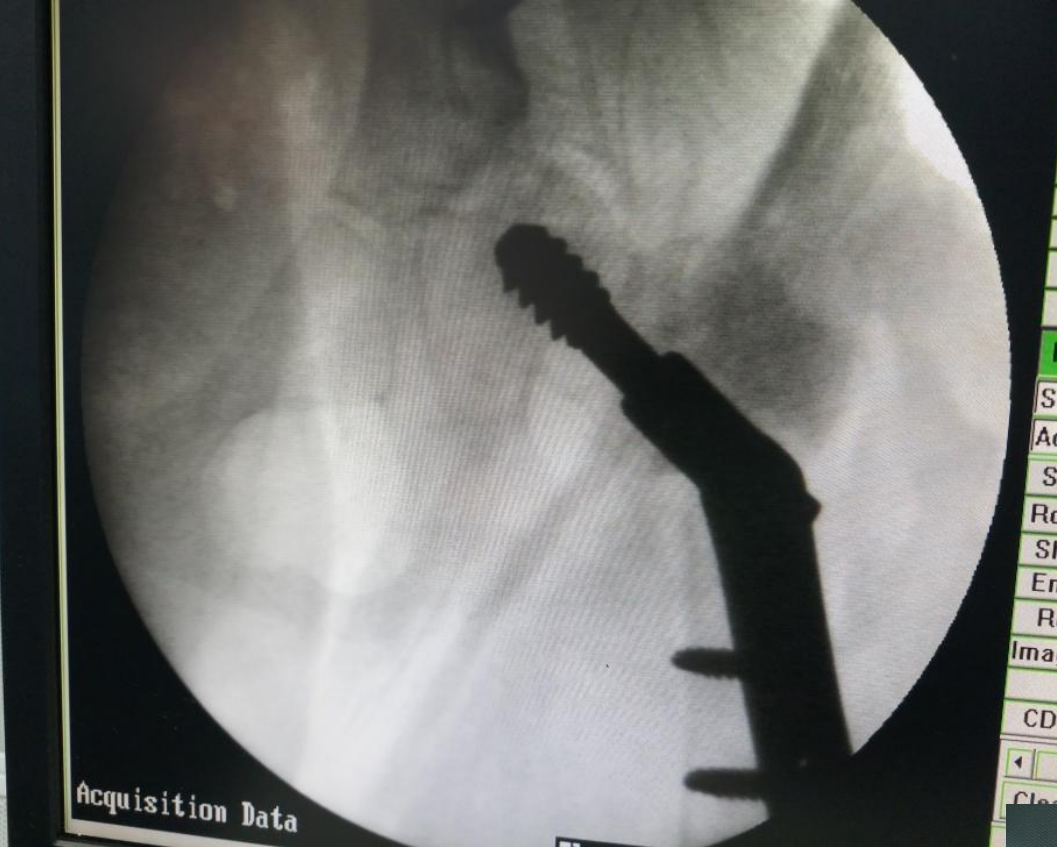








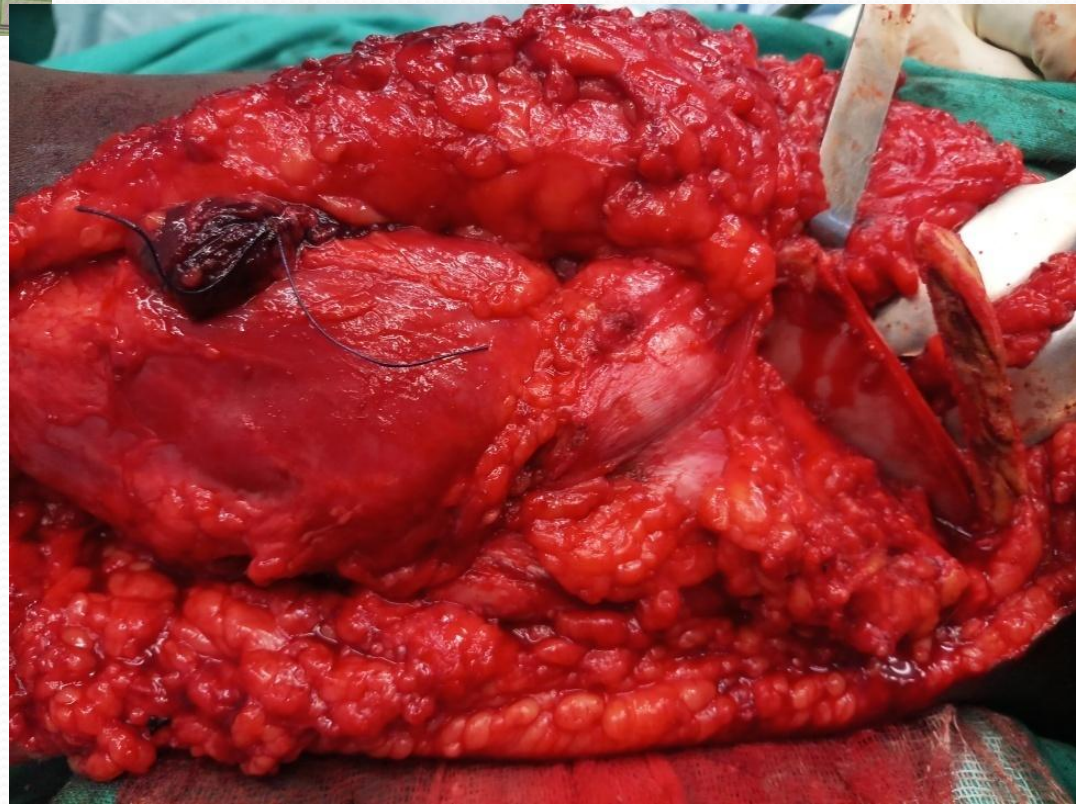


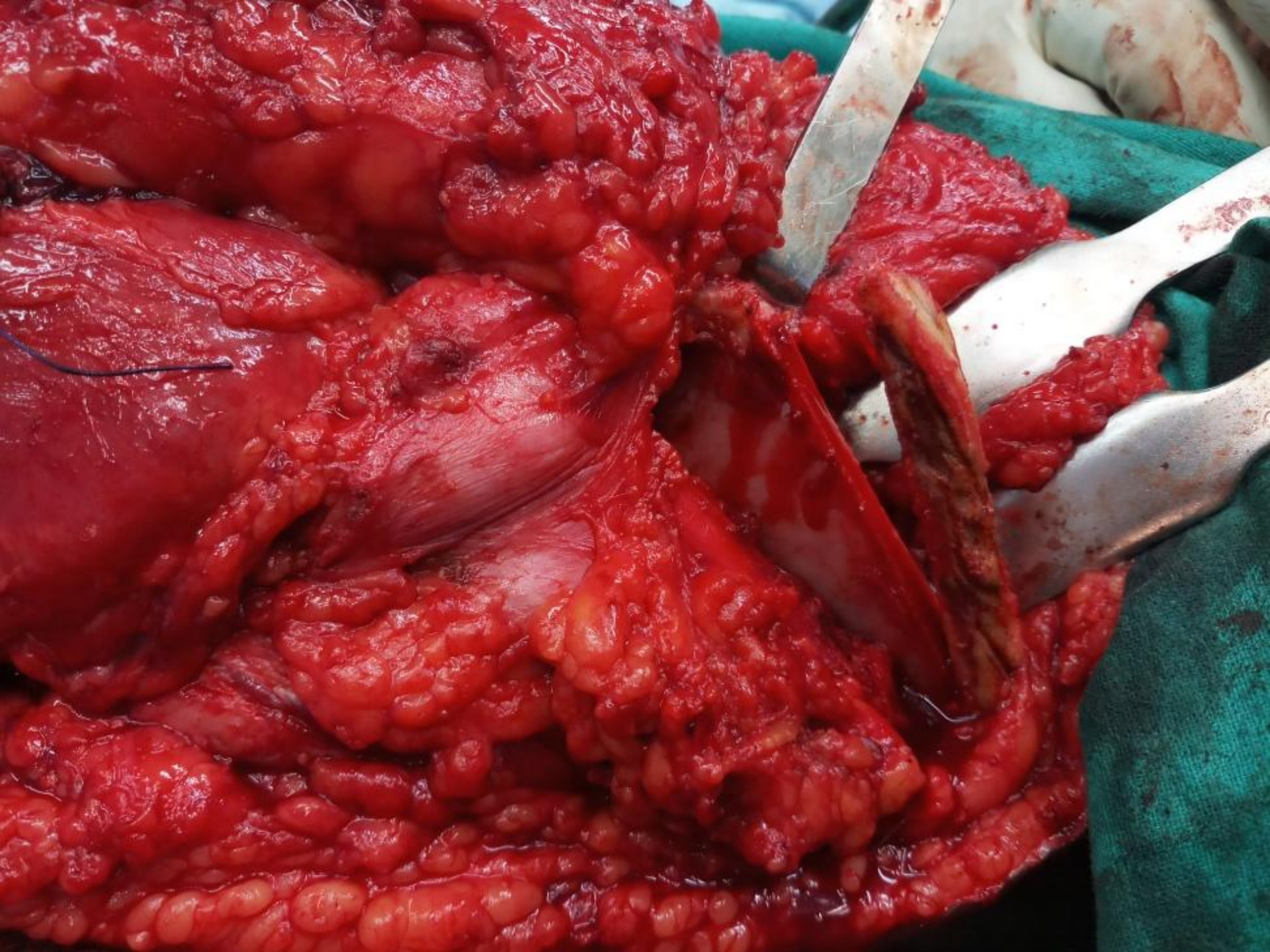


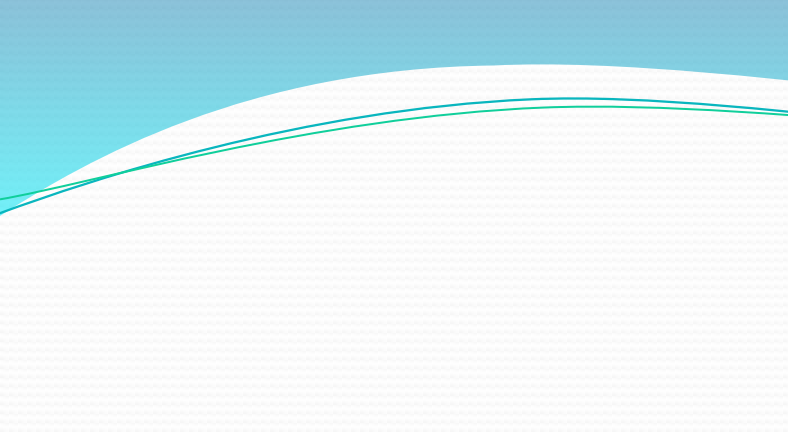
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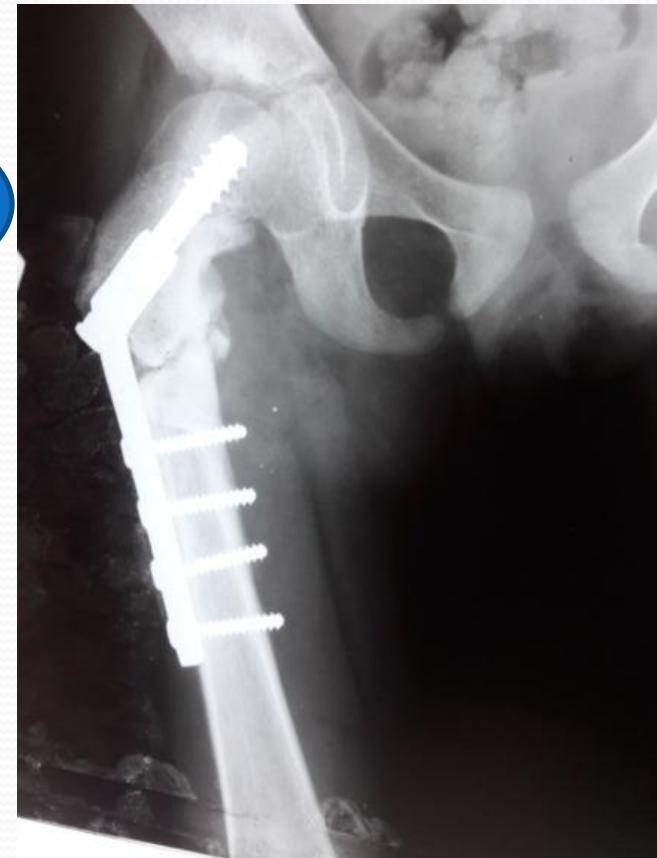
POST OPERATIVE CARE

- **Spica cast for 6-8 weeks**
- **Rehabilitation**
- **Shoe lift**
- **Functional activity**
- **Therapeutic exercise**
- **Full hip extension and knee flexion for future lengthening**

Case 1



1-A-3



Case 4

1-A-3



Conclusion

- **Diagnosis**
- **Establishment of mechanics of hip joint**
- **Proper understanding of anatomy**
- **Adequate exposure of anatomy and technique**
- **Three-dimensional imaging of the hip is required to assess the pathological anatomy, especially the orientation of the proximal femur and acetabular deficiency**
- **Not a difficult surgery**



Thanks