

SPORTS HIP 16

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SPEAKER NOTES

Nicolas Bonin

WARWICK orthopaedics

WARWICK orthopaedics

SPORTS INJURY CONFERENCES

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27TH & 28TH JUNE 2016

THE NATIONAL FOOTBALL CENTRE, ST GEORGE'S PARK

www.sports-surgery.org

COURSE CONVENOR



PROFESSOR DAMIAN GRIFFIN

PROFESSOR OF TRAUMA & ORTHOPAEDIC SURGERY

UNIVERSITY OF WARWICK

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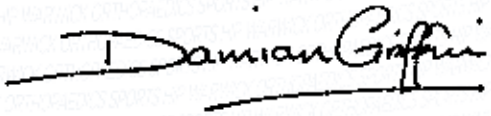
Dear Colleague,

The Sports Hip Conference will run again in 2018 as part of our portfolio of Sports Injury conferences. Some of you may have already attended the Sports Foot & Ankle, Sports Shoulder and and Sports Knee conferences. The dates for the next events will shortly be published on our website
www.sports-surgery.org

The key feature of these Sports Injury conferences is that we explore the latest ideas and most difficult problems in a relatively small group, guided by an expert international faculty.

Please do let us know if you have any thoughts about the meeting or any suggestions as to how we might develop it in the future.

With very best wishes.



PROFESSOR DAMIAN GRIFFIN
PROFESSOR OF TRAUMA & ORTHOPAEDIC SURGERY
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Nicolas Bonin



Nicolas Bonin has been practicing Orthopedic surgery for 17 years. He is part of a team of six surgeons working together at a de la Sauvegarde, to handle emergencies as well as elective procedures.

Nicolas started his career at the Hospices Civils de Lyon — one of the largest and most renown University Hospitals in France — and moved in 2006 to Clinique de la Sauvegarde, owned by Capio Group.

He speciliases in Hip Surgery, from Sports Medicine to Total Hip Replacement with anterior approach and Revision Hip Surgery. Nicolas is Nationally and Internationally renown in Hip Arthroscopy and treats patients from all over France requiring specific expertise. In total, he performs around 400 hip surgeries per year.

Nicolas is member of several scientific Medical Societies, among which International Society of Arthroscopy Knee surgery and Orthopaedic Sports Medecine (ISAKOS), European Society of Sports Traumatology Knee surgery and Arthroscopy (ESSKA), International Society for Hip Arthroscopy (ISHA), Société Internationale de Chirurgie Orthopédique et de Traumatologie (SICOT).

He won 1st Prize in the Specialities Trophy in 2010 during the 6th edition of the Private Hospitalization Trophies (THA by anterior approach without orthopaedic table) and 2nd prize in the Specialities Trophy in 2009 during the 5th edition of the Private Hospitalization Trophies (Femoro Acetabular Impingement and Hip arthroscopy).

Nicolas took part and directed Symposiums and Instructional Course Lectures in many national and international congresses.
He has collaborated to several scientific activities in international publications, and is a member of ISAKOS Arthroscopic Committee.

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Session 4

HIP CARTILAGE

How should we treat a chondral flap?

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CONTACT THE AUTHOR

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How should we treat a Chondral Flap?

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Disclosure

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Consultant for Strycker
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No Benefit for this Presentation

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Hip Chondral Flap

Always on the Acetabular Side
Mostly peripheral lesions
Antero Superior Acetabular Rim

Goal of Chondral Treatment =

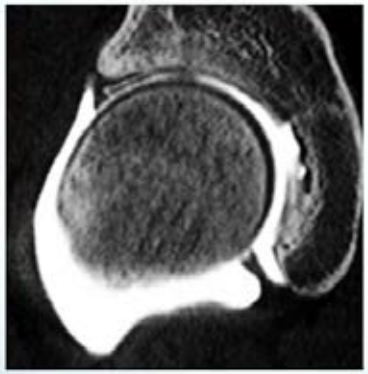
Fill the defect with Best Available Filler

What kind of Chondral Flap?



Peripheral Wave Sign

What kind of Chondral Flap?





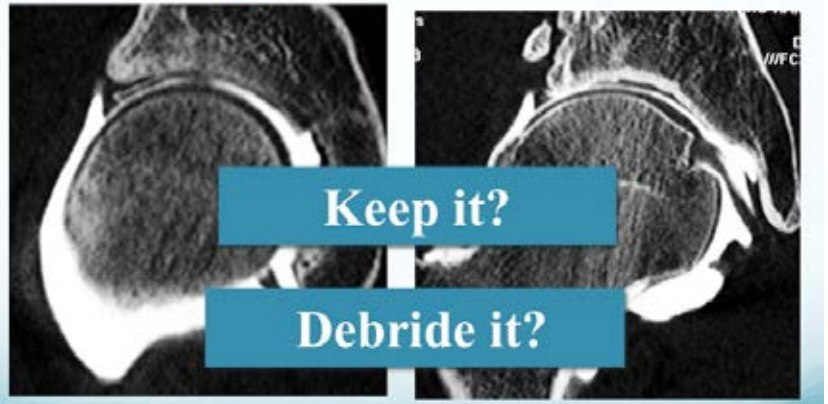
Stable Peripheral Chondral Flap

What kind of Chondral Flap?



Unstable Chondral Flap

What can we do with Wave Sign or Chondral Flap?



Keep it?

Debride it?

Fill the defect with Best Available Filler

Wave Sign

Keep it!!



1- Conservative debridement to stable margins
2- Remove the calcified subchondral bone layer

Wave Sign

Keep it!! **Microfracture**

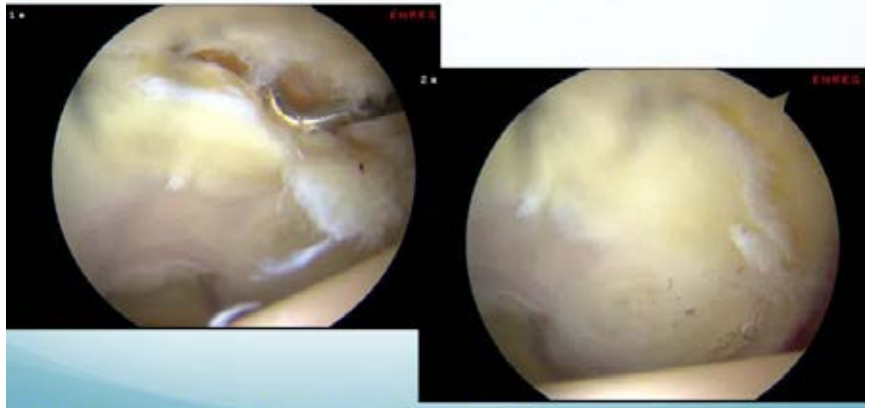




+/- Fibrin Glue

Stable Chondral Flap

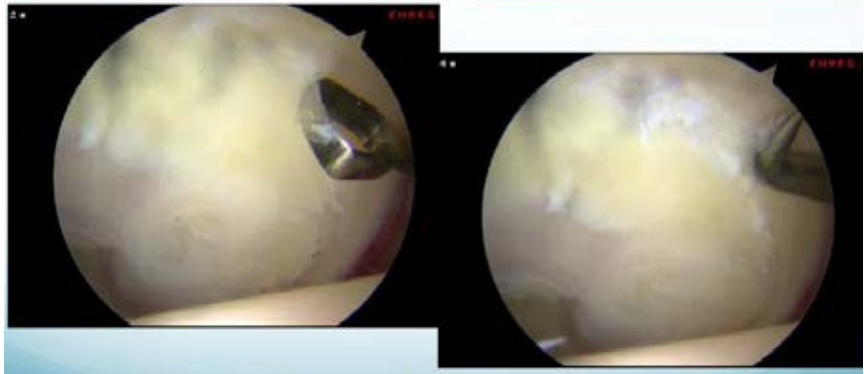
Keep it!!



1- Conservative debridement to stable margins

Stable Chondral Flap

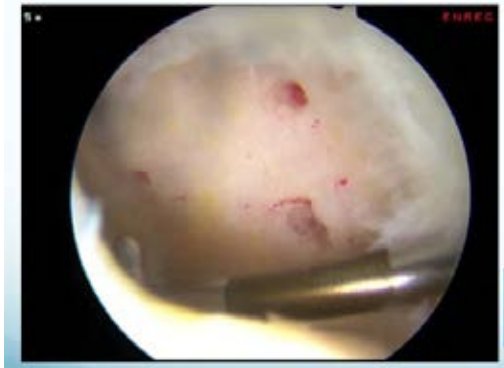
Keep it!! **Microfracture**



2- Remove the calcified subchondral bone layer
3- Microfracture under chondral Flap

Stable Chondral Flap

Keep it!! **Microfracture**



+/- Fibrin Glue

2- Remove the calcified subchondral bone layer
3- Microfracture under chondral Flap

Unstable Chondral Flap?



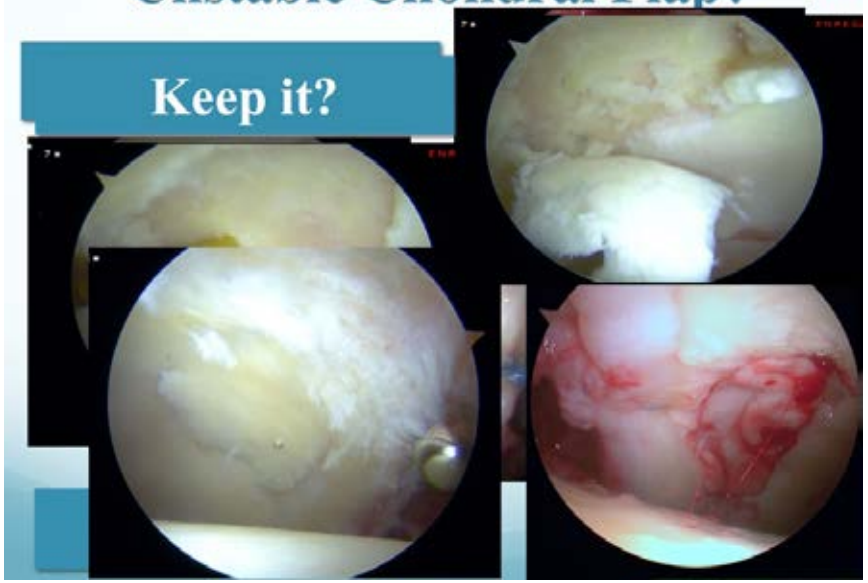
Remove it?

No choice?...

=> Debridment and same treatment as chondral defect ?

Unstable Chondral Flap?

Keep it?



Why should we keep it?

It seems to Work

Hip Int. 2011 Nov-Dec;21(6):744-50. doi: 10.5301/HIP.2011.8843.

Arthroscopic repair of delaminated acetabular articular cartilage using fibrin adhesive. Results at one to three years.

Stafford GH[1], Bunn JR, Villar RN.

43 patients treated for FAI with delaminated chondral flaps

mHHS significantly improved ++

3 early Hip scope for Ilio-Psoas pathology

Why should we keep it?

It seems Viable



Can J Surg. 2014 Feb;57(1):44-8.

Viability assessment of the chondral flap in patients with a preliminary report.

Meulenkamp B[1], Gravel D[1], Beaulé PE[1].

12 Unstable Chondral Flaps debridment

11 Flaps = More than 90% Viable Chondrocytes

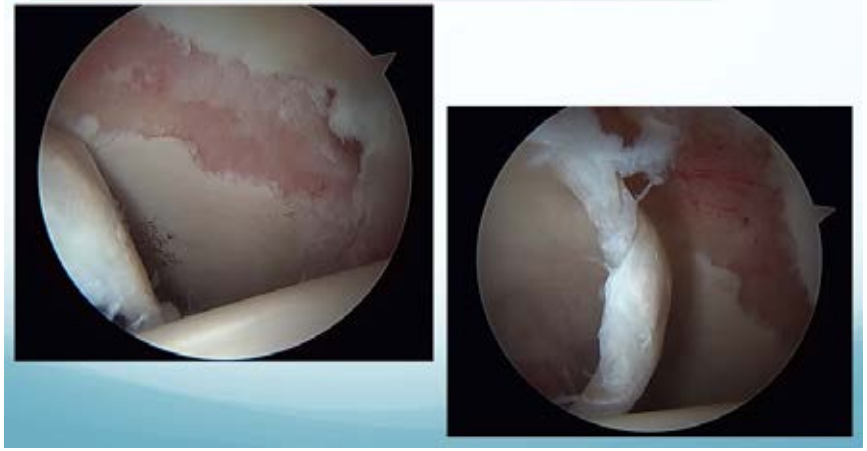
50% Nearly Normal Hyaline Cartilage

6 = Hyaline cartilage predominant

Best Available Filler ?

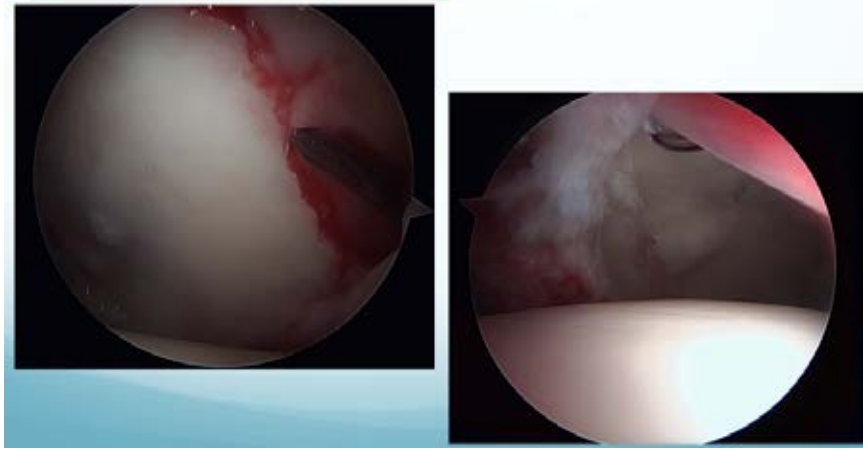
Unstable Chondral Flap

One step easy procedure!



Unstable Chondral Flap

Cost effective!



Conclusion

Wave Sign

Keep it!

Stable Chondral Flap

50% Nearly Normal Hyaline Cartilage

Unstable Chondral Flap

Keep it!!!

Thank You

