

Shifting paradigms for high-risk devices lessons learned from the past

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Problems European Device Regulations



BMJ

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FEATURE

MEDICAL DEVICE REGULATION

How a fake hip showed up failings in European device regulation

Deborah Cohen investigates how EU authorities would be prepared to allow a fake hip prosthesis with dangerous design flaws onto the market

Deborah Cohen investigations editor



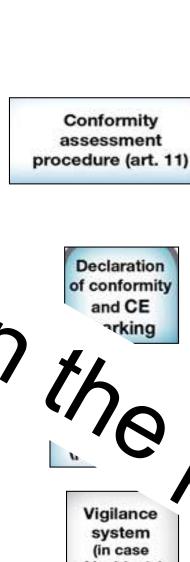


Main problems

> 70 (competing) **NBs in Europe**

no govenmental licensing agency (like US-FDA)

National adoptions (i.e. no EC-wide registry)



Class III

(high risk)

ি inspection)

Declaration of conformity and CE arking

Vigilance of incidents):

manufacturer:

obliged to report incidences

market surveillance (device monitoring,

post market surveillance (part of QAS)

membership state: evtl. withdraws marketing

declares conformit.

CLASSIFICATION OF MEDICAL DEVICES (MD):

(medium/high risk)

hnical documentation" (TD)

'rance System" (QAS)

roduction

'aty and performance

Class IIa

(low/medium risk)

Class I

(low risk)

manufact

Notified Body

manufacturer:

National authority:

manufacturer:



Hip resurfacing



Modern MoM



1996



De Very



D. McMinn BHR©



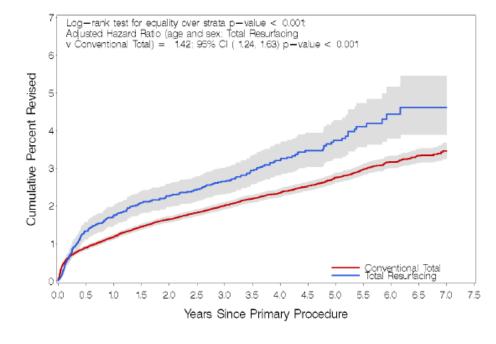
H. Amstutz Conserve Plus©



ANNUAL REPORT 2008

Figure HT11: Cumulative Percent Revision of Conventional Total and Total
Resurfacing Hip Replacement (Primary Diagnosis OA excluding Infection)

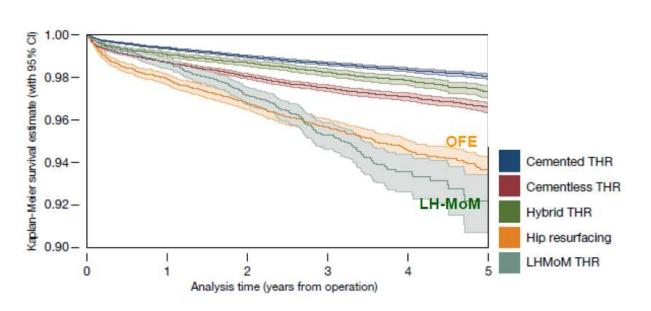
Designer studies: promising results



Hip resurfacing



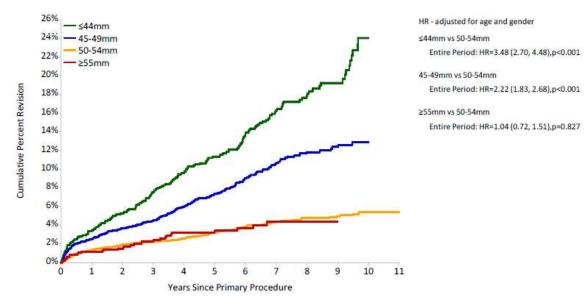






ANNUAL REPORT 2012

Figure HT42: Cumulative Percent Revision of Primary Total Resurfacing Hip Replacement by Head Size (Primary Diagnosis OA)



Hip resurfacing



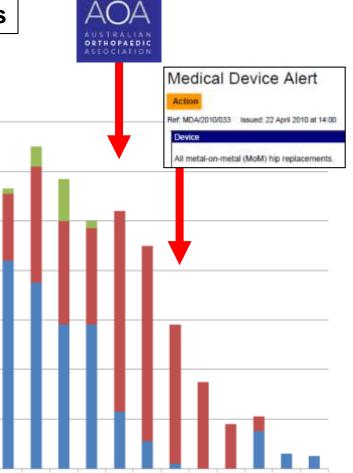


120

100

80

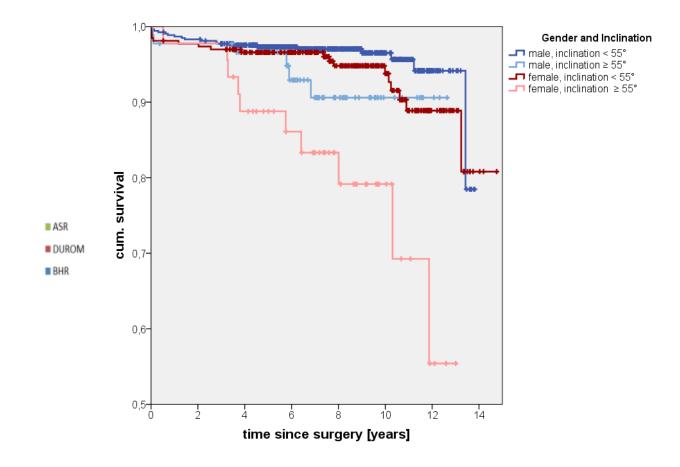
60



Revision Rate and Patient-Reported Outcome After Hip Resurfacing Arthroplasty: A Concise Follow-Up of 1064 Cases

Sonja Börnert, Jörg Lützner, MD, Franziska Beyer, Klaus-Peter Günther, MD, Albrecht Hartmann, MD

Department for Orthopaedic and Trauma Surgery, University Hospial Carl Gustav Carus, TU Dresden, Dresden, Germany

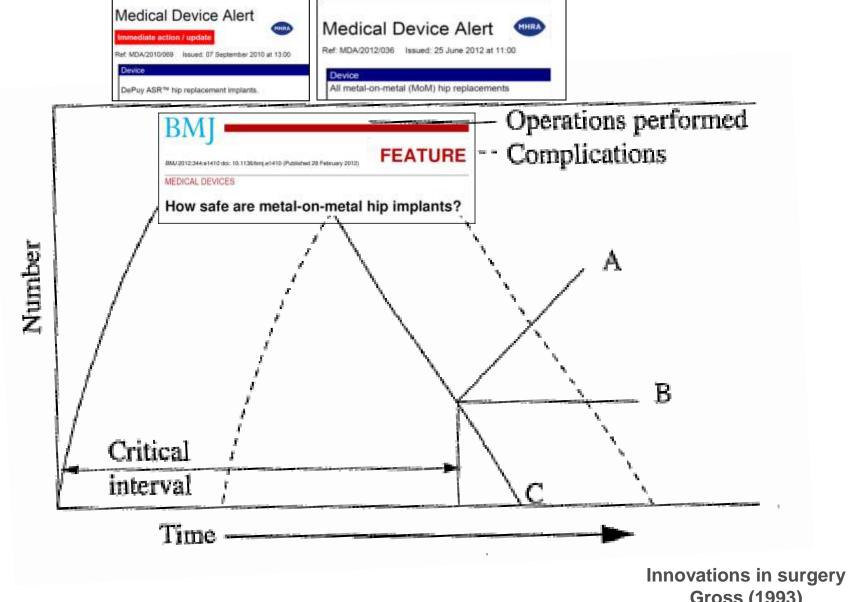


Dresden experience

1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015

Lessons learned





Gross (1993)

Lessons learned



Instructional Lecture: Hip

EOR | VOLUME 2 | MAY 2017 DOI: 10.1302/2058-5241.2.170008 www.efortopenreviews.org



EFORT OPEN PEVIEWS

Advances in hip arthroplasty surgery: what is justified?

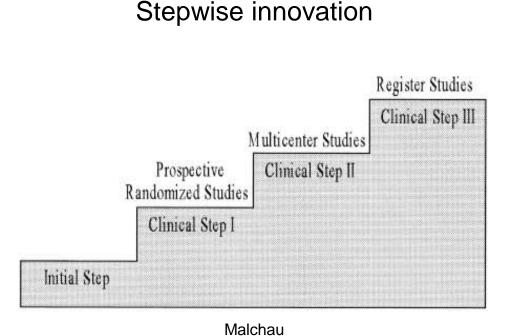
Luigi Zagra

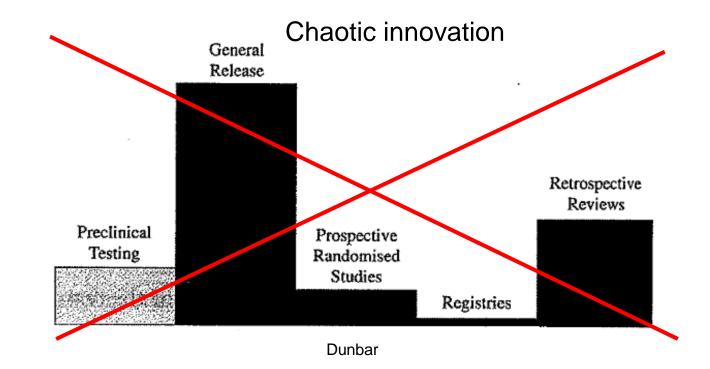
I would conclude the overview of this ICL with this advice from the EFORT Ethical Code: "there should be an end to the haphazard way in which new surgical techniques and products are introduced. Patients may be attracted by the latest trend before it has been properly tried and evaluated. The history of Orthopaedics is littered with widely different procedures which have proved of little value".84

Lessons learned



- I Registries are effective, but at a late stage
- I Response of regulatory authorities is inhomogenus and delayed
- I Close surveillance of innovations





Lessons learned?



European Multicentric Efficacy Study

Science News

from research organizations

New hip resurfacing implant could lead to better outcomes patients

Prof. Justin Col

ew type of hip implant that could lead to better













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FULL STORY

Surgeons are treating patients with a new type of hip implant that could lead to better outcomes for younger, more active people requiring surgery.

Fifteen patients have so far been treated with a novel ceramic hip resurfacing implant in a new trial at Imperial College London. Early results suggest patients can return to physical activities such as swimming and cycling within six weeks of their operation.

The investigation, whose lead site is Charing Cross Hospital, part of Imperial College Healthcare NHS Trust, is the first in the world to resurface patients' hips without using metal implants.

New hip implant for active patients

Hippocratic Post 8th February 2018 AGEING, INNOVATION, MUSCULAR & SKELETAL, NHS, SURGERY















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