Smith+Nephew

Short-term assessment of Q-FIX◊ All-Suture Anchors and SUTUREFIX◊ Suture Anchors for arthroscopic labral reconstruction of the hip

White, BJ. Assessment of Smith and Nephew Q-FIX and curved SUTUREFIX Anchors in arthroscopic allograft labral reconstruction of the hip. Poster presented at: International Society for Hip Arthroplasty; December 11-14 2021; Las Vegas, US.

Key points

99.8%
success rate
for Q-FIX and SUTUREFIX Anchors (428/429)

No surgical failures reported at 1 year follow-up (n=429)

Patients reported improvements in LEFS, MHHS and pain at 6 months follow-up compared to pre-operative levels

Overview

- Retrospective, case series of 40 patients who underwent front-to-back circumferential labral reconstruction with frozen fascia lata allograft between June and July 2019
- Number of Q-FIX and SUTUREFIX Anchors placed, number of failed anchors (defined by anchor pull-out), and surgical failures (defined as the need for revision) were assessed
- Subjective questionnaires assessing Lower Extremity Functional Scale (LEFS [maximum score of 80, indicating very high function]), Modified Harris Hip Score (mHSS [maximum score of 100, indicating an excellent result]) and Pain (rest, activities of daily living [ADL], sport) were collected pre-operatively and at 6 weeks, 3 months, 6 months, 9 months and 1 year post-operatively

Results

- Overall, 429 anchors were placed
  - One case of failure with a Q-FIX Anchor (Figure)
  - No surgical failures reported at 1 year follow-up (Figure)
  - No cases of failure reported with a SUTUREFIX Anchor
- Compared to pre-surgery, at 6 month follow-up patients reported on average a:
  - Three-point improvement in LEFS
  - 21-point improvement in MHHS
  - Three-point improvement in pain (rest, ADL, sport)

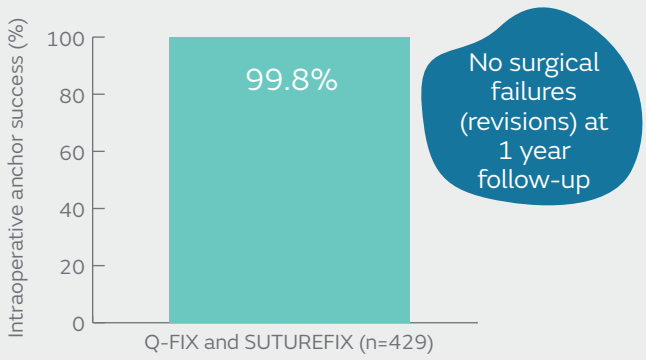

Figure. Percentage of Q-FIX Anchors and SUTUREFIX Anchors that did not result in intraoperative anchor pull out

Conclusions

In this study, Q-FIX Anchors and SUTUREFIX Anchors demonstrated a very low rate of intraoperative anchor failure, improvements in clinical outcomes at six month follow-up and no surgical failures reported at 1 year follow-up.

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