

Hip Joint Replacement

Patient Information



Dear patient,

You have received a hip joint replacement from OHST Medizintechnik AG. In the following we would like to give you important information in relation to the product. Please read the information carefully and follow the instructions. This document is intended to fulfil the requirements arising from Article 18 and Section 23 of Annex I to Regulation (EU) 2017/745 of the European Parliament and of the Council of 5 April 2017 on medical devices.

Intended use

Hip joint replacement serves to restore the anatomical conditions of the hip joint, relieve pain and restore function. Hip joint prostheses can be divided into femoral components (hip stem, which is inserted into the thigh) and acetabular components (hip socket, which is inserted into the pelvis). Both components can consist of several individual parts and can be combined with each other.

If only one femoral component is implanted, this is referred to as a partial hip replacement (hemiarthroplasty). If both components are implanted, it is a total hip joint replacement (total endoprosthesis). Both components are then flexibly connected to each other via a joint surface, e.g. with the help of a modular femoral head.

Safety and performance

Registry data show¹ that about 58% of all hip joint replacements can last 25 years. Depending on the type of fixation in the bone and the properties of the implants, the following failure probabilities are possible during the wearing time of the prosthesis² :

total hip replacement

Type of fixation in the bone	Probability of failure within...							
	1 year	2 years	3 years	4 years	5 years	6 years	7 years	8 years
cemented	2,8 %	3,2 %	3,5 %	3,7 %	3,9 %	4,1 %	4,2 %	4,5 %
hybrid	2,2 %	2,5 %	2,8 %	3,0 %	3,2 %	3,4 %	3,7 %	3,9 %
cementless	2,7 %	3,1 %	3,4 %	3,6 %	3,7 %	3,9 %	4,0 %	4,3 %

partial hip replacement

Type of fixation in the bone	Probability of failure within...							
	1 year	2 years	3 years	4 years	5 years	6 years	7 years	8 years
cemented	4,2 %	4,4 %	4,5 %	4,6 %	4,7 %	4,9 %	4,9 %	4,9 %
cementless	6,8 %	7,3 %	7,5 %	8,0 %	8,0 %	8,7 %	8,7 %	-

The probability of failure can be significantly higher with unplanned procedures. The lifespan of the artificial hip joint replacement can be significantly influenced by factors such as age, gender, body mass index (BMI) and concomitant diseases. The earlier a prosthesis is inserted, the more likely it is that the implant can be replaced. Male patients have a higher probability of failure than female patients. A high BMI as well as the number of concomitant diseases can reduce the lifespan of the prosthesis. Hospitals and doctors with greater experience due to higher treatment numbers tend to reduce the risk of prosthesis replacement.

Reasons for a subsequent intervention on the hip joint can be: loosening, infections, periprosthetic fractures or luxations.

Summary of safety and clinical performance

The EU is in the process of setting up a European Database on Medical Devices (EUDAMED). As soon as this is available, you will be able to view a so-called "summary of safety and clinical performance" for your specific implant, which will be updated regularly. Until EUDAMED is launched, this report can be requested from OHST Medizintechnik AG.

Important information related to your implant

Clinical experience shows that the presence of one or more of the following concomitant circumstances (risk factors) can lead to shorter service life, more frequent complications or an overall poorer outcome of hip arthroplasty. This list is not exhaustive.

¹ Evans JT et al. How long does a hip replacement last? A systematic review and meta-analysis of case series and national registry reports with more than 15 years of follow-up. Lancet. 2019 Feb 16;393(10172):647-654

² Endoprosthesis Register Germany (EPRD) Annual Report 2023. DOI: 10.36186/reportepd092024

General risk factors and conditions:

- Overweight
- Alcoholism or substance abuse
- Patient groups with mental disorders or addictions
- Pregnancy
- Intake of high-dose cortisone or cytostatics
- History or risk of infectious diseases with potential joint manifestation
- History of deep vein thrombosis and/or pulmonary embolism
- All general surgical risks

Risk factors and conditions specific to hip arthroplasty:

- Disorders of bone metabolism (osteoporosis, osteomalacia)
- Occurrence of fissures, in rare cases fractures
- Circulatory disorders of the affected limb
- Neurological disorders of the affected limb
- Muscle dysfunction of the affected joint
- Muscle spasms or other spastic conditions
- Growth in children and adolescents
- Expected extreme stresses, e.g. due to work or sports
- Epilepsy or other causes of repeated accidents with an increased risk of fracture
- Joint deformities that make fixation of the implant difficult
- Weakening of the bearing structures by tumour

Undesirable effects

The negative effects listed below are among the most typical and common consequences of surgery:

- Infection
- Venous thrombosis and pulmonary embolism
- Cardiovascular disorders
- Haematomas
- Paresthesia
- Numbness
- Swelling
- Nerve damage
- Oedema

The negative effects listed below are among the most typical and common consequences of hip arthroplasty:

- Noise development when using a ceramic on ceramic articulation
- Foreign body reactions, osteolysis, loosening
- ARMD / Trunnionosis / Metallosis
- Toxic reactions
- Sensitization
- Luxation / Dislocation / Dissociation
- Limited range of motion (ROM)
- Loosening
- Migration / tilting
- Implant failure
- Difference in leg length
- Stem subsidence
- Bone fracture
- Instability
- Tissue damage
- Iliopsoas syndrome / irritation
- Heterotopic ossification
- Deep vein thrombosis
- Blood loss
- Infections
- Pulmonary embolism
- Cardiac arrest
- Heart attack / stroke

- Bone cement implantation syndrome (BCIS) (e.g. cardiac arrhythmias, increased pulmonary vascular resistance)

The occurrence of specific adverse effects may necessitate revision surgery.

Any serious incident that has occurred in relation to the device shall be reported to the manufacturer and the Competent Authority of the member state³ in which the user and/or patient is established.

Activities of daily living

Depending on the profession, the prosthesis used and the course of recovery, it usually takes 2 to 3 months before it is possible to work again. Sometimes a gradual reintegration is possible, starting with a few hours per day and then gradually increasing the amount⁴.

Strong muscles, tendons and ligaments provide support for the prosthesis, which is why movement is also important with a joint replacement. However, the lifespan of a prosthesis also depends on how much it is used. Therefore, there are activities and sports that are more recommended for people with an artificial hip joint than others⁵.

Activities that are recommended:

- Going for a walk
- Cycling
- Swimming
- Golf
- Dancing

Activities and sports that are not recommended:

- Jogging
- Sports such as tennis, volleyball or football where the joints are exposed to impacts, twists or jerky movements
- Sports with physical contact and corresponding risk of falling, for example martial arts

For many sports, it depends on how well they were practised before the joint replacement. Anyone starting a new sport is not yet familiar with it and therefore has an increased risk of unfavourable movements and accidents.

It is best to consult your doctor about which activities are suitable.

Follow-up examinations

The implantation of the prosthesis is followed by clinical and radiological checks of the patient. The aim of these follow-up examinations is to detect any emerging complications at an early stage so that they can be treated.

There are no fixed intervals for a follow-up examination. Your treating doctor will therefore have established their own routine. Clinical examinations may be more frequent than radiological examinations in the first few months. The reason for this is the radiation exposure associated with each X-ray examination.

With regard to radiological follow-up examinations, we refer to the following recommendations of the German Society for Endoprosthetics (AE)⁶:

- Since aseptic loosening and wear of cemented total hip arthroplasties only occur in late failures, these prostheses only need to be checked at 2-3 year intervals from the 5th postoperative year onwards in patients with no or few complaints - after an unremarkable postoperative check-up.
- Cementless total hip arthroplasties should be checked one year after surgery. If no abnormalities are identified during this time, the check-up intervals can be the same as for cemented prostheses in patients with no or few complaints.
- The recommended check-ups should be communicated to the patients after the operation so that they can make use of them in a self-determined manner.

In case of complaints, additional X-ray examinations may be justified according to individual indications.

³ https://health.ec.europa.eu/medical-devices-sector/new-regulations/contacts_en (accessed on 22.10.2024)

⁴ Aresti N et al: Primary care management of postoperative shoulder, hip, and knee arthroplasty. BMJ. 2017 Oct 18;359:j4431

⁵ Sowers CB et al: Return to Sports After Total Hip Arthroplasty: An Umbrella Review for Consensus Guidelines. Am J Sports Med. 2023 Jan;51(1):271-278

⁶ Von Roth et al: Die radiologische Verlaufskontrolle von primären Hüft- und Knieendoprothesen – Empfehlung der Deutschen Gesellschaft für Endoprothetik (AE). Z Orthop Unfall 2020; 158(03): 276-279
























In your own interest, you should therefore attend all agreed follow-up appointments, even if you have no complaints! If you have any complaints, contact your doctor immediately.

If you are to undergo magnetic resonance imaging (MRI), inform the examining doctor about all your implants. MRI examinations can have undesirable effects that can harm the patient. Possible effects include artifacts, heating of the implant, induction of electrical currents and loosening of the implant. These effects can vary greatly depending on the characteristics of the implant (material, size, position in the body, etc.) and the combination with other implants. Furthermore, there are different manufacturers and generations of MRI systems. OHST is therefore unable to make any statements about the safety of OHST implants with a specific MRI system. A patient-specific risk assessment by the examining physician prior to performing the MRI is therefore essential in order to decide whether and under what conditions the examination can be performed safely.

Information about your prosthesis / endoprosthesis passport

When you are discharged from the clinic after the operation, you will receive an implant card (endoprosthesis passport). This contains all the important information about your implant. You should always carry this document with you.

The meaning of the symbols used, e.g. in the instructions for use, on the labels of OHST Medizintechnik AG or on the implant card, is listed below.

	♦ Read instructions for use		♦ Batch code
	♦ Caution		♦ Manufacturer
	♦ Do not reuse		♦ Do not use if package is damaged
	♦ Manufacturing date (year-month)		♦ Keep dry
	♦ Use-by date (year-month)		♦ Keep away from sunlight
	♦ Do not resterilise		♦ Unique Device Identifier
	♦ Sterilised using irradiation		♦ Device Name
	♦ Sterilised using ethylene oxide		♦ Patient name or patient ID
	♦ Double sterile barrier system with protective packaging outside		♦ Date of implantation
	♦ Double sterile barrier system		♦ Name and address of implanting health care facility
	♦ Reference number		♦ Website
	♦ Serial number		

Hip joint prostheses from OHST Medizintechnik AG are made of the following materials. You can find detailed information on this on your implantation card.

Stainless steel according to ISO 5832-1 (chemical composition)	
Element	Mass fraction in %
Carbon	max. 0.030
Silicon	max. 1.0
Manganese	max. 2.0
Phosphorus	max. 0.025
Sulphur	max. 0.010
Nitrogen	max. 0.10
Chromium	17.0 to 19.0
Molybdenum	2.25 to 3.00
Nickel	13.0 to 15.0
Copper	max. 0.50
Iron	Balance

Titanium 6- aluminium 4-vanadium wrought alloy according to ISO 5832-3 (chemical composition)	
Element	Mass fraction in %
Aluminium	5.5 to 6.75
Vanadium	3.5 to 4.5
Iron	max. 0.3
Oxygen	max. 0.2
Carbon	max. 0.08
Nitrogen	max. 0.05
Hydrogen	max. 0.015
Titanium	Balance

Cobalt-chromium-molybdenum casting alloy according to ISO 5832-4 (chemical composition)	
Element	Mass fraction in %
Chromium	26.5 to 30.0
Molybdenum	4.5 to 7.0
Nickel	max. 1.0
Iron	max. 1.0
Carbon	max. 0.35
Manganese	max. 1.0
Silicon	max. 1.0
Cobalt	Balance

Forged high-strength stainless steel according to ISO 5832-9 (chemical composition)	
Element	Mass fraction in %
Carbon	max. 0.08
Silicon	max. 0.75
Manganese	2.00 to 4.25
Nickel	9.0 to 11.0
Chromium	19.5 to 22.0
Molybdenum	2.0 to 3.0
Niobium	0.25 to 0.80
Sulphur	max. 0.01
Phosphorus	max. 0.025
Copper	max. 0.25
Nitrogen	0.25 to 0.50
Iron	Balance
Other in each case	max. 0.1
Total other	max. 0.4

Titanium 6-aluminium 7-niobium wrought alloy ISO 5832-11 (chemical composition)	
Element	Mass fraction in %
Aluminium	5.5 to 6.5
Niobium	6.5 to 7.5
Tantalum	max. 0.50
Iron	max. 0.25
Oxygen	max. 0.20
Carbon	max. 0.08
Nitrogen	max. 0.05
Hydrogen	max. 0.009
Titanium	Balance

Cobalt-chromium-molybdenum forging alloy according to ISO 5832-12 (chemical composition)	
Element	Mass fraction in %
Chromium	26.0 to 30.0
Molybdenum	5.0 to 7.0
Iron	0.75 Maximum value
Manganese	1.0 Maximum value
Silicon	1.0 Maximum value
Carbon	0.35 Maximum value
Nickel	1.0 Maximum value
Nitrogen	0.25 Maximum value
Cobalt	Balance

Ultra-high molecular weight polyethylene (UHMWPE) according to ISO 5834-1/2 (ash and trace elements)	
Element	Maximum permitted quantity in mg/kg
Ash	125
Titanium	40
Calcium	5
Chlorine	30
Aluminium	20

Ceramic composites materials based on a high-purity alumina matrix with zirconia reinforcement according to ISO 6474-2	
Element	Mass fraction in %
Aluminum oxide, Al ₂ O ₃	60-90
Zirconium oxide, ZrO ₂ + HfO ₂	10-30
Amount of HfO ₂ in ZrO ₂	≤5
Intended additives	≤10
Total amount of impurities	≤0,2

The following coatings can also be applied:

Titanium Plasma Spray (TPS) according to ASTM F1580 (chemical composition)	
Element	Mass fraction in %
Aluminium	max. 6.75
Vanadium	max. 4.5
Oxygen	max. 0.4
Iron	max. 0.5
Carbon	max. 0.08
Hydrogen	max. 0.05
Nitrogen	max. 0.05
Copper	max. 0.1
Tin	max. 0.1
Silicon	max. 0.04
Chlorine	max. 0.2
Yttrium	max. 0.005
Titanium	Balance

BONIT®	
Phase composition	≥ 70 % Brushite [CaH(PO ₄) x 2 H ₂ O] ≤ 30 % Hydroxyapatite [Ca ₅ (PO ₄) ₃ OH]
Ca/P ratio	1,1 ± 0,1
Trace elements	Arsenic: max. 3 ppm Cadmium: max. 5 ppm Mercury: max. 30 ppm Lead: max. 50 ppm

Hydroxyl apatite	
Element	Mass fraction in %
Carbon	max. 0.08
Iron	max. 0.50
Hydrogen	max. 0.05
Nitrogen	max. 0.05
Oxygen	max. 0.40
Titanium	Balance

Further information

AE - German Society for Endoprosthetics e.V.

The AE - German Society for Endoprosthetics was founded as a non-profit association. Its members are leading orthopaedic surgeons and trauma surgeons as well as scientists who deal with questions of endoprosthetics and alternative joint-preserving treatment methods.

It is a section of the German Society for Orthopaedics and Trauma Surgery (DGOU) and is thus responsible for all questions concerning arthroplasty.

Here you will find answers to frequently asked questions about diseases and treatments, including the provision of an artificial joint (endoprosthesis).

Internet address (German language only): <https://www.ae-germany.com>

Federal Institute for Drugs and Medical Devices (BfArM)

The Federal Institute for Drugs and Medical Devices (Bundesinstitut für Arzneimittel und Medizinprodukte, BfArM) is an independent federal higher authority within the portfolio of the Federal Ministry of Health.

The BfArM's tasks with regard to medical devices are mainly the central collection, analysis, and evaluation of risks arising from use or application of the devices and the co-ordination of the necessary measures to be taken. This work is based on incoming incident reports on medical devices.

Internet address: https://www.bfarm.de/EN/Home/_node

German Society for Orthopaedics and Orthopaedic Surgery

The Society sees itself as responsible for scientific issues vis-à-vis the public and the medical profession and thus as a contact for other societies and associations, institutions and authorities.

The purpose of the association is the promotion of orthopaedic science in research, teaching and practical application including the rehabilitation of physically disabled persons.

Here you will find information about orthopaedic issues.

Internet address (German language only): <https://dgooc.de>

EPRD German Endoprosthesis Register gGmbH

The German Arthroplasty Registry (EPRD) has been established to ensure and improve the quality of endoprosthetic surgery and thereby increase patient safety. The EPRD's extensive data pool will make it easier than ever to identify causes of failure in endoprosthetic interventions in future. By this, it will be easier to sort out whether the implants used, the surgical procedure and/or patient-specific features are responsible for a revision.

Since 2020, the EPRD has published its own patient information annually and in addition to its annual report. The publication contains key results of the data evaluation from the respective annual report - summarised briefly and in a way that is easy for patients to understand.

Internet address: <https://www.eprd.de/en>

EUDAMED - European Database on Medical Devices

EUDAMED will provide a living picture of the lifecycle of medical devices that are made available in the European Union (EU). It will integrate different electronic systems to collate and process information about medical devices and related companies (e.g. manufacturers). In doing so, EUDAMED aims to enhance overall transparency, including through better access to information for the public and healthcare professionals, and to enhance coordination between the different Member States in the EU.

Internet address: <https://ec.europa.eu/tools/eudamed>

Institute for Quality and Efficiency in Health Care (IQWiG)

The Institute for Quality and Efficiency in Health Care (IQWiG) is an independent, scientific institution of the private and non-profit Foundation for Quality and Efficiency in Health Care. The foundation aims to support evidence-based decision making.

InformedHealth.org is the English-language version of the German website Gesundheitsinformation.de. By publishing this bilingual website, the Institute for Quality and Efficiency in Health Care (IQWiG, Germany) fulfills part of its legal mandate to inform the public in matters of health. The website addresses both patients and (healthy) consumers by offering a wide range of different topics.

IQWiG health information is written with the aim of helping people understand the advantages and disadvantages of the main treatment options and health care services.

Internet address: <https://www.informedhealth.org>

Association of Statutory Health Insurance Funds Germany (vdek)

The data basis of the vdek Kliniklotsen are the quality reports provided by the individual hospitals, which were prepared in accordance with the valid regulations of the Federal Joint Committee. Thus, the Kliniklotse is able to provide you with comprehensive information on, for example, treatment, equipment and quality in hospitals.

Via the online portal www.vdek-arztlotse.de, users can search specifically for established doctors, dentists, psychological psychotherapists and emergency outpatient clinics in Germany. In addition, the vdek doctor's guide provides comprehensive information on the respective practice, such as accessibility and office hours or the degree of accessibility, but also on the doctor's therapeutic focus.

Internet address (German language only): <https://www.vdek-kliniklotse.de>
<https://www.vdek-arztlotse.de>

Weisse Liste

The core component of the project is the portal www.weisse-liste.de which has been online since 2008. The title stands for an orderly overview (Liste = "List") and indicates a strong affinity with the fields of medicine and health (Weisse = "White"). The portal provides highly practical help for its users in their search for the right provider in their area or as the case may be, nationwide. In this, it differs from other mostly commercial services: first of all, it carries absolutely no advertising and is free of charge. But more than this: there is a strong emphasis throughout on the quality of the information in all areas, underscored for example by the use of scientifically developed questionnaires or measures designed to prevent the manipulation of information.

The Weisse Liste aims to provide citizens with direction and enable them to make informed choices. Its purpose is to prepare and provide access to information on the services and quality offered by health care providers in a way that non-specialists can understand. It aims to create transparency and thereby to ensure that providers compete fairly to provide the best quality. In turn, this competition benefits the populace through improved quality across the board.

Internet address: <https://www.bertelsmann-stiftung.de/en/our-projects/weisse-liste>

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Disclaimer

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The explanations of the products contained in the information are of a general nature and do not constitute medical advice.

The information has been compiled by medical experts and professionally qualified employees of OHST AG to the best of their knowledge.

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