

# SuperPath<sup>®</sup> Hip Replacement

▶▶ Fast Forward<sup>™</sup>

SuperPath<sup>®</sup> is the most effective proposition for surgeons on *patient satisfaction* and for hospitals on *cost efficiency (quality & costs)*

## MPO EMEA Marketing Plan - Main Pillars

### Key Messages

#### 1. Patient Satisfaction

- No post-operative hip movement restriction
- Reduction in hospital stay <sup>1</sup>
- Possible to walk the same day as surgery
- Gradual reduction of incision length

#### 2. Reduction in total cost of care

- Multifactorial cost reduction up to 28% <sup>2</sup>
- Reduction in Post Op complications & 30-day readmission rates <sup>1</sup>

### Target Surgeon Profile

- Posterior Approach trained surgeon
- Medium to high volume hip surgeon (+50 cases per year)
- Young, trendy surgeon. Business mind, showing interest in Soft Tissue Preserving technique

### MedEd Pathway for surgeons

- Surgical Observation
- Cadaveric Course
- Reversed Surgical Observation or 2<sup>nd</sup> Surgical Observation
- Set up review with teachers after 5- 50 cases



## Potential Challenges and how to address them

### 1. Surgery Duration

- Initial increase in surgery time, but significant reduction seen after 10 cases with further decrease until case 50 and beyond <sup>5,7</sup>
- Comparable surgery time to other surgical approaches <sup>5,7</sup>

### 2. Learning Curve

- Similar clinical outcomes by non-design surgeon as design surgeon <sup>3</sup>
- Minimal complications is realistic for first 50 cases <sup>3,4</sup>

### 3. Surgeons out of their comfort zone

- Step by step technique adoption
- Being based on the conventional posterior approach, all landmarks are within the comfort zone
- Easy bail out conversion
- Dedicated Medical Education pathway

### 4. Education Pathway compliance and drop out risk

- Discuss and agree during onboarding process: “Psychological Contract”
- Noncompliance may increase the complication rate

## Clinical Data Available

1. Gofton et al. *Thirty-day readmission rate and discharge status following hip arthroplasty using the supercapsular percutaneously-assisted total hip surgical technique.* Int Orthop. 2015;39:847-51.
2. Gofton et al. *In-hospital cost comparison between the standard lateral and supercapsular percutaneously-assisted total hip surgical techniques for total hip replacement.* Costs compared to US Hospital Data. Int Orthop. 2015 Jul 9. doi: 10.1007/s00264-015-2878-4
3. Della Torre PK et al. *Supercapsular percutaneously-assisted total hip arthroplasty: radiographic outcomes and surgical technique.* Ann Transl Med 2015;3(13):180
4. Rasuli KJ et al. *Percutaneously assisted total hip (PATH) and Supercapsular percutaneously assisted total hip (SuperPATH) arthroplasty: learning curves and early outcomes.* Ann Transl Med 2015;3(13):179
5. Chow et al. *Perioperative Outcomes for Nearly 500 Consecutive Supercapsular Percutaneously-Assisted Total Hip Replacements.* ISTA e-poster, October 2015
6. Chow et al. *Modified micro-superior percutaneously-assisted total hip: early experiences & case reports.* Curr Rev Musculoskelet Med (2011) 4:146–150
7. Manuscript under review with BMC Musculoskeletal Disorders