

## An Osseointegrated Percutaneous Prosthetic System for Treatment of Transfemoral Amputees: Medium and Projected Long-Term Follow-Up

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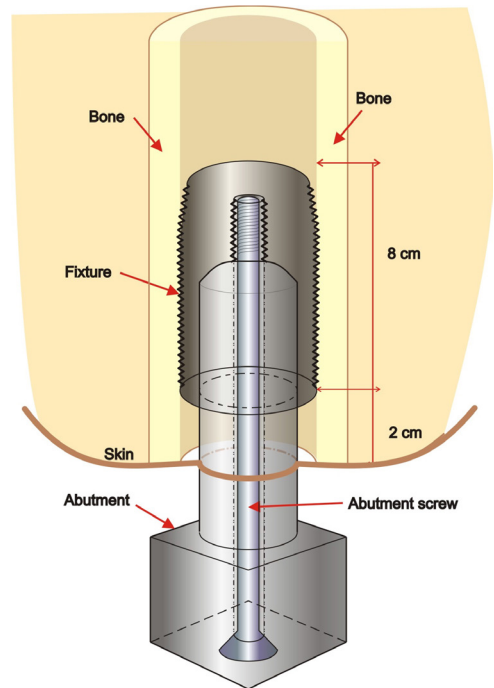
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**Purpose:** In 2014 we published the first prospective study on the results of bone-anchored amputation prostheses in transfemoral amputees (TFAs). The OPRA study (Osseointegrated Prosthesis for the Rehabilitation of Amputees) includes 51 patients with 55 implants recruited from 1999 to 2007. At the 2-year follow-up (FU) in May 2010, 3 patients were excluded (1 dead, 1 lost to FU, 1 withdrawn due to contralateral extremity problems). The aim of the current study is to report on the clinical outcome with a minimum of 5-year FU with this technique, and projected 10-year results.

**Methods:** The surgery consists of a two-stage procedure. First a titanium screw (fixture - F) is inserted intramedullary into the remaining skeleton (S1 operation). Six months later a transdermal implant (abutment - A) is inserted into the fixture (S2 operation). The abutment is secured to the fixture by an abutment screw (AS).

**Results:** At 2-year FU 4 implants had been removed due to loosening (3) or infection (1), leaving 44 remaining patients (48 implants) in the study. The cumulative implant survival was 92%. The patients had an average of one superficial infection every 2 years, successfully treated conservatively with peroral or local antibiotics in all cases. There were 6 deep infections in 4 patients. All but one were successfully treated by conservative means. Four patients had 9 mechanical complications (bent or fractured As or ASs) and 3 skeletal fractures occurred. Prosthetic use, prosthetic functions, and global quality of life were all significantly improved ( $P < 0.001$ ). At 5-year FU no additional fixture losses were reported, but another patient had passed away unrelated to the procedure (43 patients/47 implants). Hence the implant survival rate remains stable at 92%. Between the 2- and 5-year FU superficial and deep infections occurred in 22 and 7 patients, respectively. Another 8 patients had bent or fractured As or ASs after trauma, and 15 patients had other mechanical problems due to wear leading to change of the A or AS. No F has been removed between the 2- and 5-year FU.

**Conclusion:** The observed cumulative success rate of 92% at 2-year FU remains stable at 5-year FU. Despite the general belief in the orthopaedic



community, deep infection does not correspond to loosening of the implant, and neither does a superficial infection necessarily continue to develop into a deep infection. Patients using the OPRA implant report stable improvements in prosthetic function at 2- and 5-year FU as compared to baseline, and preliminary results indicate that this improvement is stable until 10-year FU. However the mechanical issues are of concern in a long-term perspective and need to be continuously monitored. So far these issues have been successfully addressed and solved.

The FDA has stated that it is the responsibility of the physician to determine the FDA clearance status of each drug or medical device he or she wishes to use in clinical practice.