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The effect of experience

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Thanks to the authors for their analysis (1). The overall CPR was equal among approaches. Loosening and infection were higher with anterior approach while instability was more common with posterior approach.

The authors acknowledged the role of the learning curve as a potential weakness of the study, but it may really be the critical lesson. Based on previous study from the ANJRR utilizing a subset of this same group of patients, there is learning curve of 50 to 100 cases for anterior approach THA (2). The present study includes surgeons with variable anterior approach case volumes between 1 and 215 for Accolade II and between 1 and 1426 for the Quadra-H (Table II). Can the authors comment on the distribution of surgeons with <10, <25, <50, <100 and 100 or greater cases for each approach? How would the analysis look with the exclusion of the first 4 groups? It appears this analysis would be feasible. Based on the de Steiger study, the CPR for the Quadra-H stem at 3 years is 2.5 to 3 times lower for surgeons with more than 100 cases versus those with less than 50. Depending on the distribution of surgeon experience in the current study, the results could be significantly altered given that there is quite likely a much higher proportion of less experienced surgeons in the anterior group. In that case loosening and fracture may be similar among approaches while instability would remain higher for posterior approach. The take home message would not be one approach or the other but the importance of proper education and training to minimize the learning curve.

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References

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Conflict of Interest: None Declared