

RECOMMENDATIONS

- Further studies are required to compare different surgical approaches and techniques of hip surgery to get the best results and best cost\benefit\risk ratio and learning curve of the hip surgeons to minimize complications and enhance the functional outcomes of the treated patients and improve quality of life.
- Further studies are required to determine whether there is a difference in outcomes between the different MIS procedures used during hemiarthroplasty hip replacement.
- Further workshops in minimally invasive techniques in hemiarthroplasty hip replacement are required to ensure best results, to raise learning curve of hip surgeons and globalize the use of the new era of MIS in hip replacement.
- Further follow up is needed in this study to evaluate midterm and late results comparing MIS and conventional posterior approach in hemiarthroplasty hip replacement including more number of patients and routine hip pain scores before and after surgery.
- Further attention to the major importance of rehabilitation programs and advice patients to enter into a postoperative recovery program especially designed for conventional and minimally invasive hemiarthroplasty hip replacement respectively to ensure best results.

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الملخص العربي

تم تطوير تقنية التدخل الجراحي المحدود في جراحة تغيير نصف مفصل الفخذ ثنائي القطبين للحد من النزيف ما بعد الجراحة، وسرعة شفاء المريض، وتحسين النتائج السريرية. وقد تم تعريف تغيير نصف مفصل الفخذ ثنائي القطبين محدود التدخل باعتباره طول شق من 7-10 سم. وقد اقترح جراحون العظام أن تصغير شق الجلد مع تقليل صدمة الأنسجة من عضلات وأوتار وأنسجة الرخوة أخرى محيطة بمفصل الفخذ ينبغي أن يؤدي ذلك إلى تقليل الألم بعد الجراحة، وتعزيز استجابة المريض والحد من الإقامة في المستشفى والمثل السريع للشفاء.

وكان الهدف من هذا العمل تقييم النتائج الأولية في جراحة نصف مفصل الفخذ ثنائي القطبين عن طريق استخدام الشق الخلفي بتقنية التدخل الجراحي المحدود مقارنة بطريقة استخدام الشق الخلفي بتقنية التدخل الجراحي التقليدي.

وشملت هذه الدراسة المقارنة اختيار 30 مريض لتغيير نصف مفصل الفخذ ثنائي القطبين إلى مجموعتين (تم القيام به من خلال تقسيمهم إلى مجموعتين متساويتين ما بين خمسة عشر أجريت لهم الجراحة بطريقة الشق الخلفي ذو تدخل محدود وخمسة عشر أجريت لهم الجراحة من خلال الشق الخلفي التقليدي).

وقد تم تقييم النتائج الوظيفية (بعد العملية الجراحية) عن طريق استبيان بعد اخذ موافقة المرضى على المشاركة في هذه الرسالة وجدولتها وتحليلها باستخدام الأساليب الإحصائية المناسبة.

تلخيص دراستنا ما يلي:

- العمر: لم تكن هناك فروق ذات دلالة إحصائية من حيث العمر (P. value = 0.464).
- الجنس: لم تكن هناك فروق ذات دلالة إحصائية من حيث الجنس (p.value = 0.456).
- وزن الجسم: كان هناك فروق ذات دلالة إحصائية من حيث الوزن (p.value = 0.01).
- الطول: لم يكن هناك فروق ذات دلالة إحصائية من حيث الطول (p.value = 0.499).
- المهنة: لم يكن هناك فروق ذات دلالة إحصائية من حيث المهنة (p.value = 0.674).
- كيفية الإصابة: لم يكن هناك فروق ذات دلالة إحصائية من حيث كيفية الإصابة (p. value = 1.000).
- جانب الورك المتضرر: لم يكن هناك فروق ذات دلالة إحصائية من حيث جانب الورك المتضرر (p.value = 0.456).
- طول الشق الجلدي: كان هناك فروق ذات دلالة إحصائية من حيث طول الشق الجلدي (p.value < 0.001).
- مدة العملية الجراحية: كان هناك فروق ذات دلالة إحصائية من حيث مدة العملية الجراحية (p. value < 0.001).
- نوع التخدير: كان هناك فروق ذات دلالة إحصائية من حيث نوع التخدير (p.value < 0.001).
- نقل الدم: كان هناك فروق ذات دلالة إحصائية من حيث نقل الدم (p.value < 0.001).
- الإقامة في المستشفى: كان هناك فروق ذات دلالة إحصائية من حيث الإقامة في المستشفى (p.value < 0.001).
- المضاعفات: لم تكن هناك فروق ذات دلالة إحصائية بين المجموعتين من حيث المضاعفات.
- متابعة ما بعد العملية بتقنية هاريس: لم يكن هناك فروق ذات دلالة إحصائية من حيث المتابعة (p.value=0.390).
- وضعية وتد الفخذ الإصطناعي بعد الجراحة: لم يكن هناك فروق ذات دلالة إحصائية من حيث وضعية وتد الفخذ الإصطناعي (p.value=0.200).
- وضعية الأسمنت حول وتد الفخذ الإصطناعي: كان هناك فروق ذات دلالة إحصائية من حيث وضعية الأسمنت حول وتد الفخذ الإصطناعي (p.value=0.005).
- في هذه الدراسة نجد ان الشق الخلفي محدود التدخل لديه ميزة واضح على نهج الخلفي القياسية من خلال إجمالي تغيير نصف مفصل الفخذ في أن هناك (طول شق الجلد أصغر و مدة أقصر من وقت العملية، ونقل الدم أقل، و فترة أقصر من المشي بعكاز، وفترة أقصر من إعادة التأهيل، وألم أقل بعد الجراحة وانتعاش أكثر بعد العمليات الجراحية).

في هذه الدراسة نوصي بالآتي:

- مزيد من إجراء الدراسات لمقارنة الشق الجراحي وتقنيات جراحة نصف مفصل الفخذ الإصطناعي المختلفة للحصول على أفضل النتائج من حيث التكلفة \ الفائدة ونسبة الخطر \ ومنحنى التعلم من جراحين مفصل الورك لتقليل المضاعفات وتحسين النتائج الوظيفية للمرضى الذين عولجوا.
- مزيد من إجراء الدراسات لتحديد ما إذا كان هناك فرق في النتائج بين إجراءات التدخل الجراحي المحدود المختلفة المستخدمة خلال تغيير نصف مفصل الفخذ.
- مزيد من تنظيم ورش عمل في تقنيات محدودة التدخل في استبدال نصف مفصل الفخذ لضمان أفضل النتائج، لرفع منحنى التعلم لجراحين مفصل الفخذ وتعميم استخدام النظم المعلوماتية الإدارية الجديدة في استبدال نصف مفصل الفخذ.
- مزيد من الوقت لتقييم النتائج بعيدة المدى المقارنة بين التدخل الجراحي المحدود ونهج الخلفي التقليدية في استبدال نصف مفصل الفخذ الأولية بما في ذلك إضافة عدد أكبر من المرضى الذين يعانون بكسور بالورك قبل وبعد الجراحة.
- مزيد من الاهتمام ببرامج إعادة التأهيل والمشورة المرضى للدخول في برنامج إعادة التأهيل بعد العملية والتي صممت خصيصاً لجراحات استبدال نصف مفصل الورك بالتقنية التقليدية وتقنية التدخل الجراحي المحدود لضمان أفضل النتائج.



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استخدام الشق الخلفي بتقنية التدخل الجراحي التقليدي

رسالة مقدمة

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ضمن متطلبات درجة

الماجستير

فى

جراحة العظام والكسور و الإصابات

مـن

محمد فكري رحال

بكالوريوس الطب والجراحة، 2006

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[2015]



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رسالة مقدمة من

محمد فكري رحال

للحصول على درجة

الماجستير

في

جراحة العظام والكسور و الإصابات

التوقيع

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