

# Comparison of washed and unwashed allograft in revision hip replacement

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| <b>Submission date</b><br>12/09/2003   | <b>Recruitment status</b><br>No longer recruiting | <input type="checkbox"/> Prospectively registered<br><input type="checkbox"/> Protocol                       |
| <b>Registration date</b><br>12/09/2003 | <b>Overall study status</b><br>Completed          | <input type="checkbox"/> Statistical analysis plan<br><input type="checkbox"/> Results                       |
| <b>Last Edited</b><br>22/09/2014       | <b>Condition category</b><br>Surgery              | <input type="checkbox"/> Individual participant data<br><input type="checkbox"/> Record updated in last year |

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

**Contact name**  
Mr John Timperley

**Contact details**  
Royal Devon & Exeter Hospital (Wonford)  
Barrack Road  
Exeter, Devon  
United Kingdom  
EX2 5BW  
+44 (0)1392 403544

## Additional identifiers

**EudraCT/CTIS number**

**IRAS number**

**ClinicalTrials.gov number**

**Secondary identifying numbers**  
N0203096531

## Study information

## **Scientific Title**

### **Study objectives**

Does the use of washed morcellised allograft in revision surgery of the femoral component of a total hip replacement improve the clinical or radiological result when compared with the use of unwashed material?

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

Not provided at time of registration

### **Study design**

Randomised controlled trial

### **Primary study design**

Interventional

### **Secondary study design**

Randomised controlled trial

### **Study setting(s)**

Hospital

### **Study type(s)**

Treatment

### **Participant information sheet**

### **Health condition(s) or problem(s) studied**

Surgery: revision hip replacement

### **Interventions**

Initial patient selection followed by consent to be included in trial. Randomisation by sealed envelope in theatre when condition of femur established and operative procedure decided upon. Tantalum balls to be inserted into femur. Adapted radiostereometric analysis (RSA) Exeter stems and distal plugs to be implanted.

Beads to be inserted in cement and in graft. Post-op RSA and plain X-rays. Routine Exeter post-op mobilization protocol to be followed. Routine follow-up at 6 weeks, 6 months, 1 year and then yearly for 5 years (this is the routine follow-up protocol). RSA films to be taken at each appointment. Routine standard anteroposterior (A-P) films to be taken bi-annually. Dual energy X-ray absorptiometry (DEXA) scan to be repeated at each routine post-op appointment until completion of trial.

### **Intervention Type**

Procedure/Surgery

### **Phase**

Not Applicable

**Primary outcome measure**

To conduct a randomised trial to study the effect of washing the allograft bone used in impaction grafting at revision hip arthroplasty. Patients undergoing revision hip surgery will be randomised into two groups at the time of their operation. An identical surgical procedure will be carried out except that one group will have the morcellised allograft washed and the other group will have unwashed graft used as is the present practice. The patients will be followed up for 5 years.

Outcome measures include complications, clinical scores, bone healing as quantified on DEXA scanning and gross radiological appearances. In addition, movement of the construct at each interface will be assessed by the technique of RSA.

Study end points: life tables and survival curves with confidence limits for different definitions of failure including implant loosening and radiological evidence of failure including implant migration (as defined by RSA), excessive wear, radiolucencies, etc. Log rank comparison.

**Secondary outcome measures**

Not provided at time of registration

**Overall study start date**

04/06/2001

**Completion date**

30/06/2006

**Eligibility****Key inclusion criteria**

1. Patients requiring revision hip arthroplasty for aseptic femoral component loosening
2. Age less than 85
3. Femoral bone stock loss equivalent to Endoklinik 2 or 3 (loss of cancellous bone in the proximal femur, possible parosteal increase in dimension but essentially a cavitary defect only with no need for reconstruction meshes or long stems).

**Participant type(s)**

Patient

**Age group**

Adult

**Sex**

Both

**Target number of participants**

Not provided at time of registration

**Key exclusion criteria**

Not provided at time of registration

**Date of first enrolment**

04/06/2001

**Date of final enrolment**

30/06/2006

## Locations

**Countries of recruitment**

England

United Kingdom

**Study participating centre**

**Royal Devon & Exeter Hospital (Wonford)**

Exeter, Devon

United Kingdom

EX2 5BW

## Sponsor information

**Organisation**

Department of Health (UK)

**Sponsor details**

Richmond House

79 Whitehall

London

United Kingdom

SW1A 2NL

**Sponsor type**

Government

**Website**

<http://www.doh.gov.uk>

## Funder(s)

**Funder type**

Government

**Funder Name**

Royal Devon and Exeter NHS Trust (UK)

**Results and Publications****Publication and dissemination plan**

Not provided at time of registration

**Intention to publish date****Individual participant data (IPD) sharing plan****IPD sharing plan summary**

Not provided at time of registration