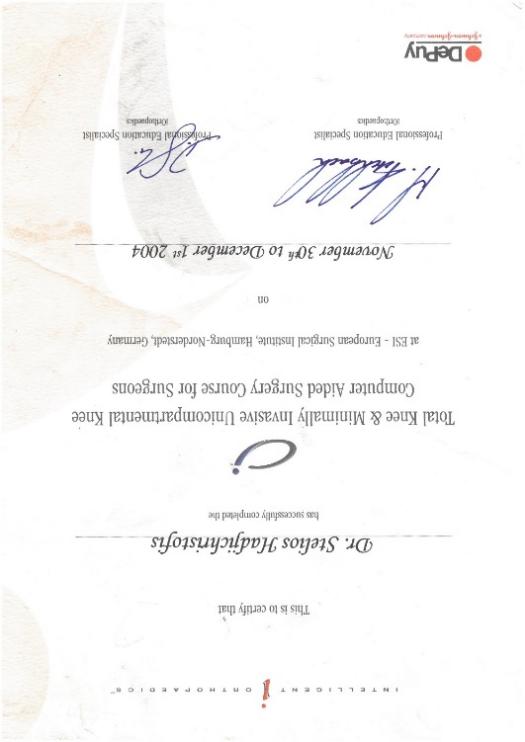
**Can the patient choose the implant or the technique for his arthroplasty in his knee or Hip? Has the patient have the background or understanding to have an opinion?**

**Is it marketing or science? How much is this a business for personal gain and how much is medicine.**

**Common sense prevails?**

Is it appropriate when “special doctors” are coming from Greece or Israel and show videos in Hilton Hotel to targeted group of people of “outstanding” NEW implants, mention words as robots, Custom made, new technique, mini invasive… etc. Do they perform medicine? or they are selling their selves? And even worse when inexperienced doctors promote “new” techniques in the name of marketing and promotion without the appropriate medical back up.

I think I could help that everybody understands what is all about. Am I qualified to do that? I think I am not only qualified but I have personal experience with multiple techniques and teaching. I am fully trained in robotic surgery and I was doing Total knee Arthroplasty with computer assisted surgery (Robot) for 7 years in one of the private Hospitals in Johannesburg. Also I am fully trained In AMIS hip surgery from Metacta as I spent ten days in France 9 years ago. It was my decision afterwards to continue with my technique. My patients have no pain, walk the same day but more important I havre full control these implants to last more than 25 years (aim-30 years).



My certification for computer aided surgery (robotic). My certification for AMIS.

The most important message is that it is not important what technique or method you are using for arthroplasty as far as it is done properly, the implant is of good quality with good name in the market and protocols are followed. Find a good surgeon and trust him.

*As a REVIEW ARTICLE – from the American Academy of Orthopaedic Surgeons -* ***Alignment and Balance Methods in Total Knee Arthroplasty [J Am Acad Orthop Surg 2018;26:709-716] states in*** *Summary* ***that:*** *Many different methods are currently being used to perform TKA. Although different philosophies exist, patient satisfaction rates shown by these different techniques are similar, and there are still a high percentage of dissatisfied patients. New technologies have been used to more precisely determine alignment and balance in TKA, but long-term results are scarce. The challenge of TKA is replacing a joint with stops in extension, varus, and valgus, that has highly variable three-dimensional anatomy and mechanics, and anatomy further distorted as a cause or result of arthritis. Although all the technologies described here attempt to improve the location of components, they have yet to improve the patient satisfaction rate to a level comparable to that of total hip arthroplasty.*

There are very good results with knee and hip arthroplasty and it is the only way still in these days that we can help people with severe osteoarthritis and severe deformities of hip and knee joint. Every patient is different, every patient’s problem is different and the treatment should be modified accordingly – the right exposure, the right implant the right rehabilitation.

that we did robotic Total knee Replacement for seven years. It was a very good experience but there was no difference and there is no difference in outcomes. Any method is good as far as the surgeon has the experience and does a good job.

I have experience of more than 20 years in doing Hip Replacements and I have excellent results – No dislocations, No pain, Walk the same day and they last more than 25 years even heavy duty. I used VERILAST Technology. Any questions you may ask

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