Nonmodular stems, including REDAPT®, demonstrate similar clinical outcomes to modular stems in revision total hip arthroplasty (rTHA) and may provide improved value.

**Results**

- Nonmodular stems were used for a larger percentage of high-grade Type IIIA and IIIB Paprosky defects compared to the modular group (Figure).
- No statistically significant difference in total complication rates between nonmodular and modular femoral implant groups (25.6% versus 16.5%, p=0.20).
- Nonmodular femoral implants were associated with a significantly lower cost than modular femoral implants (120.8% lower; p<0.001).

**Overview**

- Single-centre, retrospective review of all rTHA using modular or nonmodular revision implants between 1 January 2013 and 30 September 2017 with a minimum 3-month follow-up.
- Paprosky classification of bone loss, surgical details and clinical outcomes (revision and reoperation rates and postoperative complications) were analysed.

**Conclusions**

Despite greater use in patients with high-grade Paprosky defects, nonmodular femoral implants, such as REDAPT, demonstrated similar clinical outcomes to modular femoral implants, and were associated with a lower cost. Use of nonmodular femoral implants in rTHA may provide improved value, compared to using modular femoral implants, without compromising safety and quality.

**Citation**


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