



POLAR3^o Total Hip Solution delivers higher than class average patient satisfaction and improvements in PROMs with excellent mid-term survivorship

+ Plus points


In this NJR bespoke summary report, POLAR3 use resulted in:



Significantly higher patient satisfaction compared to class average for uncemented stems (p<0.001)



Significantly better PROMs compared to class average for uncemented stems (p<0.001)



98% survivorship at 8 years

Overview

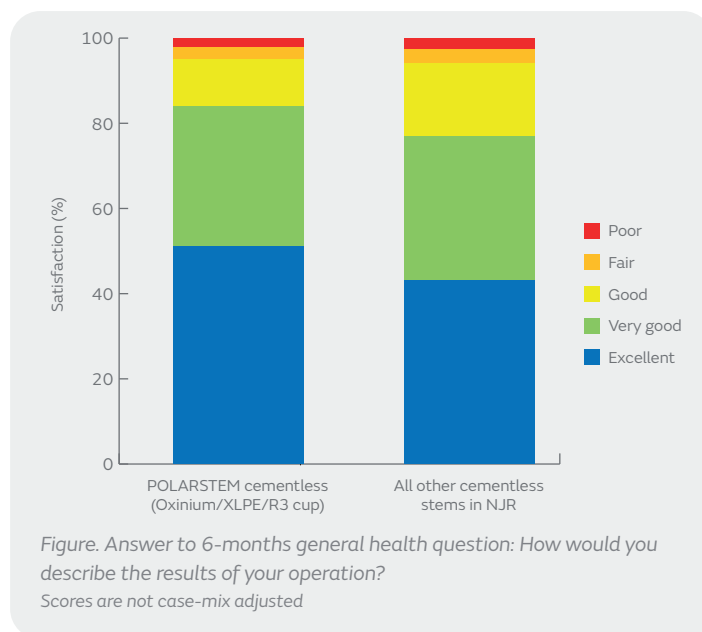
- Bespoke implant report produced by the NJR summarizing usage and outcomes associated with the combination of POLARSTEM^o, OXINIUM^o head, highly cross-linked polyethylene (XLPE) bearing and R3^o cup (POLAR3)
- The analysis is based on data collected by the NJR and PROMs data collected by NHS Digital†
- POLAR3 usage between July 2008 and June 2019
 - 9,952 total hip replacements (THR)
 - 9,130 total patients
 - 277 implanting surgeons at 74 centres

Results

- Patients with POLAR3 were significantly more satisfied (p<0.001; Figure) and reported significantly better PROMs (p<0.001; Table) than the class average for uncemented stems
- POLAR3 has a survivorship of 98% at 8 years

Table. Adjusted health gain scores (95% CI) at 6 months post THR‡

PROMs	POLAR3	All NJR uncemented stems	p value
Oxford Hip Score	23.0 (22.7–23.2)	21.4 (21.4–21.5)	p<0.001
EQ-5D	0.468 (0.459–0.476)	0.439 (0.438–0.440)	
EQ-VAS	14.6 (13.9–15.2)	11.9 (11.8–12.0)	



Conclusions

POLAR3 delivers significantly higher patient satisfaction and improvements in PROMs compared to the class average for uncemented stems in THR patients, with 8-year survivorship of 98%.

Citation

*National Joint Registry for England, Wales and Northern Ireland: POLARSTEM cementless (Oxinium/XLPE/R3 cup) bespoke summary report. 14 August 2019.

Available at: http://bit.ly/POLAR3_Aug2019

†The data used for this analysis was obtained from the NJR Supplier Feedback System. The Healthcare Quality Improvement Partnership ("HQIP") and/or the National Joint Registry ("NJR") take no responsibility for the accuracy, currency, reliability and correctness of any data used or referred to in this report, nor for the accuracy, currency, reliability and correctness of links or references to other information sources and disclaims all warranties in relation to such data, links and references to the maximum extent permitted by legislation.

‡Using case-mix adjusted scores allows for a more accurate comparison between groups by taking into account variations in patient characteristics