

ADVANCEMENTS IN SURGICAL TECHNIQUES FOR TOTAL HIP ARTHROPLASTY: A COMPREHENSIVE REVIEW

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Abstract

Total Hip Arthroplasty (THA) has evolved significantly since its inception, and ongoing advancements in surgical techniques continue to enhance outcomes for patients suffering from hip joint diseases and injuries. This comprehensive review explores the evolution of THA surgical techniques, highlighting recent innovations, approaches, and technologies that have contributed to improved patient outcomes, reduced complications, and enhanced longevity of prosthetic implants. We discuss minimally invasive approaches, computer-assisted navigation, patient-specific implants, and other emerging trends in THA surgery. The review also addresses challenges and considerations associated with these advancements, aiming to provide a comprehensive overview for healthcare professionals, researchers, and patients interested in the field of hip arthroplasty.

Keywords: THA, Surgical Techniques, Hip Joint Diseases, Injuries, Computer-Assisted Navigation.

1. INTRODUCTION

THA, usually known as hip substitution medical procedure, is an operation that has changed the existences of endless people experiencing crippling hip joint circumstances [1]. Since its commencement during the Twentieth century, THA has developed from a somewhat unrefined strategy with restricted accomplishment to a profoundly refined careful mediation that offers further developed portability, decreased torment, and upgraded personal satisfaction for patients [2]. This advancement is expected, to a great extent, to the vigorous endeavors of muscular specialists and scientists who have persistently pushed the limits of careful strategies and embed innovation. This complete survey tries to give a nitty gritty investigation of the striking progressions in careful methods for THA. We will leave on an excursion through time, following the verifiable improvement of THA and its progress from high-risk methods to routine medical procedures that have turned into a pillar in the field of muscular health. We will dig into the crucial minutes, key developments, and compelling figures that have formed the scene of THA medical procedure.

Moreover, this survey will focus on late forward leaps in THA medical procedure, underscoring their crucial job in working on understanding results, limiting complexities, and expanding the life expectancy of prosthetic hip implants [3]. Among the huge contemporary headways examined will be negligibly obtrusive methods, PC helped route, and patient-explicit implants, each adding to a more promising time to

come for people needing hip joint reclamation. As we venture through the pages of this survey, we won't just investigate the achievements of the past yet additionally look forward to the thrilling possibilities not too far off. The rise of state of the art advances like automated helped a medical procedure, 3D-printed implants, and biocompatible materials is ready to additionally change THA medical procedure. Additionally, we will underline the significance of patient schooling and shared direction, highlighting the requirement for informed decisions and customized care with regards to these extraordinary headways [4]. This extensive survey means to give medical services experts, scientists, and patients with an all-encompassing comprehension of the steadily developing field of THA medical procedure. By revealing insight into the verifiable establishments, ongoing leap forwards, and future bearings in this space, we desire to furnish all partners with the information important to settle on informed choices, upgrade patient consideration, and keep propelling the science and craft of All Out Hip Arthroplasty [5].

2. EVOLUTION OF THA

To see the value in the progressions in THA careful strategies, understanding the verifiable setting of the procedure is fundamental. The underlying THA medical procedures were portrayed by high complexity rates and restricted embed life span [6]. The improvement of current THA can be followed through a few achievements, including the presentation of the Charnley prosthesis, the utilization of acrylic concrete, and the coming of cementless implants. These improvements established the groundwork for future advancements in THA. The verifiable development of THA is a demonstration of human resourcefulness and development in the field of muscular medical procedure [7]. THA has gone through critical changes since its origin in the mid twentieth hundred years, developing from a high-risk and exploratory strategy into a normal medical procedure that has furnished large number of patients with help from crippling hip joint circumstances [8]. This part of the extensive survey investigates the critical achievements and significant minutes in the verifiable advancement of THA.

The starting points of THA can be followed back to the late nineteenth century when specialists like Themistocles Gluck and Marius Smith-Petersen explored different avenues regarding joint substitutions. Gluck endeavored the principal realized hip arthroplasty utilizing ivory implants, albeit this strategy had restricted achievement and various difficulties. Smith-Petersen's work in the mid twentieth century laid the preparation for present day THA [9]. He presented the idea of femoral head resection and embedded ivory and later metallic prostheses. Sir John Charnley, an

English muscular specialist, is frequently credited with spearheading present day THA. He fostered the low friction arthroplasty (LFA) procedure. Charnley's LFA method included supplanting the femoral head with a metal prosthesis and fixing the hip bone socket with a high- thickness polyethylene cup. This incredibly better embed life span and patient results [10]. Sir John Charnley further refined THA by presenting acrylic bone concrete for fixing implants. This development significantly further developed embed obsession. Solidified THA turned into the best quality level for a very long time, giving dependable outcomes and enduring prosthetic embed strength.

The 1980s denoted a critical defining moment in THA with the presentation of cementless implants. These implants depended on permeable coatings and biocompatible materials to advance osseointegration [11].

Swedish muscular specialist Per-Ingvar Brånemark's work with osseointegration in dental implants motivated the advancement of cementless THA. Specialists in the late twentieth century started investigating less obtrusive ways to deal with THA, expecting to decrease careful injury and further develop patient recuperation [12]. The back approach, front methodology, and sidelong methodologies arose as options in contrast to conventional careful techniques, each with their one of a kind benefits and contemplations. Material science progressions have prompted the improvement of profoundly tough and biocompatible materials for THA implants, like pottery and high level metals. Prosthetic embed configuration has likewise developed to copy the normal hip joint's capability all the more intently, decreasing mileage [13]. The verifiable development of THA is a demonstration of the tireless quest for greatness in muscular medical procedure. From early exploratory methods to the broad utilization of cementless implants, THA has developed into a protected and viable careful mediation that has reestablished versatility and worked on the personal satisfaction for endless patients overall [14]. These authentic headways have established the groundwork for the contemporary advancements and future bearings in THA medical procedure, which will be investigated in ensuing segments of this extensive audit.

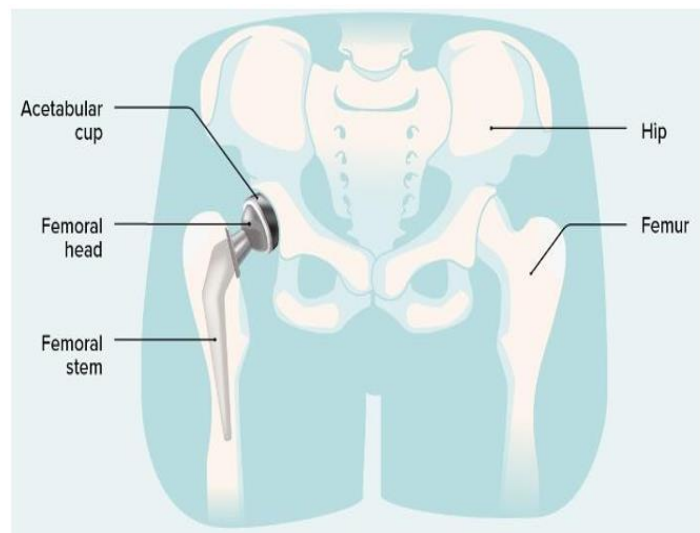


Fig 1: THA

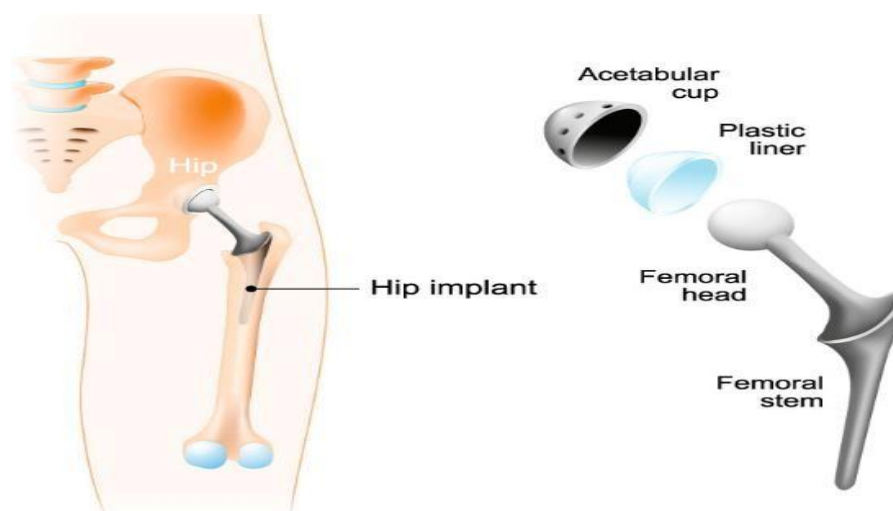


Fig 2: Hip implant and sub sections

3. MINIMALLY INVASIVE TECHNIQUES

Insignificantly intrusive medical procedure (MIS) has reformed THA by lessening careful injury, postoperative agony, and recuperation time. In MIS, more modest entry points and concentrated instruments are utilized to get to the hip joint [15]. We will investigate the different MIS draws near, like the front, back, and horizontal methodologies, and examine their benefits and constraints. In addition, we will look at the effect of MIS on quiet results, including diminished disease rates and quicker recovery. Negligibly Obtrusive Strategies have changed the field of THA by decreasing careful injury, speeding up postoperative recuperation, and working on persistent results. This part of the extensive survey investigates the development, standards, benefits, restrictions, and effect of MIS in THA medical procedure [16]. The idea of limiting careful injury in THA medical procedure can be followed back to the late twentieth hundred years. Specialists started investigating elective methodologies and more modest entry points to diminish tissue harm and agony. Different MIS approaches have arisen throughout the long term, including the front methodology, back approach, and sidelong methodologies [17]. These methodologies include more modest cuts and concentrated instruments to get to the hip joint, when contrasted with conventional open strategies. MIS methods ordinarily include entry points that are more modest long, bringing about less delicate tissue harm and diminished scarring. These methods focus on the conservation of muscles, ligaments, and tendons encompassing the hip joint, limiting disturbance and injury to these designs [18].

Specialists utilize specific instruments intended for negligibly intrusive methodology, working with exact embed situation and arrangement. Intraoperative imaging apparatuses, like fluoroscopy, are frequently used to help with precise position of implants. More modest cuts and diminished tissue injury bring about less postoperative agony, considering a faster re-visitation of capability. Patients going through MIS THA frequently experience more limited medical clinic stays, diminishing medical services costs and the gamble of medical clinic procured diseases [19]. The limited disturbance to encompassing tissues prompts speedier restoration and a quicker return to day to day exercises. More modest entry points bring about less observable scars and worked on superficial results. Negligibly obtrusive methodologies are related with decreased intraoperative and postoperative blood misfortune [20]. Dominance of MIS methods might require extra preparation and experience for specialists. Not all patients are appropriate possibility for MIS THA. Factors like patient life systems, weight record (BMI), and hip pathology should be thought of. MIS methods might take more time than conventional methodologies because of the requirement for specific strategies and instruments. Despite the fact that MIS enjoys benefits, it very well might be related with a higher gamble of specific complexities, for example, part malposition because of restricted perceivability. A few MIS strategies and gear can be costlier, and their accessibility might fluctuate relying upon medical services settings [21].

Patients frequently report higher fulfillment levels because of decreased torment and faster recuperation. Certain difficulties, like disengagement, profound vein apoplexy, and contamination, might be less successive with MIS. Patients can frequently get back to everyday exercises and work sooner, working on their general personal satisfaction [22]. The negligibly obtrusive methods have arisen as a groundbreaking methodology in THA medical procedure, offering various advantages to patients. Be that as it may, it is critical for specialists to painstakingly choose suitable competitors

and guarantee they have the fundamental abilities to really carry out these strategies. As innovation and careful skill keep on propelling, the job of MIS in THA is supposed to develop, further upgrading patient results and the general field of hip arthroplasty [23].



Fig 3: Variation of THA and RHA

4. COMPUTER-ASSISTED NAVIGATION

PC helped route frameworks have acquired notoriety in THA medical procedure for their capability to further develop exactness and accuracy. These frameworks give constant criticism to specialists during the technique, supporting ideal embed situating and arrangement. We will audit the standards and advantages of PC helped route in THA and examine the difficulties and limits related with its execution [24]. PC helped route addresses a huge mechanical progression in the field of Complete Hip Arthroplasty. This part of the far reaching audit examines the standards, advantages, difficulties, and effect of PC helped route in THA medical procedure. PC helped route frameworks in THA medical procedure use progressed programming and equipment to give continuous direction and criticism to specialists during the strategy [25].

Preoperative Preparation: Specialists utilize preoperative imaging, (for example, CT sweeps or X-ray) to make a nitty gritty 3D model of the patient's hip joint. This model fills in as the reason for arranging insert size, arrangement, and arrangement. During medical procedure, the route framework utilizes trackers connected to the patient's life systems and careful instruments to screen the position and direction of key designs, including bones and embeds constantly.

The route framework shows this data on a PC screen, permitting the specialist to envision the exact place of instruments and embeds comparative with the patient's life structures [26]. The framework gives continuous criticism to the specialist, guaranteeing that the arranged embed situation and arrangement are accomplished. In the event that deviations happen, the specialist can change advance the result.

CAN improves the accuracy of embed position and arrangement, lessening the gamble of mispositioning that can prompt entanglements and embed disappointment. Constant route makes specialists aware of possible issues, like impingement or part malposition, considering quick redresses and limiting intraoperative complexities.

With CAN, specialists might depend less on fluoroscopy, decreasing both patient and careful group radiation openness. CAN helps with accomplishing ideal leg length and hip offset, pivotal for biomechanical capability and patient fulfillment. Route frameworks can be custom-made to the patient's particular life systems, empowering a customized way to deal with THA. Specialists might require extra preparation to become capable in utilizing CAN frameworks actually.

The underlying interest in route innovation can be significant, and progressing support may likewise cause costs. Route frameworks can add time to the medical procedure, albeit this might diminish as specialists gain insight. The accessibility of CAN frameworks might change by medical services office and geographic area. A few specialists might find that exploring the innovation during medical procedure disturbs their laid out work process. The reception of PC helped route in THA fundamentally affects patient results and the field of muscular medical procedure. Upgraded exactness in embed arrangement and arrangement can prompt longer- enduring prosthetic joints [27].

Lower paces of separation, leg length error, and embed slackening have been accounted for with the utilization of CAN. More exact embed situating frequently brings about more noteworthy patient fulfillment because of further developed capability and help with discomfort. Information gathered through route frameworks adds to progressing research, refining best practices in THA medical procedure.

PC helped route has arisen as a significant device in THA medical procedure, offering further developed precision, security, and patient results [28]. As innovation proceeds to develop and specialists become more knowledgeable about these frameworks, the job of CAN in THA is supposed to grow, further improving the nature of care for patients going through hip arthroplasty.

5. PATIENT-SPECIFIC IMPLANTS

Customization of THA implants to match the patient's special life structures is a promising pattern in hip arthroplasty. Patient-explicit implants are planned in view of preoperative imaging and 3D demonstrating, guaranteeing a superior fit and arrangement.

We will look at the benefits and contemplations of patient-explicit implants and their capability to lessen entanglements and further develop long haul results [29]. Patient-explicit implants (PSIs) address a state of the art improvement in All Out Hip Arthroplasty, offering a customized way to deal with hip joint reclamation.

This segment of the far reaching audit digs into the standards, benefits, contemplations, and effect of patient-explicit implants in THA medical procedure. Patient- explicit implants in THA medical procedure are specially crafted prosthetic parts customized to match the extraordinary life systems and biomechanics of individual patients.

High-goal imaging methods, for example, CT outputs or X-ray, are utilized to catch itemized physical information of the patient's hip joint, including bone construction and aspects. Specific programming produces an exact 3D model of the patient's hip life systems in view of imaging information. This model fills in as the establishment for planning the altered embed. Engineers and muscular specialists work cooperatively to exactly plan prosthetic parts that fit the patient's life systems.

This plan interaction incorporates contemplations for embed size, shape, and arrangement. 3D Printing or Assembling: The specially crafted implants are fabricated utilizing progressed procedures, for example, 3D printing or PC helped machining, guaranteeing an elevated degree of exactness and accuracy [30]. PSIs are intended to definitively match the patient's life systems, limiting the requirement for changes during a medical procedure and upgrading insert solidness.

The redid fit frequently requires less delicate tissue control during a medical procedure, possibly decreasing postoperative torment and accelerating recuperation. PSIs can assist with accomplishing ideal leg length and hip offset, fundamental for patient solace and biomechanical capability. The customized plan expects to limit the gamble of difficulties, for example, separation and embed relaxing. PSIs are especially helpful for patients with complex hip life structures or past medical procedures that might give difficulties standard implants.

The creation and use of PSIs can be costlier than standard off-the-rack implants, which might introduce financial difficulties for the two patients and medical services frameworks. Planning and assembling PSIs might expand the general span of a medical procedure arranging, possibly influencing booking. Guaranteeing the exactness and security of patient-explicit implants requires thorough quality control estimates in both plan and creation.

The joining of patient- explicit implants in THA medical procedure eminently affects patient results and the field of muscular health. PSIs frequently lead to more noteworthy patient fulfillment because of further developed embed fit and capability [31]. Lower paces of intricacies, like leg length error and embed malalignment, have been accounted for with the utilization of PSIs. PSIs consider a genuinely customized way to deal with THA, tending to the particular requirements and physical varieties of every patient.

Exploration and Progressions: Information gathered from the utilization of PSIs add to continuous examination, directing refinements in embed plan and careful strategies. The patient-explicit implants address a striking headway in THA, offering the potential for upgraded accuracy, patient fulfillment, and results. As innovation proceeds to develop and medical services frameworks adjust to oblige PSIs, their job in THA medical procedure is supposed to extend, further raising the norm of care for people going through hip arthroplasty.

6. EMERGING TRENDS OF THA

The field of THA medical procedure keeps on developing with continuous examination and mechanical progressions. We will investigate arising patterns, like mechanical helped a medical procedure, 3D-printed implants, and biocompatible materials, and their capability to additional upgrade THA results. Furthermore, we will examine the significance of patient schooling and shared dynamic with regards to these headways [32].

The scene of Absolute Hip Arthroplasty (THA) keeps on developing quickly, with arising patterns and advancements reshaping the field. This part of the thorough survey investigates the most recent progressions and future bearings in THA medical procedure, offering a brief look into the thrilling prospects not too far off.

Advancements: Automated helped THA has acquired noticeable quality, furnishing specialists with improved accuracy and control during a medical procedure. Robots aid embed arrangement, arrangement, and delicate tissue adjusting.

Further developed exactness in embed situating, decreased difficulties, and potential for more limited recuperation times. Proceeded with refinement of mechanical frameworks, more extensive reception, and incorporation with man-made brainpower for ongoing choice help. 3D printing innovation considers the formation of tweaked embeds and instruments with many-sided plans. Upgraded embed fit, diminished wear, and the capacity to address complex physical varieties. More extensive accessibility of 3D-printed arrangements, enhancement of materials, and further expense adequacy.

Continuous exploration in materials science is prompting the advancement of biocompatible, wear-safe materials for THA implants. Further developed embed life span, diminished wear, and limited chance of unfriendly responses. Proceeded with development in materials, like pottery and high level metals, for better understanding results.

Route frameworks and expanded reality (AR) apparatuses are turning out to be more refined, helping specialists continuously direction. Further developed precision in embed position, better perception, and improved careful preparation. Combination of AR and route frameworks for a consistent, information rich careful experience.

Improved perioperative consideration, including streamlined torment the board and early preparation, is working with short term THA and quick recuperation conventions. Decreased emergency clinic stays, quicker return to day to day exercises, and lower medical care costs. More extensive reception of fast recuperation projects and refinement of conventions for explicit patient populaces. Telemedicine and remote observing advances are empowering postoperative development and restoration from the solace of patients' homes.

Further developed admittance to mind, diminished face to face visits, and upgraded patient commitment. Further mix of telehealth into the THA care continuum, including virtual non- intrusive treatment and remote embed observing. Information driven approaches are being utilized to customize treatment designs and foresee results in light of patient attributes and embed decisions.

Custom fitted consideration, enhanced embed determination, and worked on understanding advising. Proceeded with improvement of prescient investigation instruments and consolidation into clinical practice. Medical services frameworks are progressively embracing esteem based care models, accentuating results and cost-adequacy. Further developed care quality, cost regulation, and upgraded patient fulfillment. More extensive execution of significant worth based care in THA, stressing patient-focused care and long haul results.

The fate of THA is set apart by intriguing progressions that guarantee to additionally work on quiet results, decrease entanglements, and upgrade the general insight for people going through hip arthroplasty. As these arising patterns proceed to develop and become coordinated into clinical practice, the field of THA is ready to accomplish new levels in quiet consideration and muscular medical procedure. Progressing exploration, joint effort, and development will assume critical parts in forming this unique future.

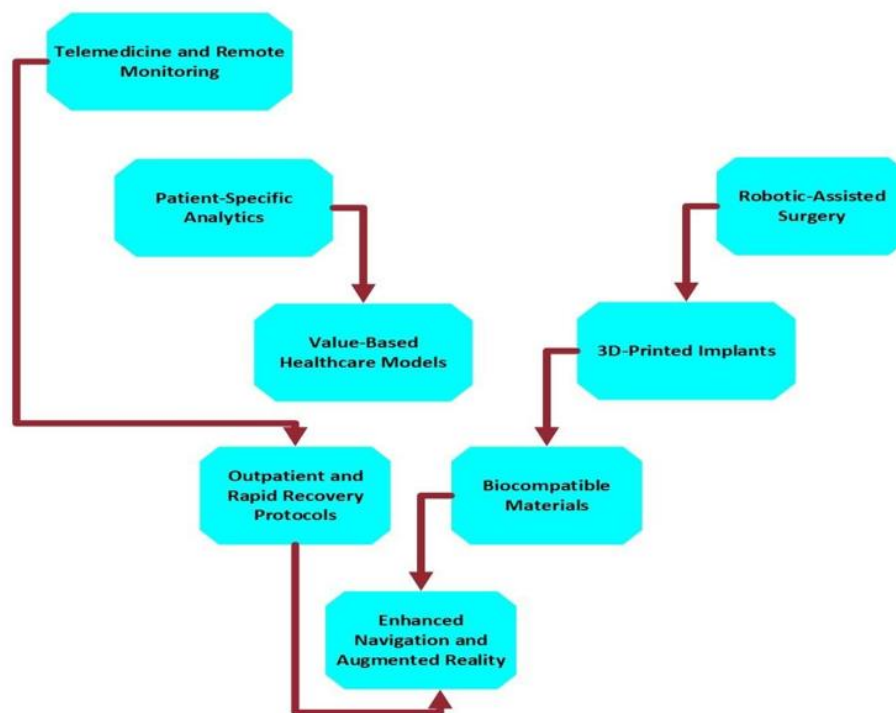


Fig 4: Emerging Trends flowchart for Total Hip Arthroplasty

7. RESULTS AND DISCUSSION

In spite of the numerous headways in THA medical procedure, a few difficulties and contemplations remain. These incorporate the expectation to learn and adapt related with new methods, cost-viability, and the potential for expanded difficulty rates on the off chance that not performed by experienced specialists. We will address these difficulties and give suggestions to relieving chances. While Complete Hip Arthroplasty (THA) has seen critical progressions and upgrades, it is fundamental to recognize and address the difficulties and contemplations that medical care experts, patients, and medical care frameworks experience. This part of the exhaustive survey investigates the vital difficulties and contemplations in THA medical procedure.

Distinguishing the most appropriate contender for THA is basic. Factors like patient age, generally wellbeing, bone quality, and way of life should be thought of. Exhaustive preoperative evaluations and shared dynamic conversations are fundamental to adjust patient assumptions to careful results. Performing THA requires an elevated degree of careful expertise and experience. Specialists should constantly refine their methods to limit complexities. Progressing preparing and mentorship for specialists, combined with patient reference to experienced experts, are significant for ideal results. Careful site contaminations can be annihilating and expensive. Keeping up with severe disease control conventions is basic. Prophylactic anti-toxins, clean working conditions, and cautious postoperative observing assist with moderating disease chances. After some time, THA implants might wear out or slacken, prompting intricacies and the requirement for correction medical procedure. Propels in materials and embed configuration expect to broaden embed life span. Standard development and checking are fundamental for distinguishing early indications of wear. The expense of THA medical procedure, including implants, clinic stay, and restoration, can be significant. Offsetting cost-viability with quality consideration is a test. Esteem

based medical services models, cautious asset distribution, and patient-focused care plans are fundamental for tending to cost worries while guaranteeing quality results. Picking the most fitting insert for a patient's particular requirements can be complicated, especially in instances of physical varieties or complex pathologies. Patient-explicit examination and high level imaging advancements can aid embed determination and customization, streamlining patient results. Moral difficulties might emerge in THA, especially in cases including patient independence, informed assent, and end-of- life choices.

Clear correspondence, careful documentation, and adherence to moral rules are essential for tending to moral and legitimate intricacies. Variations in admittance to THA medical procedure and postoperative consideration exist in view of elements like financial status, geology, and race.

Endeavors to decrease aberrations incorporate growing admittance to mind, expanding medical services education, and advancing impartial medical care approaches. Guaranteeing patients stick to restoration conventions and recuperate ideally post-medical procedure can be testing, influencing long haul results. Patient training, active recuperation, and emotionally supportive networks are essential for fruitful recuperation and long haul portability. Fast mechanical progressions can introduce difficulties concerning access, reasonableness, and the expectation to absorb information for medical services suppliers. Coordinating new advances bit by bit, giving preparation open doors, and assessing cost-adequacy are fundamental for dependable reception. Tending to the difficulties and contemplations in THA is fundamental for conveying top notch care and guaranteeing the most ideal results for patients. Through continuous exploration, coordinated effort, and a patient-focused approach, medical services experts can explore these provokes and keep on propelling the field of THA medical procedure while giving protected and successful consideration to people needing hip joint rebuilding.

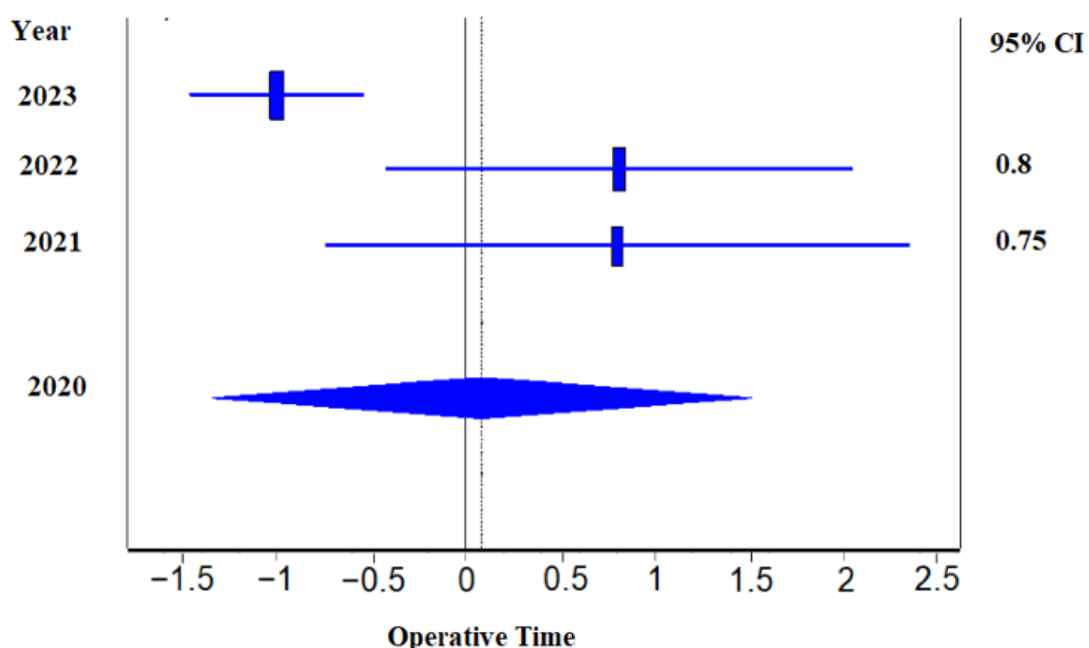


Fig 5: Forest plot of the individual studies of time for 95% CI

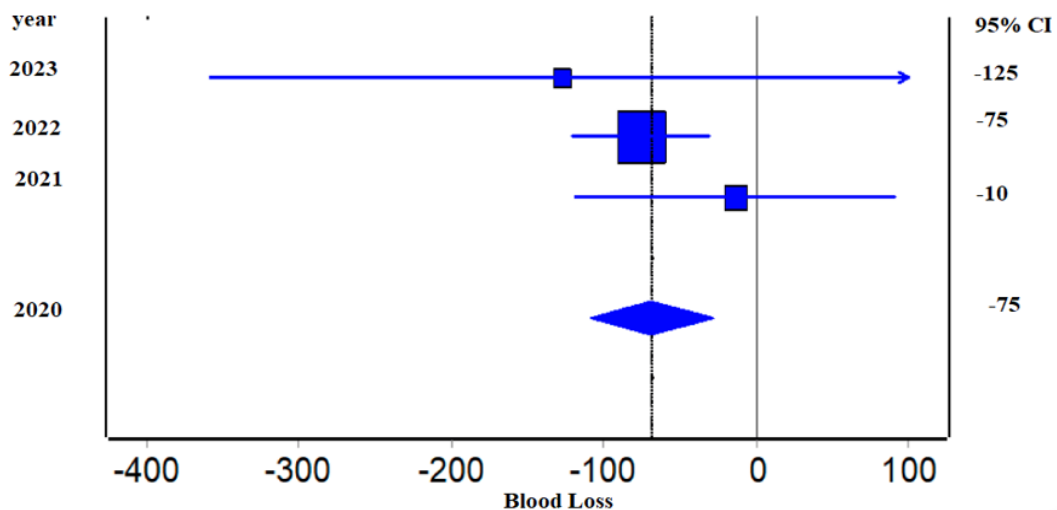


Fig 6: Forest plot of the individual studies of blood loss for 95% CI

8. CONCLUSION

Advancements in surgical techniques for Total Hip Arthroplasty have significantly improved patient outcomes and expanded the possibilities for treating hip joint diseases and injuries. This comprehensive review has highlighted the historical evolution of THA, explored the impact of minimally invasive techniques, computer-assisted navigation, and patient-specific implants, and discussed emerging trends in the field. While challenges persist, the future of THA surgery appears promising, with continued innovation aimed at enhancing patient care and quality of life. Healthcare professionals, researchers, and patients should remain informed about these developments to make informed decisions regarding THA procedures.

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Author's contribution: Prof. Dr. Hari Sivanandan - conceptualization, data curation, investigation, methodology, project administration, visualization, writing—original draft, writing—review and editing; Dr. Vignesh. I- conceptualization, methodology, writing—original draft, writing—review and editing; Dr. Shebin Christin- conceptualization, visualization, supervision, writing—original draft; Dr. Kavın Kumar and Dr Midun Kumar - methodology, writing—original draft, writing, review and editing. All authors approved the final manuscript as submitted and agree to be accountable for all aspects of the work. All authors have read and agreed to the published version of the manuscript.

Data Availability:

All datasets generated or analyzed during this study are included in the manuscript.

IEC Approval:

Intitutional Ethical Committee approved the protocol. The study was approved by the institutional Ethical committee from Vinayaka Mission's Kirupananda Variyar Medical College & Hospitals, Vinayaka Mission's Research Foundation (Deemed to be University), Salem, Tamilnadu.

References

- 1) R. Gualtierotti, L.P. Solimeno, F. Peyvandi. Hemophilic arthropathy: Current knowledge and future perspectives. *J Throm Haemost*; 19:2112-21. 2021
- 2) Ranev, D.; Teixeira, J. History of Computer-Assisted Surgery. *Surg. Clin. N. Am.* 2020, 100, 209–218.
- 3) Hernandez, D.; Garimella, R.; Eltorai, A.E.; Daniels, A.H. Computer-assisted Orthopaedic Surgery. *Orthop. Surg.* 2017, 9, 152–158.
- 4) Khalsa, S.S.S.; Mummaneni, P.V.; Chou, D.; Park, P. Present and Future Spinal Robotic and Enabling Technologies. *Oper. Neurosurg.* 2021, 21, S48–S56.
- 5) Gebremeskel, M.; Shafiq, B.; Uneri, A.; Sheth, N.; Simmerer, C.; Zbijewski, W.; Siewerdsen, J.H.; Cleary, K.; Li, G. Quantification of manipulation forces needed for robot-assisted reduction of the ankle syndesmosis: An initial cadaveric study. *Int. J. Comput. Assist. Radiol. Surg.* 2022, 17, 2263–2267.
- 6) Sakakibara, Y.; Teramoto, A.; Takagi, T.; Yamakawa, S.; Shoji, H.; Okada, Y.; Kobayashi, T.; Kamiya, T.; Fujimiya, M.; Fujie, H.; et al. Effects of the Ankle Flexion Angle During Anterior Talofibular Ligament Reconstruction on Ankle Kinematics, Laxity, and in Situ Forces of the Reconstructed Graft. *Foot Ankle Int.* 2022, 43, 725–732.
- 7) Henry, J.K.; Sturnick, D.; Rosenbaum, A.; Saito, G.H.; Deland, J.; Steinman, B.; Demetracopoulos, C. Cadaveric Gait Simulation of the Effect of Subtalar Arthrodesis on Total Ankle Replacement Kinematics. *Foot Ankle Int.* 2022, 43, 1110–1117.
- 8) El Daou, H.; Calder, J.D.; Stephen, J.M. Development and validation of a robotic system for ankle joint testing. *Med. Eng. Phys.* 2018, 62, 53–57.
- 9) Thomas, S.; Kausch, L.; Kunze, H.; Privalov, M.; Klein, A.; Barbari, J.E.; Martin Vicario, C.; Franke, J.; Maier-Hein, K. Computer-assisted contralateral side comparison of the ankle joint using flat panel technology. *Int. J. Comput. Assist. Radiol. Surg.* 2021, 16, 767–777.
- 10) Kutaish, H.; Acker, A.; Drittenbass, L.; Stern, R.; Assal, M. Computer-assisted surgery and navigation in foot and ankle: State of the art and fields of application. *EFORT Open Rev.* 2021, 6, 531–538.
- 11) B.J. Schultz, M.R. DeBaun, J.I. Huddleston 3rd The use of stems for morbid obesity in total knee arthroplasty *J Knee Surg*, 32 (7) (2019), pp. 607-610
- 12) C. Pornrattanamaneewong, A. Sitthitheerarat, P. Ruangsomboon, K. Chareancholvanich,
- 13) R. Narkbunnam Risk factors of early periprosthetic femoral fracture after total knee arthroplasty *BMC Musculoskelet Disord*, 22 (1) (2021), p. 1009, 10.1186/s12891-021- 04875-5
- 14) G.L. Vestermark, S.M. Odum, BD. Springer Early femoral condyle insufficiency fractures after total knee arthroplasty: treatment with delayed surgery and femoral component revision *Arthroplast Today*, 4 (2) (2018), pp. 249-253
- 15) J. Parvizi, T.L. Tan, K. Goswami, C. Higuera, C. Della Valle, A.F. Chen, et al. The 2018 definition of periprosthetic hip and knee infection: an evidence-based and validated criteria *J Arthroplasty*, 33 (5) (2018), pp. 1309-1314.e2, 10.1016/j.arth.2018.02.078
- 16) Garg B, Mehta N, Malhotra R (2020) Robotic spine surgery: ushering in a new era. *J Clin Orthop Trauma* 11(5):753–760
- 17) Li C, Wang L, Perka C, Trampuz A (2021) Clinical application of robotic orthopedic surgery: a bibliometric study. *BMC Musculoskelet Disord* 22(1):1–14
- 18) Seyhan AA, Carini C (2019) Are innovation and new technologies in precision medicine paving a new era in patients centric care? *J Transl Med* 17(1):2–28
- 19) Siddiqi A, Horan T, Molloy RM, Bloomfield MR, Patel PD, Piuze NS (2021) A clinical review of robotic navigation in total knee arthroplasty: historical systems to modern design. *EFORT Open Rev* 6(4):252–269

- 20) Huang M, Tetreault TA, Vaishnav A, York PJ, Staub BN (2021) The current state of navigation in robotic spine surgery. *Ann Transl Med* 9(1):1–11
- 21) Zhang J, Ndou WS, Ng N, Gaston P, Simpson PM, Macpherson GJ, Patton JT, Clement ND (2022) Robotic-arm assisted total knee arthroplasty is associated with improved accuracy and patient reported outcomes: a systematic review and meta-analysis. *Knee Surg Sports Traumatol Arthrosc* 30(8):2677–2695
- 22) Adamska O, Modzelewski K, Szymczak J, Świderek J, Maciąg B, Czuchaj P, Poniatowska M, Wnuk A (2023) Robotic-assisted total knee arthroplasty utilizing NAVIO, CORI imageless systems and manual TKA accurately restore femoral rotational alignment and yield satisfactory clinical outcomes: a randomized controlled trial. *Medicina (Kaunas)* 59(2):236
- 23) Jacofsky D.J. Allen M. Robotics in arthroplasty: a comprehensive review. *J Arthroplasty*. 2016; 31: 2353-2363
- 24) Learmonth ID Young C Rorabeck C The operation of the century: total hip replacement. *Lancet*. 2007; 370: 1508-1519
- 25) Holzer, L.A.; Scholler, G.; Wagner, S.; Friesenbichler, J.; Maurer-Ertl, W.; Leithner, A. The accuracy of digital templating in uncemented total hip arthroplasty. *Arch. Orthop. Trauma Surg*. 2019, 139, 263–268.
- 26) Ferguson, R.J.; Palmer, A.J.; Taylor, A.; Porter, M.L.; Malchau, H.; Glyn-Jones, S. Hip replacement. *Lancet* 2018, 392, 1662–1671.
- 27) Singh, V.; Realyvasquez, J.; Simcox, T.; Rozell, J.C.; Schwarzkopf, R.; Davidovitch, R.I. Robotics Versus Navigation Versus Conventional Total Hip Arthroplasty: Does the Use of Technology Yield Superior Outcomes? *J. Arthroplast*. 2021, 36, 2801–2807.
- 28) Yoon, B.H.; Park, J.W.; Lee, Y.K.; Koo, K.H.; Chang, C.B. Long-Term Wear-Related Complications of Cross-Linked Versus Conventional Polyethylene After Total Hip Arthroplasty: A Meta-Analysis. *J. Arthroplast*. 2022, 37, 2308–2315.e2302.
- 29) Reina, N.; Pareek, A.; Krych, A.J.; Pagnano, M.W.; Berry, D.J.; Abdel, M.P. Dual- Mobility Constructs in Primary and Revision Total Hip Arthroplasty: A Systematic Review of Comparative Studies. *J. Arthroplast*. 2019, 34, 594–603.
- 30) Indelli, P.F.; Ghirardelli, S.; Iannotti, F.; Indelli, A.M.; Pipino, G. Nanotechnology as an Anti-Infection Strategy in Periprosthetic Joint Infections (PJI). *Trop. Med. Infect. Dis*. 2021, 6, 91.
- 31) Karnuta, J.M.; Haeberle, H.S.; Luu, B.C.; Roth, A.L.; Molloy, R.M.; Nystrom, L.M.; Piuizzi, N.S.; Schaffer, J.L.; Chen, A.F.; Iorio, R.; et al. Artificial Intelligence to Identify Arthroplasty Implants from Radiographs of the Hip. *J. Arthroplast*. 2021, 36, S290– S294.e291.
- 32) Summers, S.H.; Nunley, R.M.; Slotkin, E.M. A Home-Based, Remote-Clinician- Controlled, Physical Therapy Device Leads to Superior Outcomes When Compared to Standard Physical Therapy for Rehabilitation After Total Knee Arthroplasty. *J. Arthroplast*. 2023, 38, 497–501.
- 33) Wang, X.; Hunter, D.J.; Vesentini, G.; Pozzobon, D.; Ferreira, M.L. Technology-assisted rehabilitation following total knee or hip replacement for people with osteoarthritis: A systematic review and meta-analysis. *BMC Musculoskelet. Disord*. 2019, 20, 506.