Letters to Editor

Authors’ reply

We thank Dr. Sinha for the interest expressed¹ in our article ‘Intraoperative femoral head vascularity assessment: An innovative and simple technique.’²

The surgical dislocation was done using the technique described by Ganz et al.³ in all except one case, where we used the modified London hospital approach combined with a capsulotomy in a manner similar to the safe surgical dislocation approach. Positioning was lateral in all cases and dislocation anterior.

A transtrochanteric approach, with or without dislocation, does not contraindicate the technique of blood flow assessment to the femoral head. However, if there is tension on the pedicle due to the surgical approach, the vascularity may be compromised. As explained in the article, the technique establishes the arterial blood flow in the region drilled, but it does not quantify the blood flow.

We do not feel that this method is suitable at present as a minimally invasive technique but it probably can be the focus of future research. At present, noninvasive techniques such as PET scan may be better for assessing viability.⁴

We agree that the presence of wave form is not proof of vascularity or avascularity; however, it is an indication of intraoperative arterial blood flow and helps in intraoperative decision making.

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