

polyethylene helps to reduce wear while the extra arc of motion improved range of movement. Our centre started using DM prosthesis since 2018 and this study demonstrates our outcomes.

Method: Retrospective study of all DM replacement from January 2018 – May 2020. Allowing a minimum follow up of 6 months. Data was collected from an electronic database.

Results: 54 cases were identified (35 elective cases and 19 trauma cases). 34 cases were revision surgery, and 21 cases were primary arthroplasty. The average age was 75, average length of surgery was 3 hours and average stay in hospital was 9 days. No dislocation was noted in this study. All patients reported good range of movement in follow ups with no complaints of instability.

Conclusions: DM prosthesis provides excellent outcomes with no dislocation and good patient reported satisfaction at our center. This result is supported by various systematic reviews. The reduction of complications is also economically advantageous. Use of Dual Mobility prosthesis should be encouraged in UK.

1220 Dual Mobility Cups in Primary and Revision Thas – A Single UK Centre Outcome Study

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Aim: Total Hip Arthroplasty has been challenged with instability and dislocation (5%) and restricted movements. Risks are further increased in trauma and revision cases (7-14%). Dual Mobility (DM) prosthesis is one solution to these issues and has shown to reduce the rate of dislocation in multiple USA and France studies. Its uses remain limited in the UK due to unfamiliarity. DM implants contain a small femoral head mobile within a polyethylene liner which articulates with a supra-hemispheric metallic acetabular shell. Increased coverage of the shell reduces intra-prosthetic dislocation. The highly crosslinked