

INTERVIEW

“THE CHOICE OF BONE CEMENT IS CONNECTED TO THE IMPLANT SURVIVAL.”

Dr. Carel Geerdink shares his experience with PALACOS® R+G and explains why its properties and the cementing technique are crucial for surgery outcomes.

Dr. Geerdink, since when do you know about PALACOS® R+G and what experience do you have with the bone cement?

PALACOS® R+G is the most used bone cement in the Netherlands. I first got in touch with bone cement during my education 30 years ago. Me and my colleagues use the antibiotic loaded bone cement PALACOS® R+G for a long time now, and have not questioned it ever since, because we never experienced any problems.

Do you have any experience with other bone cements?

Ten years ago, we tested another bone cement and it behaved differently. That bone cement was very sticky, it stuck to the gloves and was everywhere. Handling was suddenly a problem, which was never an issue with PALACOS®. We realised that we took the properties of PALACOS® for granted and went back to PALACOS® quickly, within a couple of weeks. Since that experience, we refuse to try new bone cement brands, we say: “We don’t switch to another cement, end of discussion!” PALACOS® and its texture as a material is easy to handle, with PALACOS® it is easy to learn mixing in a good manner.

Why are easy handling and reliable material properties so important when using bone cement?

During a surgery, all steps are connected. The handling of bone cement must be easy so that it does not affect other steps of the procedure. It is important to be confident with the materials you use because it makes surgeries run smoother and lowers the risk of complications like infections for example. If there is one hiccup like stickiness, it can cause problems. That’s why bone cement plays an important role. In my opinion, all implants are as good as the connection of the cement to the bone. If this connection is not good, the whole procedure fails. The choice of bone cement is connected to the implant survival.

PALACOS® R+G is available since 1972 and celebrates its 50th anniversary in 2022. What do you think made PALACOS® R+G stand the test of time?

We simply never experience any problems with PALACOS® R+G, even when we revise 30 years after the primary procedure, we see that the cement is not broken. And if it is broken, it is always a thin part of it where the surgeon has not cemented well. There has never been a reason for us to doubt its quality. This bone cement seems to provide full proof. That is the reason why PALACOS® R+G proves itself over such a long time. Otherwise, no one would use it

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Field of interest:

- Arthroscopic surgery
- Sports orthopaedics / traumatology



anymore. Sometimes I do revisions of cemented implants which are 30 or 40 years old. For me, this is proof of the longevity of PALACOS® R+G.

How do you decide whether to use bone cement or not?

In our hospital, we decide individually for each patient whether bone cement is used. Younger doctors are trained to do uncemented hips only. They are usually not very familiar with cementing and that is a big risk for the orthopaedic society as a whole. In my opinion, younger doctors must learn to use bone cement correctly – including cleaning, pressurising and all the steps required. If you want to help patients with a little bit softer bone and if you want to avoid risks, I think that bone cements should be used because when I do a cemented hip, I see no problems at all.

Does that mean that the cementing technique is crucial?

If you don’t cement in the right way in hemiarthroplasty, it will fail. Cementing technique is not easy but if you do it right, it is the best way to place a prosthesis. That is clear from literature and from our own experience.

With your experience, would you think that antibiotic-loaded bone cement plays an important role for infection prevention?

According to registry data, the risk of infections is lower if antibiotic-loaded bone cement is used. So, when I cement an endoprosthesis I prefer antibiotic-loaded bone cement. For me it is a standard in arthroplasty. Beside the local antibiotics in bone cement, we give patients systemic antibiotics, as well. ■