

Exploring Versatile Applications of a Vacuum-Assisted Bone Harvester in Orthopedic Surgery

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BACKGROUND

Orthopedic surgeries often involve removing bone or pathological tissue, traditionally done with instruments like curettes and rongeurs.



These methods can be time-consuming, lead to increased blood loss, and risk contamination of adjacent tissues.

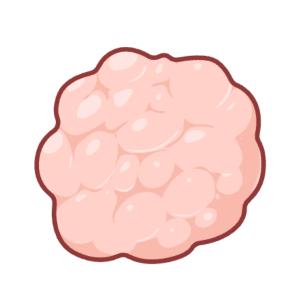
Vacuum-assisted tools have been developed to aid tissue removal, enabling suction without discarding tissue, potentially improving outcomes and enabling tissue collection for downstream applications.

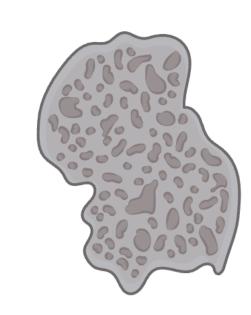
Limited research exists on vacuum-assisted devices beyond bone marrow harvesting.

METHODS

Retrospective cohort study on patients undergoing orthopedic procedures with the Avitus® Bone Harvester repurposed for tissue removal from December 2021 to July 2023.

Procedures categorized into oncology and debridement for infection cases, further classified into primary infection and infection following trauma.





Oncology

Infection

Data collected on demographics, intraoperative details, complications, and follow-up.

Statistical analysis conducted using descriptive statistics in R Studio.

RESULTS

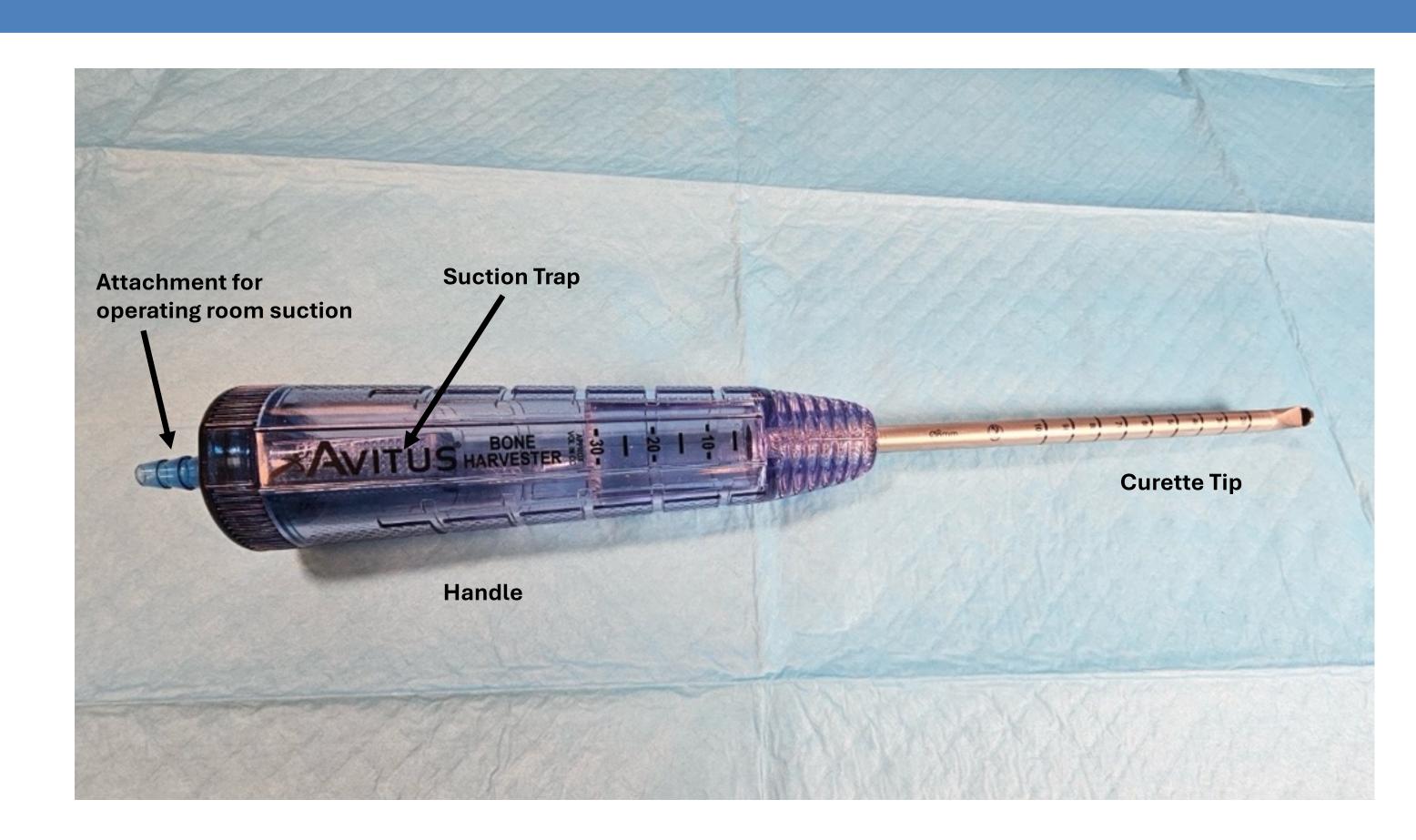


Figure 1. The Avitus® Bone Harvester. The device is made up of a curette attached to a handle that can be linked up to standard operating room suction. The handle contains a suction trap that allows it to store debrided tissue.

Table 1. Oncology Cases Outcomes

Breakdown	Oncology Cases (n=16)	
Benign-aggressive tumor	9 (56.3)	
Metastatic bone tumors	7 (43.8)	
Outcomes		
Total Procedure Blood Loss, mL (sd)	153.75 (200.52)	
Total Procedure Time, min (sd)	149.63 (60.87)	
Complications, n (%)		
Persistent Pain	6 (37.5)	
Infection	0 (0.0)	
Reoperation, n (%)	6 (37.5)	
Time to Reoperation, days(sd)	238.33 (161.91)	
Abbreviations: n, number; sd, standard deviation; mins, minutes; ml, milliliters		

There were 44 patients included, with debridement for infection cases most common (45.5%), followed by oncology cases (36.4%).

Table 2. Outcomes from Infection Cases

	Primary Infection	Infection following
Outcomes	Cases (n=20)	Trauma Cases (n=8)
Total Procedure Blood Loss, mL (sd)	442.4 (644.86)	316.67 (306.05)
Total Procedure Time, min (sd)	154.50 (78.97)	199.63 (154.80)
Total Procedure Time, min (5a)	131.30 (70.57)	177.03 (131.00)
Persistent Infection, n (%)	3 (15.0)	4 (50.0)
Persistent Pain, n (%)	2 (10.0)	0 (0.0)
Reoperation, n (%)	8 (40.0)	7 (87.5)
Time to Reoperation, days(sd)	102.40 (97.74)	38.29 (45.57)
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Abbreviations: n, number; sd, standard deviation; mins, minutes; ml, milliliters

In oncology cases, definitive diagnosis established using the device, no post-operative infections reported.

Infection clearance rate 85.0% for primary infection cases, 50.0% for infection following trauma.

Average blood loss 314.52 mL, average total procedure time 160.93 minutes.

Overall reoperation rate 47.7%, unplanned reoperation rate 11.4%.

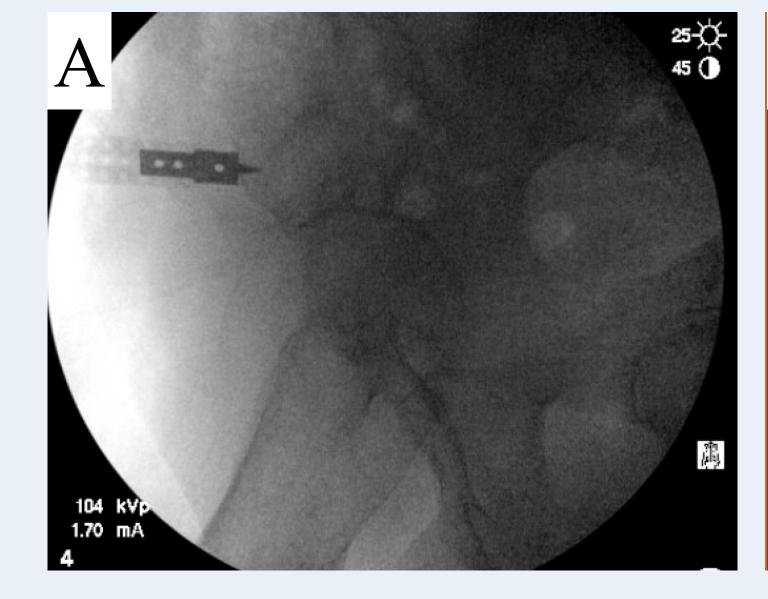




Figure 2. Intraoperative fluoroscopic images demonstrating the use of the device. (A) A pilot hole creator with an anchor tip (Avitus® Pilot Hole Creator) is used to create a circular cortical bone window. (B) The tip of the vacuum-assisted device is guided to the corticotomy site.

CONCLUSIONS

Vacuum-assisted bone harvester effectively utilized in a wide range of debridement and curettage procedures across diverse orthopedic surgeries.

Effective tissue removal in oncology cases with low recurrence rates, demonstrating potential to minimize contamination and preserve tissue for accurate diagnoses.

High rate of osteomyelitis eradication observed in debridement for primary infection cases.

Device utilization should consider cost-effectiveness and patient-specific risk factors.

REFERENCES

- Diefenbeck M, Haustedt N, Schmidt HG: Surgical debridement to optimise wound conditions and healing. Int Wound J 2013, 10 Suppl 1(Suppl 1):43-47.
- Piccioli A, Ventura A, Maccauro G, Spinelli MS, Del Bravo V, Rosa MA: Local adjuvants in surgical management of bone metastases. Int J Immunopathol Pharmacol 2011, 24(1 Suppl 2):129-132.
- Schreuder HW, Pruszczynski M, Veth RP, Lemmens JA: Treatment of benign and low-grade malignant intramedullary chondroid tumours with curettage and cryosurgery. Eur J Surg Oncol 1998, 24(2):120-126.
- Steffner R: Benign bone tumors. Cancer Treat Res 2014, 162:31-63.
- Rossi G, Mavrogenis AF, Angelini A, Rimondi E, Battaglia M, Ruggieri P: Vascular complications in orthopaedic surgery. Journal of Long-Term Effects of Medical Implants 2011, 21(2).
- Yenigül AE, Sofulu Ö, Erol B: Treatment of locally aggressive benign bone tumors by means of extended intralesional curettage without chemical adjuvants. SAGE Open Med 2022, 10:20503121221094199.
- Coleman BE: A Clinical Review of Autogenous Bone Grafting for Orthopaedics and the Avitus® Bone Harvester.
- Cancellous Bone Graft and Bone Marrow From the Proximal Tibial Metaphysis. Foot Ankle Orthop 2021, 6(1):2473011420981901.

• Lukasiewicz AM, Bagi PS, Yu KE, Tyagi V, Walls RJ: Novel Vacuum-Assisted Method for Harvesting Autologous

• 1Greco VE, Hammarstedt JE, O'Connor S, Regal S: Masquelet Technique and Proximal Tibial Autograft Utilizing Avitus® Bone Harvester for Severely Comminuted Open Distal Radius Fracture with Extensive Bone Loss: A Case Report. J Orthop Case Rep 2022, 12(4):49-53.