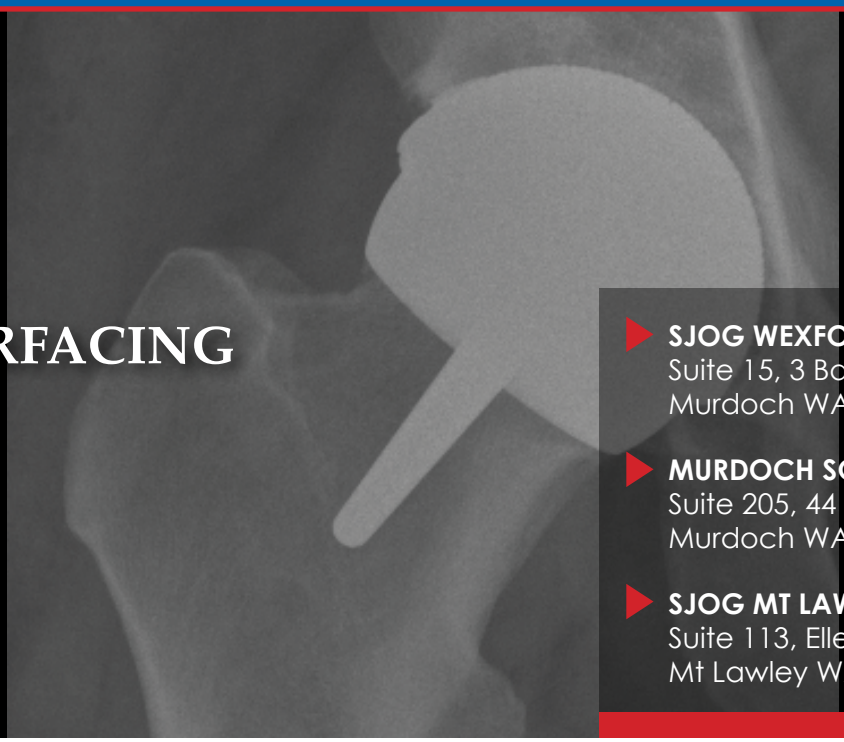
ORTHOPAEDICS WA

(08) 9312 1135



HIP RESURFACING

SJOG WEXFORD MEDICAL CENTRE
Suite 15, 3 Barry Marshall Parade,
Murdoch WA 6150

MURDOCH SQUARE
Suite 205, 44 Barry Marshall Parade,
Murdoch WA 6150

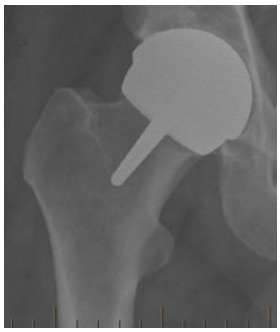
SJOG MT LAWLEY MEDICAL CENTRE
Suite 113, Ellesmere Road,
Mt Lawley WA 6050

BACKGROUND

Hip Resurfacing is a type of hip replacement designed for younger more active patients.

Your hip is a ball in socket joint and when you have arthritis it becomes painful, stiff and it restricts your activity. Arthritis means "inflammation in the joint" and the most common cause is Osteoarthritis. Other causes include inflammatory conditions such as rheumatoid arthritis or gout, infection, after an injury or avascular necrosis. A hip replacement of any sort will relieve your pain, improve your mobility and improve the quality of your life. It is one of the most successful operations you can undergo anywhere in your body.

In a conventional total hip replacement the ball of the thigh bone is completely removed and replaced with a new ball on a stem which is inserted into your thigh bone. In a resurfacing the ball is shaped into a cylinder and a new metal cap inserted over it. A new socket is placed into your pelvis for both.



WHAT ARE THE BENEFITS OF HIP RESURFACING OVER CONVENTIONAL HIP REPLACEMENT?

Hip resurfacing allows you to have a higher level of activity. **Once you have fully recovered from hip resurfacing surgery you can go back to any activity without restriction.** After a conventional hip replacement most surgeons would advise you not to run, to avoid more athletic sport and not to perform a heavy job.

Hip resurfacing has a metal ball in a metal socket which is very hard wearing and this is particularly important in younger patients. More than 90% of hip resurfacing are still functioning well after 15 years.

It is much harder to dislocate a resurfacing than a conventional hip replacement. This is because the size of the ball is larger. Usually the diameter of the head is at least 50mm, the most common diameter head for a conventional hip replacement is 32mm. This larger head also may allow a more normal walking pattern and feel more like your own hip.

Hip resurfacing makes redoing your hip replacement, in the future, technically easier. If a resurfacing needs to be replaced then the ball (with the metal cap) can be removed giving good access to the hip and a thigh bone that has never been violated before. The cap part can usually be retained.

WHO IS SUITABLE FOR HIP RESURFACING?

Most patients undergoing hip resurfacing are young, active men usually under 65 years old. Older patients, female patients and patients with smaller sized hip joints have higher failure rates.

WHAT IS THE RECOVERY AFTER HIP RESURFACING?

At Orthopaedics WA we are pioneers of Enhanced Recovery After Surgery [ERAS] aiming to get you on your feet, back at home and back to all of your activities as quickly as possible. Every patient is different but in general:

- Stand and walk on day of surgery with a frame
- Home with crutches on 3rd day after surgery

  Walking without crutches 4-6 weeks

  Driving 4 weeks

  Back at work 6 weeks (with some restrictions for heavier work)

  Able to do most activities by 3 months

  Start running, sport, surfing 6 months
- Complete recovery 12 months

WHAT ARE THE COMPLICATIONS OF HIP RESURFACING?

Resurfacing is a specialist operation which needs to be performed by surgeons trained In this field and who perform this operation frequently.

- **INFECTION**
  If an infection gets inside the new resurfaced hip then it causes pain, can make the patient unwell and cause the hip to fail. To get rid of the infection can mean multiple operations and an extended period of time on antibiotics (sometimes several months). The risk of infection is 1 %.

- **FEMORAL NECK FRACTURE**
  After a hip resurfacing, rarely, the thigh bone below the ball can break. If this happens it is painful and the patient would need another another operation to exchange the resurfacing for a conventional Total Hip Replacement. The risk of this happening is 1 %. The risk disappears after 6 months which is why we ask the patient to avoid running, surfing and contact sport for this time.

- **METAL ON METAL BEARING**
  Hip resurfacing is a metal ball in a metal socket. As the two surfaces wear against each other trace amounts of Cobalt and Chrome can be released into the blood and tissues particularly in the 1st 6 months. These low, stable levels do not cause any harm and gradually return to normal over time. If the amount of wear is too great then higher levels of these metals can build up in the tissues around the hip and in the blood and rarely patients can suffer metal poisoning. We now know that certain implant designs and putting the hip socket in the wrong position are associated with this problem. It is also important to monitor the level of the metals in a patients blood. We perform a blood test at 1 year and every 5 years.

- **NERVE INJURY**
  Injuring a nerve around your hip during surgery is very rare. It results in muscle weakness (for instance a foot drop) and pain or numbness in your leg. It will usually recover with time.

- **FUTURE REVISION**
  We are expecting your new hip to last at least 20 years but it is possible that it wears out during the rest of your life and may need further surgery to replace it.

- **DVT/PE**
  There is risk of blood clots in your leg and rarely in your lungs. We use compression pumps on your legs whilst you are in hospital and prescribe you blood thinning medication to reduce this risk. The most important preventative measure is to be mobile and walking.

- **GENERAL MEDICAL**
  As with all surgical procedures there is small risk of medical problems such as heart attack or stroke. These risks are greater as you get older or if you have a past history of similar issues, and they present a small risk of death.

WHAT IF YOU HAVE A PROBLEM?

If you have any concerns once you are discharged from hospital you should either telephone the hospital ward, or the surgeons rooms. If they are not available you should consult your GP or local ED. Your surgeon would always want to know about any issues or complications, and would want the GP or nurse to call them to discuss the problem.

JOINT REGISTRY

The Australian National Joint Registry may contact you to collect information about your operation. This is a useful part of monitoring how hips perform over time.