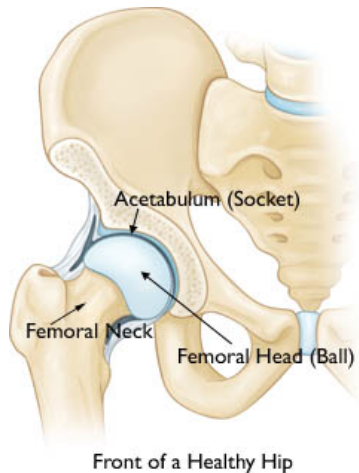


## Hip Resurfacing

Patients with advanced arthritis of the hip may be candidates for either traditional total hip replacement (Arthroplasty) or hip resurfacing (Hip Resurfacing Arthroplasty). Each of these procedures is a type of hip replacement, but there are important differences. Your orthopaedic surgeon will talk with you about the different procedures and which operation would be best for you.

## Description



The hip is a ball-and-socket joint. In a healthy hip, the bones are covered with smooth cartilage that enables the femoral head and acetabulum to glide painlessly against each other.

In a traditional total hip replacement, the head of the thighbone (femoral head) and the damaged socket (acetabulum) are both removed and replaced with metal, plastic, or ceramic components.

In hip resurfacing, the femoral head is **not** removed, but is instead trimmed and capped with a smooth metal covering. The damaged bone and cartilage within the socket is removed and replaced with a metal shell, just as in a traditional total hip replacement.

## Candidates for Surgery

Your doctor may recommend surgery if you have more advanced osteoarthritis and have exhausted the nonsurgical treatment options. Surgery should only be considered if your hip is significantly affecting the quality of your life and interfering with your normal activities.

Unlike hip replacement, hip resurfacing is not suitable for all patients. Generally speaking, the best candidates for hip resurfacing are younger (less than 60), larger-framed patients (often, but not always male) with strong, healthy bone. Patients that

are older, female, smaller-framed, with weaker or damaged bone are at higher risk of complications, such as femoral neck fracture.

A comprehensive evaluation by your orthopaedic surgeon will help you determine if you are a good candidate for hip resurfacing.

## Your Surgery

### ***Before Surgery***

You will likely be admitted to the hospital on the day before surgery.

Before your procedure, a doctor from the anesthesia department will evaluate you. He or she will review your medical history and discuss anesthesia choices with you. You should also have discussed anesthesia choices with your surgeon during your preoperative clinic visits. Anesthesia can be either general (you are put to sleep) or spinal (you are awake but your body is numb from the waist down).

Your surgeon will also see you before surgery and sign your hip to verify the surgical site.

### ***Surgical Procedure***

A hip resurfacing operation typically lasts between 1 1/2 and 3 hours.

Your surgeon will make an incision in your thigh in order to reach the hip joint. The femoral head is then dislocated out of the socket. Next, the head is trimmed with specially designed power instruments. A metal cap is cemented over the prepared femoral head. The cartilage that lines the socket is removed with a power tool called a reamer. A metal cup is then pushed into the socket and held in place by friction between the bone and the metal. Once the cup is in place, the femoral head is relocated back into the socket and the incision is closed.

After the surgery you will be taken to the recovery room, where nurses will closely monitor you as you recover from the anesthesia. You will then be taken to your hospital room.

## Complications

As with any surgical procedure, there are risks involved with hip resurfacing. Your surgeon will discuss each of the risks with you and will take specific measures to help avoid potential complications.

Although rare, the most common complications of hip resurfacing are:

- Blood clots. Blood clots in the leg veins are the most common complication of hip resurfacing surgery. Blood clots can form in the deep veins of the legs or pelvis after surgery. Blood thinners such as warfarin (Coumadin), low-molecular-weight heparin, aspirin, or other drugs can help prevent this problem.
- Infection. You will be given antibiotics before the start of your surgery and these will be continued for about 24 hours afterward to prevent infection.
- Injury to nerves or vessels. Although it rarely happens, nerves or blood vessels may be injured or stretched during the procedure.
- Femoral neck fracture
- Dislocation
- Risks of anesthesia

## Recovery

In most cases, patients go home 1 to 4 days after surgery.

You may begin putting weight on your leg immediately after surgery, depending on your doctor's preferences and the strength of your bone. You may need a walker, cane, or crutches for the first few days or weeks until you become comfortable enough to walk without assistance.

A physical therapist will give you exercises to help maintain your range of motion and restore your strength. You will continue to see your orthopaedic surgeon for follow-up visits in his or her clinic at regular intervals.

You will most likely resume your regular activities of daily living by 6 weeks after surgery.