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Hip Resurfacing Surgery

Indication- Osteoarthritis of the hip causing significant pain and disability that is not managed by conservative means.

Patient has to be a young active male with good bone quality between the age of 35-55 years.
The size of the femoral head has to measure >50mm size.
Contra-indications are leg length discrepancy , femoral head cysts, obesity, stiff hip.

Success rate 90-95% of hips still functioning well at 10 years.

Poor results and complications are seen more frequently when not used with the above criteria. Component positioning is essential to good outcomes. Dr Wood uses computer navigation to achieve this.

Complications
5% Patients can develop complications.
Complications are minimized by preventing them and recognizing certain at risk patients.
Despite everyone's best efforts things can go wrong.

Complications include:

Deep Vein Thrombosis- a blood clot deep in the leg

Dislocation- where the ball of the hip comes out of the socket. Rarer with this type of implant but still possible.

Leg Length inequality- surgeons aim to correct and restore leg length. This can be difficult and when trying to make the hip stable to prevent dislocation. To tension the muscles so the hip is not loose the leg can be lengthened. Offet the patient does not notice this if small but if felt may need a shoe lift.

Nerve injury- either through retraction of the nerves or stretching during the procedure numbness can result in the leg post operatively. Often this resolves but can be permanent and may lead to a foot drop deformity. Rare but can occur in complex cases.

Blood Transfusion- maybe needed if your blood level falls to low.

Periprosthetic fracture- a fracture around the implant can occur at insertion of if you sustain an injury to the leg in future. Or specifically with this implant you can get a neck fracture if your return to sports of increased activity too quickly

Heterotopic Bone formation- abnormal bone being laid down in muscle, rare but can occur in some individuals.

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Ongoing pain- often due to the incision or development of bursits at side hip. Often resolves with time. Can be due to impingement of the implant or irritation of iliopsoas muscle against edge of implant. Or maybe originating from another source such as back.

Unique to Metal Hip Resurfacing.

Metallosis- excess metal debris causes destruction of local tissues and leads to destruction and failure of the joint.

Femoral Neck Fracture- as mentioned above.

Pseudotumour- a term named due to metal sensitivity to the metal ions produced as the implant wears. Causes abnormal tissue reaction to the implant and leads to early failure. Seen more commonly in women.

INFECTION- our biggest worry and complication in joint surgery.
Incidence 1%.
If it occurs early emergent washout and surgery of the hip is required to save the hip. If it becomes established the whole implant has to be removed and many surgeries are required. Hence the importance of infection prevention and urgent contact to the surgeon when it is suspected.

Note infection is a concern for future procedures especially DENTAL work.
Prior to any procedure antibiotic must be administered. This is for the rest of your life!!

Please note that a number of companies have had this type of implant removed from the market due to high failure rates. It is known that this is a niche implant that used in the right person for the right reasons and put in by an expert can have long standing results.

The implant used by Dr Wood is the original hip resurfacing model that has long-term published results and is seen as the industry gold standard.
Further details and information will follow and are available through links in patient resource.

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Smith & Nephew Hip Resurfacing

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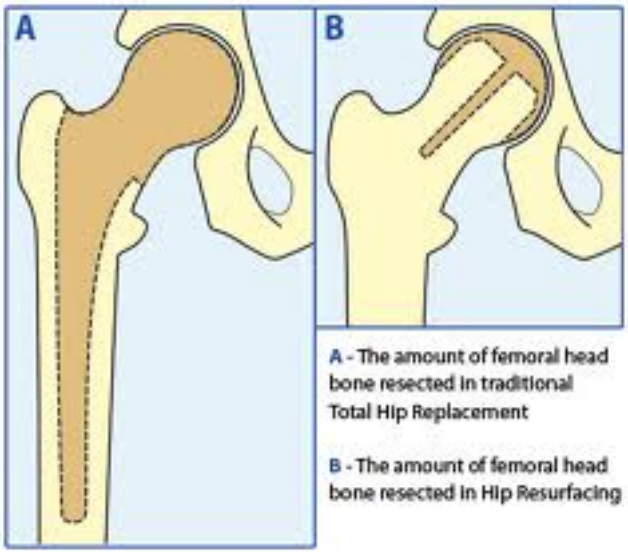

Rehabilitation is the same as per Total Hip Replacement Protocol

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