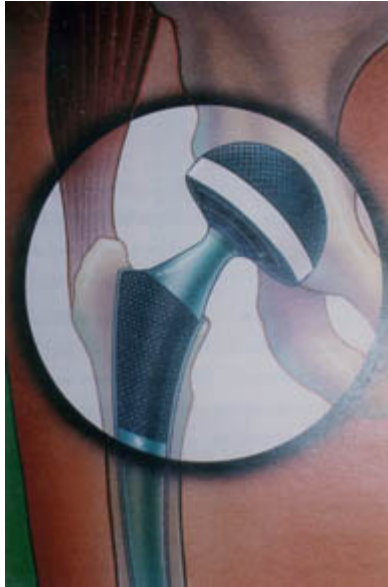




Total Hip Replacement



When pain and stiffness in a hip becomes severe, a patient usually will go to the family doctor for evaluation. Frequently anti-inflammatory medication and possibly physical therapy are prescribed as the initial treatments for arthritis of the hip joint. In many cases these measures can be successful for a period of time. Eventually, if the disease progresses - and it usually does - referral to an orthopaedic surgeon skilled in total joint replacement is usually arranged.

A history of the problem as taken from the patient, thorough physical examination, and x-rays of the affected hip usually give enough information for the total joint replacement surgeon to properly advise the patient on the best course of treatment. The most common cause of hip disease is osteoarthritis, commonly known as wear and tear arthritis. It usually occurs with no previous history of injury to the hip joint. The hip simply wears out. Why this happens in the majority of cases is still a mystery, but perhaps genetic research will eventually unlock the mystery of why certain persons develop osteoarthritis of major joints and other persons, no matter how long they live, will never develop it.



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Surgical replacement of the human hip joint was pioneered by British orthopaedic surgeon, Sir John Charnley in the early 1960's. Dr. Charnley pioneered and made many outstanding contributions to the development of modern day total hip replacement.

Whether a total hip replacement is indicated in a particular case can only be decided by the patient and the surgeon on an individual basis. This is a very important bridge to cross and both the surgeon and the patient must be very certain that this is the right direction to take.

When the decision has been made, however, the surgeon will discuss with the patient recommendations for the proper type of hip replacement for that person. A replacement hip joint includes a new socket, as well as a ball and a stem which form the lower side of the hip joint.

While most patients who undergo hip replacement surgery are age 55 or older, orthopaedic surgeons evaluate patients individually and recommendations for surgery are based on the extent of the person's pain, disability and general health status, not solely on age.

An important factor in deciding whether hip replacement should be done is understanding what the procedure can and cannot do for you. The vast majority of individuals who undergo hip replacement surgery have a dramatic lessening of hip pain and a major improvement in ability to perform activities of daily living.

It would be incorrect to think that a replacement hip is ever as good as a normal functioning hip. You have to follow directions and take good care of it for the hip to be able to do a good job for you for as long as you will need it. Following surgery you will be advised to avoid certain activities for the rest of your life, including jogging or high impact sports.

Even with normal use and activities, an artificial hip joint can develop some wear change over time. If a patient were to participate in more strenuous activities or is overweight, this wear change could be accelerated and cause the prosthesis to loosen, wear, or become painful.

In performing surgery, muscles must be retracted and to some extent cut to provide entry to the hip joint. This can cause limping for several months after surgery. However, persons with arthritic hip disease have often been limping and have had weak muscles prior to surgery and this contributes to limping after surgery also.

The average time in the hospital (regular nursing floor) following a hip replacement is five days or less. Some patients benefit from going from their regular hospital bed to a rehabilitation floor for a further period of time to recover and become more functional.

A walker or two crutches are always required after total hip replacement and generally are used for a variable period of time after surgery. Frequently a cane is required following the crutches or walker for a variable length of time.

Blood replacement - either the blood which the patient predonated or blood from a blood bank - is frequently required after hip replacement surgery.

A very small number of patients can develop infection under the skin or even deep in the wound after hip replacement surgery. This can be a serious complication and difficult to treat, even with antibiotics.

It is very important that the person have reasonable expectations of what hip surgery can do and what the risks are.

Overall, however, total hip replacement has been an amazing success story in orthopaedic



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surgery. We owe this to the genius of Sir John Charnley and his pioneering efforts during the early 1960's in England.

A total hip replacement is a very complicated subject with many other aspects which cannot be dealt with in detail here. Whether the individual patient is a candidate for total hip replacement and if so, what the best prosthesis would be is something that can only be decided on an individual basis.

I feel fortunate to have been trained in hip and knee replacement surgery at the Cleveland Clinic Foundation in Cleveland, Ohio. It is one of the original institutions allowed to perform total joint replacement, when the technique was brought to the United States by American orthopaedic surgeons who had learned the technique from Sir John Charnley.



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