

Orthopaedic Connection

Arthritis of the Hip: What is the Best Treatment?

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Transforming patient information into patient understanding.

We have been spending a lot of time on hip arthritis lately. There are a lot of different aspects, so I have felt that it is worth while to cover the subject in depth. I hope you are O.K. with this because I want this column to be educational for all who read it.

In talking about hip arthritis treatment, we are concentrating on surgical treatment. I have mentioned that Total Hip Replacement originated in England in the early 1960's when John Charnley, a British Orthopaedic Surgeon, started to experiment with replacement of the entire hip joint.

Replacement of the ball alone had been done in several ways before Charnley started to replace the ball and socket. Some of his early surgeries failed because he had not yet discovered the best materials to use. By the later 1960's he started to use a better combination of materials and the procedure began to be much more successful and predictable. Many other surgeons in Europe and the United States began to modify the procedure even further.

Now there are several companies making a large number of different Total Hip prostheses. Most of us who do the surgery have settled on a small number of implants that we know work best in our patients. Change is good and as surgeons we need to do that, but it has to be a change for the better.

AML Total Hip Prosthesis

My experience has taught me that this is the best total hip I can give my patients. It gives me a great variety of metal, ceramic and polyethylene materials and it has lasted at least twenty years in 95% of patients. I have great confidence in the company who makes it, DePuy Orthopaedics, and I have visited their factory twice.

There have been many other aspects of hip replacement surgery that have changed also. These include smaller incisions, changes in anesthesia and early walking and early discharge of patients.

Hip Resurfacing

This is a type of hip replacement that removes less bone and is applied to younger patients with healthier bone. The idea is that younger patients may require future revision surgery and conversion to a standard total hip replacement. It's easier to do on a resurfaced hip. It's not for everybody. It has had some complications too, like fracture of the hip below the ball (femoral head). These resurfacing procedures were first done in the 1970's, but went out of favor for 25 years. They do have a place, but only the surgeon can decide what's best for a particular patient. The problem is patients hear of a particular procedure on TV or

a billboard and are convinced that's what they need. It makes my job harder if I don't agree with what they think they need.

The Bottom Line

I think you will get the picture that the "best treatment" may be different in different patients. We choose what is best for that particular patient based on a number of variables.

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All past articles are listed by title and the complete text is available at the click of a mouse.

All of the information available concerns what I treat daily in the office and hospital. Log on and check it out.

Our goal is simple - To help people return to more pain free functional lives.

Good health. Good life. All the best to you.

Be well.

Dr. Haverbush