

Orthopaedic Connection

Resurface The Hip Joint? What's That?

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Transforming patient information into patient understanding.

Everyone I'm sure has heard the term Total Hip Replacement. This procedure has been done at Mid-Michigan Medical Center-Gratiot since 1974.

It has of course evolved, improved and changed many times over the years since it was first introduced in the United States in 1970. Total Hip Replacement pioneer Sir John Charnley was doing hip replacements in England in the 1960s.

What I am writing about today however is not Total Hip Replacement. I am telling you about Hip Resurfacing which is not the same. To understand Resurfacing you have to know what is done in Total Hip Replacement.

What Exactly Is Total Hip Replacement?

When I do a Total Hip Replacement I remove the entire ball part of the hip and then reshape and often deepen the socket to accept the new parts made of metal and polyethylene (plastic). That's it in a nutshell.

It sounds simple, but of course it is way more complicated.

Hip Resurfacing

By contrast, in hip resurfacing the ball part of the hip (femoral head) is not removed. It is reshaped to accept a metal cap or sphere that is placed over it.

Then the socket is reshaped and a metal implant is inserted. The metal cap is placed into the metal socket. The major difference compared to a hip replacement is that in resurfacing less bone is removed and the new metal cap is a larger part than with a total hip ball.

Why One Over The Other?

Hip resurfacing is done in younger, more active patients. The patient must have very good bone quality.

Resurfacing allows a higher level of activity after surgery. In a large study reported in a sports medical journal, 82% of hip resurfacing patients returned to and felt no restriction in participating in their chosen sport. To put it in perspective less than 5% of patients with hip arthritis are candidates for hip resurfacing. It definitely is not for everyone.

Therefore resurfacing = younger patient, usually male, healthy, good bone and wants to be more active than our usual total hip patient.

Downside Of Resurfacing

I am not trying to pour cold water on hip resurfacing, but there are differences that you should know.

- Rarely a fracture can occur in the hip below the ball. Again very rare.
- Most surgeons tell resurfacing patients to avoid heavy lifting, running or jumping for up to a year to allow the hip bones to strengthen.
- Not recommended usually for patients over 65.
- Older patients with osteopenia or any bone weakening condition are not suitable.
- Resurfacing has a metal cap and a metal socket (no polyethylene plastic). Metal ions can be produced that can cause bone to erode or the metal ions can affect the kidneys.

Bottom Line

You should trust your joint replacement surgeon such as myself or anyone else to advise you what the best procedure is in your particular case. I believe patients are making a mistake when they have an unchangeable position about what surgery they need.

I am not an expert in what is the best way to repair my vehicle or what is the best heating system for my home. See what I mean?

I hope this discussion can be helpful to you or someone in your family who has hip arthritis.

Gratiot County Herald Archive and Office Website

I hope what you have read has raised questions. No problem!

Please log onto www.orthopodsurgeon.com. It has a huge amount of musculoskeletal information in the Website and the Archive of all previous GCH articles.

Check it out and be amazed what you can learn.

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

Dr. Haverbush