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RECOMMENDATIONS FOR TOTAL HIP REPLACEMENT

MINIMALLY INVASIVE HIP REPLACEMENT CUTS PAIN AND RECOVERY TIME.

With traditional hip replacement surgery, surgeons begin by making a large eight to ten inch incision. Then they cut the muscles and tendons around the hip bone to reach and replace the damaged joint. Minimally invasive hip replacement surgery can be performed through one small incision which disrupts less skin, muscles and ligaments, therefore causing less pain, and allowing for a faster recovery.

RAPID REHABILITATION

Post-operative pain is minimized by the use of long-acting local anesthetics and non-narcotic pain medications. Most patients experience only mild discomfort that can be controlled with small doses of intravenous medication. This allows rapid rehabilitation, and early return to life's activities.

REPLACING THE HIP

In all hip replacement surgeries, the surgeon removes the damaged femoral head and resurfaces the joint with metal and plastic implants. The new implants result in smooth movement between the ball and socket, decreasing pain and stiffness and restoring hip function. The same high quality, clinically proven prostheses are used in minimally invasive surgery as those used in traditional surgery.

The replacement hip, called a prosthetic implant, is comprised of a stem, ball and socket. The socket implant is attached by pressing the implant into the socket so that it fits very tightly and is held in place by friction. Implants have special surfaces with pores that allow bone to grow into them to help hold the implant in place. Depending on the condition of the patient's bone, the surgeon may also decide to use screws to help hold the implant in place. When the shell portion of the socket implant is in place, the plastic liner is locked into place inside the shell.

The ball portion of the implant is attached to a long metal stem that fits down into the femur (upper leg bone). The bone has relatively soft porous bone tissue in the center. Special instruments are used to clear this tissue and mold the area to fit the shape of the implant stem. The stem implant will be inserted into this area and held in place by making it fit very tightly in the canal. The stem implant has a special surface with pores that allow bone to grow into them. When all the implants are in place, the surgeon places a new ball that is now part of the upper leg bone into the new socket that is secure within the pelvic bone.

STATE OF THE ART

At the present time, the State of the Art recommendations for the bearing surfaces are a chromium-cobalt metal ball and a highly cross-linked polyethylene inner socket, which is designed for longevity.

Two alternatives to this have not been proven to be safe: Metal on metal bearings produce ions in your system that may cause harm, and ceramic on ceramic bearings have been shown to be too brittle and crack.

ARE YOU A CANDIDATE

Good candidates for minimally invasive hip replacement surgery have good bone quality, normal hip anatomy, weight less than 200 pounds and have never had hip surgery. In addition, all candidates must comply with an aggressive rehabilitation program. Those who have poor bone quality, unusual anatomy, are severely overweight or extremely tall can achieve good results as well, but with a longer incision. You must remember that the long-term successful outcome of your joint replacement is determined by the proper positioning and fit of your new joint, not by the length of your incision.

GWUMC JOINT REPLACEMENT CENTER

At the GWUMC Joint Replacement Center our team of experts stand ready to ensure that your recovery is a smooth one, and that you will be able to return to your life's activities in weeks instead of months.

To schedule an appointment call 202 333-2820