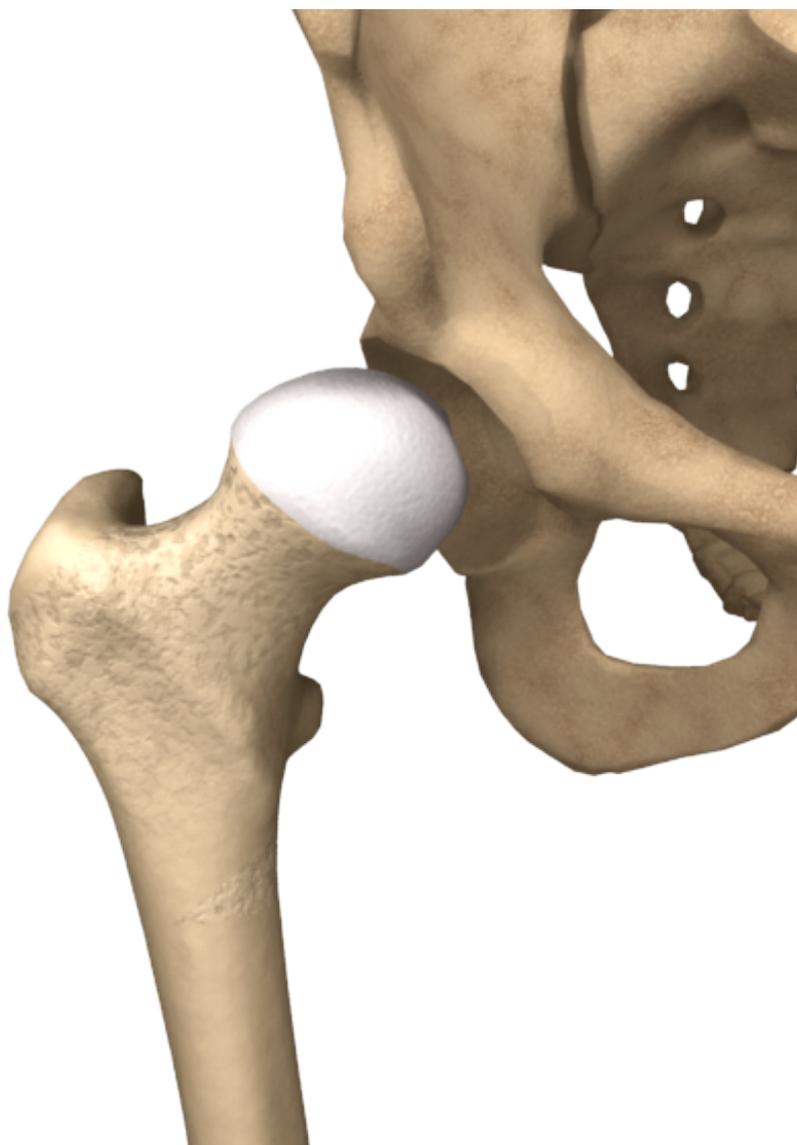
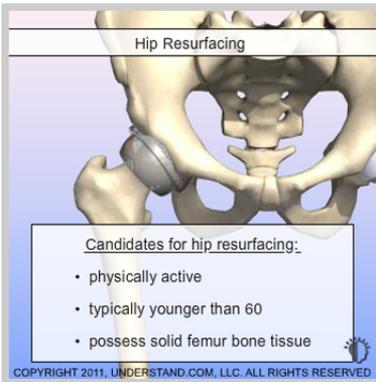


Hip Resurfacing

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Hip resurfacing is a procedure that replaces worn cartilage and damaged bone by capping the femur with a metal covering and placing a metal cup-shaped liner in the acetabulum. The best candidates for hip resurfacing are physically active and typically younger than 60 years of age. Solid bone tissue in the femur is a requirement for hip resurfacing.





Introduction

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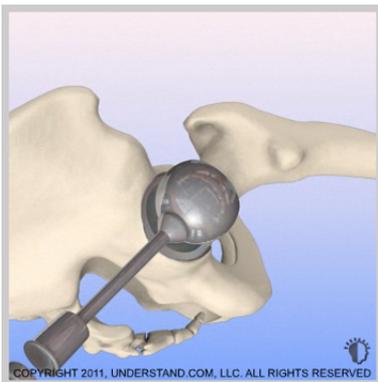
Doctor's Personal Note: A Message From Your Doctor

Thank you for visiting our website and viewing our 3D Animation Library. These animations should assist you in better understanding your condition or procedure. We look forward to answering any additional questions you may have at our next appointment.



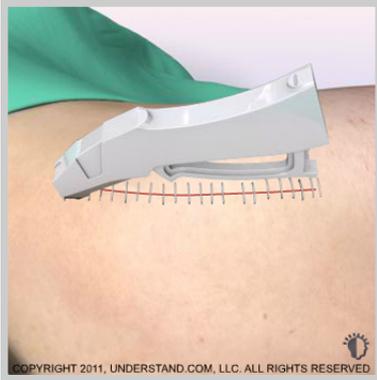
Incision and Positioning

Prior to the start of your procedure, the hip area will be cleansed and anesthesia will be administered. You may undergo general anesthesia, in which you are asleep, or regional anesthesia, in which an injection or small tube (catheter) delivers medication to the spinal column, numbing you from the waist down. Various incision sites can be used, and the particular approach for your procedure will depend on your surgeon's recommendations. Most commonly, a posterior approach is used, and an incision is made around the hip joint along the back of the hip. Nearby muscles are held out of the way using instruments known as retractors, and only small tendons in the back of the hip joint are cut, allowing the hip to be exposed. All of the tendons will be repaired at the end of the procedure. The leg is rotated so that the top of the femur (femoral head) is separated from the pelvic bone socket (acetabulum) and exposed.



Metal Component Placement

A specialized instrument called a reamer is used to remove the cartilage and any damaged bone tissue from the acetabulum. The metal cup-shaped component is press-fit directly into the bone and its rough outer surface holds it in place by friction. New bone growth after the procedure will secure it more permanently. Careful measurements of the femoral head are taken to ensure a proper fit of the new components. The center of the bone is marked, a small hole is drilled and a guide rod is inserted into the bone. A series of special instruments are placed over the guide rod and used to reshape the femoral head. Excess bone is cut away with another instrument, called a rongeur. The permanent metal cap, with its small guide stem, is cemented into place on the femoral head. The hip joint is reconnected and the leg is flexed and rotated to test for stability and range of motion.



End of Procedure

Surrounding tendons and muscles are sutured back into place with permanent sutures. Removable staples or sutures are used to close the skin incision, and often a temporary drainage tube is inserted to prevent fluid buildup under the wound. A padded bandage will be placed over your hip to protect the incision during your recovery.



Recovery

You can expect to have some pain, bruising and swelling, which should subside within a few weeks. The drain tube will be removed and physical therapy will be started soon after your surgery to promote healing and strengthen the surrounding muscles. Staples or sutures will be removed in about two weeks. You will most likely need to use crutches or a cane for a few weeks to limit weight bearing on your improved hip, and you will need to consult with your surgeon about when to resume your other activities. Hip resurfacing provides complete or nearly complete pain relief for most patients and preserves much of the thigh bone for future procedures that may eventually become necessary.