



UNIVERSITY
of VIRGINIA

ORTHOPAEDIC SURGERY



Hip Arthroplasty: Case-Based Discussion

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AAHKS Team Member Course



American Journal of Orthopedics: Editorial or governing board

Biocomposites Ltd: Paid consultant

DJ Orthopaedics: IP royalties; Paid consultant

Journal of Arthroplasty: Editorial or governing board

Radlink: Stock or stock Options

Radlink/DePuy: Paid consultant

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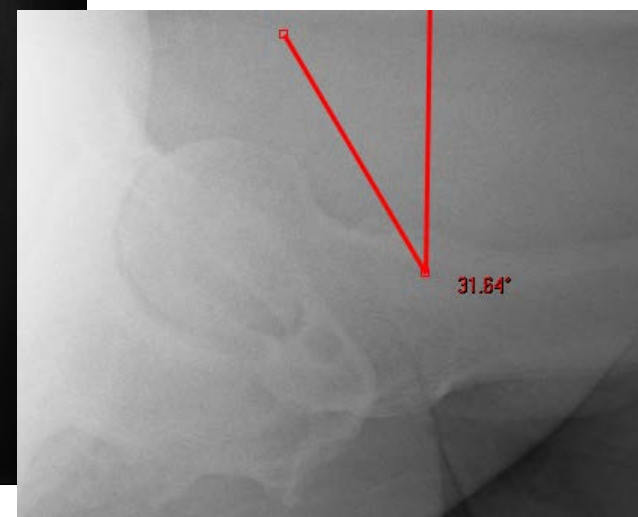
Southern Orthopaedic Association: Board or committee member

Case #1: CM

- 68 year old male with left hip pain
- Pain in left groin worse with activity
- Thigh pain radiates down leg to ankle
- No night pain or pain at rest
- Interferes with ADLs and golf
- Previous treatment includes acetaminophen (which doesn't help)
- PMH: Obesity, diabetes, lumbar DJD, cigars



Case #1: CM



Case #1: CM

- BMI 38
- Antalgic gait (unassisted)
- Left lateral hip pain reproduced with FADIR
- Unable to reproduce thigh and leg pain

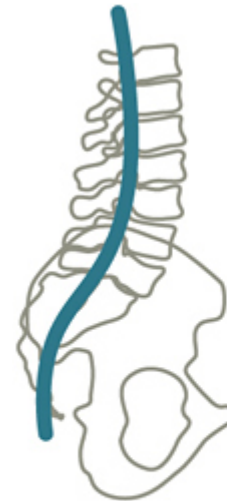


- Conservative management
 - Weight loss
 - NSAIDs
 - Intraarticular injections (type, purpose, time to surgery)
- Indications for surgery
 - Symptoms?
 - Radiographs?
 - Further imaging or evaluation of spine?

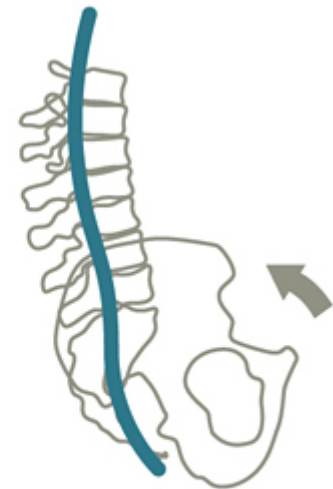
Case #1: CM



Loss of lordosis =
Posterior pelvic tilt



Lordotic
lumbar spine



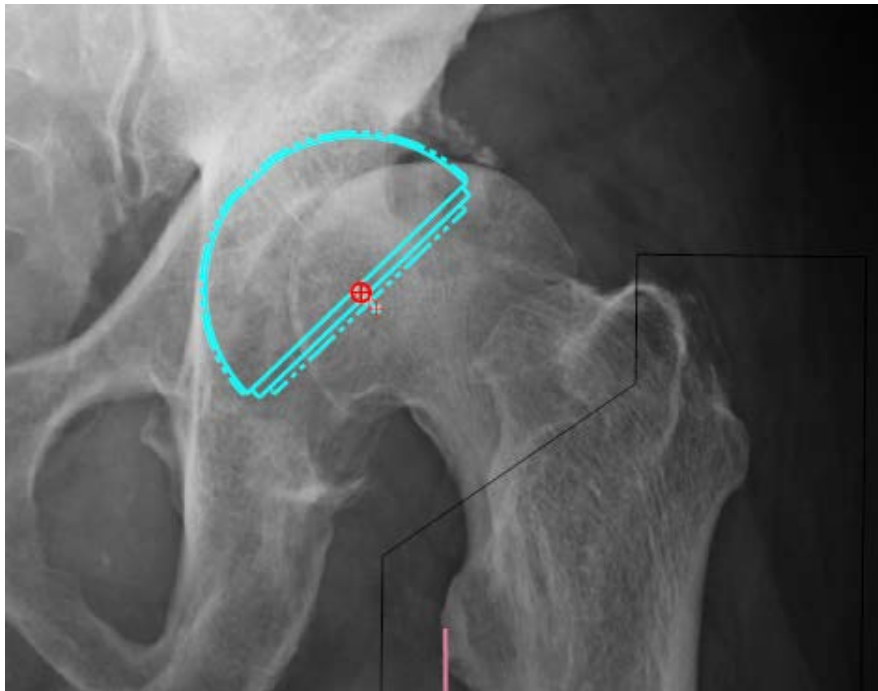
Kyphotic
lumbar spine

- Preoperative medical optimization
 - Obesity and BMI cut-offs
 - DM and A1c cut-offs
 - Smoking cessation
 - Nutrition

- Preoperative visit
 - “My friend told me to get the ACME Super hip implant that doesn’t have metal”
 - “I heard that there is a new direct medial approach to hip replacement that I need because I am active and have a golf tournament on POD #2”
 - “10 years ago, my wife stayed in the hospital for 4 days and went to a SNF for 2 weeks – and I want to do the same”

- Preoperative planning
 - Templating
 - Type of implant
 - One size fits all or patient matching
 - Cement versus cemented fixation
 - Bearing options and why
- How do you place your implants?
 - Internal landmarks, external landmarks, radiographs, advanced technology, other
 - Leg length
 - Offset
 - How do you confirm implant position is ok?

Case #1: CM



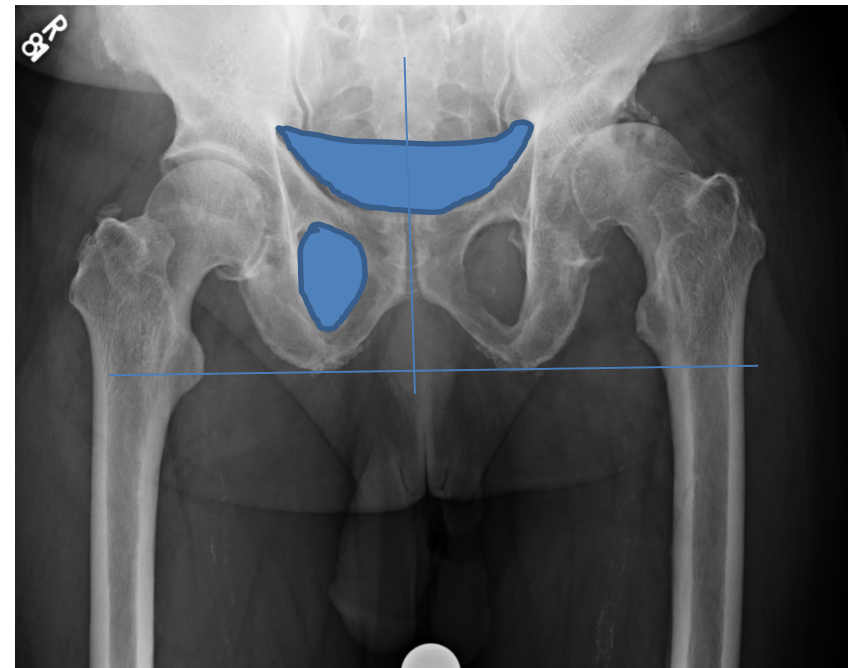
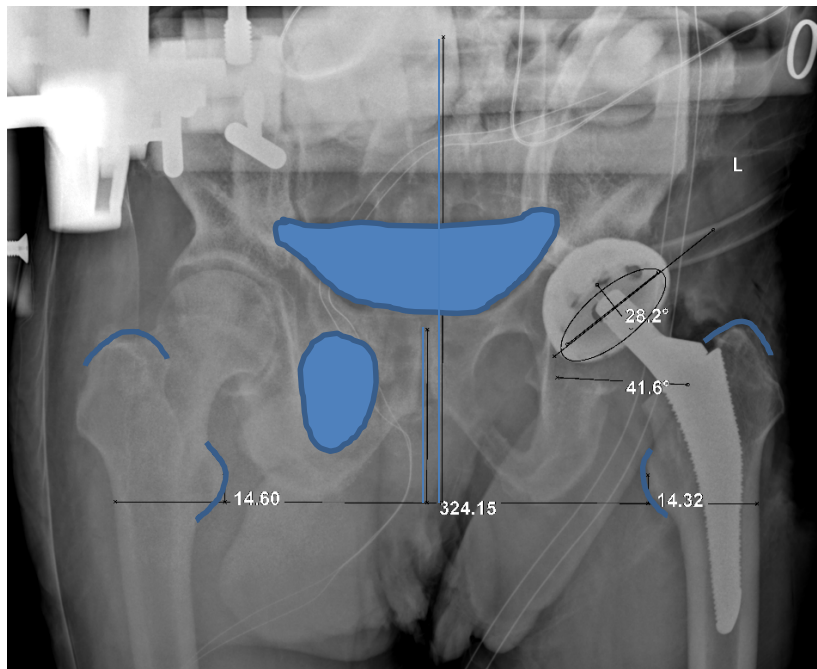
Case #1: CM



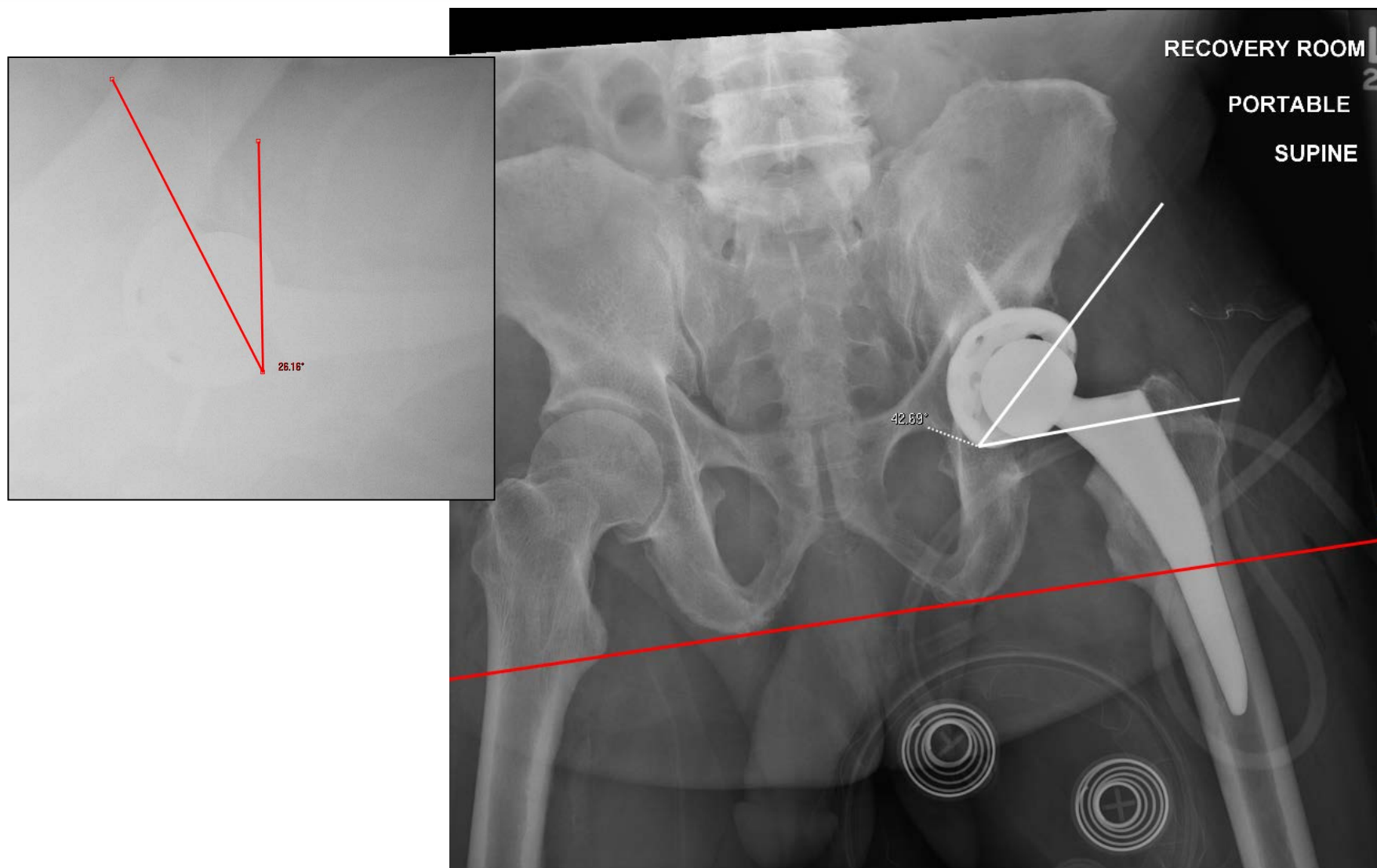
Level table and place bump between knees with foot on Mayo stand



Case #1: CM



Case #1: CM



- Perioperative Management
 - Tranexamic acid
 - IV versus topical versus oral
 - Contraindications?
- Drains?
- Pain control
 - Injections, pump, PCA, oral narcotics, other
- VTE prophylaxis
- Outpatient arthroplasty?
 - Patient selection

- Postoperative Management
 - Timelines for routine follow-up
 - Return to driving
 - Duration of narcotics
 - Duration of follow-up

Case #2: MH

- 52 year old male with right hip pain
- Progressive over 6 mo, now severe
- Using a cane
- Has failed PT, NSAIDs, and an intraarticular injection
- PMH: MVC 10 years ago with femur fracture (IMN with subsequent HWR)



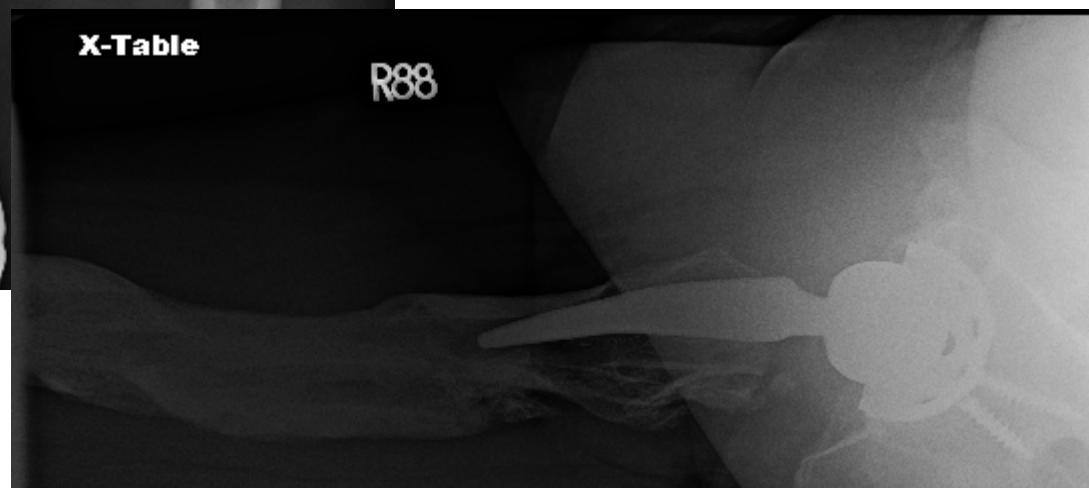
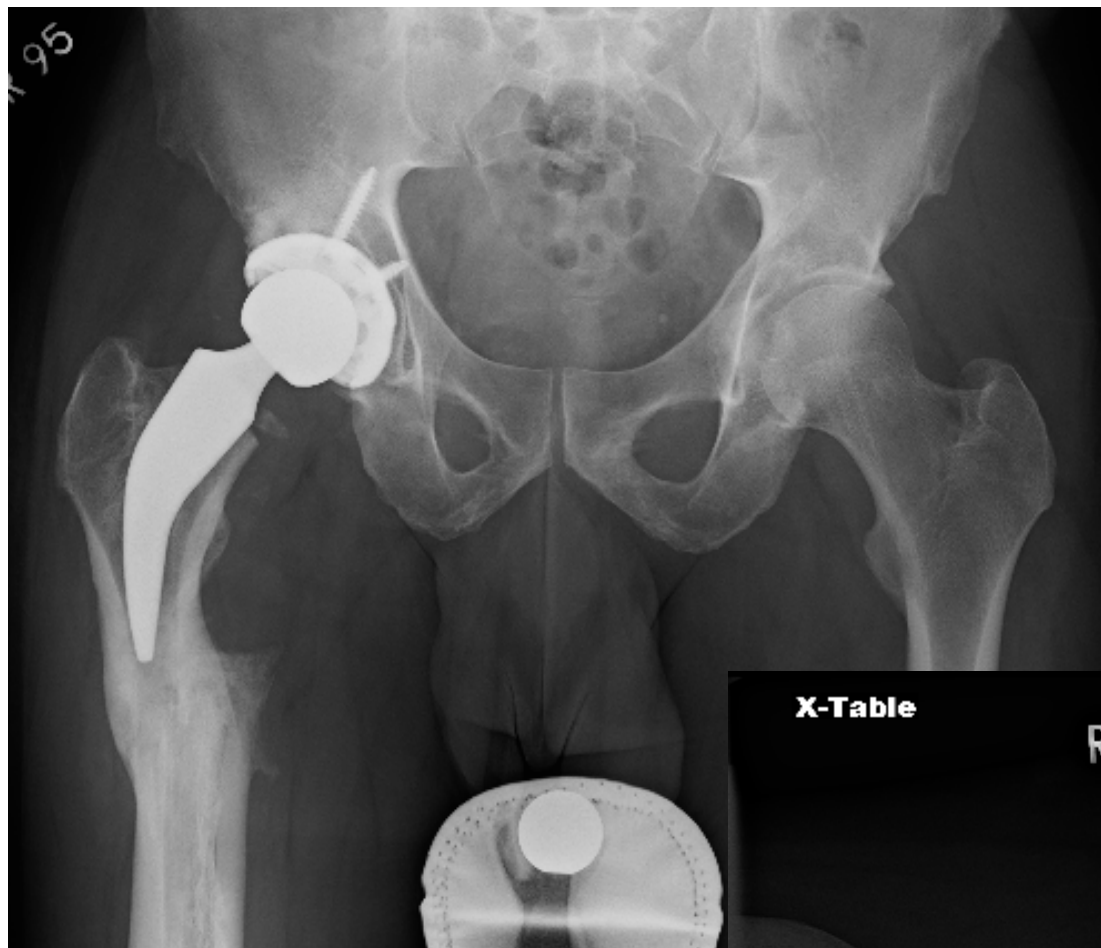
Case #2: MH



Case #2: MH



Case #2: MH



Case #3: HF

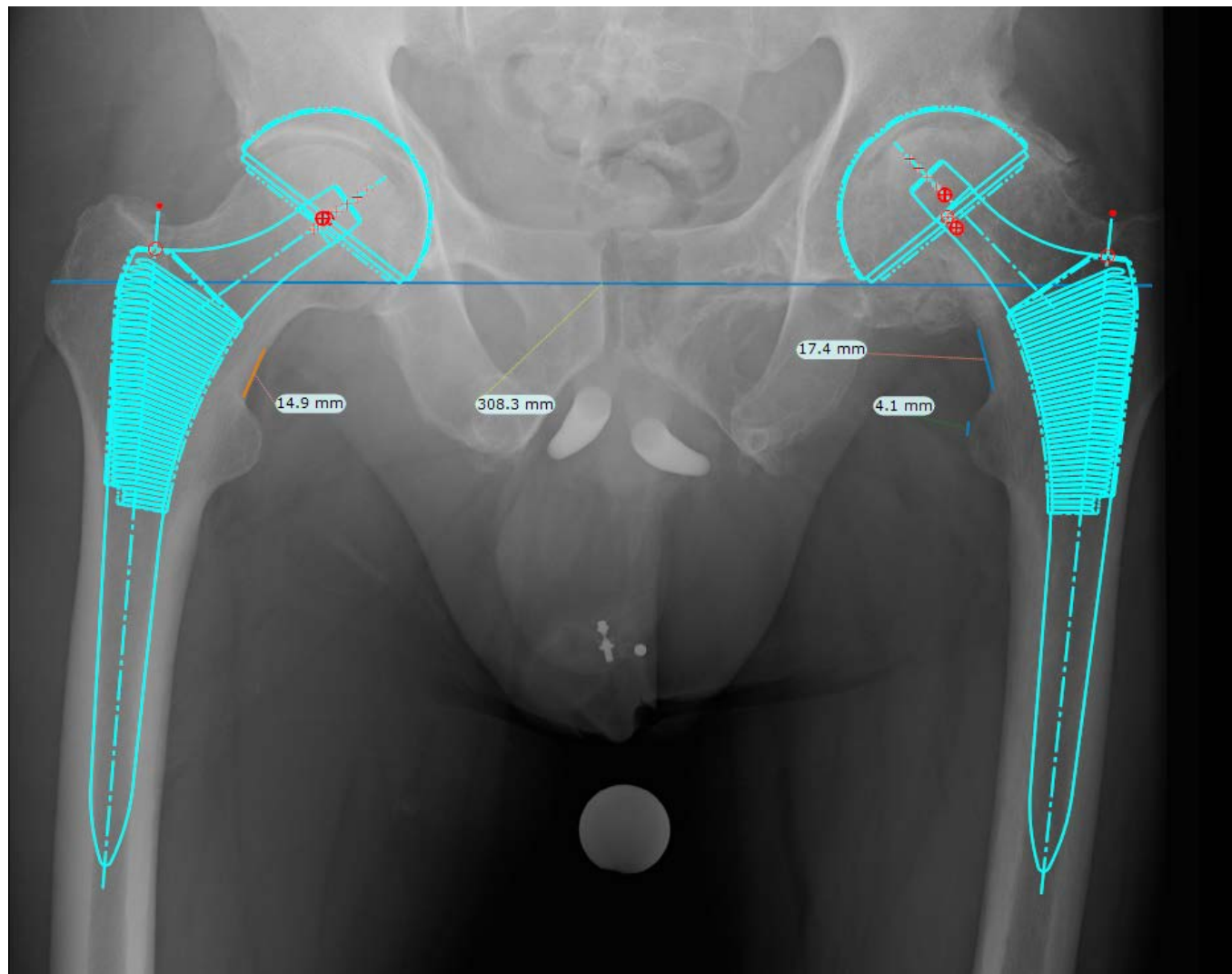
- 61 year old male with left hip pain
- MVC with posterior hip dislocation 30 years ago
- Underwent surgery to “remove debris” and “cut out the cartridge”
- Progressive pain in low back and ipsilateral knee over past two years
- Ambulates with a cane
- No hip motion



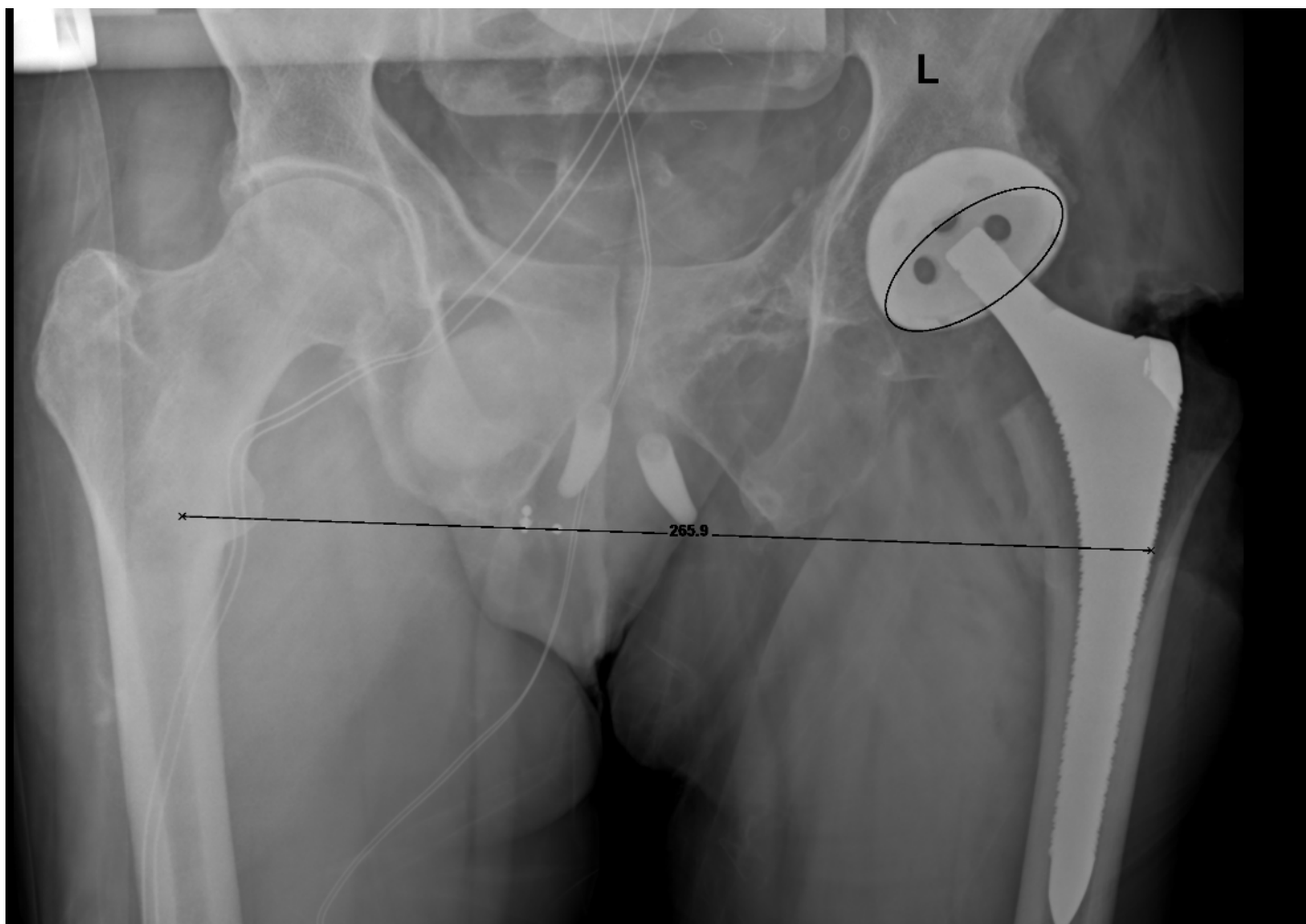
Case #3: HF



Case #3: HF



Case #3: HF



Case #3: HF

