

Guide to Hip Replacement



Hartford 
HealthCare
Bone & Joint Institute
at Hartford Hospital

If you listen closely enough, your hip can probably tell you when it's time for a replacement. Then, to confirm it, you'll need an experienced specialist like the orthopedic surgeons at the Hartford HealthCare Bone & Joint Institute at Hartford Hospital, where 850 total hip replacement procedures were performed last year.

Keep that experience in mind: One study found that hospitals that do more than 200 hip replacements a year have significantly fewer complications than lower-volume hospitals.

But first, listen to your body.

Does this sound like you?

- Constant pain in your hip.
- Pain in your hip that interferes with your sleep.
- Difficulty starting to walk when you rise from a chair.
- Months of treatment, coordinated by your primary care physician, has not relieved the steady pain.

If so, talk to your doctor and evaluate whether hip replacement surgery is the next step. Your age, overall health and bone density – an increase in bone density, bony growths and cartilage degeneration at the hip are signs of osteoarthritis – are among the considerations.

What Is Causing the Pain in My Hip?

Three types of arthritis can lead to painful bone-on-bone rubbing and eventual hip replacement surgery:

- **Osteoarthritis:** The most common chronic joint condition in the United States, and a main reason for most hip (and knee) replacements. Osteoarthritis breaks down cartilage, the protective tissue that allows bones to move smoothly over each other while acting as a shock absorber during physical movement. Without healthy cartilage, it's bone on bone. This "wear and tear" type of arthritis becomes increasingly common as adults age.
- **Rheumatoid arthritis:** An autoimmune disease that produces inflammation, damaging cartilage and sometimes bone.
- **Traumatic arthritis:** Joint damage related to an injury.



To request a call from one of our Bone & Joint Institute experts, visit boneandjointinstitute.org/hip. Or call **1.833.203.9880** to find an orthopedic specialist.

The State of the American Hip

An aging population, and an increasing obesity rate, have contributed to a spike in hip replacement surgery in the United States. From 2000 to 2010, reports the Centers for Disease Control and Prevention, hip replacements increased from 138,700 to 310,800. That's a rate of 257 per 100,000 in 2010, up from 142.2 per 100,000 people in 2000.

The average age for hip replacement patients is dropping, from a little more than 66 years old in 200 to 64.9 in 2014. And it's skewing even younger: the fastest-growing age group for hip replacement surgery is 55 to 64.

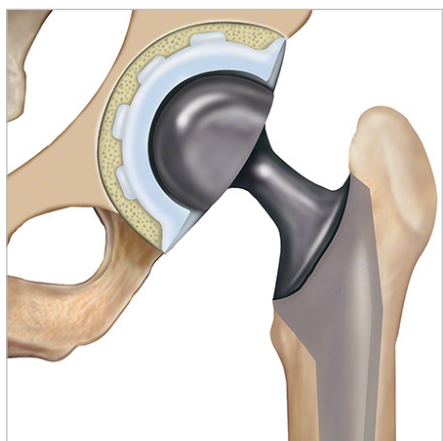
How the Hip Works

The hip is a ball-and-socket joint, with the thigh bone (femur) as the ball that fits into the hip's socket, called the acetabulum. Ligaments, tendons and muscles at the hip joint secure the ball and socket in place, preventing a dislocation.

Total vs. Partial Hip Replacement Surgery

Total hip replacement: This procedure, also called total hip arthroplasty, replaces the femur (thighbone) head and acetabulum (socket) with a prosthetic joint. Why? It's usually degenerative osteoarthritis.

Partial hip replacement: This procedure, also called hip hemiarthroplasty, replaces the femoral head with a prosthetic, a metal ball that rotates in the socket. Why? It's usually fractured hip bones.



Total Hip: Arthroplasty



Partial Hip: Hemiarthroplasty



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Total Hip Replacement Surgery: How It Works

When severe hip arthritis has worn out protective cartilage, making everyday activities like walking both painful and difficult, it might be time to consider replacing your ball-and-socket joint.

Here's what happens during total hip replacement surgery:

1. Your orthopedic surgeon removes the femoral head (the ball) by cutting through bone, then places a metal stem in the femur's hollow center. Note: The surgeon can access the hip using various techniques. (See the section below for a look at two of them, posterior and anterior.)
2. A ball, either metal or ceramic, replaces the damaged femoral head on the upper part of the stem
3. Once damaged cartilage is removed from the surface of the socket (acetabulum), your joint doctor inserts a new metal socket. To replicate the gliding effect of cartilage, a spacer – either polyethylene, metal or ceramic – is placed between the new ball and socket.
4. Your doctor can now place the hip replacement in its final position, making sure it's stable to avoid a possible dislocation or other complication.

Two Surgical Techniques: Posterior and Anterior

When choosing a surgeon for a total hip replacement, make sure you get the right person for the job. You should know how many hip replacement surgeries the doctor has performed, the results, any risks, the estimated recovery time and how involved the surgeon will be in your post-surgical care.

Another important question: How will you reach my hip joint during surgery, from the back or from the front? There's a difference you should know.

Here are two techniques:

Posterior: Most orthopedic surgeons use the posterior (back) approach because it provides the best visibility of the joint without cutting the hip abductor muscles, which helps maintain stability when walking. The incision, close to the buttocks, not only spares the abductor muscles but also allows accurate placement of the implant. But to reach the hip joint, the surgeon must cut through muscles and other soft tissue. Notably, the expansive soft tissue at the top of the outer thigh (fascia lata) and the attached gluteus maximus muscle are cut.

Anterior: Though not new, the anterior approach has been adopted by more surgeons in the past 10-15 years. In this procedure, with the patient on his or her back, the surgeon makes the incision on the front of the thigh. From here, the surgeon can reach the hip joint by separating muscle tissue – no cutting through it. Some patients report a faster recovery when their doctor uses this technique.



When you're ready for hip replacement surgery, however, don't start shopping for a surgical technique. Look for the best surgeon, someone with extensive experience and a demonstrable success rate. A study presented at the American Academy of Orthopaedic Surgeons' annual meeting in 2016 found no substantial difference in outcomes for the patient, regardless of surgical technique, in procedures performed by experienced, proficient surgeons.

And, remember, experience matters when choosing an orthopedic surgeon and a hospital. The Bone & Joint Institute at Hartford Hospital, the only orthopedic specialty hospital in Connecticut, offers you the best of both.



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