

# HIP ARTHRITIS and a TOTAL HIP REPLACEMENT

by Dr. Bryan Lawless

**H**ip arthritis is becoming a more common problem for patients as they strive to stay active. Pain associated with arthritis can be quite severe and limiting. The information available to patients in the age of social media and direct to consumer marketing can be overwhelming and, in some cases, blatantly incorrect. Navigating this maze of options can be quite challenging for the patient who is simply looking for some relief.

Arthritis is simply a term that means inflammation of a joint. The cartilage that covers the joint surfaces becomes worn out, and rather than offering the typical smooth on smooth surface on which to walk, there is friction as the rough surfaces move past each other with every step. This causes inflammation in the area and the result is pain, swelling, and stiffness. Once cartilage has worn out, it cannot be replaced, nor will it regrow. The only definitive option for this is a hip replacement.

A hip replacement removes the areas with the damaged cartilage and replaces them with a new smooth surface on which to walk. Once the inflammation is gone, the pain is gone as well. This is the step where there can be some variability. As the saying goes, there is more than one way to skin a cat.

The first question is how will the surgeon get to your hip? There are at least five ways (with subtle variations of each), to approach the hip joint to replace it. Terms like “anterior,” “posterior” and “super-cap” are used frequently. These all are well described and acceptable ways to perform a hip replacement and are chosen at the discretion of the individual surgeon. You may also hear, “minimally invasive” or “muscle sparing.” As surgeons, we all choose how we do this surgery for different reasons. In general, the medical studies support all methods for performing hip replacement work well. The bottom line is that each option has risks and benefits that are specific to that technique. I typically advise patients to find a surgeon they trust and let the surgeon perform the procedure the way they feel comfortable rather than search out a specific approach. There is no consistent data to support that any one method is the best.

The other variability that exists in hip replacement surgery is the type of smooth surface that can be implanted. Currently, choices include

metal, ceramic, and plastics. I have found using a ceramic ball inside a plastic socket (called highly cross-linked high molecular weight polyethylene) offer excellent results in my hands. Again, like the approach to the hip, surgeons will choose specific materials for specific reasons. I would again advise patients to choose their surgeon and allow their surgeon to proceed with the components that they are comfortable with and feel are best for that patient.

There are other methods of performing hip replacements that have gained a certain measure of popularity lately. Robots have been specifically designed to guide surgeons with the use of their instruments and placement of the hip components. There are also navigation systems that can be used during the operation to “fine tune” the position of the hip replacement. However, these advances in technology have yet to prove that they offer any long term or even short term benefit to patients.

For those with hip arthritis that find they can no longer enjoy their hobbies or get through a day of work because of hip pain, they should seek out the advice of a surgeon. Meet with the surgeon and discuss the specifics of the surgery along with any risks that may need to be considered. It is fair to ask your doctor how he or she would perform the surgery, what materials they would use and even what company's implants they prefer. But, in the end, all approaches, modern materials, and major orthopaedic implant companies can be relied upon for excellent results when it comes to hip replacements and ultimately, patient satisfaction.



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