Large Head Total Hip Replacement:
Frequently Asked Questions

1. When is a time to consider hip replacement surgery?

Total hip replacement surgery should be considered in any patient of any age when pain in the hip joint itself becomes disabling. Ninety percent of patients who undergo total hip replacement surgery have the diagnosis of osteoarthritis. Other common diagnoses include rheumatoid arthritis, avascular necrosis, as well as some congenital hip deformities.

2. What is osteoarthritis?

Osteoarthritis is the disease that involves the breakdown of cartilage. Cartilage is a strong smooth material that caps the articulating, or moving surfaces of the bones in the hip joint. Cartilage allows bone surfaces to glide against each other as you move. When the gliding cartilage breaks down or wears away, the bone grind against each other, which can cause pain and limited joint movement.

3. Are there any other treatment options other than total hip replacement?

Typically, we reserve total hip replacement surgery as the last option. Unfortunately, there is no known cure for osteoarthritis so we attempt to treat the painful hip joint with conservative measures. These conservative measures include non-steroidal anti-inflammatory medicines (NSAIDs), physical therapy for range of motion exercises and strengthening exercises, and intra-articular hip injections with steroids (cortisone).

4. What is hip replacement surgery?

The hip is a ball and socket joint that connects the thigh bone (ball) to the pelvis (socket). When the articulating cartilage between the ball and the socket deteriorates the pain in the joint can become disabling. The only real “fix” for this disabling pain is to replace the ball and the socket. We do this by removing the ball and placing a metal stem into the femur (thigh bone) and attaching a metal or ceramic ball to this stem. We also resurface the socket with a metal shell, which is firmly affixed to the acetabulum, which is part of the pelvis. The implants are designed to create a smoothly functioning joint that prevents painful bone on bone contact.

5. How long do current total hip replacements last?

Historically, total hip arthroplasties which incorporated a metal ball articulating with a polyethylene (plastic) liner would last only 10 to 12 years. The polyethylene liner would unfortunately deteriorate over the course of the 10 to 12 year lifespan and potentially need
to be replaced. Unfortunately, as your body absorbs the small plastic particles that form during this deterioration process, it will resorb some of the bone surrounding the metal implants. When the absorption reaches a significant level the acetabular and/or the femoral components would become loose. This would result in pain leading to revision surgery. Current technology allows us to improve the longevity of the implants by using all ceramic or all metal articulations. These “hard” bearing surfaces have the potential to last for many decades since the source of failure, the polyethylene liner, has been removed.

6. What are the advantages of large head metal-on-metal hip replacement?

There are two great advantages to using the large head metal-on-metal total hip replacement systems. By using such a large metal head we can allow for the greatest range of hip motion, which in turn allows the implants to more closely mimic the native hip joint. Secondly, by using such a large metal ball we also can allow for greater stability to the joint, which will hopefully prevent painful dislocations that could require additional surgery. The greater range of motion and stability afforded by these large head metal-on-metal implants allows for a much more normal feel to the replaced hip and this leads to a more satisfactory outcome.

7. What should I expect during my hospital stay?

Patients should expect to remain in the hospital for two to three days following total hip replacement surgery. Using new minimally invasive techniques allow us to preserve soft tissue surrounding the hip, which will allow patients to resume normal activities much more quickly. Physical therapy is started the day of surgery and progresses over the two to three day hospital stay. Intravenous antibiotics are given 30 to 45 minutes prior to the operative procedure and continued for 24 hours after the surgery to help prevent infections. The patients will also be placed on a blood thinner to help prevent the formation of blood clots.

8. What can I expect following hospital discharge?

Patients have two choices following hospital discharge. Since patients are allowed to bear full weight on their operative leg immediately following surgery, rehab can progress quickly. The majority of patients will return to their home and a physical therapist and nurse will visit the home for therapy and evaluation at regular intervals. A smaller group of patients will actually go to an inpatient rehabilitation center where they will stay 24 hours a day until they are mobile enough to return home.

9. How long does it take to completely recover from total hip replacement surgery?

There are many factors involved in how quickly a patient will recover from total hip replacement surgery. Typically patients will walk with a walker or a cane for anywhere from two weeks to six weeks following surgery. At the six-week interval most patients are mobilizing quite well, they just don’t have the endurance that they had before surgery. This
endurance will improve over the following four to six weeks to the point where most patients are resuming relatively normal activities by three months following surgery.

10. What is my activity level long term?

High-impact activities are typically discouraged, but many patients will return to cycling, hiking or playing golf with little or no pain. The return to a much more active lifestyle has been one of the biggest advantages to the large head metal-on-metal total hip replacement surgery.