

# Hip Resurfacing

Total hip replacement, first performed in the United States in the late 1960's, has grown to become one of the most successful orthopedic procedures performed today. In the United States, hip replacement is now rapidly approaching more than 500,000 cases per year and will continue to grow as the population ages. Improvements in component design, manufacturing and surgical techniques will continue to lead to ongoing success and increased longevity.

Traditional hip replacement surgery requires replacement of the articulating surface of the acetabulum (cup) as well as the replacement of the femoral head (ball). Hip



resurfacing arthroplasty, recently approved by the FDA for use in the United States, is a new technique for hip replacement which is based on the clinical history and success of the first generation metal-on-metal prostheses introduced in Europe in the 1950's and 1960's. These devices have the longest recorded benign clinical history of cobalt chrome prostheses with extremely low wear rates.

Based on that success, newer hip resurfacing systems have emerged as a bone conserving procedure. This is important for all patients but ideal for the younger and more active patient. The use of metal-on-metal hip resurfacing arthroplasty is medically considered in fit, active patients who have normal bone geometry and bone quality and who would otherwise receive a conventional primary total hip replacement but are likely to live longer than a conventional total hip replacement prosthesis is expected to last.

Following hip resurfacing arthroplasty, activity levels are generally without limitation or restriction. All activities including walking, tennis, golf, running, skiing and any other athletic endeavor can be routinely expected following this surgery. Whereas not the procedure for every patient, hip resurfacing is a new technique which adds to our surgical options for those patients suffering from hip arthritis.

**The past experience of total hip replacement has been extremely successful and the future of resurfacing arthroplasty looks equally bright.**

Robert T. Deveney, M.D.