



Resurfacing Total Hip Frequently Asked Questions (FAQ)

1.1 **Standard hip replacement vs. resurfacing hip replacement**

The traditional treatment of a patient that required a hip replacement has been a stem-type replacement. The decision to perform a hip resurfacing is determined by diagnosis, the age of the patient, the patient's level of activity and expectations. The resurfacing hip replacement offers a long-term outcome for young and active patients while saving bone for later revision when necessary. This conservative approach to hip replacement accounts for the popularity of the procedure.

1.2 **What are some advantages for a patient to consider when deciding upon a resurfacing hip?**

CLINICAL ADVANTAGES:

- Femoral bone conservation
- Less invasive than a stem-type total hip replacement
- Leg length discrepancies are reduced compared to a stem-type total hip replacement
- Lower risk of dislocation
- Multiple sizes for precise anatomical restoration

ADDED BENEFITS TO THE PATIENT:

- Elimination of hip pain
Allows an increase in leg strength, patients can once again use the muscles of their lower
- extremities without pain
Improved quality of life by allowing the patient to continue with their daily tasks and enjoy
- low-impact aerobic activities

1.3 **If the resurfacing fails, what are the choices?**

Many failures can be corrected by replacing the worn bearing component, however, in severe cases a revision to a standard stem-type total hip replacement may be necessary.

1.4 **What is the average age and activity level of patients that undergo a hip resurfacing procedure?**

The average age is 37 years old with a relatively active lifestyle.

1.5 **What is the length of expectancy of the resurfaced hip?**

The average expectancy ranges from five to twenty years depending upon the activity level of the patient.

1.6 **Will my activity level be different if I choose a resurfacing hip rather than a total hip?**

There is no real difference between the activity that the patient can resume. The same precautions should be taken with any hip replacement procedure.

1.7 **What precautions should be taken and what activities should be avoided after the procedure?**

Crutches and partial-weight bearing for six weeks after surgery is recommended to allow tissue healing. Thereafter, gradual strengthening and non-impact activities may be resumed.

1.8 **Is any special equipment required for me to consider for my at-home recovery?**

Special equipment may help the patient with an easier recovery such as the following:
Shower Seat, elevated toilet seat, handrails or grab bars for getting in and out of the tub,



grasping device designed to help pull on socks and shoes, a walker can be used for several weeks, an extra cushion can be used on your sofa or chair to assist you in getting up from a sitting position.

1.9 **How long is the surgery and how many days of hospitalization?**

Surgery is usually about 2 hours and requires 3-5 days hospitalization.

1.10 **What is the recovery protocol?**

Crutch ambulation with protected weight bearing (toe touch) for six weeks after surgery is recommended. This is followed by strengthening exercises and use of a cane in the opposite hand until a painless gait with no limp is achieved (usually 6 more weeks).

1.11 **Will physical therapy be required after surgery?**

Yes ! Crutch training with toe-touch weight bearing is instructed along with stair climbing and activities of daily living (ADL) in the hospital. Progressive gait training along with specific hip, thigh and leg strengthening exercises are instructed at home or as an outpatient for six to eight weeks after surgery.