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Hip Resurfacing: A New Tool For Orthopaedic Surgeons

By Nancy K. Crevier

Don Sweeney of South Salem, N.Y., and Albert Viscio of Redding are both men in their mid-fifties. Running, tennis, basketball, and even mountain climbing are activities they enjoy.

But about ten years ago, both men began to experience the discomfort that comes with osteoarthritis of the hip.

"The arthritis progressively became worse," said Mr Viscio, "and I found I had to reduce some of my activities."

Mr Sweeney developed increased mobility issues along with significant pain in his hips, until it became apparent a little over a year ago that he would have to take action, or face a debilitated future. Hip replacement surgery was performed on his left hip in 2005, and he then was told that his right hip would be a candidate for surgery in the near future.

When Mr Viscio had to cut short a climb to the summit of Mount Kilimanjaro in Tanzania in December of 2006 due to intense hip discomfort, he realized he had pushed his limits. "I knew it was time to address the problem," he said.

Both men were candidates for hip surgery, joining the ranks of nearly 500,000 people in the United States who undergo the knife for reconstruction of hips damaged by arthritis. And both men were ideal candidates - relatively young, in good physical condition, and active - for a newly FDA approved hip resurfacing technique.

The hip joint is designed to swing, sway, and swivel, allowing the lower part of the body to move freely. Connecting the thigh bone to the pelvis, the hip, a complex construction of ligaments, muscles, bone, and cartilage, is set up in a ball and joint fashion that provides mobility and stability, and functions as a shock absorber for the body's upper half. Hip strength is critical to weight-bearing activities, as well.

When diseases like osteoarthritis or rheumatoid arthritis cause damage to the hip joint, surgery to correct the condition may be the only answer. In 2004, more than 234,000 Americans underwent full hip replacement surgery, with an additional 240,000 having partial hip replacement surgery.

The procedure involves replacing the damaged hip socket and femoral head with artificial ceramic or ceramic and plastic implants to provide strength and flexibility. It is not an inexpensive surgery - the average hip surgery in 2004 cost \$35,000, according to the American Academy of Orthopaedic Surgeons, and it involves a four- to five-day hospital stay, followed by weeks of physical therapy.

For younger hip surgery patients, hip replacement is an operation that will probably be repeated in their lifetimes.

That is why Drs Sanjay Gupta and Robert Deveney, both affiliated with Danbury Hospital, are pleased to provide the hip resurfacing procedure, approved by the FDA just six months ago. Rather than completely removing the head of the femur as in hip replacement surgery, hip resurfacing preserves the femur head, reshaping it to save more bone. During surgery, a chromium cobalt metal cap is fit over the patient's hip ball and a metal cup, also made of chromium cobalt metal, is set into the pelvic socket.

Why It Works

The metal-on-metal construction of the replacement parts means less friction and longer life to the prosthetic parts. Hip resurfacing preserves more bone than when traditional hip surgery is performed, an important factor if hip



Dr Sanjay Gupta has been performing hip resurfacing at Danbury Hospital since the procedure was approved six months ago by the FDA. The chromium metal ball and socket construction used in the hip resurfacing technique provides patients with greater mobility and strength after surgery, said Dr Gupta. -Bee Photo, Crevier



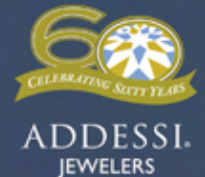
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replacement surgery is required in the future.

Dr Gupta has been certified to perform this surgery in the United States since the FDA approved the procedure, but having practiced as a medical resident in the United Kingdom where hip resurfacing has been embraced for the past ten years, he was very familiar with the procedure. He participated in more than 25 surgeries while a fellow at The Hospital for Special Surgeries in Manhattan after coming to the United States, and has already performed two hip resurfacing surgeries since joining Orthopaedic Specialists of Connecticut in Brookfield in September 2006.

Beyond bone preservation, there are other advantages to hip resurfacing, said Dr Gupta. By preserving more of the femoral head, hip dislocation is less likely.

"Hip resurfacing gives patients a better quality of life," said Dr Gupta, "especially if they have a more active lifestyle."

With hip resurfacing, patients spend approximately three to six weeks on crutches to allow the bone to bond to the metal cap on the femur head, said Dr Gupta.

"Then they can do whatever they want, except contact sports, running, and jumping for one year. After that, I tell them they are free to do everything," he said. That is a far cry from the restrictions that come with hip replacement, when activities like jogging, gymnastics, and dancing are severely curtailed.

"This is a good choice for a very active person, someone under the age of 65 usually, who has good bone quality," Dr Gupta said.

Dr Deveney of Danbury Orthopaedic Associates has performed several hip resurfacings since the FDA approved the procedure. An orthopaedic surgeon with the practice since 1989, Dr Deveney first became familiar with hip resurfacing during its early trial years when he served a fellowship in Atlanta.

"Hip resurfacing was done in the US even in the 70s," Dr Deveney explained, "but the design then wasn't performing as well as the standard hip replacement, so it fell into disfavor."

Dr Devany's R&D

The procedure was modified over the years in the United Kingdom, though, until the present metal-on-metal design became a positive option highly regarded there for the past ten years.

In 2006, Dr Deveney traveled to Canada to study the newest hip resurfacing techniques with Ronan Treacy, a colleague of Derek McMinn, the developer of the Birmingham Resurfacing technique that is most widely used. The changes he observed since his initial experiences with hip resurfacing were primarily in the design of the prosthetic, rather than the surgical technique itself.

"What is so exciting is that hip resurfacing is preserving the femoral head, allowing patients to function at a high level. Their range of motion is greater, and there is a lower risk of hip dislocation than with traditional hip replacement," Dr Deveney said. "What is really appealing to patients is the activity level and recovery level that is faster due to improved surgical techniques, rehabilitation, and the improved designs. We have people up and walking the same day as surgery. They are often in outpatient therapy by the fourth day, and I tell them that they can drive whenever they feel comfortable."

Previous to newer developments, initial recovery often meant a time period of three to five months before patients were comfortable returning to daily routines.

"Now, I would say that many patients are back to their normal routines, back to work, three to four weeks after surgery," Dr Deveney said.

There is an extremely low wear rate with the new metal-on-metal ball and joint construction used in hip resurfacing, and that means that the surgery has the potential of lasting much longer than the ten- to 15- year life expectancy of the plastic and ceramic metal combination used in conventional hip replacement surgery. The longevity of the metal replacement parts means that many hip resurfacing patients may never face hip surgery again.

What About Risks?

It all adds up to a lot of positives. So why would a patient not opt for hip resurfacing surgery over hip replacement?

Not everyone is a candidate. A patient diagnosed with osteoporosis or diabetes would normally not be considered for hip resurfacing. Good bone and kidney health is important to the success of the surgery.

A metal allergy would preclude a person from this surgical choice, as well, as miniscule amounts of metal ions do end up in the bloodstream over time. And that metal waste that circulates in the system from wear is a concern for all patients considering the hip resurfacing procedure.

Even though more than 65,000 hip resurfacing procedures have been done worldwide since 1997, the ten-year period

is not long enough to completely measure any long-term problems.

"Extremely small ions do get into the blood," said Dr Gupta, "but the kidneys filter them. Chromium and cobalt do stay in the blood, and the thing is, no one knows what that does. The metal used in the construction has improved over the years since this was first introduced, but there have been no long-term studies."

He did note that research conducted in Scandinavia has so far showed no difference in cancer rates between patients with the plastic socket construction and patients with the metal construction. His patients are all made aware of the risks, said Dr Gupta.

"Most of them are willing to take a chance, because nothing [negative] has been proved." And his patients are excited about another aspect of the new surgery that is a great advantage, said Dr Gupta. "Stability is greater with hip resurfacing, because the ball is more similar to the natural size of the femur head, which in traditional surgery is completely cut off and thrown away. It feels like a normal hip to them. A person can achieve a normal life."

Having experienced both hip replacement and hip resurfacing surgeries, Mr Sweeney, a patient of Dr Deveney's, can speak to both options.

"It's a little early to say if there is a difference. I'm still in the recovery period from the hip resurfacing," Mr Sweeney said. "But right away, there was no weight restriction after [the hip resurfacing surgery.] With hip replacement, I did experience a hematoma on the back of the leg from the surgical trauma. There has been less trauma with this. I have to be careful, but already I can drive," said Mr Sweeney, whose surgery was performed in mid-February.

Even though he suffered with pain a number of years longer than he should have, he said, he is glad he waited to have either surgery performed. "The technology is just better now," he said.

Traditional hip replacement will never disappear, though, Dr Deveney said. "The technology for this continues to improve. Hip resurfacing is another tool for us to use, especially with active patients." He predicted that as the active baby boomer population ages, the number of hip surgeries performed will increase in the future, and with that, the popularity of hip resurfacing.

"If you look at the literature from countries that have had more extensive experience with hip resurfacing, I am very encouraged," he said.

