

Hip Arthritis and Total Hip Resurfacing

By: Thomas Bates, MD, Medical Director of Carolinas Center for Joint and Spine



Osteoarthritis or degenerative joint disease is among the most frequently diagnosed medical conditions for older individuals. It is also one of the most common medical problems for the middle aged “baby boomer.” It affects people of all ethnic groups in all geographic locations, affects women more than men and is the most common cause of disability in patients older than 65 years. The hip joint is commonly affected and is characterized by pain, limitation of motion and progressive difficulty with walking, bending, squatting and a variety of activities. Non-operative treatments include rest, weight loss, low impact activity for strengthening, pain and anti-inflammatory medications, activity modification, and the use of ambulatory aids. When these measures fail, surgery can be indicated to enable return to activity and improve quality of life.

Hip replacement has been recognized as one of the most successful surgical procedures performed with excellent short and long term prognosis. Hip resurfacing has been developed to treat younger, active patients with arthritis. Traditionally these were the patients in which conventional hip replacement had higher failure rates. In resurfacing hip arthroplasty a small amount of diseased bone is removed from the head to allow

placement of a metal cap that is similar in size to the native head. In limited femoral resurfacing, the cap (head) articulates (moves) with the relatively unaffected normal acetabular (cup side) cartilage. This is commonly used in the management of osteonecrosis of the femoral head. In total hip resurfacing, the femoral cap is mated with acetabular component. The larger head size decreases the risk of dislocation and increases range of motion, compared to conventional hip replacement. It utilizes metal on metal technology which improves wear characteristics for long term survival.

Proponents of Hip Resurfacing believe it preserves bone stock, allows for a more active lifestyle, and enables a more natural gait. Compared with conventional hip replacement the main increased risk factor is a higher incidence of femoral neck fracture. Typically the ideal patient is in the 40-60s age range with good bone stock, little anatomic deformity, and with shortening less than 1 cm. For more information attend the Carolinas Center for Joint & Spine's next seminar on the Advances in the Treatment of Hip and Knee Arthritis at the Carteret County Civic Center from 6-8 pm on February 5. This free educational opportunity will be presented by Dr. Thomas Bates of Carteret Surgical Associates, who is Board Certified by the American Board of Orthopedic Surgery and Fellowship Trained in Total Joint Reconstruction. Dr. Bates is the Medical Director of the Carolinas Center for Joint and Spine. Call Carteret General Hospital at 808-6200 to reserve a seat.

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Carolinas Center for Joint and Spine is a department of Carteret General Hospital, a 135-bed hospital serving Eastern North Carolina. In addition to joint and spine care, the Hospital offers a full range of acute care, diagnostic and outpatient services including a comprehensive Cancer Center, CGH Imaging Center, Emergency Department and Birthing Center. Programs for Diabetes, Joint & Spine Surgery, Congestive Heart Failure, and Breast Cancer enhance the Hospital's specialty services to a level that you would only expect at larger facilities. For additional information about Carteret General Hospital, call 252.808.6000 or visit our website at ccgh.org.