Post Primary THR Dislocation – Prevention and Management

SY-07

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Dislocation is one of the most common complications after total hip arthroplasty (THA). Risk factors include patient factors and surgical factors. The patient factors including patient noncompliance, neuromuscular and cognitive disorders, and previous hip surgery. Surgical considerations that must be addressed include surgical approachs, soft-tissue tension, component positioning, impingement, head size, acetabular liner profile, surgeon experience, and design of prosthesis.

Recent improvements in posterior soft-tissue (capsule and short external rotators) repair after primary THA have shown a reduced incidence of dislocation. Once dislocation happens, a medical history, physical examination, and radiographic assessment help in choosing the proper intervention. Closed reduction usually is possible, and nonsurgical management frequently can prevent recurrence.

When the above measures fail, first-line revision options should target the underlying etiology. This most often involves reinforcement or augmentation of soft tissues, as in capsulorrhaphy or trochanteric advancement; correction of malpositioned components; or improving the head-to-neck ratio. If instability persists, or if a primary THA repeatedly dislocates without a clear cause, a constrained cup or bipolar femoral prosthesis may be as effective as a salvage procedure. But, it is not on the safe side definitely.

Leg Length Discrepancy and Prevention

SY-08

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Restoration of hip biomechanics, including femoral offset and leg length are desired goals in performing total hip arthroplasty. Leg length discrepancy is a common and not appreciated complication after THR. Unequal leg length may cause earlier implant wear, patient's dissatisfaction, impair patient's function or even some legal consequences for the surgeon.

To achieve the final equal leg length after surgery one must comply with some rules: proper patient's examination, informing patient about possible leg length discrepancy, proper length measurement- both clinical and radiological after antero-posterior pelvis x-ray; proper radiological length measurements especially when some hip contractures are observed, appropriate implant selection, proper prosthesis templating. The intraoperative leg length measurement with some surgical or radiological devices is essential for leg equalization. Special operative techniques are necessary for leg lengthening or shortening without hip instability. Final leg length measurement after surgery is necessary to determine a rehabilitation program.