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Outcomes of surgical management of recurrent dislocation of primary Total Hip Arthroplasty (THA)

Weng Jeng Chan

Warrington and Halton Hospitals NHS Foundation Trust, UK

Background: Recurrent dislocation or instability after Total Hip Arthroplasty (THA) remains a challenging problem. The aim of this study is to evaluate the outcomes, particularly re-dislocation after surgical treatment of recurrently dislocating primary THA.

Methods: We retrospectively reviewed all patients who underwent open surgical management for recurrent dislocation of the primary THA from 2008 to 2018 in Warrington Hospital. Data collected includes; demographics, number of dislocations prior to surgical management, indication for primary hip replacement, any neuromuscular condition or congenital or developmental hip pathology. We also collected details of the components revised (acetabular cup, femoral stem or both) and recorded the outcome with the primary outcome looking at re-dislocation following revision surgery.

Results: A total of 39 patients were identified with mean age of 75(35-91) years, 33(85%) were females. All patients suffered more than 3 complete dislocations before undergoing surgical treatment. Three patients had a primary diagnosis of inflammatory arthritis and all others were diagnosed with osteoarthritis of the hip joint.

Posterior Lip Augmentation Device (PLAD) was used in 6(15.5%) patients, 2 out of these 6 patients suffered further dislocation after the revision surgery (33% failure rate). In 8(20.5%) patients both femoral and acetabular components were revised, one patient suffered further dislocation in this group (12.5% failure rate). In the remaining 25(64%) patients; only acetabular component was revised, two patients in this group suffered further dislocation (12% failure rate). Dual mobility components were used in 4(10.2%) patients and constrained acetabular components were used in 4(10.2%) patients, no further dislocation was observed in these patient groups. A total of 12.8% re-dislocation rate was observed in this cohort of patients.

Conclusion: In patients undergoing revision surgery for recurrent dislocation of total hip replacement, we observed 12.8% failure due to further dislocations. Our study is limited by smaller numbers and retrospective design.

Biography

Weng Chan is an F2 doctor in trauma and orthopaedics, he is interested in Orthopaedics and keen to pursue it as a career path. He is actively involved in quality improvement and audit projects, with a strong desire to learn and contribute more for the medical field.

weng.chan@nhs.net