



QUESTION | MANY PATIENTS AFTER THR ASK HOW LONG THEY NEED TO FOLLOW PRECAUTIONS TO AVOID DISLOCATION. HAVING LOOKED AT THE LITERATURE THERE DOES NOT SEEM TO BE A CLEAR ANSWER TO THIS, AND OBVIOUSLY IT IS SURGEON PREFERENCE, DEPENDING ON TYPE OF SURGERY AND SHAPE OF ACETABULUM. I WONDER IF ANY OF THE SURGEONS WOULD BE ABLE TO ANSWER THE QUESTION IN GENERAL TERMS.

ANSWER | Hip dislocations are and will always be a problem. The incidence in the literature is between 1 and 7% but is reducing. The main change in recent years that has had a significant impact is the use of larger diameter bearings which basically makes it harder for the hip to dislocate.

50% of dislocations occur in the first 12 months after surgery and 50% of those will go onto a further dislocation. As a general rule after two or three dislocations it is time to start thinking about doing something surgical. Dislocation can however happen many years after surgery. The most common reason for a late dislocation is polyethylene wear.

Precautions are most important for the first 6 weeks following surgery. While they are generally overdone, at least patients are aware that it is an issue. For the first 6 weeks it is reasonable to avoid sleeping on their side, using high chairs and raised toilet seats. After this my only restriction is to avoid excessive flexion and internal rotation. As a general rule 90° of flexion and 30° of internal rotation is acceptable.

Avoiding this movement is unfortunately something which needs to be lifelong and hence patients need to be educated on things such as tying up shoe laces, picking up objects from the floor, gardening, bowling etc. They can flex and externally rotate their leg as much as possible.

All of the above is related to posterior dislocations which is by far the most common but anterior dislocations can occur. The mechanism of this is adduction in extension with external rotation, i.e. crossing their legs in bed so this should also be discouraged.

If a person becomes a recurrent dislocator it is rare for surgery not to be able to fix it. A simple dislocation is painful and it is usually quite obvious as the leg is shortened, rotated and the patient is unlikely to be able to walk on it. These generally require a closed reduction in theatre but the patient can resume walking after a day or two of bed rest.

So basically there are lifelong precautions but with today's larger bearings it is not as big a problem as it has been in the past and avoiding extremes of motion is all that is really required in the long term.

- Dr Peter Walker
Hip and Knee Surgeon
June, 2010