

## A View on Hip Resurfacing Surgery

For the last three and a half years Manuel Rosette had been having pain in his lower back. His Doctors ordered a low back magnetic resonance imaging (MRI) to find that everything appeared normal. His pain persisted and they then ordered a MRI of the pelvic and hip area. The results showed that he did not have any more cartilage between the pelvis and the femur. What did that mean?

The hip joint joins the pelvis to the femur, or thighbone. Your hip is a ball and socket joint. The head of the femur is round in shape and fits nicely into the hip socket. This gives it freedom to move in many directions. The cartilage is what lines the socket and provides cushioning with weight bearing activities. The cartilage in Mr. Rosette's hip had worn away, causing severe arthritis and pain.

### An Artificial Hip

Depending on the advancement of the hip arthritis, your doctor may recommend surgery. This is what was encouraged for Mr. Rosette. Like many informed consumers, he sought out second opinions, did his internet research and decided on a consultation with Dr. Craig M. Thomas, an orthopedic surgeon with the Rankin Orthopedic and Sports Medicine Center in Washington, DC. Dr. Thomas recommended hip resurfacing which he performs on younger, more active patients. "I do about 300 surgeries a year, 80% for hip replacement and 40% for hip resurfacing." Thomas says. "I chose hip resurfacing because it allows the athletic to be athletic and it has a longer life than the conventional hip replacement. Even though this technique was approved in the US in 2006, it has a 14 year track record in the UK."

Dr. Thomas has been an orthopedic surgeon for four years, choosing this branch of medicine because he likes to build and he also likes athletics. Mr. Rosette is a very active dad and coach of his son's soccer team. His goal was to return back to his love of soccer and to return to work in his construction business. Mr. Rosette and Dr. Thomas sat down to thoroughly discuss the surgical procedure and the expected outcomes. One benefit of having this hip procedure is the conservation of more femoral bone. This makes it an option for young, active patients.

### Restoring Function

Shortly after surgery, the rehabilitation begins. Dr. Thomas has the goal to reconstruct a hip that is stable and painless. Physical Therapy is high priority. Leg muscles are usually weak before surgery if they have not been fully used for months or years due to pain.

"I was scared to even move the leg after surgery." Rosette says. "I knew that the procedure was very invasive but I soon found out that it was ok to exercise the leg with the appropriate exercises in order to get better. At this point, my leg does not lock when I sit on any chair and the constant pain is gone. My mobility is almost back to normal."

