EDITORIAL

Hip surgery – state of the art

TOTALLY HIP 2017: GOTHENBURG

With a procedure recently described as ‘The operation of the century’,1 and with the clinical success of total hip arthroplasty recognised in the United Kingdom by a commemorative postage stamp, the hip surgeons of today are the custodians of one of the most successful interventions in modern medicine. With an ageing, yet increasingly active population, and with patient expectations high, the hip surgeon is presented with a challenge to meet those aspirations, striving to ensure excellent outcomes with evidence-based choices in implant and bearing surface technology. It is also important that choices are governed by an appreciation of an increasingly challenging health economic environment.

There is no limit to the level of complexity with which a patient can present. If we are to continue to improve longevity and functional outcome, it is essential that surgeons are fully aware of the available options in surgical technique and implant selection. An understanding of changes in the indications for surgery, of the evolution of patient information and education and of the rehabilitation possibilities, is also important.

This supplement summarises several key topics from the Totally Hip 2017 Meeting in Gothenburg.

Professors Gehrke, Parvizi and Shohat2 review the implications of recently published guidelines to prevent periprosthetic infection.3 Recently, there has been an emphasis on defining and developing an algorithm for diagnosis and management, however, prevention must remain the most important consideration. The authors evaluate pre-, peri- and post-operative options. Reflecting the increasing prevalence and the clinical resource implications that surround managing periprosthetic femoral fractures,4 there are two papers relating to this topic. Fink and Oremak5 describe the benefits and reliable versatility in the use of modular taper fluted stems in the management of failed fracture fixation; further supporting the importance of an accurate assessment at presentation.

Manktelow et al6 describe an increased rate of re-operation when fractures are incorrectly classified. The difficulties involved in making the correct fracture ‘characterisation’7-10 are discussed.

With increased use of a ‘cement-in-cement’ revision technique in Europe, Mohaddes et al11 report the results of using two different stems with this relatively conservative approach to femoral revision from the Swedish Hip Arthroplasty Register. The importance of establishing the correct indications for this procedure is highlighted as the way to match the previously reported12,13 successful outcomes.

Malchau et al14 detail blood metal ion analysis early and at mid-term follow-up following both the ASR hip resurfacing (DePuy, Warsaw, Indiana) and metal-on-metal hip replacement. With the indications for exploration and revision in these cases obvious only in a certain percentage of cases, the clinical significance of changing blood metal ion levels, and identifying those at particular risk of a damaging reaction remains a relevant challenge.15-18

Glyn-Jones et al19 describe the use of CT analysis to identify when osseous impingement occurs in Cam deformity, showing that it can occur relatively early in flexion. Definitive indications for surgical correction of this increasingly common diagnosis are unclear, thus developing and understanding functional imaging will probably aid with the therapeutic algorithm.20-23

Haddad et al24 provide data on the early functional and patient-reported outcomes following the use of a short stem uncemented femoral component, and contrast these to their outcomes with a more conventional longer stem component. Determining the location and extent of the femoral fixation required to achieve excellent clinical outcomes and long-term function, continues to be a point of contention.25 Clinical data are presented which show encouraging results with short stems.
We hope the papers presented in this supplement will challenge present thinking, allow surgeons to reflect and to determine what is truly best for their patients. We hope that surgeons will find the information contained supportive in their quest to provide patients with the outcomes they expect and deserve. Moving forward, we hope that discussion and review will facilitate our drive to advance the field of hip surgery and to maintain the momentum generated by our predecessors.

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References
