Complex Total Hip Arthroplasty Cases

September 2019
Patient YH

History

- 36F w/ inflammatory arthritis (RA) and dysplasia.
- Only ambulatory w/ significant assistance.
- Essentially wheelchair bound for 9 years.

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<tr>
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<th>Flexion</th>
<th>Extension</th>
<th>IR</th>
<th>ER</th>
<th>Abduction</th>
<th>Adduction</th>
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<tbody>
<tr>
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<td>20</td>
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<td>right</td>
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<td>-5</td>
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Pain on SLR: yes
Abductor Strength: 4/5

Intact sensation to light touch throughout the lower extremities and 4/5 strength in bilateral lower extremity muscle groups. The patient has a 0.5-cm leg length discrepancy, left greater than right. Has no skin lesions or rashes and extremities show no signs of peripheral edema and are warm and well perfused with brisk capillary refill and palpable distal pulses.
Worries? Implant considerations? Indications for bilateral?
Patient YH

Smallest size stem shown...
Patient YH

Do anything differently for the next side?
Patient YH

Contralateral side done 1 year later.
Patient TB

History

- 58M w/ many year history of R hip pain, otherwise healthy.
- Limited R hip motion.
- LLD: R>L by 3cm.

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<tbody>
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<td>right</td>
<td>70</td>
<td>0</td>
<td>-5</td>
<td>10</td>
<td>15</td>
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Pain on SLR: yes
Abductor Strength: 4/5, pain limited

Intact sensation to light touch throughout the lower extremities and 5/5 strength in bilateral lower extremity muscle groups. The patient has a 3-cm leg length discrepancy, left greater than right. Has no skin lesions or rashes and extremities show no signs of peripheral edema and are warm and well perfused with brisk capillary refill and palpable distal pulses.
Preop eval? When do you get a CT preoperatively?
Labs normal – would you still get aspiration?
Socket management?
Patient TB
Patient AP

History

- 50M w/ 10 years of R hip pain, worse over last 2 years, otherwise healthy.
- PSH:
  - Unknown R hip surgery 2015
- LLD: L>R by 3cm

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<tr>
<th>Hip range of motion</th>
<th>Flexion</th>
<th>Extension</th>
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<th>ER</th>
<th>Abduction</th>
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<tr>
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<td>10</td>
<td>30</td>
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Pain on SLR: positive
Abductor Strength: 4/5

Well healed lateral incision

Intact sensation to light touch throughout the lower extremities and 5/5 strength in bilateral lower extremity muscle groups. The patient has a 3-cm leg length discrepancy, left greater than right. Has no skin lesions or rashes and extremities show no signs of peripheral edema and are warm and well perfused with brisk capillary refill and palpable distal pulses.
Patient PC

History

- 59M R hip / thigh pain
- Known osteochondroma of proximal femur (R lesser trochanter).
- Trouble working construction job.

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<tr>
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<td>Left</td>
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Pain on SLR: negative

Abductor Strength: 4+/5

Intact sensation to light touch throughout the lower extremities and 5/5 strength in bilateral lower extremity muscle groups. Has no skin lesions or rashes and extremities show no signs of peripheral edema and are warm and well perfused with brisk capillary refill and palpable distal pulses. Leg length discrepancy: right longer by ~1 cm
Patient FB

History

- 47M h/o ESRD, recently started on dialysis, presenting w/ R hip/groin pain.

- PSH:
  - R knee fusion (prior surgeries c/b infection)
  - L TKA w/o complication

- Walks < 1 block with cane.

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<tbody>
<tr>
<td>right</td>
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<td>25 w/ pain</td>
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<td>35</td>
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Pain on SLR: Yes
Abductor Strength: 5/5 (breakaway strength)

Intact sensation to light touch throughout the lower extremities and 5/5 strength in bilateral lower extremity muscle groups. The patient has a 0-cm leg length discrepancy, equal leg lengths (he feels equal as well). Has no skin lesions or rashes and extremities show no signs of peripheral edema and are warm and well perfused with brisk capillary refill and palpable distal pulses.
Patient FB

How do you dislocate hip?
Does knee fusion change anything?
More imaging or do you have what you need?