Back to the future! Hip Resurfacing (HR) and Neck Sparing (NS) seems like we have been here before. “Let’s not forget the past or we are likely to make the same mistakes.”

Three key points made by the UK Joint Registry with regards to HR:

➢ UK Joint Registry (2005) RH accounts for about 9% of all hip replacements.
➢ <55 years old HR accounts for 34%.
➢ HR has highest failure rate

“The Five Year Results of the Birmingham Hip Resurfacing Arthroplasty” 93% good to excellent results

“Hip Learning Curve may be longer than thought for placing hip resurfacing components “55-60 cases” reported in Orthopaedics Today 2007: 27:12

British and Australian researchers collaborating on a prospective study identified a longer-than-expected learning curve to accurately perform hip resurfacing arthroplasties. Hip surgeons taking part in the study, all of whom had performed more than 1,000 hip surgeries, found they had to complete three-times more resurfacing surgeries than they expected in order to place femoral components within 5° of the desired neck/head angle. “Based on the results, she Diane L. Back, FRCS told others to expect their margin of error to be high for the first few years, no matter how skilled they were.”

In the United States where orthopedists begin practicing after completing fewer hip replacements than surgeons in the United Kingdom or Australia, “It actually, means their learning curve may take them 10 years to get out of,” Diane L. Back, FRCS

Mr. Duncan Whitwell reported 95.3% survivorship at 8 years at the 2007 DARF meeting in Palm Springs.

So we are seeing between 93-96% survivorship of 10% indication for HR and 97% for cementless THA at 15 years on all indications. This is a clear indication that something other than HR must be added to our treatment plan.

Australian Joint Registry 2005 “ HR procedures have a higher number of early revisions as compared to conventional total hips.”

Hip resurfacing even with the anterior approach is more invasive than conventional or neck sparing THA.

Early impression is that short neck sparing stems will be more tissue preserving than compared to HR and not require any special instruments to be done in a reproducible manner with the anterior approach. We are optimistic about this emerging new technology.