Will I Need a Blood Transfusion?

Your surgical team will do everything possible to minimize bleeding, but some blood loss after hip resurfacing is unavoidable. Whether or not a blood transfusion is required will depend greatly on highly individualized factors, including your condition prior to surgery, cardiac history, age, etc. Be sure to discuss these issues with your surgeon.

What if I Have Other Questions?

Just give us a call. We’ll be happy to answer any questions. And be sure to ask us about our upcoming seminars on knee and hip pain – we’d love to see you!
Hip Resurfacing

What is a Hip Resurfacing?

Hip resurfacing is a procedure similar to hip replacement in that the worn and painful surfaces of the hip are resurfaced with man-made components. The main difference is that with hip resurfacing, far less bone is removed than with a hip replacement. Rather than having the entire femoral head, or “ball” of the hip removed as with hip replacement, hip resurfacing involves reshaping the femoral head to receive a metal “cap.” The socket side of the hip or acetabulum is relined very similarly to a hip replacement.

Hip resurfacing is most commonly recommended for younger patients with severe arthritis of the hip who may be faced with multiple joint replacement surgeries over their lifetime.

What are the Advantages?

There are a number of potential advantages to hip resurfacing. These include:

**Bone preservation** – With total hip replacement, the entire femoral head or “ball” is removed and a metal stem is inserted into the femoral canal. If the hip later needs to be revised, a longer and larger stem is needed, requiring additional bone removal and a more difficult operation. With hip resurfacing, the femoral neck and part of the femoral head is preserved, making revision surgery (if needed) much less difficult.

**Less risk for dislocation** – With hip resurfacing, the femoral head size is typically larger than with hip replacement, allowing for better range of motion and improved stability. This is important for younger, more active patients.

**Low-wear bearing** – Metal-on-metal hip resurfacing implants were developed for younger patients in an effort to reduce the need for revision due to wearing as the patient ages. Every hip implant has a distinct set of benefits and risks and your orthopedic surgeon will assess your individual needs when considering the optimal implant device.

Who is a Candidate for Resurfacing?

The best candidates for hip resurfacing are typically younger patients (under 60 years of age) with isolated bone disease and who have strong bone around the hip joint. Those less likely to be candidates for the procedure include patients older than 60, as well as those with problems in the bone around the hip joint. This includes patients who have bone loss as a result of their arthritis, patients with osteoporosis, and patients with cysts within the bone.

What are the Risks?

Hip resurfacing is a major surgery, and as with any surgery, there may be complications. These include:

- Blood clots in your leg veins
- Infection
- Implant loosening
- Fractures
- Nerve or blood vessel damage
- Hip dislocation

Another concern of hip resurfacing relates to the metal-on-metal bearing surfaces of the implants. All implants placed into the body wear out over time and while metal-on-metal components used in hip replacement and resurfacing have been shown to wear less than metal-on-plastic implants, they do release metal ions into the body. While these ions can be detected in people who have had metal-on metal implants, there is little data to show that this is a problem.

Your surgeon and healthcare team will take great care to minimize the risk of these and other complications. Keep in mind that complications are relatively rare, but they need to be understood by you and your family. Your surgeon is happy to answer any questions.