

“You’re too young for a hip replacement” No longer holds true.



Patients no longer need to wait in pain, limiting activities, struggling to work, unable to play with their kids and living off pain meds. With improved implants and superior bearing surfaces, hip replacements in even the very young can now last 20 years or more. Young patients and those who want to maintain an active lifestyle should be aware of **Hip Resurfacing**. This specialist hip replacement allows young patients to continue participating in literally any activity including running and high flexion sports.

Athletes, Footie Players, ADF, Police, Firemen, Surfers, Golfers, Dancers, Farmers, Tradies basically anyone can benefit from the remarkable range of motion and stability afforded by a Hip resurfacing.

Whereas dislocation is a risk in conventional hip replacement, especially with high flexion sports, the risk of dislocation is negligible in Hip Resurfacing, whatever the activity.

In **Total Hip Replacement** procedures, the femoral head and neck is removed, and a stemmed implant is placed into the femur. The acetabulum is replaced with a metal shell and a plastic or ceramic liner. A new ceramic ball is placed onto the stem that is free to move within the new socket.

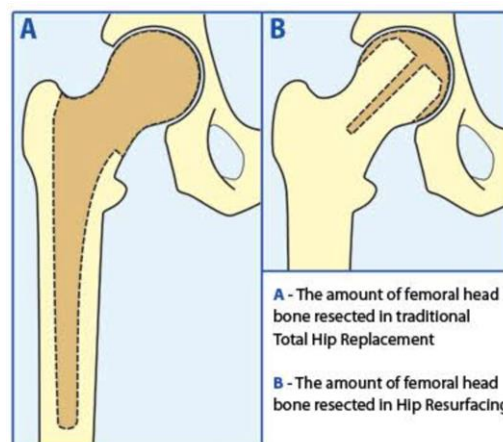
Hip resurfacing



Total hip replacement



In **Hip Resurfacing**, the femoral head is not removed, but is instead trimmed of damaged cartilage and bone and an artificial surface is secured over the top of the femoral head. The damaged bone and cartilage within the socket is removed and replaced with a metal or ceramic shell, just as in a traditional total hip replacement.



What are the Advantages of having a Hip Resurfacing?

- ✓ **Normal walking pattern.**
- ✓ **Comfortable running.**
- ✓ **loading of the femur and reduced thigh pain**
- ✓ **Increased stability with ANY Activity.**
- ✓ **Hip Preservation and Revision** If revision of a hip resurfacing is required in the future, by having this bone preserving operation first, a revision is far easier and is similar to performing a standard total hip replacement.
- ✓ **Longevity.** Hip Resurfacings have a lower revision rate than conventional hip replacements in the younger population.
- ✓ **NEW Ceramic on Ceramic hip resurfacing option, ReCerf.** This implant is only able to be used by a small number of experienced and approved resurfacing surgeons, of which I am one. It will be available In Australia very soon and opens up the technique to patients of any size or gender.

To find out more – [Click Here](#)

Not everyone is suitable or needs a Hip Resurfacing. Lower demand patients and those with abnormal femoral heads do extremely well with conventional hip replacement. These patients will often benefit from specialist techniques such as the **Direct Anterior Approach**. The major advantages of direct anterior hip replacement in comparison to traditional approaches include a more rapid recovery, less pain in the immediate post-operative period, more normal gait mechanics, faster return to normal activities, including driving and working. It provides a very stable hip without the need for post-operative hip precautions. This is a minimally invasive, muscle sparing approach and there is the option of a bikini incision for women – with discreet, easily hidden scarring.

To find out more – [Click Here](#)



RFA (Radio Frequency Ablation).

We all know that Arthritis is a common joint condition that can cause disabling pain and stiffness. Hopefully your patient visits you before it severely impacts their ability to live life comfortably. So what are the options when the patient has exhausted normal options such as weight loss, pain killers, and physiotherapy?

One additional option I use to manage pain is **RFA (Radio Frequency Ablation)**. A technique that has been used for some time helping patients with back pain, there is now a new cooled version for hips and knees. Select nerves around the hip and knee joint are temporarily deactivated and will stop sending pain signals to the brain. As such there is no functional deficit after the RFA, only pain relief that can last up to 2 years. This technique doesn't solve the arthritis and is not an alternative to surgery, but it is minimally invasive and can manage pain whilst preparing for surgery, delay surgery for younger patients and help those with significant co-morbidities cope.

To discuss any patient treatment or enquiry, please call 0493 121 954

Dr Paul Thornton-Bott is a Specialist Hip, Knee and Trauma surgeon with rooms in Nowra, Milton and Sydney.

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Paul is happy to consult all patient including those that have: Private Health Cover, DVA, Workcomp, CTP and Defence cover or who fall under the public health system.

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