

What are the Advantages of Hip Resurfacing?

- (1) Quicker recovery time
- (2) Allows the patient to sit on the floor or squat.
- (3) Allows a normal level of sporting activity to be resumed.
- (4) Preserves the femoral (thigh) bone; only diseased bone is discarded.
- (5) Larger implant ball reduces the risk of dislocation greatly.
- (6) More natural feel as stress is transferred in a more natural way, reducing pain.
- (7) Metal rather than plastic reduces osteolysis: the weakening of the surrounding bone.
- (8) Revision surgeries are easier.
- (9) Metal has a longer lifespan than plastic.

Do Mini-Hip Replacements Have a Shorter Recovery Time?

Patients who have the 2-incision mini-hip replacement generally do spend a shorter time in the hospital, and often have a faster recovery. However, spending an extra day or two in the hospital should not be the reason to have a specific type of surgery done. Remember, the hip replacement needs to last you many, many years.

How Will I Feel Post-op?

Pain Medication and minimising injury to soft tissue and bone during surgery help to keep the patients comfortable post-op. For about six weeks after the procedure, you may need the assistance of crutches or a walker. Mediseekers' carer will look after you during this recovery period, transporting you home, helping with laundry, cooking and bathing (if you require).

Am I a Candidate for Hip Resurfacing?

Candidates include those who are active, younger than 60 and those who have no bone deformity or kidney impairment; metal ion concentration in the bloodstream could cause renal failure.

What are the Long Term Effects of Hip Resurfacing?

The long-term results of hip resurfacing are unknown because the system has only been in clinical use for about 10 years. But, it is thought that they will last longer and be more durable than standard hip replacements with revision being much easier.

Specialty Services In :

- 1) HIP Resurfacing
- 2) Joint Reducement Surgeries
- 3) Anthroscopies
- 4) Spine Sorgeries

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For More Information, Please Contact:

ASHIRWAD HOSPITALS

- Almas Mansion, S.V.P. Road, New Colony, Ambarnath (W)
Tel.: (0251) 2680020 / 2681457
Helplines : 9822031683, 940333268
- Ganesh Ashish Appt., Vadavali Section, Ambarnath (E),
Tel.:(0251) 2606766, 2608947
E-mail : drkandoi@yahoo.co.in
Websites : www.arthritisindia.org
www.osteoporosisindia.com

CONSULTATION AT



WOCKHARDT HOSPITAL LTD.
Adeshwar Park, Shill Road, Bail Bazar,
Kalyan (w). India. Tel. : (0251) 669 4444

TIMINGS : TUES / THURS / SAT
5.00 pm TO 7.00 pm

Hip Resurfacing



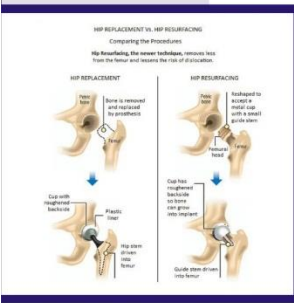
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Should I Get Hip Resurfacing or Hip Replacement? How is Hip Replacement Performed?

A normal hip consists of two parts: a femoral head, or ball, at the top of the thighbone (the femur); and the acetabulum, or rounded socket in the pelvis. Bands of tissue, or ligaments, connect the ball to the socket and provide stability.

In a hip replacement, surgeons must dislocate the hip to remove damaged cartilage and bone. The ball is replaced by a strong metal attachment and the socket by a durable plastic cup housed in a metal shell. Special cement may be used to fill the gap between the prosthesis and remaining bone to secure the artificial joint.

In a hip resurfacing, the surgeon uses specialized tools to prepare the bone for resurfacing after dislocating the hip. The head of the femur is prepared to receive the resurfacing component, while the socket is shaped to accept the new surfacing cup. After careful manipulation, the socket is placed to allow bone to grow around it, providing further stability, and the component is fixed into position on the femoral head using bone cement.



HIP SURFACE REPLACEMENT (ARTHROPLASTY) INFORMATION



WHAT IS HIP RESURFACING?

There are approximately 190,000 artificial hip joints implanted annually in the United States, with a success rate of over 90%. Patients who have severe hip arthritis typically have some or all of the following symptoms: difficulty walking, stiffness of the hip joint, pain in the groin and thigh. This can lead to limping, use of a cane and joint pain.

Hip resurfacing is a bone-conserving technique that is becoming an increasingly popular alternative to total hip replacement. Hip resurfacing also has a lower risk of dislocation and inaccurate leg length than total hip replacement.

The all-metal implant is made from cobalt chrome, which resists deterioration.

This means the implant has the potential to last longer than traditional hip implants. You still have the base of your own femur bone, so if the procedure ever needs revision, you simply go back and remove the ball as you would in a hip replacement procedure.

KNOW MORE ABOUT OUR MEDICAL DIRECTOR

DR. MANOJ R. KANDOI

M.S. (MUM), D'ORTH. FCPS (CPS),
D.N.B (DELHI), M.N.A.M.S,
FICS (CHICAGO), M.N.O.F. (CALIFORNIA)



INTERNATIONAL FELLOWSHIPS

- 1) Foot Fellowship : Harborview Medical Centre, Seattle, U.S.A.
- 2) Ankle Fellowship : University of Washington, U.S.A.
- 3) Arthroscopy Fellowship : Hissing Park Clinic, Augsberg, Germany.
- 4) Hand Fellowship : The Hand Klinikum, Munich, Germany
- 5) Inor Fellow, British Orthopedic Society, U. K.
- 6) International College of Surgeons, Chicago
- 7) Royal Society of Medicine, London
- 8) Royal College of Tropical Medicine & Hygiene, U. K.
- 9) Wrist Fellowship : The Hand Clinic, Milano, Italy

CLINICAL ACHIEVEMENTS

- 1) Author of 4 highly successful textbooks on orthopaedics
- 2) More than 25 national & international publications
- 3) Founder 'www.arthritisindia.org' first website on Arthritis in India
- 4) Author of World Famous Books 'BASICS OF ARTHRITIS' and 'LIVING WITH ARTHRITIS'
- 5) Founder 'www.osteoporosisindia.com' first website on Osteoporosis in India
- 6) The book published 'CLINICAL ASPECTS IN OSTEOPOROSIS' is the first ever textbook on Osteoporosis published in India
- 7) International affiliate member, National Osteoporosis, foundation, California (first in India)
- 8) Largest series of pisiform fractures reported in India
- 9) Largest series of TFCC repair in India
- 10) Pioneer in first tarsometatarsal arthroplasty in India
- 11) Pioneer in first carpometatarsal arthroplasty in India.
- 12) One of the most widely travelled surgeon in search of excellence in arthritis care having visited U.S.A. U. K. Italy, Germany, France, Austria, Malaysia, Bhutan etc.