2014 Hip Society Proceedings

Editorial Comment: 2014 Hip Society Proceedings

Stuart B. Goodman MD, PhD

This symposium is composed of selected papers delivered at the Fall 2013 Closed Meeting of the Hip Society in Charleston, SC, USA and the Open Scientific Meeting of the Hip Society in conjunction with the 2014 Annual Meeting of the American Academy of Orthopaedic Surgeons (AAOS) in New Orleans, LA, USA. These meetings presented exciting new clinical and applied research on subjects highly relevant to surgeons performing reconstructive

procedures of the hip. New information was reported on the diagnosis and treatment of arthroplasty infection, complications of metal-on-metal (MoM) articulations and modular junctions, midterm outcome studies on newer technologies such as crosslinked polyethylene, porous metals and joint-preserving procedures, and longer-term outcomes with different prosthesis designs and surgical techniques.

Although we are armed with more knowledge than ever before, we cannot prevent all complications. Though rare, deep infections can compromise both arthroplasty and joint-preserving hip procedures. Pre-emptive interventions like preoperative chlorhexidine showers, prophylactic antibiotics, laminar airflow, body-exhaust suits, and gentle surgical handling of tissues have reduced the frequency of this complication, but not eliminated it. Furthermore, as hip procedures are being performed in higher-risk populations including patients with diabetes and immunocompromise, surgeons need to better understand the important factors predisposing patients to early and late infections, and partner with other medical specialties to take steps to minimize the frequency of this devastating complication.

The adverse effects of byproducts from MoM arthroplasty bearing surfaces and modular junctions are only now being understood more clearly. This has led to a dramatic decline in the use of MoM bearing couples. Modular junctions involving metal implants set the stage for the potential development of mechanically assisted crevice corrosion. Numerous variables including patient characteristics, prosthesis materials and design, and surgical technique must be correlated with patient outcome, local and systemic metal ion levels, and imaging

The author certifies that he, or a member of his immediate family, has no funding or commercial associations (eg, consultancies, stock ownership, equity interest, patent/licensing arrangements, etc) that might pose a conflict of interest in connection with the submitted article.

All ICMJE Conflict of Interest Forms for authors and *Clinical Orthopaedics and Related Research*® editors and board members are on file with the publication and can be viewed on request.

The opinions expressed are those of the writers, and do not reflect the opinion or policy of *CORR*® or the Association of Bone and Joint Surgeons®.

S. B. Goodman MD, PhD (✉)
Department of Orthopaedic Surgery and
Bioengineering, Stanford University
Medical Center, 450 Broadway St., M/C
6342, Redwood City, CA 94063, USA
e-mail: goodbone@stanford.edu

Stuart B. Goodman MD, PhD

2014 Hip Society Proceedings

studies so that surgeons can better diagnose and counsel patients with these implants appropriately.

Early second-decade results (10 to 12 years) with crosslinked polyethylene bearings have been nothing less than spectacular. Advanced polyethylene wear and periprosthetic osteolysis, once a common finding in middle-aged and elderly patients with total hip replacements, now are hardly ever seen. However, with the use of larger femoral heads to decrease the frequency of dislocation, new problems have arisen with the use of crosslinked polyethylene, such as plastic deformation and fracture, especially with thin, imperfectly positioned implants. We await with great anticipation the next decade of results using

crosslinked polyethylene in the more active, middle-aged population.

Intermediate-term results of other novel technologies for total hip replacement are now being reported, including the use of modular tapered implants for revision surgeries, fully porous coated stems, and porous metals to replace acetabular defects. Joint-preserving procedures are being modified to make exposure less invasive, and to facilitate earlier rehabilitation. Longer-term studies are needed to see if these innovations continue to be successful.

Whether a joint-preserving or joint-replacing procedure is performed, the surgeon, patient, and society in general are interested in getting the patient back to full function as quickly and safely as possible. In this regard, new

cost-effective perioperative protocols including measures to minimize blood transfusion, infection, and pain have the potential to improve patient outcomes still further.

The manuscripts published in this volume of the 2014 Hip Society Proceedings are a means to educate surgeons and allied health care personnel on contemporary clinical and research issues related to disorders of the hip. All of the manuscripts presented in this volume have undergone rigorous peer review by experts in this field. The members of the Hip Society are pleased to present this information as an important educational tool to stimulate further research and dialogue, with the ultimate goal of improving patient outcomes.