

CASE SERIES OF SUPPLEMENTING UNSTABLE HIP ARTHROPLASTY WITH HIP BRACE

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INTRODUCTION:

Total hip arthroplasty (THA) dislocation is a great concern (1). The management options are temporary traction immobilization, derotation bar-cast and/or revision surgery. Hip brace supplementation allows early mobilization whilst restricting dislocation-provocative hip movements.

CASE SERIES:

CASE 1:

47-year-old gentleman had right neck of femur (NOF) fracture which was replaced with THA. The surgery was uneventful. He had an early dislocation of the THA due to hip hyperflexion-adduction movement. He was treated with the hip brace for 12 weeks and after removal, the hip remained stable.

CASE 2:

70-year-old lady with underlying epilepsy, had right THA done for hip osteoarthritis (OA). The THA dislocated second time despite initial dislocation was treated with derotation bar-cast due to epilepsy breakthrough. Her anti-epileptic management was optimized, and hip brace was applied for 12 weeks. Her hip remained stable after removal of the hip brace.

CASE 3:

77-year-old lady had right hip bipolar hemiarthroplasty inserted to replace her fractured NOF. She developed prosthetic joint infection, which was eventually removed, and cement antibiotic spacer was inserted. Subsequently, she was able to stand with walking frame two weeks after the hip brace was applied.



Figure 1: Hip brace

DISCUSSIONS:

Early THA dislocation can be treated with non-operative methods, provided intra-operative stability was ensured. Leg traction subjects' patients to be bed-bound. Derotation bar-cast subjects the contralateral leg to be immobilized. The hip brace provides stability to the hip joint and prevents provocative movements (hip adduction and hyperflexion) that may dislocate the hip. It allows soft tissue to heal and stiffens the joint. In resection arthroplasty, it gives additional stability and confidence to have protected weight bearing. Traditionally, resection arthroplasty patients are confined to bed or wheelchair with associated immobilization complications.

CONCLUSION:

Hip brace supplementation is a non-operative management option for THA dislocation. It restricts hip adduction and hyperflexion particularly well.

REFERENCES:

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2. T. Youm et al, "Postoperative Management after Total Hip and Knee Arthroplasty," *Journal of Arthroplasty*, 2005, pp. 322-324.