Minimally invasive hip resurfacing

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Citation
Allison C. Minimally invasive hip resurfacing. Ottawa: Canadian Coordinating Office for Health Technology Assessment (CCOHTA) 2005: 4

Authors' objectives
The aim of this report is to review the use of metal-on-metal hip resurfacing (surface arthroplasty) as a surgical alternative for young patients who are expected to outlive a conventional total hip replacement (THR) implant.

Authors' conclusions
The hip resurfacing procedure is more technically demanding than conventional THR and may require longer operating times. In addition, hip surgery is more difficult through a minimal incision and the technique is difficult to learn. Enhanced training and specialized instruments are necessary for accurate, reproducible results. Gaining proficiency with the procedure may be challenging, as potential candidates for hip resurfacing make up 10% to 20% of a typical surgeon's patient population. A limited number of Canadian surgeons have the necessary skills. Computer navigation systems and fluoroscopic imaging may allow improved visualization and hip implant positioning with mini-incisions, which may encourage more surgeons to attempt minimally invasive hip resurfacing. There are disadvantages to navigational systems, including increased cost and operating time; and the possibility of error from computer malfunction or inappropriate commands. It is unknown if increased costs would be offset by savings from a shorter hospital stay.

Outcome-based research and long-term followup are necessary to assess the clinical and economic impact of a minimally invasive approach to hip resurfacing. There is also a need for defined criteria to determine which patients might benefit from this surgical approach.

Project page URL
https://www.ccohta.ca/publications/pdf/353_mi_hip_resurfacing_cetap_e.pdf

Indexing Status
Subject indexing assigned by CRD

MeSH
Arthroplasty, Replacement, Hip; Costs and Cost Analysis; Surgical Procedures, Minimally Invasive

Language Published
English, French

Country of organisation
Canada

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