**Guidance on the selection of prostheses for primary total hip replacement**

*National Institute for Clinical Excellence*

**Record Status**
This is a bibliographic record of a published health technology assessment. No evaluation of the quality of this assessment has been made for the HTA database.

**Citation**

**Authors' objectives**
To provide guidance on the selection of prostheses for primary total hip replacement.

**Authors' conclusions**

Guidance

1.1 Using the most recent available evidence of clinical effectiveness, the best prostheses (using long term viability as the determinant) demonstrate a revision rate (the rate at which they need to be replaced) of 10% or less at 10 years. This should be regarded as the current 'benchmark' in the selection of prostheses for primary Total Hip Replacement (THR).

1.2 The evidence used in support of any prosthesis, to establish whether or not it achieves this benchmark, should relate to data on 10 or more years follow up from a number of centres, obtained via adequately sized, well conducted observational studies (preferably with consecutive patients from non-selected populations) or randomised controlled trials. Such evidence should have been published or be available for peer review.

1.3 The Institute also considers it reasonable to recommend consideration of prostheses with a minimum of 3 years revision rate experience (collected as described in 1.2 above) if their performance is consistent with the benchmark of a 10% revision rate at 10 years. Prostheses that achieve this 'entry benchmark’ would then need to be subject to annual review (up to 10 years) to ensure that the revision rate remains consistent with the 10 year benchmark.

1.4 Prostheses (cemented, uncemented, and hybrid) that have not been shown to achieve either of these benchmarks, should be the subject of comparative clinical evaluation before they can be recommended for routine use in the NHS.

1.5 There is currently more evidence of the long term viability of cemented prostheses, which, in many cases, occupy the lower end of the range of prostheses cost, than there is for uncemented and hybrid prosthesis.

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