

Trauma hip hemiarthroplasty: Are hip precautions necessary?

Purpose

It has been longstanding practice in orthopaedics for all patients undergoing surgical fixation of their fractured hip with a hemiarthroplasty or total hip replacement to be asked to follow hip precautions for a period of time following their operation. The purpose of these precautions has been to restrict extremes of movement within the hip joint while it is healing post operatively in order to reduce the risk of the hip dislocating. At North Manchester General Hospital (NMGH) these precautions were followed by the patient for 12 weeks.

Recently, however, there has been progressing clinical evidence to suggest that following these hip precautions does not reduce the rate of post-operative hip dislocation in total hip replacements (Reference #1). In fact, patients following an unrestricted pathway after a total hip replacement have been shown to return to activities such as driving and walking more rapidly (Reference #2).

Following discussion and consideration of the above, all orthopaedic surgeons at NMGH agreed to discontinue the use of hip precautions for all patients undergoing trauma hip hemiarthroplasty.

This project therefore sought to ascertain the impact of this change of practice on the hip dislocation rate for this patient group.

Method

Dislocation rate was retrieved and calculated retrospectively for 100 patients consecutively undergoing trauma hip hemiarthroplasty following the cessation of hip precautions. Results were noted at both the 12 week and one year post-operative timescales.

Comparison was made with a sample of 100 consecutive admissions for this procedure immediately prior to the cessation of hip precautions.

Results

At 12 weeks and one year post-operatively the hip dislocation rate for both of the above patient sample groups – following, and not following hip precautions – was zero.

Conclusions

Discontinuing the use of hip precautions with patients who have undergone trauma hip hemiarthroplasty has had no effect on the hip dislocation rate for the 200 patients in our study.

Impact and Implications

This project provides evidence to support the continued cessation of routine hip precautions for patients undergoing trauma hip hemiarthroplasty at NMGH, and has been shared with all relevant stakeholders for reference.

References

- 1) Restrapo et al (2011). Hip dislocation: Are Hip Precautions Necessary in Anterior Approach. Clinical Orthopaedics and Related Research. 2011 Feb; 469(2): 417 – 422
- 2) Ververeli, P.A. et al (2009). Evaluation of reducing post-operative hip precautions in total hip replacement: a randomised prospective study. Orthopaedics 2009; 32: 889 – 893

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