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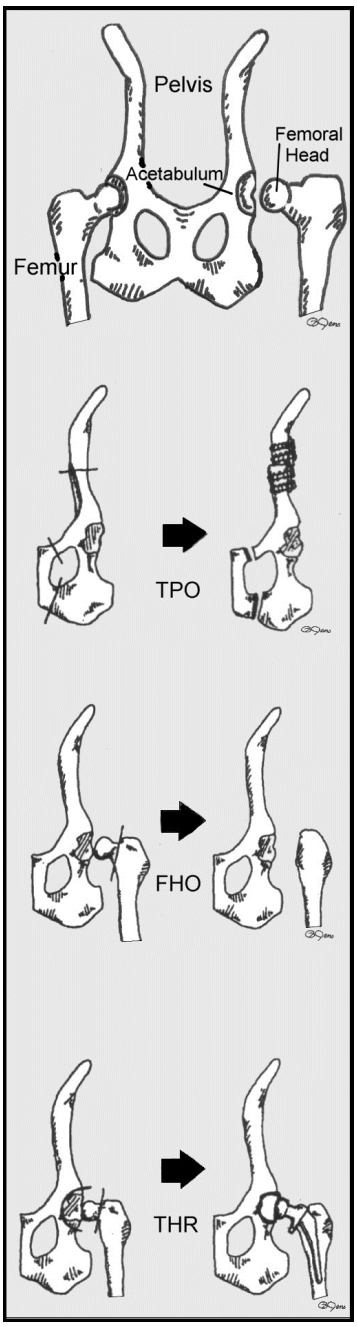
HIP DYSPLASIA SURGICAL OPTIONS



What is Hip Dysplasia?

Hip dysplasia is a term used to describe an abnormal hip joint in which there is laxity (looseness) between the femoral head and the acetabulum (cup). This developmental abnormality typically leads to secondary changes of the joint including thickening of the joint capsule, flattening of the femoral head, and osteoarthritis of the joint. Some dogs can lead normal lives with hip dysplasia and the secondary osteoarthritic changes caused by it. Other dogs will become lame at a young age from the joint pain. Lameness in mature dogs is typically due to bone-on-bone contact caused by chronic, severe osteoarthritis. Hip dysplasia can happen in any breed, but it is most common in Labrador Retrievers, Golden Retrievers, and Newfoundlands.

Treatment Options

Juvenile Symphysiodesis (JPS)

This procedure is not performed at Edinger Surgical Options because it is not considered beneficial.

Pelvic Osteotomy

This procedure is rarely performed at Edinger Surgical Options because of the risk of significant progression of osteoarthritis after the surgery.

Femoral Head and Neck Ostectomy (FHO, FHNE)

This surgery is usually performed after osteoarthritis has become so severe that it makes a patient constantly uncomfortable. It is the osteoarthritis and bone-on-bone contact between the femoral head and acetabulum that results in pain. This procedure consists of removing the head and neck of the femur (thigh bone). The limb then becomes reliant on muscles and the formation of a fibrous joint for support. Patients undergoing an FHO will not have the function of a normal hip and can be mildly to moderately limited in their performance. However, it significantly reduces or eliminates joint pain and results in notably improved rear limb function.

Total Hip Replacement (THR)

THR results in a functionally normal hip and is performed when hip osteoarthritis limits a dog's comfort and activity. The procedure consists of removing the existing, degenerative acetabulum and femoral head and replacing them with prostheses. The acetabulum and femoral head and neck are replaced with artificial components. These implants are secured in place either biologically or with bone cement. The result is a fully functional pain-free prosthetic joint.