



UVa Offers Latest Hip Repair Techniques, Experienced Surgeons

A computer-assisted navigation system used at UVa puts infrared trackers on the pelvis and femur (right) and on the instruments used to install the replacement hip, helping create a more accurate alignment and longer-lasting hips.



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In hip resurfacing, diseased bone from the top of the femur is removed and replaced with a metal cap, while a metal cup or socket is placed in the pelvic socket.

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More than 470,000 total or partial hip replacements were performed in 2004, according to the American Academy of Orthopaedic Surgeons. Patients at the University of Virginia Health System benefit from leading-edge alternatives to total hip replacement, along with the latest implants and technology to produce the best outcomes for total hip replacement patients.

Alternatives to total hip replacement include osteotomies and hip resurfacing. An osteotomy realigns the hip joint by cutting one or more bones that make up the joint and reorienting them to improve the mechanics of the joint or relieve pain, which improves the patient's mobility. The procedure can help patients with hip dysplasia or who are too young for a total hip replacement.

UVa is also one of the few hospitals in the state able to offer hip resurfacing, a procedure that just received FDA approval in May 2006. In a hip-resurfacing procedure, diseased bone is removed from the top of the femur and replaced with a metal cap. A metal socket or cup is also

placed in the pelvic socket, leading to a smoother metal-on-metal connection between the femur and pelvis.

"Hip resurfacing provides more range of motion, more stability and more bone stock for future hip procedures," says William M. Mihalko, M.D., Ph.D.

For total hip replacement patients, UVa provides the latest minimally invasive techniques, implants that do a better job of replicating patients' anatomies and leading-edge technology. UVa's computer-assisted navigation system puts infrared trackers on the pelvis and femur and on the instruments used to install the replacement hip, allowing a more accurate alignment during the procedure and producing longer-lasting hips.

For any hip repair procedure chosen, UVa patients benefit

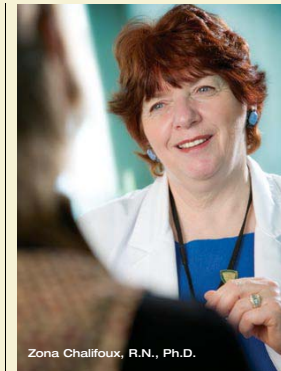
To refer a patient for hip replacement or other hip repair, call UVa Physician Direct at 800-552-3723.

Joint Replacement Coordinator Guides Patient Experience

From the moment they are referred for a hip or knee replacement, patients at the University of Virginia Health System can go to one source for answers, information and assistance at every step of the joint-replacement process.

"I'm the patients' advocate across the continuum of care from their first clinic visit to their six-week post-surgical follow-up visit and longer if need be," says Zona Chalifoux, R.N., Ph.D., the patient care coordinator for orthopaedic adult reconstructive surgery patients at the UVa Health System.

For patients who have decided to have a joint reconstruction, the process begins with a 90-minute class on either hip or knee replacement taught by Chalifoux. The classes are held weekly and address patient concerns as well as



Zona Chalifoux, R.N., Ph.D.

provide information on the procedures at UVa. In addition to outlining what to expect, she interviews each patient to determine their wishes for discharge placement.

Post operatively, Chalifoux visits daily with patients to check on their progress and provide any needed help. On any

given morning, she will do everything from obtaining pain medications for one patient to arranging in-home durable equipment for another patient.

"It's usually the patients' questions and needs that drive the process," she says. "There's never any request from a patient that's too small."

Prior to a patient's discharge, Chalifoux meets with occupational and physical therapists, social workers and nurses to make sure patients are properly cared for once they leave the hospital – either set up in their home with rehabilitation equipment and a home healthcare provider, or discharged to a skilled nursing facility or rehabilitation facility. "After discharge, they can call the orthopaedic nursing triage center or me with questions and concerns. It is truly gratifying to see the patients at their six-week post-operative visits. More often than not, they say, 'Why did I wait so long?' and hand out a hug," Chalifoux says.

One study of 70,000 Medicare patients found that in hospitals performing more than 100 hip replacement procedures a year, patients had a lower risk of mortality and certain complications than those treated in hospitals which performed 10 or fewer procedures. UVa performs approximately 400 hip replacements per year.

from access to an experienced group of orthopaedic surgeons. UVa performs about 400 hip replacements annually, says Khaled Saleh, M.D., M.Sc. UVa's division head for joint replacement and adult reconstructive surgery.

Research studies have shown that high volumes are key to quality outcomes, Saleh says. One study of 70,000 Medicare patients found that in hospitals where more than 100 hip-replacement procedures were performed annually, patients had a lower risk of mortality and certain complica-

tions than those treated in hospitals in which 10 or fewer procedures were performed per year. UVa's length-of-stay and mortality indices for hip replacement patients were lower than the state average.

Four surgeons at UVa perform hip replacements, Saleh says, and patients can usually make an appointment to see a surgeon within a week. UVa's surgeons welcome routine as well as challenging and complex hip-replacement and repair cases.

WHEN TO REFER

Physicians and patients shouldn't wait until a patient has so much discomfort that a hip replacement is the only option, Mihalko says. "We would like to see them earlier, even three or four years before they might need a hip replacement," he says.

If a patient has hip pain, UVa may be able to provide relief in ways besides a total hip replacement, he says, whether through medication or alternative procedures such as an osteotomy.