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## Hip and Knee endoprotheses

**By editor**

Published: 11/07/2008 - 13:40

Implantation of a knee joint endoprosthesis is the only way to restore physical fitness and to eliminate chronic pain in patients with advanced degenerative disease of the knee joints. These operations are performed with the use of the latest generation of systems for endoprosthesis, including total and one-segment prostheses. Coxarthrosis is a disease leading to premature lesion or damage of the hip joint.

Coxarthrosis takes one of two forms:

\* primary coxarthrosis, where progressive degenerative changes in the hip joint occur without any significant causative factor. This occurs most often from the 5th decade of life.

\* secondary coxarthrosis more often affects young people and develops as a result of other diseases, e.g. developmental dysplasia of the hip joint, Perthes's disease, juvenile desquamation of the femoral bone head or disorders of the femoral bone neck axis. Secondary degenerative changes also quickly develop as a result of post-traumatic changes within the hip joint (fractures of the femoral acetabulum and proximal femur).

Diagnosis is obtained on the basis of medical history, clinical examination and X-ray imaging.



### **Symptoms:**

The first clinical symptom of the disease is hip pain, initially after physical effort, but then also in rest. Pain is felt in the groin, radiating along the anterior-medial side of the hip down to the knee. Seeking relief from the pain, patients avoid overloading the affected limb, which leads to limping. An X-ray image of the hips obtained in two projections, anterior and lateral, is crucial for diagnosis.

### **Current therapeutic approach:**

In the early period of the disease rehabilitation is applied – improving limb mobility and muscular efficiency. Some relief of pressure from the limb by use of a crutch is also recommended. Body weight reduction is advisable for a considerable decrease in pain in the affected hip. Patients often take analgesic and anti-inflammatory drugs.

In the advanced stages of coxarthrosis surgical intervention is necessary, including implantation of a hip endoprosthesis. This operation involves total hip replacement (removal of the damaged hip for replacement with the endoprosthesis). Endoprostheses are made of highly resistant, high-quality metals, plastics and ceramic materials. They consist of two parts, the acetabulum, which is embedded in the pelvic bone, and the head, fixed in the femoral bone. With regard to the method of fixing the acetabulum (cemented or screwed-in), two types of endoprosthesis are available: uncemented and cemented. Younger patients receive uncemented prostheses (more expensive) because of their longer lifespan. Cemented prostheses (less expensive) are used for more mature patients.



**The endoprotheses of the BHR system are totally new products:**

the so-called **capoplasty** of the hip joint in which the femoral bone head is strengthened by placing a metal cap on it, while an uncemented metal acetabulum is inserted into the acetabulum of the hip joint. This endoprosthesis is recommended for patients at a younger age and active as its implantation does not require natural bone elements of the hip joint to be removed. This new method allows restoration of a natural movement range in the hip joint. Regardless of the type of surgery applied, intensive rehabilitation is necessary, which is initiated during the patient's stay in hospital.

The EuroMediCare hospital in Wroclaw offers hip joint operations with the use of all of the methods described. As the only medical centre in south-western Poland, we offer hip joint operations with the use of the most modern method, known as capoplasty, performed by a high-class specialists in orthopaedics. All of the specialists performing endoprosthesis implantation operations possess many years of experience in this type of surgery, aided by participation in numerous training sessions in Poland and abroad.

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