Session 12: Revision THA—The Painful Hip: Case-Based Panel Discussion

Learning Objectives
Upon completion of this activity, participants should be able to:
1. Describe the systematic approach to evaluate extrinsic versus intrinsic factors of a patient with a painful hip replacement.
2. Describe the evaluation and treatment of several etiologies of pain associated with metal on metal hip replacements.

Moderator
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Evaluation of the Painful Total Hip Replacement

Arlen D. Hanssen, MD

History
General health, GI, GU, spinal pathology
Location: buttock, trochanteric, groin, thigh, knee
Timing: Immediate postop; delayed onset
Character: claudication, constant, positional, localized, snapping (start-up vs constant)
Severity

Examination
Gait (antalgia), spinal lordosis, leg length (graduated blocks), Trendelenburg test
Scars, trochanteric palpation (pt lies on contralateral hip in lateral decubitus)
Abductor strength, ROM, neurologic, vascular exam

Extrinsic Etiology
Spinal pathology (radiculopathy, neuropathy, facet disease, spinal stenosis)
Vascular disease, stress fracture (pubic ramus, sacral insufficiency, femoral shaft)
Heterotopic ossification
Nerve palsy (femoral, sciatic, obturator)
Tendonitis (iliopsoas, piriformis)
Bursitis (trochanteric, iliopectineal)
Abductor avulsion
**Intrinsic Etiology**

- Loosening
- Infection
- Instability
- Impingement
- Debris formation
- Miscellaneous

**Miscellaneous**

- Synovitis from wear debris
- Iliopsoas impingement
- Modulus of elasticity mismatch
- Femoral component fracture
- Metal-on-metal hypersensitivity

**References**


**Case Presentations and Discussion**
Kevin L Garvin, MD; R. Michael Meneghini, MD; Brad L. Penenberg, MD