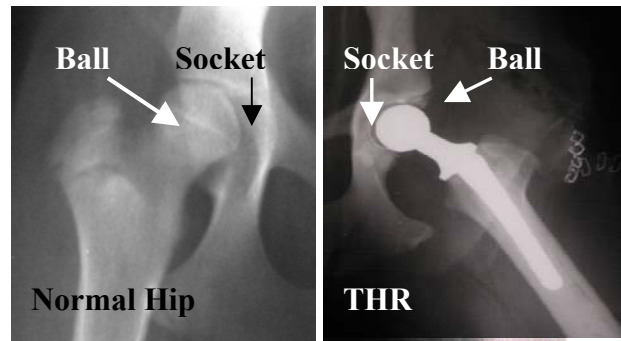


Answers To Frequently Asked Questions About Canine Total Hip Replacement

We hope you find the following information helpful. Please let us know if you have any more questions.

What is a total hip replacement (THR)?

Both the ball (head of the femur) and socket (acetabulum) of the hip joint are replaced with prosthetic implants. The new ball is made from a cobalt – chromium metal alloy and the new socket from high molecular weight polyethylene plastic. Special bone cement or boney ingrowth into the implant is used to hold these implants in place. These new components interact smoothly and function in the same manner as a “normal” hip joint.



Can you tell from my dog's x-rays (radiographs) if he/she is a good candidate for THR?

Radiographs document abnormalities in the hip joint and are used for choosing the proper sized prosthesis. This, however, is only a small part of the process. To decide what is best for your pet, the surgeon must evaluate your pet's history, perform a complete physical examination, evaluate your pet's radiographs and interpret laboratory data. Many factors must be evaluated before your pet is considered a good THR candidate.

How do you determine if my dog is a candidate for a THR?

A painful hip(s) that is affecting your dog's comfort, mobility and activity level is the primary indication for a THR. Stiffness, lameness and reluctance to exercise are often signs of problems. Your pet must also be in good general health. Your dog must be skeletally mature (finished growing), which generally occurs by 9 to 12 months of age. This is determined by x-rays of the hips. The size of the bones as determined by x-rays must be large enough to fit the available sizes of prosthesis. Total hips can generally be placed in dogs weighing 30 pounds or greater. Your dog must have no ongoing or recurrent infection problems such as skin, ear or bladder infections. A dog with arthritic hips that has pain-free, normal function is not a candidate for THR.

What is the earliest age my dog can have this procedure done?

In most dogs 9 months of age is the earliest the procedure can be done. There are some giant breeds where it will be necessary to delay surgery until at least 12 months of age until the dog's skeleton reaches maturity.

What can I expect from this surgery?

The goal of surgery is to return your pet to pain-free, mechanically sound, normal hip function. The majority of dogs are found to be more comfortable and have an improved quality of life following THR. Many owners report that their pet can do things they have not done since they were a puppy. Increase in muscle mass, improved hip motion, and increased activity levels are observed in most patients. Up to 95% of the replaced hips return to normal or near normal function. More than 95% of owners feel that their dog's quality of life is significantly improved following THR.

My dog is on medication, should I stop giving it?

Medications for health conditions such as diabetes or low thyroid function should not be stopped. Medications for hip pain can be continued up until surgery. Oral steroids (even for skin conditions) should ideally be stopped 1 week before the surgery.

Is surgery performed the day of your appointment?

No. Your pet must be screened before surgery. This entails a complete history and physical examination. If additional x-rays of the hips are required they will be taken pre-operatively. Your pet's skin will be carefully examined for signs of infection. Abnormalities noted on these examinations may indicate that your dog is not a good candidate for a THR. Preoperative bloodwork may be performed depending on your dog's age and health. If the preoperative evaluations reveal no abnormalities, surgery is then scheduled for another day.

How long will my pet stay in the hospital?

The routine length of hospitalization for patients with THR is overnight following surgery.

What is the success rate of THR?

In reviewing the records of patients that have had THR, over 95% of dogs have had good to excellent function with this procedure. These patients have normal pain-free function, increased muscle mass, no limping, and increased activity. See the data presented below for more details.

What are the complications with this surgery?

As with any surgery, THRs have their own set of complications. While uncommon, the most described potential complications include hip joint dislocation, infections, and loosening of the implants over time. The risk of any of these complications occurring is low. Hip dislocation can occur because the replaced "ball" and "socket" are not locked together. Not until the supportive tissues around the joint have healed following surgery is the hip "tight" enough for the dog to resume more activity. Once these tissues have healed, the chances of dislocation are almost eliminated. Adherence to postoperative restrictions can minimize this potential complication. Infection is uncommon and many precautions are taken during and following surgery to help minimize its occurrence. Finally, loosening of the implants over time can occur but is rarely reported. Typically, the implants will last the lifetime of the dog without complications. Very rare complications such as femur fracture and blood clots in the lungs have been documented.

Anesthesia itself carries only a small risk of complications. It's a fact that in any patient, young or old, healthy or unhealthy, problems can arise. At MedVet we take many precautions to make anesthesia as safe as possible. We use the same drugs and monitoring equipment that are used on humans. We have a veterinarian on staff that has completed advanced training in anesthesia and whose only job is to see that anesthesia is as safe and comfortable as possible for your pet. The staff at MedVet anesthetizes thousands of patients each year (many of whom are very ill) with very few unexpected results. Major anesthetic complications associated with THR surgery are extremely rare.

What is the postoperative care for my dog?

The postoperative care for your dog is critical. The activity level of your pet must be strictly controlled. For the first month after surgery your dog should only be allowed outside, on a leash, to urinate or defecate. Your pet should be immediately returned to the house afterwards. Inside the house your pet should avoid stairs and slippery floors. If your pet must go up and down some stairs, you should go with your pet using a leash or your hand on the collar to control the speed of your pet on the stairs. Good footing is important. Absolutely no running, jumping or playing is allowed for the first 2 months after surgery. When your dog is not under your direct control, he/she should be kept confined to a small room, cage, or crate.

For the second post-operative month, similar restrictions apply but you may begin to take your pet on longer leash walks. The length of the walk will depend on your dog's abilities.

All postoperative restrictions are discussed in detail and written down for you at the time of your dog's discharge from MedVet.

Do I have to bring my dog back to MedVet for a check up?

If possible we would like to reevaluate our patients at MedVet. Typically, only an 8-week postoperative reevaluation is required. At this time your dog will be evaluated physically and the replaced hip x-rayed. We understand that people come to us from all over the Midwest, so if it is not convenient for you to return to MedVet, we ask that you have your veterinarian x-ray your dog 8 weeks after surgery and mail the x-rays to us for evaluation.

Both of my dog's hips are affected. Will both need to be replaced? How do you decide which hip to replace?

Four out of five dogs (80%) of the patients with problems in both hips only require one side be operated upon to return them to a satisfactory and comfortable life. The decision on which hip to replace is based on the owner's observations, the physical examination findings, and the hip x-rays. Your knowledge of your pet's disability is helpful in making this decision.

Is THR the only treatment available for my pet?

No, aside from THR, other possibilities for treatment of your pet include medical therapy and other surgical options. Which treatment is best for your pet depends on many factors. The best treatment option(s) will be discussed with you after we have taken a history, evaluated x-rays, and completed an orthopedic examination of your pet.

Clinical Function Following Canine Total Hip Replacements

A retrospective study (*J Am Anim Hosp Assoc* 1995;31:109) evaluated postoperative function in dogs that had THR. 237 owners responded to questionnaires sent out to document the function of dogs that had THRs. The answers to 3 of the questions are given below.

Question #1: Using the following rating system, rate your pet's abilities to perform the activities listed before and after THR.

1 = Normal – no difficulties with activity

2 = Near Normal – occasionally has very mild difficulty or impairment when performing the activity.

3 = Mildly Abnormal – can perform the activity but frequently has mild difficulty or impairment.

4 = Moderately Abnormal – can perform the activity but with obvious difficulty or impairment.

5 = Severely Abnormal – cannot perform the activity.

6 = Cannot answer - not observed or cannot accurately assess the activity level.

Function Before Surgery

Activity	1	2	RATING 3	4	5	6
Walking	16	59	93	80	4	0
Sitting	27	61	94	67	3	0
Standing	21	41	84	97	8	1
Running	11	30	68	113	23	7
Stairs	4	20	56	136	28	8

Into Car	13	25	67	91	49	6
Exercise	10	33	82	104	18	4

Function after surgery

Activity	RATING					
	1	2	3	4	5	6
Walking	150	66	26	20	4	1
Sitting	145	65	30	18	4	2
Standing	146	51	25	15	5	1
Running	111	59	43	35	7	8
Stairs	99	63	42	28	16	15
Into Car	95	78	28	24	25	12
Exercise	109	74	37	25	8	8

Question #2: Which limb do you think is dominant or stronger?

- 156** 1. The one **with** the total hip
24 2. The one **without** the total hip
25 3. Both are equal
32 4. Cannot tell for sure

Question #3: How has this procedure affected your dog's quality of life?

- 203** 1. Marked improvement
25 2. Some improvement
3 3. No change
2 4. Somewhat worse
4 5. A lot worse

Question #4: Would you have this procedure done again if you had another dog with the same condition?

- 213** 1. Yes
7 2. No
17 3. Undecided



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