

Hip dysplasia (HD) is a problem that is usually most problematic in bigger dogs. A shallow socket develops from which the ball often partly or completely dislocates. The movement of the ball in and out of the socket damages and causes micro-fractures the rim of the socket. The resulting pain is often evident by 6 months of age. These dogs are often reluctant to extend their legs, to climb or to jump up. They often walk with their back feet close together as they try to keep the ball(s) out of the socket(s), or else they walk with their feet wide apart as they try to keep the ball(s) in the socket(s). Once they get to about 1.5 years of age, discomfort has often greatly improved as the hip balls have stopped shifting in/out of the sockets and have settled into whatever degree of dislocation that will persist long term. When HD is recognised no later than 6-7 months of age, surgery to improve the function of the ball and socket joint and to reduce the future degenerative joint disease (DJD) affecting the hip may be possible. However this article deals with those dogs that have missed this opportunity, and whose hips now can only be either managed conservatively (see the information sheet on DJD*) or else by surgical salvage options which include total hip replacement(s), neurectomy or femoral head and neck excision. While hip replacement offers the “gold standard” of restoring pain free optimal function and is a tempting proposition, it is well worth bearing in mind that the pain will often settle down by 15 months of age if these dogs can be managed meantime with analgesic and anti-inflammatory drugs, and with exercise control, swimming etc. In our view, conservative management should always be considered before leaping into surgery with its inherent risks. Surgical salvage should be restricted to cases where conservative management is failing.

Total Hip replacement (THR)

This involves replacing the natural ball of the hip joint with a metal ball, mounted on a metal stem that slots down the thigh bone. The natural socket is replaced with a plastic and metal cup. The positioning of these implants requires skill and experience. Andy Whittingham has done 200+ of these and we offer this surgery at Lichfield. THR offers the potential ideal of “normal” pain free hip function. We charge £4000 for a total hip replacement on one side (price correct at 10/2016 but please check current price). This is a very competitive price, but even so, THR is expensive and it can often only be contemplated in insured animals. In addition, THR does involve modest risks. Complications (approximately 5% risk), can be serious with problems including fracture, dislocation, movement of implants or infection. Revision / fixation may be possible in some circumstances, but more commonly femoral head and neck excision will be required (see below) after a failed THR. Any skin infections and increased risk of post-operative infection are reasons to delay or avoid THRs. Bilateral hip replacements can be done, but these are separated by an interval of time, and carry at least double the risk of something going wrong. Swimming is not recommended for the rehabilitation of dogs that have had THR as it increases the risk of dislocation of the artificial hip. See the post-operative care sheet for THR*.

Femoral head and neck excision (FHNE)

This involves cutting off the ball of the ball and socket joint. A fibrous “false joint” then forms in its place and the aftercare is all about keeping this fibrous union flexible to maintain a good range of motion. FHNE is a relatively cheap, reliable and minimally risky procedure. There are no implants involved, and there is no need to confine the patient post-operatively. Easy but diligent physiotherapy and rehabilitation is vital for two months post-operatively to achieve a good outcome. Results of FHNE are generally better in smaller patients, but FHNE can be successful in large/giant breeds too. By choosing FHNE over THR, the owner trades the last few percentage points of “best function” against a much lower price and much simpler/easier/less risky convalescence. The patient will need to walk more on the other side for the first few weeks post-operatively, and this might be a consideration when there is a serious problem affecting both sides and when it is difficult to assist the patient to walk with a sling, either because of their size, their temperament, or because of owner limitations. FHNEs can be done on both sides, but this obviously presents significantly increased demands on post-operative rehabilitation and care. See the post-operative care sheet for FHNE*.

De-nervation

The sensory nerve to the joint capsule of the hip joint is surgically damaged, with the intention of reducing the painful sensation. There is less of an evidence base for this procedure in terms of numbers of cases done, but it is well worth considering in our opinion. Of the cases that have been reported in the veterinary journals, 90% were considered successful outcomes. Like FHNE it is a relatively cheap, simple and minimally risky procedure that doesn't involve implants. Unlike FHNE, it doesn't destabilise the hip any further as the natural ball and socket is left intact. The need for post-operative physiotherapy, rehabilitation and swimming is less marked with de-nervation than it is with FHNE. The loss of nerve supply from the joint is of no consequence to the animal as sensation from tendons, skin sensors, other joint innervations etc still provides plenty of information to allow normal coordination and movement. The nerve might regenerate over time, though this doesn't seem to be much of a problem in practice. Repetition of the surgery, or FHNE in this eventuality would be feasible.

* www.wm-referrals.com, section “for owners”, subsection “fact sheets”

For further advice please contact us by phone on 07944 105501 or at mail@wm-referrals.com