

FEMORAL HEAD AND NECK EXCISION ARTHROPLASTY (FHO): Salvaging the hip joint for satisfactory function



Synopsis

When a hip fracture or luxation is beyond a repair with reasonable prognosis, the salvage procedure of “FHO” is a satisfactory option. In many femoral head/neck and acetabular fractures, reducing and stabilizing the fracture is either not technically feasible or repair has a high likelihood of postoperative dysfunction. For the aseptic necrosis of the femoral head cases (Legg-Calves-Perth disease), a high percentage of patients will never become comfortable on the diseased hip. These are the cases where FHO serves the patient best.

In the majority of hip luxations reduced (temporarily or permanently) within 1wk, re-establishing the joint and stabilizing is the best option for function. (See additional information, www.directvetsurg.com)

Hip DJD is rarely treated beneficially with an FHO; the trade-off pain and dysfunction may not be any better than that seen with the DJD. Intensive conservative therapy, hip denervation procedure or total hip replacement far surpass the outcome of FHO in the hip DJD patient.

The typical expectation for a fully healed FHO is one of minor disability. Rarely is the hip pain free to full range of motion (ROM), but the leg can become highly functional and pain minimal through a functional ROM. As the size of the patient increases, the strength and support of the FHO hip region typically becomes less adequate for athletic activities. A well-motivated, athletic, and agile patient with dedicated owners can surpass typical expectations. Older, more sedentary patients can have a difficult and prolonged recovery to satisfactory leg function.

The FHO procedure is unique in the orthopedic world. We WANT patients to use the leg very soon postoperatively (2wks). We rely on this activity during the entire healing period (10-12wks) for fibrosis to develop in a “stretched out” pattern allowing full ROM. Extension is usually what is lacking and is best optimized with running, jumping, and heading up stairs. Covering the postoperative pain aggressively (minimum 3wks) will allow the patient to do this “self-PT” most effectively.

Complications that may arise with this procedure are:

- Femoral fracture (extremely rare; require reoperation)

Postoperative outcomes may be poor due to the above complications, and/or:

- Insufficient pain management resulting in poor immediate leg use and limited ROM after healing
- Insufficient physical therapy/activity levels resulting in limited ROM after healing
- Highly agile toy breeds have higher than typical prevalence of 3-legged persistence (behavioral/pain/poor activity/no PT)
- Markedly atrophied and disused legs preoperatively are at risk for incomplete recovery postoperatively
- Persistent bony contact between femur and pelvis (more common with marked periarticular trauma; may benefit from revision/reoperation)

What a surgeon needs prior to surgery:

- Affected leg “marked” by owner for confirmation (wax “costume makeup” works well)
- Radiographs (2 views) with R/L marker

- Skin near the surgery site CLEAR of infection (papules, pustules, crusts, collarettes, etc.) If urgent surgery, owner must be alerted to *increased risk* of incisional, deep and/or implant infections.

General considerations and complications for all surgery/anesthesia procedures are:

- *Difficult and/or painful anesthetic recovery (variable; may require additional medications or re-hospitalization)*
- *Incisional infections (rare, minor; usually require oral antibiotics)*
- *Incisional dehiscence (rare, minor or major; may require surgical revision)*
- *Adverse anesthetic event (rare, major; may result in serious impairment or death)*

Proper owner expectations are important to a successful experience and patient outcomes. Please discuss this information with your clients while assisting them with decision-making for a **FHO procedure**.

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(See additional materials at www.directvetsurg.com for veterinary professionals and pet owners.)