Symposium: 2016 Hip Society Proceedings

Editorial Comment: 2016 Hip Society Proceedings

Stuart B. Goodman MD, PhD

The Hip Society Proceedings are composed of selected papers delivered at the summer 2015 Closed Meeting of the Hip Society in Sonoma, CA, USA and the Open Scientific Meeting of the Hip Society in conjunction with the 2016 Annual Meeting of the American Academy of Orthopaedic Surgeons in Orlando, FL, USA. These two meetings presented stimulating new research on topics that are highly pertinent to surgeons and healthcare personnel who care for patients with

disorders of the hip. All manuscripts contained in this volume underwent rigorous peer review by experts in the field of hip surgery, first at the level of the Society, and then, independently, under the auspices of *Clinical Orthopaedics and Related Research*®. The members of the Hip Society are pleased to present this information to stimulate further research and discussion, with the ultimate goal of improving patient outcomes.

Sir John Charnley's cemented low-friction arthroplasty is the gold standard for THA, which has stood the test of time. However, as surgical techniques, materials, and implant designs change, so too have the aspirations, demands, and financial concerns of the stakeholders: Patients, surgeons, hospitals, third-party payers, and governmental agencies. Patients undergoing hip replacement are younger and more active than in previous decades. All interested parties desire an operation that is efficacious, safe, cost-effective, and demands little "down time." These facts have stimulated new paradigms for performing THA including minimally invasive surgery, outpatient surgery (in selected patients), alternative surgical approaches, novel implant designs, and bearing surfaces. Whether these

innovations will be long-lasting or create new issues is yet to be determined. Given the difficulties now documented with metal-on-metal (MoM) articulations, the surgeon should be wary and demand the highest level of evidence of long-term success prior to adopting these new technologies. Surgeons continue to deal with the sequelae of MoM bearing surfaces, and to encounter new challenges after revision surgery. Other innovations including THA instead of bipolar or hemi-arthroplasty for geriatric hip fractures are also undergoing close scrutiny. This topic will become even more important in the future, as the population globally is aging.

Deep prosthetic infection has become the scourge of the adult reconstructive surgeon. Infection is now the leading cause of revision TKA, and one of the leading causes for revision THA. The reasons for this vary, but are in part due to the more widespread extension of THA to higher risk populations. New diagnostic tests for infection will help with earlier diagnosis so appropriate treatments can be instituted more expeditiously. Indeed, new data may suggest that a subset of patients could now be successfully treated without necessarily removing the entire

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implant as part of a conventional staged-revision protocol. New biological markers for determining how treatment is progressing, the reoccurrence of infection, and even predicting success or failure of treatment will be forthcoming.

Secondary osteoarthritis associated with hip dysplasia is one of the leading indications for THA, especially in the Far East. Can we identify these patients earlier in life and institute treatment to prevent eventual THA? What are the indications, contraindications, and outcomes of procedures for joint preservation? If THA is subsequently necessary, what are the challenges in reconstructing the dysplastic hip with degenerative arthritis? If revision THA is indicated, which techniques and implants will provide the best long-term outcomes? These timely subjects are addressed in some excellent studies in the current Proceedings.