

TIMING FOR REVISION IN TOTAL HIP ARTHROPLASTY



Total Hip Arthroplasty

For better results

- Selection of patients
- Surgical technique
- Constant follow-up
- Revision on time



We recommend annual or biennial follow-up, and most often in patients with an increased risk



**Cemented and cementless
devices have different failure
mechanisms**



Loosening of the cemented all-polyethylene acetabular components remains the major problem in primary THA





**A probably loose cemented
acetabular component, without
gross lysis and/or migration, does
not always need revision**



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**Wear of the cemented
all-polyethylene acetabular
components does not always
need revision**











**Cementless acetabular components
introduce other potential causes of
failure, mainly the possibility of
early PE wear**





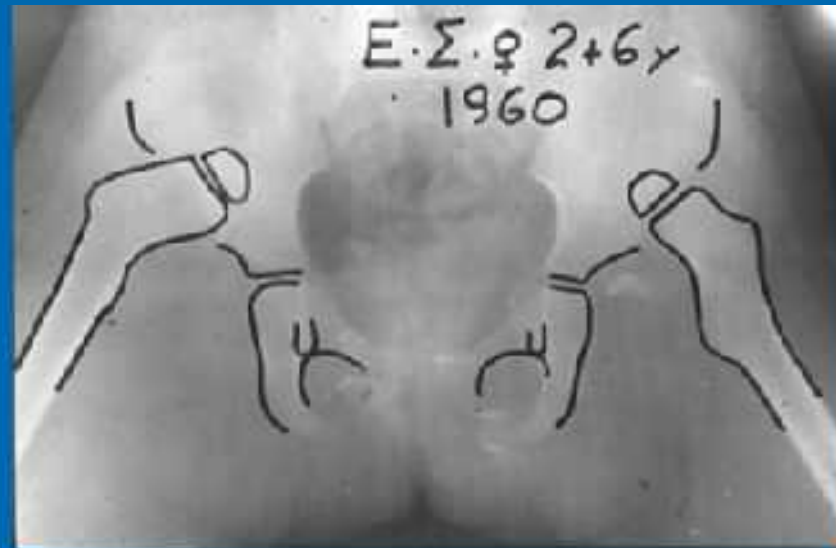


**The process of wear of PE and
osteolysis are usually
symptomless**



**The modular, metal-backed
cementless prosthesis allows the
liner to be changed, while leaving
the metal shell in place**









Revision of the shell should be performed if $> 50\%$ of the shell surface is in contact with an area of osteolysis



**Femoral component
To revise or leave alone?**



The decision to revise

**Progressive bone loss
and loosening**









A probably loose femoral component, cemented or cementless, without progressive lysis may survive for many years before revision is necessary











It might be beneficial to the treating physician to consult the previous treating surgeon







ΥΠΤΙΑ

CONCLUSION (1)

Although revision is viewed as undesirable, because it raises the patients level of stress and the financial cost, it can be successful if it is performed on time

CONCLUSION (2)

Life-long follow-up with proper assessment and appreciation of clinical and radiographic signs of failure, can suggest a timely revision before catastrophic bone destruction occurs

