

**THR surgery is scheduled** after a thorough physical and orthopedic examination with a complete set of calibrated radiographs (x-rays). These radiographs are required in addition to any previous images to plan the surgical procedure using digital templates. A comprehensive blood profile and urinalysis is performed to make sure your dog is in good health and ready for surgery. Any skin, ear, or bladder infections must be resolved before surgery to avoid problems. Weight loss prior to surgery may help ease the recovery process. It is also a good idea to introduce your dog to a kennel or crate and even feeding inside the crate. This will help in making the confinement less stressful.

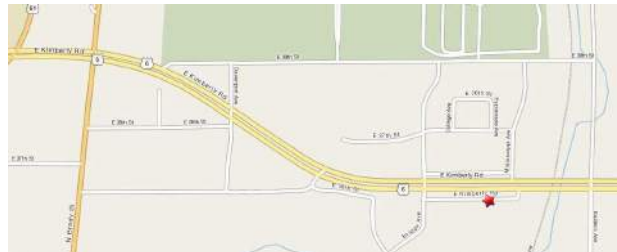
**Postoperative care** starts with one night in the hospital following surgery. Once home, activity is restricted to short leash walks for the first 8 weeks to allow for urination and defecation outside. Full weight bearing is allowed. A belly sling is recommended when walking on smooth or even surfaces. During these 8 weeks, confinement plays a major role in the healing process. Your dog should be kept in a crate with a non-slip surface, such as a rug with a rubber bottom. The crate should be large enough to allow your dog to lie down, stretch out, and turn around freely. Some dogs are not used to being in a kennel and may require oral sedation for a while to help them cope with their anxiety. Other medications after surgery may include pain relievers and antibiotics. During kennel confinement and any time you are not directly with your pet, the use of an Elizabethan collar is necessary to keep your pet from licking, chewing, or biting at the sutures. After the initial 8-week recovery period your dog may start going for longer leash walks with a gradual increased distance over time.

A **follow-up** visit is scheduled 10 -14 days after surgery to remove sutures and recheck the hip. The first recheck x-ray visit is scheduled 8 to 12 weeks following surgery to assess healing and to determine the optimal activity level. A one-year follow-up x-ray visit is scheduled to assess long-term implant stability.

**The referral process** starts when your veterinarian contacts us to provide background information about your dog. You may then call our office to set up a consultation appointment with our surgeon (Dr. Ryan Less). At the time of your appointment please bring any previous x-rays, and a list of all medications being given. Your dog should be fasted after 10 p.m. the day before the appointment in preparation for sedation, x-rays and blood-work. Surgery is scheduled as a separate appointment following the initial consultation visit.



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# Total Hip Replacement



*Our single focus is your companion's health care*



**Kimberly Crest  
Veterinary Hospital**

1423 E. Kimberly Road  
Davenport, IA 52807  
563-386-1445

[www.kimberlycrestvet.com](http://www.kimberlycrestvet.com)



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**Total Hip Replacement (THR)** is a state-of-the-art surgical procedure used to treat a variety of disorders of the canine hip. Hip dysplasia is the most common reason THR is performed. During THR, the diseased hip joint is restored by installing prosthetic implants designed to restore the normal ball and socket joint function.

**Hip Dysplasia (HD)** is a common genetic disorder affecting many breeds of dogs. In affected dogs the hip joint does not form normally during puppy stages, resulting in a loose or misshapen joint. Arthritis develops between 6 and 24 months of age and progresses over time. In genetically prone dogs, a rapid growth spurt during puppyhood and excessive body weight worsens the condition. Classic symptoms of HD include limping or stiffness in the rear legs, a bunny hopping gait, difficulty on stairs, and trouble standing up on the hind limbs. Many dogs with HD have good and bad days. Stiffness may improve after taking a walk, or could worsen with heavy exercise.

**Diagnosis** of hip dysplasia is often made using radiographs (x-rays) of the hips. Since many dogs have hip dysplasia without symptoms, it is important to rule out other causes of limping. A methodical orthopedic exam performed by an experienced veterinarian is necessary to determine whether hip dysplasia is the true cause of an individual dog's problem.

**Treatment** of HD involves two broad categories typically classified as *conservative management* and *surgical management*. Conservative management consists of weight control, anti-inflammatory medication, dietary supplements, and exercise restriction. These measures are effective for many patients, and are often used prior to surgery. Surgical management includes three options. The most common procedure performed is a *femoral head and neck osteotomy*, commonly called FHO.

FHO is designed to eliminate hip pain by removing the femoral head and neck, thereby reducing "bone to bone" contact. Some advantages of FHO include its simplicity and a shorter period confinement following surgery. While many patients do well with FHO, muscle atrophy and poor use of the limb can be a problem in 30-50% of patients. A second surgical option for young dogs (5-10 months of age) is called a *triple pelvic osteotomy* (TPO). A TPO consists of making three cuts in the pelvis to allow rotation. TPO may be performed to improve function and salvage the existing hip joint in select patients.



**Total hip replacement** is considered the gold standard surgery for dogs with advanced hip dysplasia. It may be performed in dogs from 10 months of age onward. THR restores normal joint function with a 95% success rate. In 85% of dogs with HD in both hips, surgery on only one side is enough to provide excellent function. THR is a good option for dogs responding poorly to medical management, or in cases where a lifetime of intense medical management is expected. THR is often the preferred technique for hunting dogs, police dogs, or other dogs performing at a high athletic level.

**The Biomedtrix Universal Canine Hip System** is a versatile system for performing total hip replacement in dogs. The diseased bone is removed and a new ball and socket system is installed. The surgeon may choose between cemented (CFX) and cementless (BFX) implants, depending on the individual patient's anatomy. Cementless components offer potential benefits of lower infection rates and durability. Cemented components allow additional flexibility for dogs with a variety of bone structure. Age, breed, and anatomical factors may affect the choice between BFX and CFX fixation.



**Risks** associated with THR include infection, loosening of implants, dislocation, implant failure and fracture. Although the complication rate is low (around 5%), serious complications may require re-operation or even removal of the implants entirely. Should implant removal become necessary, the THR is effectively converted to an FHO due to lack of a femoral head.

