RESULT OF TOTAL HIP REPLACEMENT (THR) IN ARTHRITIS OF HIP AT DHAKA MEDICAL COLLEGE HOSPITAL (DMCH) IN THE YEAR 2017

HOSSAIN MM1, ALAM QS2, PARVEJ M2, RAHMAN MA3, HOSSAIN A4, SAHA H5

Abstract
Introduction: In arthritic condition like osteoarthritis or rheumatoid arthritis, the hip joint becomes very much painful. Patient can hardly walk or even stand up in advance condition. But total hip replacement can give them new hope to live. Medication can relieve the symptom variably but THR can be the ultimate solution for these type of patients.

Materials & Methods: We have operated total seven patients in the year, 2017 at DMCH. All have painful hip with advance stages of arthritis. Both cemented and non-cemented THR done for them according to their clinical condition. Early mobilization with the help of walker started for them as soon as the pain permits.

Results: Results were evaluated by Harris Hip Score. All the patients were found clinically improved. Outcome measured with Harris Hip Score was excellent in 4 cases, good in 2 cases and fair in 1 case.

Conclusion: THR is now a days a gold standard of practice throughout the world with published journal. We have started this practice in Bangladesh too and this time at DMCH in a large scale. Results are yet to be decided as at least 1 year follow up is required to find out how they do in our local community.

J Dhaka Med Coll. 2018; 27(1) : 14-16

Introduction
Total hip replacement (THR) is widely considered as “operation of the 20th century”. THR is an option for nearly all patients with diseases of the hip that cause chronic discomfort and significant functional impairment. Patient with unremitting pain and irreversibly damaged joint is an ideal candidate for THR. Failure of previous reconstruction surgery, AVN of Hip, congenital hip diseases, joint instability and pathological fracture also are other indications. Pain in the presence of destructive process in the hip joint is the primary indication for surgery. Infection is absolute contraindication. Patient with limitation of motion, limp or leg length discrepancy but with little or no pain are not candidate for THR. Severe osteoporosis, Dementia, Alcoholism, Nicotine, peripheral vascular diseases, severe peripheral neuropathy are relative contraindication. Pre-operative planning to restore hip biomechanics and to anticipate and do minimize the risk of complications are the most important steps in successful THR.

Materials and Methods
Total Seven patients were operated in the year 2017 in DMCH. All had osteoarthritis with severe painful hip and pain at night. They had also severe limitation of motion and weight bearing. Both cemented and non-cemented THR were done. All were operated in lateral position in Hardings approach under both spinal anesthesia and epidural analgesia. Early active and passive movements of nearby joint were started as pain permit. All the patient’s were also evaluated according to the Harris Hip Score, an empty sample chart is demonstrated in figure 1. On 3rd postoperative day catheter, drain, epidural analgesia were revised, X-ray was done, mobilization with walker with partial weight bearing was started. Oral analgesia was given for 3 to 5 days and Injectable antibiotics were continued for 7 days. On 14th postoperative day stitches were removed and patients were discharged. Postoperative follow up was planned on one month, three months, six months and twelve months interval followed by yearly follow up for life long. Clinical evaluation, X-ray, basic biochemical and hematological investigations were done in every follow up visit.

1. Dr. Md. Mobarak Hossain, Assistant Professor (Arthroplasty Orthopaedic Surgery), DMCH
2. Dr. Quazi Shahidul Alam, Dr. Masud Parvej, Asst. Registrar, Orthopaedic Surgery, Dhaka Medical College Hospital.
3. Dr. Md. Ashfaqur Rahman, Indoor Medical Officer, Ortho U-I Dhaka Medical College Hospital, Bangladesh.
4. Dr. Akhter Hossain, Resident, Orthopaedics, Dhaka Medical College Hospital, Bangladesh.
5. Dr. Haridas Saha, Assistant Professor, Surgery, DMCH, Dhaka

Correspondence: Dr. Md. Mobarak Hossain, Assistant Professor (Arthroplasty Orthopaedic Surgery), DMCH, Tel=+88-01715784628, Email: mobarak28@gmail.com.

Received: 12 May 2017  Revision: 26 August 2017  Accepted: 01 September 2017

DOI: http://dx.doi.org/10.3329/jdmc.v27i1.38888
Result:
Average Patient’s age was 57 years and 56% were female and 44% were male. All the patients were from very low socioeconomic background and we supported them by providing Prosthesis complementary. Results were evaluated by Harris hip score which was adopted from the Campbell’s Operative Orthopaedics. All the patients were found clinically improved which was evident by 56% with excellent outcome, 28% with good outcome and 16% with fair outcome.
Discussion:

It is well known that total hip replacement provides improvements in health-related quality of life, pain reduction, and satisfaction after surgery, as also found in our study. The overall initial outcome is showing very promising for running this program in a tertiary government hospital setup. However, this effect is thought to be preserved with minimal deterioration beyond the 1-year postoperative period, but slight decline has been observed in patient-reported outcome measures (PROMs) over time in many published literatures. As the average age of patients in our study was 57 years, it is plausible that the slight decline in the health state of the patient is related to natural aging but it is important to determine whether the improvements in health-related quality of life after THR surgery are long lasting. Few studies have examined the long-term changes in PROMs following THR, and we are planning to examine the long term postoperative outcome of THR in this setup.

The limitation of our study is the small number of the patients and short duration of follow up, but we are expecting to overcome this in near future by promoting this service through public awareness and regular academic seminars.

Conclusion:

THR is now a days a gold standard of practice throughout the world with published journals. We have started this practice in Bangladesh too and this time at DMCH in a large scale. Results are yet to be decided as at least 1 year follow up is required to find out how they do in our local community.

References: