

Bipolar Hip Replacement

There are a variety of patterns to hip fractures, each has its own best way of treatment. The fracture you have is called a subcapital fracture of the femur. Over the last 60 years, the standard of care for this has been Moore's hemiarthroplasty. Of recent years in Australia, we have searched for a better answer, with a higher chance of full recovery.



Figure 1. This shows the fracture or break below the ball and socket joint of the hip. The head of the femur has been snapped off, beyond repair. It is best to replace the hip.

A variety of options exist. The bipolar hip replacement has the lowest chance of needing further surgery. It uses a normal total hip replacement stem, and a cup that bridges between the hip replacement head size, and the pelvic socket. It has a lower dislocation risk than total hip replacement performed for fracture. We use an uncemented stem design – this reduces post-operative confusion, and slightly reduces the risk.

Dislocation is still a risk, so “hip precautions” are necessary for three months. This means not picking things up from the ground, and not putting on shoes or socks for six weeks, and after that, only with your knees wide apart.

Almost all patients are permitted to put their full weight on the leg immediately. The intention is to have you walking within 24 hours of surgery.



Figure 2. Typically the surgery can be done through a ten centimetre incision. The surgery is undertaken in the operating theatre, with a team of nurses, anaesthetist, surgical assistant, and the surgeon. Time in the operating theatre is usually 1.5 hours.



Figure 3. Bipolar hip replacement

RAPT score predicts discharge directly home.

Age: >75=0, <65=2, 66-74=1

No walking aids =2, stick=1, others=0

Home help or MOW >1/wk=0, others=1

Walking >2blocks=2, <2 blocks=1, housebound =0

Male=2, Female=1

Living alone =0, carer=3

An aggregate score of more than six suggest it will be possible to go directly home. Note that you and your family can change the score if you usually live alone, have someone stay with you to start with. Generally, this is a better recovery than rehabilitation.