

## Long Stem Hip Replacement for Tumour

Sometimes bone is weakened by tumour. This can cause severe pain and even fracture of the bone. The diagnosis may be obvious on x-ray, or it can be difficult to diagnose.



Figure 1. An MRI demonstrating the bone to be weakened by tumour. In this location, the bone is likely to break within days or week

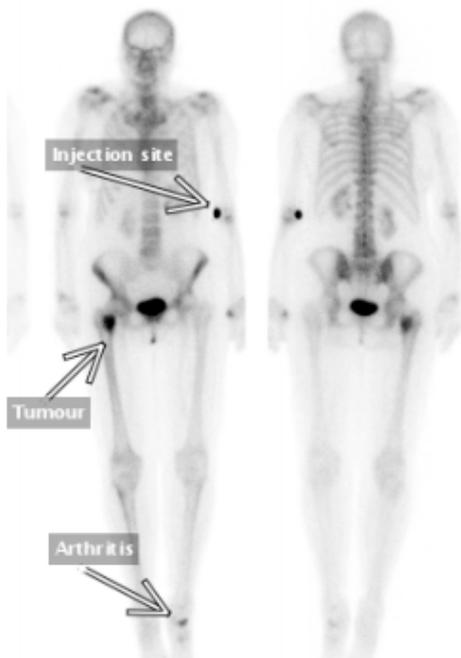


Figure 2. A bone scan is sometimes required to investigate if there is only one location involved.

Different surgeons will solve this problem in different ways. Our training and experience suggests that cases like yours should be fixed with a complex hip replacement.

Unlike normal hip replacements, the stem down the femur needs to be longer to avoid unexpected failure by the bone breaking, or giving way at the tip of the stem. The pelvis side sometimes needs a reinforcing cage. Both components should be cemented. Not all orthopaedic surgeons are comfortable doing this work and might refer you elsewhere.



Figure 3. Long stem hip replacement. The aim is to bypass all of the weakened bone.

Risks of this surgery are higher than ordinary hip replacement. They include infection, dislocation, leg length discrepancy, damage to nerve or arteries, post operative confusion, kidney failure and even death. Usually either nothing goes wrong, or the complications are minor, and only a temporary annoyance.

## **Financial Consent for Tumour Surgery**

Tumour surgery fees don't take into account the urgency of the cases. It has been poorly indexed over the years, despite the surgery involving more complex methods of fixing the fractures. Our aim is to achieve faster return to function. There is a free service available at Ballarat Base Hospital, although often the trainee surgeons do the work, and the timing of the surgery is often delayed by other emergency cases taking precedence. Once the surgery is done, it is too late to change back to being a private patient given that operative decisions can't be reversed and there is no mechanism for payment.

## **Why don't all orthopaedic surgeons do tumour surgery?**

Tumour surgery is relatively rare – perhaps less than one percent of hip replacements are performed for tumour. Operating out of hours surgery typically takes twice as long, so effectively one is paid half as much as doing elective surgery (in hours). Furthermore, a larger repertoire of surgical skills is required to do tumour surgery well.