

伯明翰髖關節表面翻修手術幫助年輕而好動的髖關節炎病人重拾活躍的生活，並為他們保存更多原有的骨骼。

### 甚麼是伯明翰髖表面翻修術？

伯明翰髖關節表面翻修手術 (Birmingham Hip Resurfacing, 簡稱BHR) 是特別為年輕而好動的髖關節炎病人而設的髖置換外科手術方法。

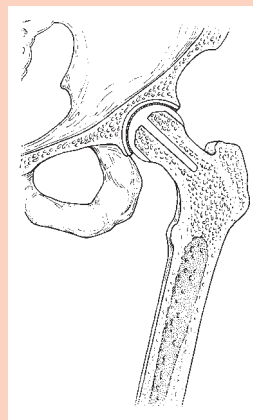
BHR與傳統的全髖置換手術 (THR) 有三大分別：

1. BHR使用堅硬的碳化鋼，能夠減少磨損。磨損是構成人造關節鬆脫及退化的主要成因。
2. BHR與正常的髖關節尺寸相同，故此能減少移位的機會。因此手術後病人可以蹲及坐於狹窄空間，如跑車及飛機艙。
3. 由於BHR是一種「表面翻修」的手術，故只會切除極少部分的股骨。所以對於再有需要接受THR的病人而言，此手術的難度會相對減少。

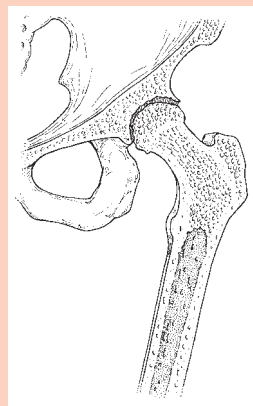
### 甚麼人可以受惠於BHR手術？

患有髖關節炎的年輕病患者。髖關節炎一般由疾病或受傷所引致。它導致髖關節在日常生活，尤其在走路或晚間休息時產生痛楚。

動脈血管壞死症（即「骨枯」）是一種由於缺乏血液供應而引致的骨折及關節炎。這種情況在亞洲人當中尤其常見。其他常見的情況還包括細菌感染、受傷、股骨頭滑脫症，以及特別是因先天性發育不正常而引致髖關節不能正常形成。



伯明翰髖表面翻修術



發炎的髖關節



X光片: 骨枯



X光片: BHR (左) 及 THR (右)

### 是不是在痛得忍無可忍時，我才需要接受髖關節手術呢？

過去，醫生一般建議年輕病患者越遲進行手術越好，因為經過大約二十年後，人造關節很有可能出現磨損，屆時便需要再次更換人造關節，而更換新人造關節的手術難度亦相對較高，其壽命亦通常不長久。

若無法以簡單的藥物減輕痛楚，我們建議大部分60歲以下的人士及65歲以下的好動人士考慮接受BHR，因為我們相信BHR的壽命會更長。

### 甚麼人不應接受BHR？

患有嚴重骨質疏鬆症的病患者不適宜接受BHR。

### BHR包括甚麼？

經麻醉後，醫生會在您的大腿外側切口，然後小心地剖開您的髖部肌肉，露出髖關節。接著，切除發炎的關節及一層骨質，並置換金屬的球窩關節，最後縫合切口。手術需時約一小時。您在翌日已能夠以拐杖輔助走動，並且一般可於五至六日後出院。

### 有沒有其他種類的髖表面翻修手術？

現時有三種不同的手術設計，分別在於所使用的金屬及製造方法。髖表面翻修手術並非全部相同。除BHR之外，並未有關於更新的翻修手術的文章發表過。

### 目前的手術成效如何？

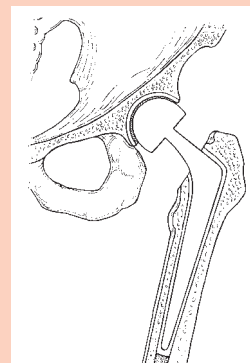
由英國奧韋士利的教授James Richardson在過去六年跟進的5,500位病人當中，只有0.76%的病人需要再做手術。然而，根據Swedish National Total Hip Replacement Register (在瑞典跟進所有全髖置換個案的組織)的調查發現，在過去八年間，有一成的五十五歲以下病患者進行THR手術後失敗。McMinn醫生發表了過去十年所取得的傑出成果。[JBJS Br Vol.86-B, No.2, March 2004]

### 我可以再運動嗎？

許多病人可以再進行不同劇烈程度的運動，其中包括柔道及馬拉松賽跑，而成績亦十分理想。

### 我的髖關節已嚴重受損，我仍可接受BHR嗎？

即使您的股骨頭和股骨頸已受損，您仍可以透過多方位金屬軸承受「複合BHR」。此手術會以傳統全髖置換手術方式，將鋼枝「植入」股骨並配合BHR的球窩關節。



伯明翰元件式髖組合

### 手術有甚麼風險？

手術的風險大致與全髖置換手術相似。包括：

- 細菌感染：少於0.5%
  - 腿部深部靜脈栓塞：1-2%
  - 關節肺栓塞：少於0.1%
  - 一般麻醉及醫療問題：1%視乎個人年齡及身體狀況而定
  - BHR最大的危機—BHR位置上的股骨折：少於1%
  - 關節脫位情況：大約0.1%
- 置換「金屬包金屬」的髖關節後，血液中的金屬離子會增加，但暫未有報告顯示對身體有任何影響。

### 我何時可恢復工作？

文職工作：手術後約三星期

粗重工作：手術後約三個月

### 手術後有甚麼需要跟進？

最理想做法是您在手術後六至八星期內及每年接受一次X光檢查。

### 我何時可乘搭飛機？

您一般在接受手術後六星期才適合乘搭飛機，這樣可減低患上腿部靜脈栓塞[DVT]及肺栓塞的機會。

本院備有BHR的外科手術套餐。

### 歡迎致電預約或查詢：

#### 明德醫務中心

電話：2849 1500 / 2849 1515

星期一至日上午8時至晚上10時

† 需預先預約

# BIRMINGHAM HIP RESURFACING (BHR)

## 伯明翰髖關節表面翻修外科手術



明德國際醫院  
Celebrating our first 100 years

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# The Birmingham Hip Resurfacing procedure helps young, active patients with arthritis hip pain to restore their active lifestyles and keep more of their original bone.

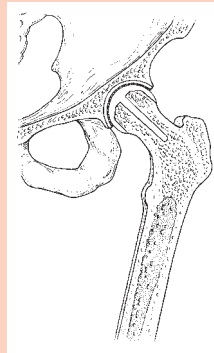


## What is Birmingham Hip Resurfacing?

Birmingham Hip Resurfacing [BHR] is a hip replacement designed specially for young and active people with arthritis of their hips.

It differs from a 'conventional' Total Hip Replacement [THR] in three main ways:

1. The metal-on-metal bearing uses very hard high carbide cobalt chrome alloy to reduce wear debris [Debris is considered to be a major cause of loosening and failure of joint replacements].
2. BHR has the same dimensions as the normal hip, making dislocation rare – thus allowing more normal activities such as squatting and getting into confined spaces such as sports cars and aircraft.
3. Because BHR is a 'resurfacing' less of the normal bone is removed, potentially making revision to a THR easier if required.

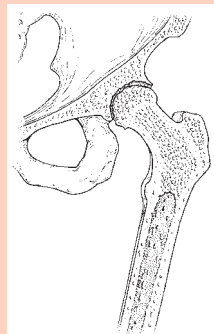


Birmingham Hip Resurfacing

## Who can benefit from a BHR?

Young people with arthritis of their hips. Arthritis is inflammation of the hip due to disease or injury. Usually it becomes painful, especially with activity, such as walking, and at night.

A common problem in Asians is avascular necrosis [AVN], a condition where there is loss of blood supply to the bone causing collapse and arthritis. Other problems are infection, injury, slipped upper femoral epiphysis and where hips do not form properly, as in a congenital dislocation of the hip.



Arthritic hip joint



X-rays: AVN



X-rays: BHR (left) and THR (right)

## Shouldn't I wait as long as possible before having a hip operation?

In the past young people were advised to put hip replacement off for as long as possible because it was likely they would wear out the artificial hips after around 20 years, thus requiring a second [or 'revision'] hip replacement, which is usually more difficult than the first and usually does not last as long.

Because we believe the BHR will last indefinitely we now advise most people under 60 and active people under 65 to consider a BHR when they have hip pain that is unpleasant and not controlled by simple drugs.

## Is there anyone who should not have BHR?

Only those with significant osteoporosis should not have BHR.

## What does the BHR involve?

Under a general anaesthetic a cut is made in the side of the leg, the strips from your muscles around the hip are carefully cut to expose the hip joint, which is dislocated. The arthritic joint and a thin layer of bone are removed and replaced with a metal 'ball and socket'. The muscles and skin are stitched up. The operation takes about one hour. You can walk with crutches the next day, and can usually go home after five to six days.

## Are there other types of hip resurfacing?

There are currently 3 main designs. There are differences in the type of metal used and the way they are made. Not all 'hip resurfacings' are the same and none have the published follow up of the BHR.

## What are the results so far?

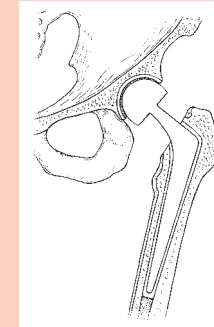
The cohort of 5500 patients independently followed up by Professor James Richardson in Oswestry, UK, has a verified revision rate of 0.76% at over 6 years. To put this in perspective, the best results of THR in patients under 55 years of age from the Swedish National Total Hip Replacement Register [which follows all hip replacements in Sweden] show a 10% failure rate at 8 years. Dr. McMinn published excellent results up to 10 years [JBJS Br Vol.86-B, No.2, March 2004]

## Can I return to sport?

Many patients have returned to sport at all levels including returning to judo and marathon running – and so far they are doing well.

## My hip is badly damaged. Can I still have a BHR?

Even if you have lost the top [head and neck] of your thigh bone you may still be able to enjoy the advantages of the large diameter metal on metal bearing by having a 'hybrid BHR' – where a metal stem is placed into the thigh bone, much like a conventional THR, with a modified BHR ball, and standard BHR socket.



Birmingham Modular Hip System

## What are the risks?

The general risks are the same as for a THR: infection [less than 0.5%]; a clot in the leg known as a deep venous thrombosis [1-2%]; a pulmonary embolus [less than 0.1%]; general anaesthetic or medical problems [about 1% depending on one's age and general health].

The specific risk of BHR is of a fracture in the thigh bone below the BHR [less than 1%]. The risk of dislocation is very low [about 0.1%].

There is an increase in metal ions in the blood after a metal on metal hip replacement. So far no problems have been identified as a result.

## When can I return to work?

**Executive office work** – about 3 weeks.

**Manual work** – about 3 months.

## What follow up is needed?

Ideally you would have an x-ray 6-8 weeks after the operation and then once a year.

## When can I fly?

Ideally you should wait for six weeks to reduce the risk.

BHR surgical package is available at a predetermined price.

For booking and enquiries, please call our

**Matilda Health Centre**

Tel: 2849 1500 / 2849 1515

8:00am - 10:00pm every day

† By appointment only