ADVICE FOR PATIENTS WITH METAL HIPS

What is this controversy about?

Recently multiple articles have published in various newspapers in the UK and South Africa reporting on failed metal hip replacements and resurfacings. This caused an understandable panic reaction amongst thousands of patients.

Unfortunately the media are not always specific about which implant is the problem and often have pictures of completely the wrong implant in their articles. The sensationalism caused by this mass inclusion of all metal hips has caused much unnecessary concern.

There was subsequently an article published on a link with cancer in the UK Telegraph. This has been disproven in multiple medical studies and they have subsequently published an article confirming that there is no increased cancer risk.

The main culprit in this debacle is the ASR hip resurfacing and replacement implant that was produced and marketed by DePuy worldwide. This implant has shown a markedly higher rate of failure than any of the others due to several design flaws which have been uncovered and proven in multiple scientific research articles and publications.

DePuy continued to market the implant despite early warning signs in the Australian registry as early as 2006. DePuy eventually withdrew the implant in the US and UK in October 2010 only after the story was published in the New York Times. Several months later it was withdrawn in the UK and in South Africa.

Subsequently several other metal hip resurfacings and replacements have been withdrawn by other companies.

Despite this intense scrutiny the Birmingham Hip Resurfacing, BMHR and Birmingham stemmed implants have continued to show excellent results on the registries worldwide as well as in numerous published scientific studies.

How did this happen?

Metal on metal hip replacements were first implanted in the 1950s. At the time engineering of these implants was not as exact as today's standards. Some of the implants had excellent survival.

In the 1990s a group of surgeons from Birmingham, led by Derrick McMinn, looked into metal on metal bearings again hoping to find a solution for young patients who required hip replacements that would preserve bone for future surgery if required and hopefully give a more durable result.

They researched various designs and engineering techniques in a controlled environment, eventually settling on the design as used today in all BHR bearings in 1997.

These implants were very successful and had multiple advantages over conventional hip replacement particularly in young patients. The patents for this implant were held by Midlands Medical Technologies who allowed production by Finsbury. Later the rights were sold to Smith and Nephew. Due to the success and popularity of the implant all of the other major orthopaedic device companies wanted a similar version.

Unfortunately some of the lessons learned by the BHR design group were not used in the design and manufacture of these similar devices. Arc of cover, thickness of acetabular liner, clearance levels, heat treating of metal and sintering of beads onto the backs of cups were among the changes. This has been proven to be linked to the subsequent higher failure rates of many of these other devices.

What is the scale of the problem in South Africa?

There were approximately 3500 DePuy ASR hips implanted in South Africa. Currently the failure rate at 9 years reported internationally is sitting around 25%.

What is being done?

Currently DePuy have agreed to pay for revision surgery (changing the damaged device to another hip replacement) on any patient with a DePuy implant that has failed due to design flaws.

What to do if you suspect you may have one of these implants?

According to guidelines published by the MHRA in the UK all surgeons who implanted the DePuy ASR have been instructed to contact all the patients who they used the device in and to follow them up annually for the rest of the life of the implant.

The recommendations state that all patients with a DePuy ASR should have blood metal ion levels tested and an ultrasound at the hip at the first visit.

These guidelines recommend routine follow-up according to local protocols for all other resurfacings (i.e.: BHR follow-ups are no different from all other hip replacements).

The guidelines also recommend blood metal ion levels and ultrasound in all patients with stemmed large head metal hips. The registry results for these devices using the Birmingham bearing are excellent and increased revision rates have not been encountered. We have therefore not recommended these guidelines for follow-up to our asymptomatic patients with BHR bearings on stems.

What to do if you have had a Birmingham hip resurfacing implant and you have no symptoms

It has been shown thus far that there is no increased risk of problems in patients with a BHR/BMHR who are asymptomatic (i.e.: have no pain or altered symptoms).

You can rest assured that your BHR/BMHR is not toxic and does not have a raised risk of problems. It has been proven that there is no increased cancer risk. Follow your surgeon's advice on routine follow-up Xrays. We currently recommend an X-ray and visit to the surgeon at 1, 2, 5 and 10 years post implantation.

What to do if you have pain or new symptoms in your hip with any other device?

There is a small chance that problems may develop with any hip replacement device on the market today. It is therefore recommended that any patient with pain or altered symptoms contact their orthopaedic surgeon for a consultation just as they would have before this whole debacle occurred.