Subtrochanteric Valgus Osteotomy and Femoral Head Resection (McHale Procedure) for Painful Hip Dislocation in Cerebral Palsy Patients

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The McHale is a popular salvage procedure used for largely non-ambulatory patients with neuromuscular conditions and hip dysfunction, however data is mixed with regards to the best salvage procedure. The McHale procedure can be considered for patients with neuromuscular conditions, particularly cerebral palsy, with chronic hip dislocation causing pain, limited hip motion and issues with hygiene. In cases where hip reconstruction and containment are not feasible, the McHale procedure is a viable option. The goals of this procedure are pain relief, increased range of motion and improved seating ability.

The femoral head and neck are resected through an anterolateral approach. A pre-contoured 150-degree proximal femoral locking plate is used to perform a proximal femoral subtrochanteric osteotomy with external rotation of the diaphysis. Finally, ligamentum teres is sutured to the iliopsoas to prevent proximal migration of the femur.

The combination of subtrochanteric osteotomy and femoral head resection provide pain relief and prevent superior hip migration. While effective, it does carry high risk of complications. The McHale remains our preferred choice of salvage procedure due to its superior pain relief and ability to improve quality of life in these patients.