

Immediate Weight-Bearing after Extended Trochanteric Osteotomy in Revision THA: Is It Safe?

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INTRODUCTION:

An extended trochanteric osteotomy (ETO) is utilized in complex cases to enhance access to the femoral canal and aid implant and cement removal during revision total hip arthroplasty (RTHA). However, there is no consensus regarding postoperative rehabilitation protocols, with some surgeons advocating for early weight-bearing as tolerated (WBAT) protocols while others do not. This study aimed to assess the safety and efficacy of an immediate WBAT protocol in patients undergoing ETO during RTHA.

METHODS: A multicenter retrospective review was performed from 2001 to 2021 to identify patients undergoing an ETO during RTHA. All patients underwent an immediate WBAT protocol postoperatively. Demographic, perioperative, and postoperative data were collected, including union rates, ambulatory status, 90-day complications, and Hip Disability and Osteoarthritis Outcome Score, Joint Replacement (HOOS JR) scores.

RESULTS:

A total of 63 patients were identified. The mean age was 63.5 ± 14.3 years. Average follow-up time was 26.3 ± 9.03 months. Radiographic union was found in 45(71.4%) of the ETOs. HOOS JR scores improved from preoperative to 6-month (mean 14.7 ± 7.2 vs. 3.6 ± 5.1 , $p \leq 0.0001$). At final follow-up HOOS JR scores were 2.2 ± 4.7 . Preoperatively, 29(47.5%) patients ambulated without an assistive device, 20(32.8%) patients ambulated with an assistive device, and 12(19.7%) patients were non-weight bearing. Postoperatively, 19 (30.6%) patients ambulated without an assistive device, 35(56.5%) patients ambulated with an assistive device, and 8(12.9%) patients were non-weight bearing. There were 6 complications (9.5%) found within the 90-day postoperative period, which included 2(3.2%) infections, 1(1.6%) dislocation, 1(1.6%) fall, 1(1.6%) wound dehiscence, and 1(1.6%) femoral stem loosening.

DISCUSSION AND CONCLUSION:

An immediate WBAT protocol can be safely implemented in patients undergoing ETO during RTHA.