Describe the ideal candidate for total hip arthroplasty (THA).

The ideal patient for any total joint arthroplasty, including THA, is, as it was written years ago, a normal person. Jokes aside, we can consider as ideal a patient who is not too old, in good health, and not obese, and who has a good muscular apparatus. It is also important that the patient be determined to undergo the operation.

What are the most common reasons that patients need THA?

Pain and progressively limited function are the main reasons patients seek orthopedic surgeons. Regarding the etiology of arthritic disease, all over the world, THA is most frequently performed for primary osteoarthritis, but local factors play an important role. For instance, in Anglo-Saxon countries, rheumatoid arthritis is common, whereas in Mediterranean countries, it is rare. Conversely, congenital hip disease is more frequent along the Mediterranean coast than in Northern Europe.

In this issue of ORTHOPEDICS, Dr Roberto Binazzi discusses the most common reasons patients need total hip arthroplasty and its risk factors.

What is the role of imaging in diagnosing THA?

Imaging is certainly important for diagnosis and treatment, but direct, accurate examination of each patient is more important. We have to keep in mind that we treat patients, not radiographs.

What are the risk factors of THA?

Risk factors are infinite. The main ones are previous infections (local or systemic), cardiopulmonary diseases, and, in general, all medical problems interfering with the anesthesia and postoperative recovery.

What activity limitations occur after THA?

Patients who have undergone THA can return to an almost normal life postoperatively. The problem starts with what they consider “almost normal.” Walking, biking, and playing golf are
allowed activities. However, jogging, skiing, tennis, and all contact sports are considered activities that put patients at a high risk of damaging the prosthesis, although with modern implants, some patients are able to perform these activities.

**Are there alternative treatments to THA?**

If arthritis is severe, there is no alternative to reconstructive surgery. However, if the patient shows mild symptoms or if he or she is not psychologically ready for surgery, we have to resort to medical (ie, medication) and physical therapy. I do not think that alternative surgery, like the various types of osteotomies that are fashionable today, can meet patient’s expectations like a THA.

**What does the future hold for THA?**

The main unresolved problems of THA are wear of the joint surfaces and long-term fixation to bone. Ceramic-on-ceramic articulation has improved wear performance dramatically, in particular with the new Delta (CeramTec, Plochingen, Germany) ceramic used for heads and liners. Nevertheless, some concern exists about the necessity of positioning the components correctly. Cementless fixation is now widely accepted, even in countries where, until a few years ago, only cemented THAs were performed. The future could be a new ceramic-like material showing almost no wear but being less sensible to malpositioning of the components. On the prosthesis side, we probably need a new material more isoeelastic than titanium.