

# Managing Hip Luxations

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Hip luxations in dogs occur with some regularity. Managing them in the initial stages is within the capabilities of any general practitioner. Depending on the patient and the owners' treatment preference some cases may need referral for surgery, but many can be definitively managed locally. Most luxations in dogs are traumatic and therefore the clinician should appropriately deal with the whole patient. Hip dysplasia may be a contributing factor and plays a key role in treatment decision-making.

Management of the trauma patient is not the focus of this presentation, but it should be noted that these animals may also have thoraco-abdominal trauma, fractures, or neurologic injuries that must be dealt with. Beyond this holistic care, the management of the luxation begins with documenting neurologic status and taking radiographs. Assessing the joint for fractures (including avulsions) and arthritis is very important. Additionally, a complete history should be obtained to determine if the animal had pre-existing lameness in that leg. An animal with arthritic change that was already lame will likely be treated differently than a dog with the same arthritis but that had never shown decreased performance or comfort.

Planning and decision-making are as important as proper technique as mistakes at this stage can doom the repair. The first question is whether or not to proceed with closed reduction and conservative management or whether to proceed with surgical intervention – either for salvage or stabilization. In general, candidates for closed reduction and sling stabilization are those with good conformation, no joint damage, and minimal other injuries. If surgical management is more appropriate, the decision must be made whether to proceed with a salvage procedure or to attempt reduction and stabilization. Salvage procedures could be either a femoral head and neck ostectomy or a total hip replacement. Correctly understanding the client's desires must be performed prior to surgery. Candidates for salvage procedures include those with severe joint damage from the luxation, severe dysplasia and arthritis, or those whose owners merely elect a salvage procedure for convenience or financial constraints. Even in patients for whom a primary stabilization seems appropriate, intra-operative findings may necessitate conversion to a salvage procedure. In these cases, it is vital that the owner's preference for ostectomy vs. joint replacement be understood. Clinicians may need to refer luxations if the "back-up plan" is a procedure they are unable to convert to (as in a joint replacement). There is no reason to start a procedure, be forced to close, and then refer.

A number of options exist for managing luxations. This presentation will cover application and care of ehmer slings as a conservative therapy. Among the many methods for primary stabilization, capsulorrhaphy, prosthetic capsule, and toggle fixation are the most common. These techniques will be reviewed. Joint replacement is beyond the scope of this discussion, but ostectomies will be discussed.

Finally, the presentation will review post-operative care and trouble-shooting of complications.