Press Release

Study Finds "Dual Mobility" Hip Replacement Implant Reduces Risk of Dislocation

(New York, NY. April 29, 2020.) More than 350,000 hip replacements are performed in the United States each year to relieve pain and restore mobility. Overall, it's a highly successful procedure and has given many people a new lease on life. However, as with all surgeries, the risk of a complication exists, and dislocation is one of the most common. At Hospital for Special Surgery, we conducted a study that found that an implant known as an anatomic dual mobility (ADM) hip replacement significantly lowered the risk of dislocation, reducing the need for a revision surgery.

My colleagues and I evaluated almost 200 hip replacements with the dual mobility implant and found no dislocations at follow-up of at least five years. The research appears online as an ePoster as part of the American Academy of Orthopaedic Surgeons Annual Meeting, which was transformed into a virtual experience due to Covid-19:
https://aaos.apprisor.org/epsAbstractAAOS.cfm?id=2

A hip replacement implant is a ball-and-socket mechanism, designed to simulate a human hip joint. Typical components include a stem that inserts into the femur (thigh bone), a ball that replaces the head of the thigh bone, and a shell that lines the hip socket.

The dual mobility implant system was designed to increase range of motion and decrease the risk of a dislocation by increasing the size of the femoral head component. This leads to a hip replacement with increased stability, which is especially important for active patients who may put more demands on their new hip.

We designed our study to review hip replacements with the anatomic dual mobility acetabular cup to examine clinical outcomes after five years of implantation at Hospital for Special Surgery and three other hospitals.

We reviewed a total joint replacement registry for patients who had a total hip replacement with an anatomic dual mobility (ADM) cup from January 2008 to December 2012. A total of 144 patients who had undergone 199 hip replacements were included in the study. The mean age was 67 years, and patient follow-up was from 5 to 7.9 years. X-ray analysis showed no implant loosening, and there were no dislocations.

In addition to the stability provided by the dual mobility hip replacement, patient-reported outcome measures, including pain and function, also improved, making the dual mobility hip implant a good option for appropriate patients.

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