Jenny Adsitt 2 failed BHR's Malpositioned then Revised to THR's

Thank you Jenny for sharing your story. This is a perfect example of a surgeon that misplaced her resurfacing components drastically and then blamed his mistake on the device itself and it being metal on metal when the BHR's were placed completely wrong. Sometimes staying local isn't always the best idea, convenience or expertise? You decide. Here's her story, hoping it will help others to not make the same mistake, with the top surgeons responses below and her x-rays. Do NOT just take your surgeons word that your component is placed correctly, if you are having pain, contact me and get some expert opinions.

Jenny’s story: "I am fifty years young, healthy, physically fit, and exercise regularly, extensively. I was born with under developed hip sockets and suffered from debilitating joint pain most of my life, up until hip replacement surgery in January/February 2010.

I had hip resurfacing on both hips with Birmingham hip implants, six weeks apart. My surgery was performed in Anchorage, Alaska by one of the top rated orthopedic surgeons in Alaska and the only surgeon in Alaska certified to perform resurfacing. In fact, he teaches resurfacing to other surgeons.

Initial outcome was extremely good — pain disappeared and I healed exceptionally fast and within 3 months post-surgery hiked Angles Landing in Zion. I couldn't remember ever feeling so good and completely pain free. I had my life back. However, within a few months I began to experience significant, continual and progressive clunking and grinding associated with movement in both hips. Left hip was more pronounced than right. I also developed mild pain associated with excessive exercise and experienced dull achy pain in hips if I lay on side very long. This, however, was nothing compared to the pain I experienced prior to hip replacement surgery.

At my one year checkup I expressed concern over the clunking and grinding in my hips. I subsequently had a CT scan and a blood test to check for metal ions in blood, specifically Chromium and Cobalt. Blood test results in March 2011 were at level 99. Follow up blood test results in June 2011 indicated a 70% increase with metal ion levels at 140. As I understand metal ion levels over 5 are considered “toxic”. CT taken in March did not show signs of wear in joints or misalignment, according to my surgeon.
My surgeon told me that due to the excessive amount of metal ions in my blood that my health was seriously jeopardized and that I was at risk for hearing loss, memory loss and kidney damage — early symptoms of high metal toxicity. He told me I had no options other than total hip replacement with the traditional metal and ceramic hip implants in order to reduce metal toxicity. My surgeon suspected the reason for the high amount of metal in my blood was due to an allergic reaction where my body was rejecting the metal prostheses. I had a hard time believing this as I have no history of metal allergy. It made more sense to me that the clunking and grinding of my hips was the culprit.

Subsequently I went for a second opinion at Seattle's Virginia Mason's Orthopedic Clinic (VM) and was told my x-rays and CT scan looked very good and that my surgeon had done an amazingly good job. Physical examination though perplexed the doctor at VM as he was astounded to hear and feel the pronounced clunking and grinding with the slightest movement of my hips. He retested my blood for metal ions and results were close to the same. He said he'd never seen metal levels as high in anyone before and agreed with my surgeon's recommendation for revision surgery to THR. I was sickened at the thought of having to go through another hip replacement in less than 2 years; particularly since I felt so good. It was easier to go into something like this when I was in excruciating pain with restricted mobility. I reluctantly scheduled my revision surgery with the same surgeon in Alaska who did my resurf for November 17th.

About this time frame I was fortunate enough to come across Vicky Marlow's Hip Resurfacing website and began to educate myself on all the aspects of resurfacing, and the importance of having the right surgeon — not just a good surgeon, but one that rated one of the best with extensive experience in resurfacing. I learned the risks associated with a revision surgery from resurface to THR are far greater than those of a first time THR. I knew I couldn't risk another failed surgery. Vicky graciously offered to send my records to some of the top surgeons in the world and responses back from three of them, Dr. Bose in India, Dr. Su in NYC, and Dr. Nargol in UK were all consistent. They all said both of my hips were misaligned and edge loading and that THR was necessary. For the first time I felt I was getting feedback from doctors that made total sense. Why else would my metal ions be so high if not for the grinding and clunking. I suddenly realized I could not possibly go through with revision surgery with the same doctor who misaligned my hips to begin with.

In desperation I contacted Vicky Marlow and asked if she could possibly get me in to see Dr. Su in the near future. Although so far from Alaska, he was the closest of the three. With my metal ions so high I could not risk waiting months for his next opening. Within a few days Dr. Su responded that he would expedite getting me in and shortly following that I heard from his office that he had an opening on Nov. 14th, in two weeks. I needed to be there the week prior for my pre-op and mandatory hip surgery class. I had to move fast with travel arrangements from
Alaska and accommodations in NYC.

My bilateral revision was performed by Dr. Su on Monday, 11/14 and I was in hospital a week. Bit longer than expected due to low blood pressure following surgery and the need for several blood transfusions. Then after that I had a lot of nausea and dehydration due to my sensitivity to pain pills. Aside from that everything went really well. Worst pain was my left thigh but that has recently subsided within 10 days. I have zero weight bearing on left hip but my right hip is taking the burden of my weight well. Luckily I'm not very big. I'm recuperating at a friend's place in Upstate NY and have my mom here caring for me right now. My husband was with me the first two weeks. I am scheduled to meet w/Dr. Su for post op on Dec. 6th and then return home to Alaska. I should be ready for the long flight by then.

I can't tell you how impressed I am with Dr. Su and HSS &ndash; Hospital for Special Surgery, #1 hospital for Orthopedic Surgery &ndash; also with the lowest incidence rate of infection in the nation. The difference between this surgery and my previous resurf surgery is like night and day. I was so confident going in to this surgery with Dr. Su. He's the only doctor I've seen that recognized my hips were misaligned and edge loading and knew exactly what he needed to do. He found both hips to have metallosis, particularly in the left that was grinding and clunking the most. There was a lot of metal stained tissue but for the most part the tissue was in good shape. He scraped out a lot of bone that was embedded w/metal, particularly in the left hip. He said my prognosis is excellent and once healed I should have greater ROM and that aside from jogging and jumping I can resume all physical activity.

I also know, if not for Vicky Marlow, her genuine concern for others, and her informative website I would be having a less than optimal outcome - perhaps disastrous, again. I am forever grateful to Vicky. I can't say enough good about Vicky. She is an amazingly giving, thoughtful, and wonderful person. She has absolutely made a difference in my life and the lives of so many.

Dr. Edwin Su - http://tophipsurgeons.com/edwin-su.html
Hi vicky,

Just returning your email about the above patient with 2 hips and high metal levels;

Can’t completely evaluate cup position because there is no cross table lateral.

But the right hip looks more malpositioned than the left, although she has more symptoms on the left.

In any case, with metal levels like hers, revision to THR is necessary.

If she wanted to do 1 at a time and watch the metal levels come down, that would be fine, however, with the mechanical grinding that she describes in both hips, they would probably both need to be revised.

Ed

Dr. Vijay C. Bose MS (Orth), DNB (Orth)

On Sep 26, 2011, at 6:08 PM, Vijay Bose wrote:

The right certainly needs immediate revision due to the badly placed cup and is edgeloading. One can wait and watch the left for the present point in time.

with best regards

http://www.hipresurfacingsite.com

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Here is Tony Nargol's response

He is the world expert on the ASR and metal ions and revisions in the UK.

Dr. Tony Nargol; http://www.tonynargol.co.uk/

On Sep 27, 2011, at 11:36 PM, Antoni Nargol wrote:

yes they are 3.5 times level they should be, so high

fully agree take out the one causing problems first and monitor, but do not put another metal head back in.
tony