

# Advances in hip surgery: Preservation, resurfacing, and the rise of revision networks

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**Dominic Meek** is a consultant hip surgeon at Queen Elizabeth University Hospital, Glasgow. He is a specialist in hip reconstructive arthroplasty surgery, in particularly young and complex revision surgery and hip resurfacing.

He undertook a fellowship in adult hip reconstruction at the Department of lower limb arthroplasty, Vancouver University Hospital and was awarded the British and American Hip Societies Travelling Fellow and the ABC Fellowships.

Professor Meek is an Honorary Professor at Glasgow University, Past President of the British Hip Society, President of the West of Scotland Orthopaedic Research Society (WoSORS) and cofounder of the Glasgow Orthopaedic Research Society (GLORD) for fundamental science research at Glasgow University. In 2024, Professor Meek was elected as a BOA Trustee Member and is the Hip Specialty Editor for the BJJ.

**H**ip surgery has made several quantum leaps in improving the management of patients with hip pathology over the last decade. Starting with trying to prevent the very development of osteoarthritis and degeneration changes within and around the hip, to offering alternative treatments for young patients wishing to undertake high impact activities after developing arthritis and finally developing revision hip networks to deliver best care for any patients that require more complex surgery.

The first article by Ryan McWilliams and Vikas Khanduja explores the growth of hip preservation. As an orthopaedic subspecialty, it has seen a surge in recent years, with more procedures being performed and more surgeons pursuing a career in this field. Hip preservation aims to prevent or delay the onset of degenerative changes in the hip, addressing both intra-articular and peri-articular causes of hip pain in non-arthritic patients and consequently the procedures are mostly performed on active, young patients. Despite its increasing popularity, hip preservation previously lacked well-established training programmes and career pathways. In this article, the authors examine the current practices, evolution, and the state of training pathways for hip preservation surgery. This includes minimally invasive techniques, establishing training programmes and technological advances and future research programmes.

In the second article, Amy Firth and Andrew Manktelow discuss hip resurfacing and what is different now. Hip resurfacing

is a procedure that involves removing the damaged surface of the hip joint and replacing it with a new low friction bearing, rather than performing a full hip replacement where the entire joint is replaced. The resurgence of hip resurfacing in the field of orthopaedic surgery has partly been due to the advancements in technology, materials, and surgical techniques. In addition, over the decades there has been a significantly improved understanding of hip resurfacing in relationship to patient selection, planning and objectives.

Thirdly, the development of Revision Hip Networks and the involvement of the BHS is recounted by Matt Wilson, Anil Gambhir, Tim Board and Mike Whitehouse. Over the last few years, the BHS has been involved with developing revision hip networks within the UK. These networks are to provide collaboration among hospitals, surgeons, and clinical professionals to ensure that the best possible care is available for patients requiring revision hip surgery. Key aspects of these networks is elaborated on, including how the BHS approached the standardisation of practices through the creation of clinical guidelines and protocols for revision hip surgeries, ensuring that there is a consistent approach across different healthcare providers. Collaborative research with the NJR aimed to improve outcomes and minimise the risks associated with revision surgeries with key performance indicators developed. BHS lead research also produced a specific revision hip arthroplasty complexity classification allowing appropriate referrals and remuneration. The potential for further progress is explored in light of the demise of NHS England. ■