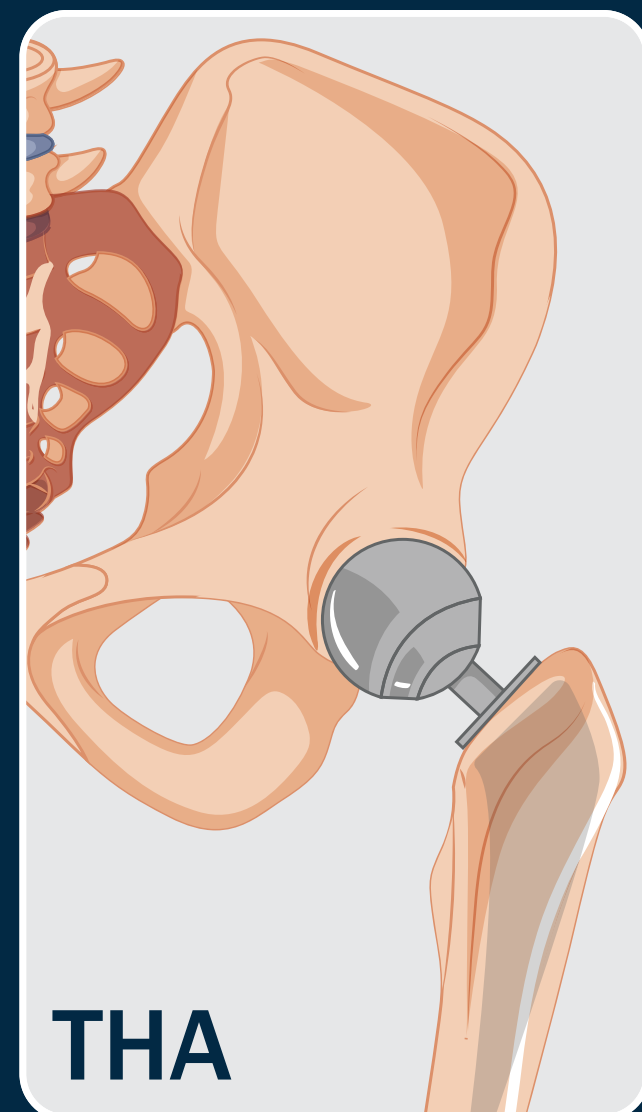
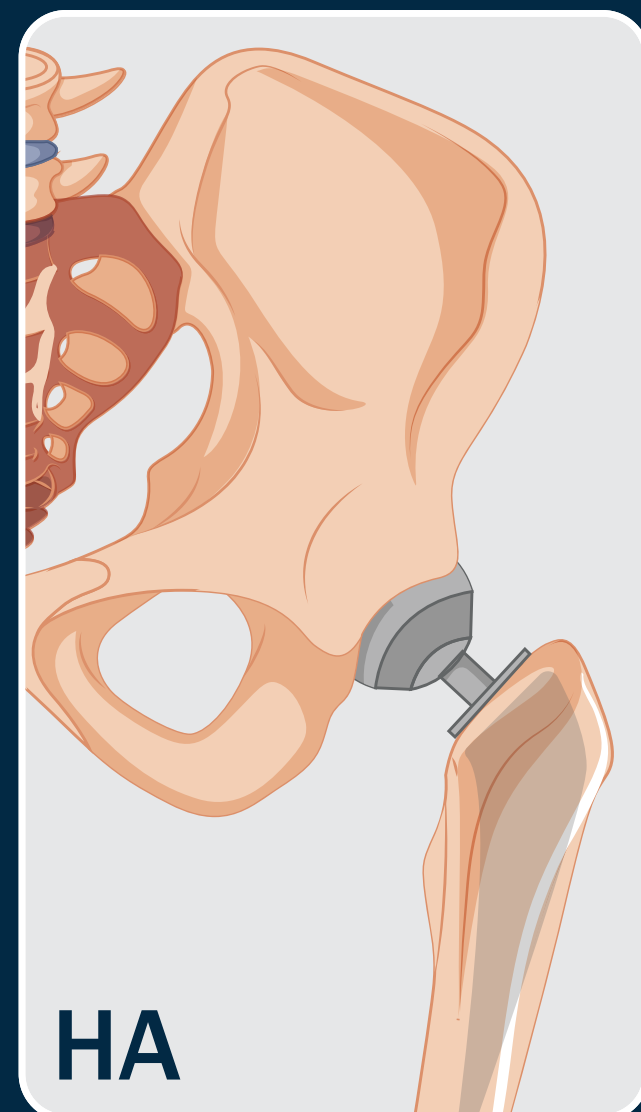
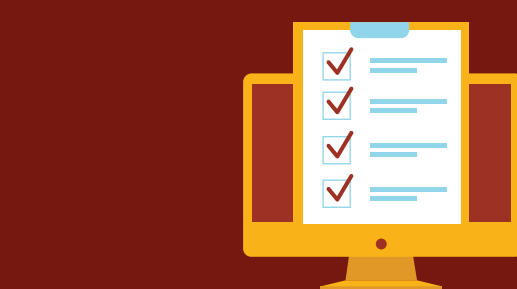


# Long-Term Revision Risks of Hemiarthroplasty and Total Hip Arthroplasty for Hip Fracture

Hemiarthroplasty (HA) and total hip arthroplasty (THA) used to treat hip fractures share similar revision risks over the short term



Long-term revision risks of THA and HA (both modular unipolar and bipolar) are still not well understood



Australian Orthopaedic Association National Joint Replacement Registry data



36,118 patients (50–79 years old) who underwent primary arthroplasty for femoral neck fractures

13,035  
Unipolar HA

8,220  
Bipolar HA

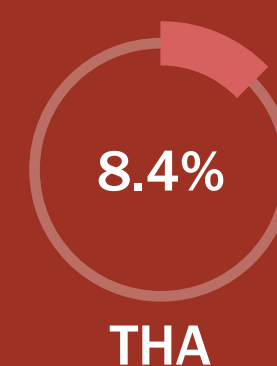
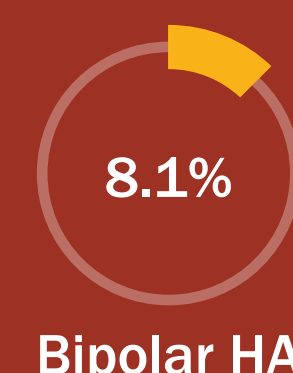
14,863  
THA

Outcomes measured



- Time to first revision, for any cause
- Reasons for revision

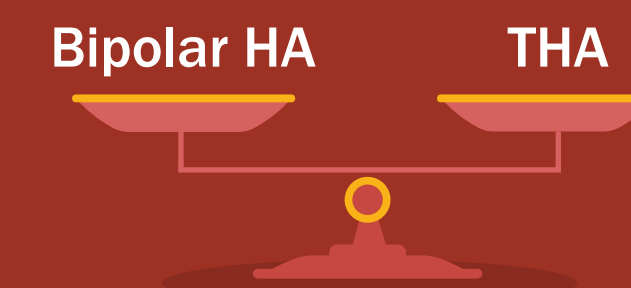
Revision rate at 10 years postoperatively



Risk of revision from 3 months postoperatively

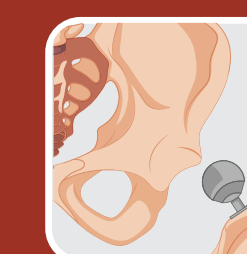


Adjusted hazard ratio: 2.82;  $p < 0.001$



Adjusted hazard ratio: 1.27;  $p = 0.16$

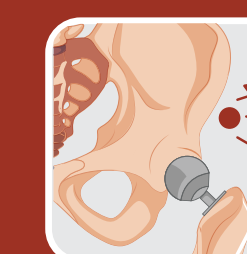
Major reasons for revisions



THA - dislocation



Unipolar HA - acetabular erosion



Bipolar HA - infection and pain



Long-term revision risks of unipolar, but not bipolar HA, are higher than that of THA

Bipolar Hemiarthroplasty Does Not Result in a Higher Risk of Revision Compared with Total Hip Arthroplasty for Displaced Femoral Neck Fractures: An Instrumental Variable Analysis of 36,118 Procedures from the Australian Orthopaedic Association National Joint Replacement Registry  
Farey et al. (2022) | DOI: 10.2106/JBJS.21.00972

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