



## Introduction

- It is also known as Girdle stone procedure.
- 2. Define as excision of <sup>head of</sup> proximal femur & make the acetabulum raw for healing w fibrosis to create <sup>proarthrosis of</sup> joint.
- 3. It is used as a salvage procedure, last resort after fail other surgery.

## Indication Aim

- To provide painless and mobile hip joint & for infection control.
- Indication
  - Local
  - systemic.

1) → Failed revision THR

2) Pt. is medically unfit and need a fast surgery

3) Unresolved / Persistent infection at the hip joint, resistant to Abx

4) Antibiotic treatment & wound debridement.

4) Poor soft tissue quality.

5) Inadequate bone stock

6) High anaesthetic & operative risk @ one-stage & two stage reimplantations.

7. Pt. refuse to next surgery after removal implant.

## 3. Radiological Classification

Type 1: Neck of femur ~~left~~ > 1.5cm. Stump remains

Type 2: Neck of femur ~~left~~ remains ≤ 1.5cm.

Type 3: Intra-articular resection.

Type 4: Subtrochanteric resection.

- The more proximal the resection, the more better the overall function, walking & activity of the pt.

## Technique

- Involve excision of greater trochanter, head & neck of femur, abductor muscle & acetabular rim.

## Complication

1. Pseudoarthrosis
2. Proximal femur fracture.
3. Fistula
4. Hemorrhage & hypotension.
5. Persistent pain
6. Thromboembolism.
7. Trendelenburg gait & generalized fatigue of leg.
8. Persistent infections w/ sinuses & fistulae.