Femoral Head and Neck Excision

A femoral head and neck excision, also called excision arthroplasty or femoral head ostectomy (FHO), is a commonly performed procedure in veterinary medicine. The main goal of a femoral head and neck excision is to relieve pain by eliminating bony contact between the femur and the pelvis.

Femoral head and neck excision is a non-reversible procedure and must be considered a salvage operation. Nevertheless, it is a valuable surgery for improving the quality of life for many pets by eliminating pain.

Common Indications

The most common indications for a femoral head and neck excision are

- Severe clinical hip dysplasia and degenerative joint disease (arthritis)
- Avascular necrosis of the femoral head (Legg-Calve-Perthes disease)
- Comminuted fractures of the proximal femur or acetabulum (hip socket)
- Chronic hip dislocations where there is erosion of the femoral head

Expected Outcome

Removal of the femoral head causes slight limb shortening, some loss of range of motion and a mild persistent gait abnormality, which in many dogs and cats is not noticeable. The rump area may appear slightly asymmetrical. As the main goal is relief of pain, most owners are very happy with the outcome of the surgery. The procedure can be performed bilaterally if necessary.

Postoperative x-ray of a dog after a FHO

Aftercare

Early, active use of the limb is necessary to maintain a good range of motion in the hip area. Postoperative rehabilitation is recommended. Passive range-of-motion exercises and leash walking are started immediately. Early on, it is imperative to walk at a slow enough pace that your pet uses the surgery leg - if the pace is too fast, they can easily pick the leg up and not use it.

After 2 weeks activities to encourage use of the leg activities to encourage use of the leg are recommended, such as walking through long grass or in sand, swimming and running.

The postoperative course depends on the reason for the femoral head and neck excision. Pets

will usually be toe-touching in 10 to 14 days, partially weight-bearing in 3 weeks and actively using the leg by 4 weeks.

Prognosis

Return to active and pain-free use of the limb is dependent on correct surgical technique, how long the hip pathology has been present, and the severity of the hip pathology. Some animals may take several months to regain maximum use of the leg, and in some cases of severely displaced hip fractures or severe hip dysplasia, good function may never be obtained.