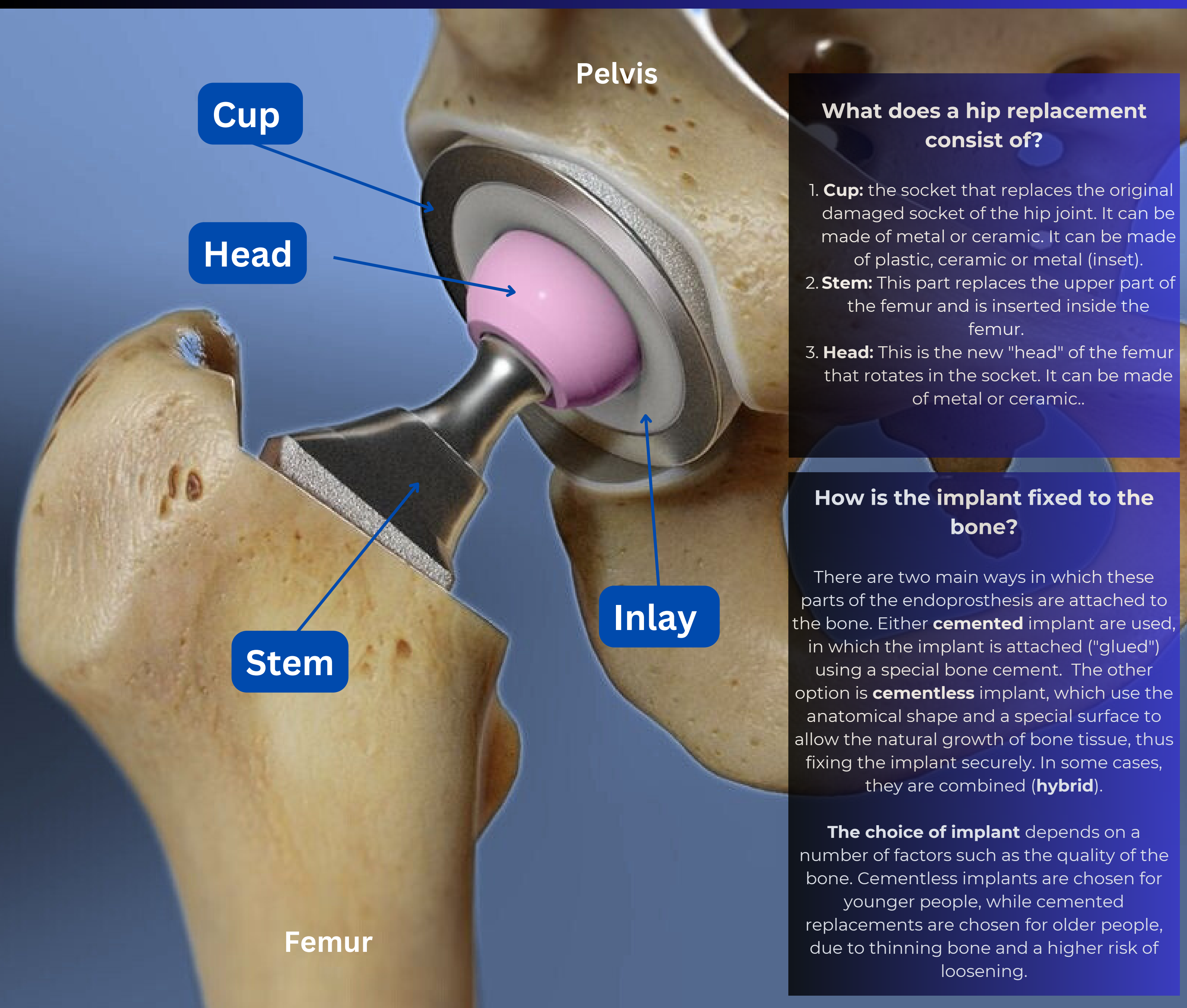


HIP REPLACEMENT

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Hip replacement, also known as total hip arthroplasty (abbreviated as THA or THR), is an everyday orthopaedic procedure. It is performed in the case of advanced joint damage e.g. arthritis, inflammation, bone infarction (avascular necrosis), tumour or after trauma (after a neck fracture). The damaged joint is replaced with artificial parts, usually metal, plastic or ceramic. Although hip replacement is often very successful, there are some risks. Among the feared complications are luxation (dislocation) or infection. Most modern hip replacements last 15-20 years or more with normal use.



What does a hip replacement consist of?

1. **Cup:** the socket that replaces the original damaged socket of the hip joint. It can be made of metal or ceramic. It can be made of plastic, ceramic or metal (inset).
2. **Stem:** This part replaces the upper part of the femur and is inserted inside the femur.
3. **Head:** This is the new "head" of the femur that rotates in the socket. It can be made of metal or ceramic..

How is the implant fixed to the bone?

There are two main ways in which these parts of the endoprosthesis are attached to the bone. Either **cemented** implant are used, in which the implant is attached ("glued") using a special bone cement. The other option is **cementless** implant, which use the anatomical shape and a special surface to allow the natural growth of bone tissue, thus fixing the implant securely. In some cases, they are combined (**hybrid**).

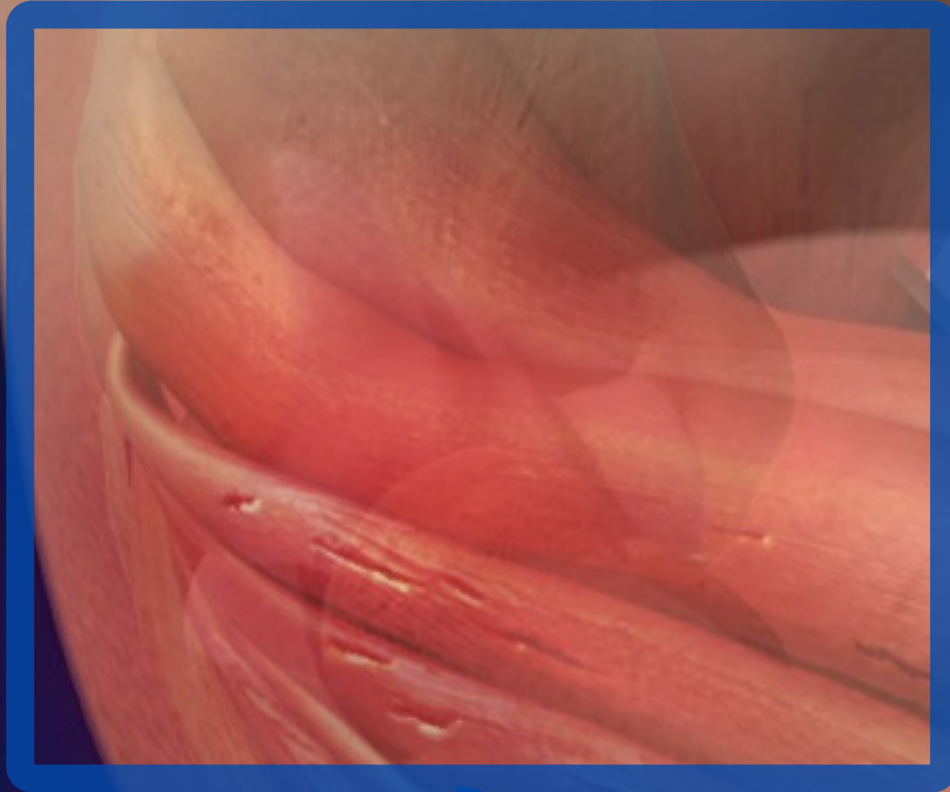
The choice of implant depends on a number of factors such as the quality of the bone. Cementless implants are chosen for younger people, while cemented replacements are chosen for older people, due to thinning bone and a higher risk of loosening.

TENNIS ELBOW

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Tennis elbow, also professionally referred to as lateral epicondylitis, is a painful tendon disorder that affects the outer part of the elbow joint. Although it is named after tennis, it can develop as a result of any activity or during employment by repeatedly straining the muscles and tendons of the forearm. Tennis elbow is caused by repetitive overexertion, which produces small tears in the tendons of the extensor muscles of the wrist and fingers that attach the outer part of the forearm to the elbow.



Pain on the
outside of the
elbow

What are the symptoms of tennis elbow?

The most typical symptom is pain on the outside of the elbow, which can spread down the forearm or up the arm, especially when lifting objects or turning the arm. Gripping small objects such as keys or activities such as squeezing a door handle or shaking hands tend to be very painful. Pain is also often elicited when extending the wrist, for example when holding an object. Lifting even light objects, such as a glass of water, can cause pain in the affected area.

How is tennis elbow treated?

It is important to completely avoid activities that cause pain. Icing can help reduce inflammation and pain. Medications such as Diclofenac or Aulin are used to reduce inflammation. or topical anti-inflammatory gels such as Aulin gel or Flector gel. Rehabilitation involving exercise, stretching of the muscles is important. A spray with anti-inflammatory effect is applied to the site of pain or to the overloaded tendon. In cases where conservative treatment is not effective, but not before 6 months of treatment, we choose surgery. The principle of surgery is open revision of the tendon site, denervation (numbing) and distalization (reduction) of the tendon in order to relieve the tendon muscle.



Epicondylar tape

Prevention is important!

Correct technique in sport or at work. Regular stretching of the forearm and wrist muscles. Strengthening the muscles of the hand, wrist and forearm. When playing tennis, use a racket with a suitable handle and a spike with the appropriate tension. Wearing a brace called an epicondylar band or kinesiotaping is also recommended.