

# The importance of bearing surfaces in hip replacement

D. Economopoulos<sup>1</sup>, I. Vlamis<sup>2</sup>, E. Chronopoulos<sup>3</sup>, I.K. Triantafyllopoulos<sup>4</sup>

<sup>1</sup>5th Orthopaedic Dpt, Hygeia Hospital, Athens, Greece

<sup>2</sup>3rd Orthopaedic Dpt, Medical School, National and Kapodistrian University of Athens, Greece

<sup>3</sup>2nd Orthopaedic Dpt, Medical School, National and Kapodistrian University of Athens, Greece

<sup>4</sup>Laboratory for the Research of Musculoskeletal System, Medical School, National and Kapodistrian University of Athens, Greece

## ABSTRACT

Hip replacement is a successful operation. The increase of life expectancy increased also the number of patients with hip arthritis. It also highlighted the need to produce implants that would last longer. This mini review article provides information about the important role of bearing surfaces in the longevity of hip replacements as well as their evolution over time.

**Keywords:** hip replacement; bearings; longevity; ceramics; polyethylene; vitamin E

### Introduction

More than a century has passed since 1891, when Dr Themistocles Glück performed the first total hip replacement [1]. Innovation and research generated by the growing need of arthritic patients to maintain a good quality of life, led to the introduction of the first modern, low friction, total hip replacement by Sir John Charnley [2]. His pioneering work laid the foundation to an industry expected to be worth 9.1 billion dollars by 2024 [3]. Numerous types of fixations, various prosthesis shapes and different bearing surfaces have been introduced since then. Their overall results were good enough to make total hip replacement one of the most popular and successful operations in orthopaedic surgery.

However, apart from good functional outcome and

pain alleviation, component survival has also been a concern. The increase in life expectancy increased also the number of people suffering from arthritis. In addition, it highlighted the need for implants that would last long enough and prevent younger patients from having revision surgery.

Numerous studies demonstrated that the survival of hip arthroplasty implants was inversely proportional to the size and number of static and dynamic loads they bear. Longevity could therefore vary according to patient body weight, age and lifestyle [4,5,6]. Moreover, implant wear is related to the material and size of the load bearing surfaces [7,8].

Aseptic loosening is the primary cause for hip revision. This devastating complication is resulting from a particle disease caused by femoral head movement on

CORRESPONDING  
AUTHOR,  
GUARANTOR

**D. Economopoulos MD, MSc, PhD**

Consultant Orthopaedic Surgeon, 5th Orthopaedic Dpt., Hygeia Hospital,  
5 Erythrou Stavrou Str, Marousi, Greece, E-mail: economopoulosdim@gmail.com  
mob: +306932474171

the acetabular liner [9]. Tribology was used to investigate the reasons causing osteolysis. The latter is the science that studies the behavior of various materials that are in relative motion. It is considered fundamental for the study of prostheses survival and the development of new bearings.

The bearing surfaces used in modern hip replacements are either ceramic on ceramic (CoC), metal on polyethylene (MoP) or ceramic on polyethylene (CoP).

CoC bearings exhibit increased hardness and scratch resistance. These features warrant optimal lubrication thus lowering friction and consequently preventing debris accumulation. Furthermore, CoC allow the use of larger femoral heads irrespective of the thickness of the acetabular liner. Thus, greater femoral head-neck ratio and increased jump distance are achieved that offer better range of motion and improved stability [10]. Hernigou et al found an additional reason for CoC's lower dislocation rate. He observed that the capsule in CoC bearings was thicker, thus providing greater stability than the elastic tissue seen when polyethylene cups are used. He therefore attributed the lower dislocation rate to a different joint capsule histology. [11].

The major weaknesses of CoC bearings are their brittleness, high cost and the production of annoying squeaking sounds. Brittleness of alumina ceramics was a big concern when CoC were first used. That issue was addressed with the introduction of strontium oxide platelets and zirconium particles. Consequently, the incidence of fractures dropped significantly from 0.021% to 0.003% [12]. However, their relatively high cost and squeaking sound issues have yet to be addressed.

MoP was first introduced by Sir John Charnley in 1961. Ultra high molecular weight polyethylene (UHMWPE) is a material with chemical inertness, low antigenicity and low friction coefficient. These advantages made it the most popular bearing in hip arthroplasty. However, despite the good post-operative outcome, the wear rate of UHMWPE was considerably high. The articulation between the metal head and UHMWPE produced significant amount of wear particles that induced an inflammatory response. Consequently, osteolysis and loosening occurred that

ultimately increased the need for revision surgery.

The development of highly cross-linked polyethylene (XLPE) offered solutions to the problems caused by UHMWPE and played an important role in retaining the popularity of MoP [13,14,15]. XLPE is the outcome of a process responsible for altering the molecular structure of polyethylene, thus making it more durable to adhesive and abrasive wear. Some studies even suggested that it decreased wear in vitro by 92% [16]. These properties instigated a remarkable decrease of linear penetration and volumetric wear, even though the former is also affected by the size of the femoral head. The incidence of osteolysis and implant loosening decreased by 69.4% at 15 years after primary hip replacement [14]. Moreover, XLPE decreased the revision rates of MoP to an extent that they are now comparable with other modern bearings [13].

MoP continue to be the most commonly used bearings in hip arthroplasty, however they are not anymore the most common in young patients. Next generation XLPE may have offered peace of mind to arthroplasty surgeons, however CoC exhibit lower rates for revision, osteolysis, aseptic loosening and dislocation [17,18,19,20]. The superiority of CoC is indisputable but the issues of squeaking and brittleness are still preventing surgeons from using it. In fact, over the last 7 years arthroplasty surgeons exhibit a steadily increasing preference for CoP bearings, especially in younger patients [13].

CoP bearings combine the properties of ceramics and next generation XLPE. They are hard-on-soft bearings linked with considerably lower fracture risk than CoC. Furthermore, they have not been linked yet with squeaking sounds [21]. CoP have similar Harris hip scores, loosening rates and dislocation rates with CoC [22]. However, due to volumetric polyethylene wear being dependent to the size of femoral heads, ceramic heads larger than 36mm are not recommended [13]. Moreover, they have higher survival rate than MoP and CoC, even though their wear rate is higher than CoC [23].

Second generation highly cross-linked polyethylene use vitamin E as an antioxidant to further reduce polyethylene oxidization. Since they have been in the market for less than 10 years, only a small number of


studies have investigated the survival of these components. Apart from preventing polyethylene oxidation, vitamin E diffusion is believed to improve fatigue strength, reduce the biological activity of wear debris and lower the risk for infection [24]. A recent study about the 5-year in vivo experience with vitamin E diffused XLPE, showed that the latter demonstrated lower head penetration compared to non-vitamin E diffused liners [25]. Moreover, other studies demonstrated that second generation XLPE were superior to older polyethylene liners in restraining damage caused after neck and liner impingement [26].

### Discussion

MoP remains the most used bearing in hip arthroplasty. But this is because the majority of people having hip replacement are over 70. In young patients there is an evident preference towards using ceramic bearing surfaces. Since their issues with brittleness and squeaking haven't been solved there was a need for a third option. The production of XLPE made CoP

bearings a good option for young people that need implants with greater longevity.

### Conclusion

Even though the information coming for vitamin E diffused polyethylene is promising, more time is needed to understand if the perfect polyethylene has been created. However, it is safe to say that with the application of new materials and the gradual drop of revision rates we are on the right track for making hip replacement an even more successful operation. 

### Conflict of interest:

*The authors declared no conflicts of interest.*

**Abbreviations:** ceramic on ceramic (CoC),  
metal on polyethylene (MoP),  
ceramic on polyethylene (CoP),  
ultra high molecular weight polyethylene (UHMWPE),  
highly cross-linked polyethylene (XLPE)

## REFERENCES

1. Eynon-Lewis NJ, Ferry D, Pearse MF. Themistocles Gluck: an unrecognised genius. *BMJ*. 1992 Dec 19;26;305(6868):1534-6. PubMed PMID: 1286374; PubMed Central PMCID: PMC1884727.
2. Gomez PF, Morcuende JA. A historical and economic perspective on Sir John Charnley, Chas F. Thackray Limited, and the early arthroplasty industry. *Iowa Orthop J*. 2005;25:30-7.
3. No Author. Hip Replacement Implants Market By Product Type Analysis (Total Replacement Implant, Partial Replacement Implant, Hip resurfacing Implant, Revision Replacement Implant); By Materials Analysis (Metal-on-metal, Metal-on-polyethylene, Ceramic-on-metal, Ceramic-on-polyethylene, Ceramic-on-ceramic) By End Users Analysis (Hospitals, Orthopedic Clinics, Ambulatory Surgical Centers) and By Regional Analysis - Global Forecast by 2018 - 2024
4. Barrett M, Prasad A, Boyce L, et al. Total hip arthroplasty outcomes in morbidly obese patients: A systematic review. *EFORT Open Rev*. 2018;3(9):507-512. Published 2018 Sep 24. doi:10.1302/2058-5241.3.180011
5. Flugsrud GB, Nordsletten L, Espehaug B, Havelin LI, Meyer HE. The effect of middle-age body weight and physical activity on the risk of early revision hip arthroplasty: a cohort study of 1,535 individuals. *Acta Orthop*. 2007 Feb;78(1):99-107. PubMed PMID: 17453400.
6. Prokopetz JJZ, Losina E, Bliss RL et al. Risk factors for revision of primary total hip arthroplasty: a systematic review. *BMC Musculoskeletal Disorders* 2012;13:251.
7. Tsikandylakis G, Mohaddes M, Cnudde P, Eskelinen A, Kärrholm J et al. Head size in primary total hip arthroplasty. *EFORT Open Rev*. 2018;3(5):225-231. Published 2018 May 21. doi:10.1302/2058-5241.3.170061
8. Rieker CB. Tribology of total hip arthroplasty prostheses: What an orthopaedic surgeon should know. *EFORT Open Rev*. 2016;1(2):52-57. Published 2016 Feb 29. doi:10.1302/2058-5241.1.000004
9. Willert HG, Semlitsch M. Reactions of the articular capsule to wear products of artificial joint prostheses. *J Biomed Mater Res*. 1977 Mar;11(2):157-64. PubMed PMID: 140168.
10. Cho MR, Choi WK, Kim JJ. Current Concepts of Using Large Femoral Heads in Total Hip Arthroplasty. *Hip Pelvis*. 2016;28(3):134-141.
11. Hernigou P, Homma Y, Pidet O, Guissou I, Hernigou J. Ceramic-on-ceramic bearing decreases the cumulative long-term risk of dislocation. *Clin Orthop Relat Res*. 2013;471(12):3875-82.
12. Massin P, Lopes R, Masson B, Mainard D; French Hip & Knee Society (SFHG). Does BioloX Delta ceramic reduce the rate of component fractures in total hip replacement? *Orthop Traumatol Surg Res*. 2014 Oct;100(6 Suppl):S317-21. doi: 10.1016/j.otsr.2014.05.010. Epub 2014 Aug 12. Review. PubMed PMID: 25130763.
13. No Author. National joint registry for England, Wales, Northern Ireland and the Isle of Man. 2017 Annual Report. <http://www.njrcentre.org.uk/njrcentre/Reports,PublicationsandMinutes/Annualreports/tabid/86/Default.aspx>(date last accessed 7 March 2018).
14. No Author. Australian Orthopaedic Association National Joint Replacement Registry (AOANJRR): 2017 Annual Report. <https://aoanjrr.sahmri.com/annual-reports-2017> (date last accessed 7 March 2018).
15. No Author. Swedish Hip Arthroplasty Register Annual Report 2014. <https://registercentrum.blob.core.windows.net/shpr/r/Annual-report-2014-BJv-q8pil.pdf> (date last accessed 7 March 2018).
16. Liao YS, Greer K, Hanes M et al. Effects of Resin and Dose on Wear and Mechanical Properties of Cross-Linked Thermally Stabilized UHMWPE. Society for Biomaterials, the 7th World Biomaterials Congress: Sydney, NSW, Australia, 2004.
17. Vendittoli P, Girard J, Lavigne M, Lavoie P, Duval N. Comparison of alumina-alumina to metal-polyethylene bearing surfaces in THA: a randomized study with 4- to 9-years follow-up. *Acta Orthop Belg*. 2007 Aug;73(4):468-77. PubMed PMID: 17939477.
18. Bascarevic Z, Vukasinovic Z, Slavkovic N, Dulic B, Trajkovic G et al. Alumina-on-alumina ceramic versus metal-on-highly cross-linked polyethylene bearings in total hip arthroplasty: a comparative study. *Int Orthop*. 2010 Dec;34(8):1129-35. doi:

- 10.1007/s00264-009-0899-6. Epub 2009 Nov 1. PubMed PMID: 19882338; PubMed Central PMCID: PMC2989085.
19. D'Antonio JA, Capello WN, Naughton M. Ceramic bearings for total hip arthroplasty have high survivorship at 10 years. *Clin Orthop Relat Res*. 2012 Feb;470(2):373-81. doi: 10.1007/s11999-011-2076-7. PubMed PMID: 21918802; PubMed Central PMCID: PMC3254761.
  20. Nikolaou VS, Edwards MR, Bogoch E, Schemitsch EH, Waddell JP. A prospective randomised controlled trial comparing three alternative bearing surfaces in primary total hip replacement. *J Bone Joint Surg Br*. 2012 Apr;94(4):459-65. doi: 10.1302/0301-620X.94B4.27735. PubMed PMID: 22434459.
  21. Amanatullah DF, Landa J, Strauss EJ, Garino JP, Kim SH et al. Comparison of surgical outcomes and implant wear between ceramic-ceramic and ceramic-polyethylene articulations in total hip arthroplasty. *J Arthroplasty*. 2011 Sep;26(6 Suppl):72-7. doi: 10.1016/j.arth.2011.04.032. Epub 2011 Jun 15. PubMed PMID: 21680138.
  22. Parsons C, Batson R, Reighard S, Tanner S, Snider B et al. Clinical outcomes assessment of three similar hip arthroplasty bearing surfaces. *Orthop Rev (Pavia)*. 2014;6(2):5334. Published 2014 May 22. doi:10.4081/or.2014.5334
  23. Meftah M, Klingenstein GG, Yun RJ, Ranawat AS, Ranawat CS. Long-term performance of ceramic and metal femoral heads on conventional polyethylene in young and active patients: a matched-pair analysis. *J Bone Joint Surg Am*. 2013 Jul 3;95(13):1193-7. doi: 10.2106/JBJS.L.00432. PubMed PMID: 23824387.
  24. Yamamoto K, Tateiwa T, Takahashi Y. Vitamin E-stabilized highly crosslinked polyethylenes: The role and effectiveness in total hip arthroplasty. *J Orthop Sci*. 2017 May; 22(3):384-390. doi: 10.1016/j.jos.2017.01.012. Epub 2017 Feb 11. PubMed PMID: 28209339.
  25. Nebergall, Audrey K. et al. Five-Year Experience of Vitamin E-Diffused Highly Cross-Linked Polyethylene Wear in Total Hip Arthroplasty Assessed by Radiostereometric Analysis. *The Journal of Arthroplasty*, Volume 31, Issue 6 , 1251 - 1255
  26. Takahashi Y, Tateiwa T, Pezzotti G, Shishido T, Masaka T et al. Improved Resistance to Neck-Liner Impingement in Second-Generation Highly Crosslinked Polyethylene-The Role of Vitamin E and Crosslinks. *J Arthroplasty*. 2016 Dec;31(12):2926-2932. doi: 10.1016/j.arth.2016.05.049. Epub 2016 Jun 1. PubMed PMID: 27378642.

READY - MADE  
CITATION

Economopoulos D., Vlamis I., Chronopoulos E., Triantafyllopoulos I.K. The importance of bearing surfaces in hip replacement. *Acta Orthop Trauma Hell* 2019; 70(2): 52-56.