



ReCerf<sup>®</sup> Hip Resurfacing Arthroplasty

# PATIENT GUIDE

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## Hip Osteoarthritis (OA) and Treatment Options

The hip joint is one of the body's most important weight-bearing joints, allowing smooth, friction-free movement thanks to its thin cartilage lining. Over time, this cartilage can wear down, leading to osteoarthritis (OA), a degenerative condition that causes pain, stiffness, and reduced mobility. Risk factors include prior injury, genetics, obesity, and repetitive stress from work or sports.

When conservative treatments no longer provide relief, surgery may be an option. Total hip replacement is the standard procedure, but for active individuals with good bone quality, hip resurfacing may offer an alternative that preserves more of the natural joint.

This guide will explore hip resurfacing and help you understand whether it may be right for you. Always consult an orthopaedic surgeon to determine the best approach for your needs.

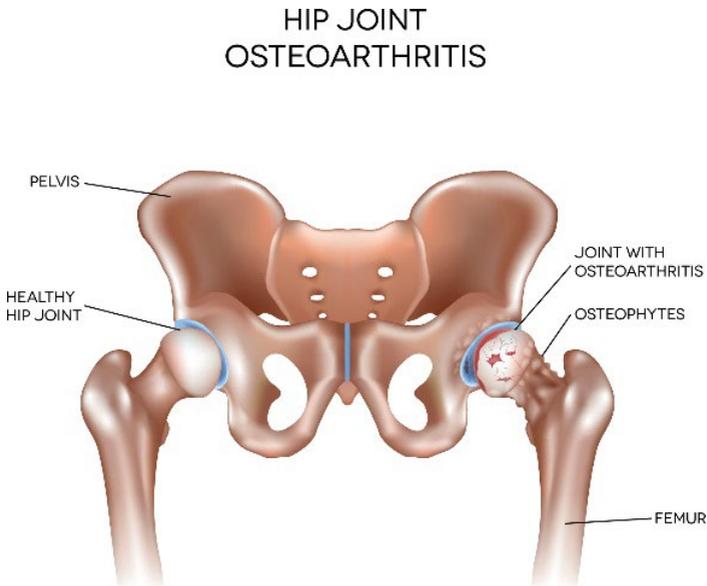


Figure 1 [iStock.com/TefiM](https://www.iStock.com/TefiM)

## What is Hip Resurfacing?

Hip resurfacing treats OA by reshaping the damaged femoral head and replacing the worn cartilage with thin-walled bearing surfaces (each component is a similar thickness to the cartilage being replaced). This is different to total hip replacement, which removes the top section of the femur and requires a metal stem to be inserted into the thigh bone (Figure 1).

Hip resurfacing maintains more of your natural bone, loads the bone more normally, improves stability, and reduces the risk of dislocation.

Many patients will then enjoy long-term function, with some never needing a total hip replacement. If a future THR is needed, the surgery is more straightforward than revising a failed total hip replacement.



**Figure 2** A traditional total hip replacement that removes the top section of the femur to insert a stem.



**Figure 3** A ReCerf<sup>®</sup> ceramic hip resurfacing that retains the femoral bone with a surface-only replacing cap.

## Benefits of Hip Resurfacing

**Bone Preservation** Hip resurfacing preserves more of your natural bone compared to total hip replacement<sup>2</sup>. This can be beneficial if you ever need a repeat surgery, because it provides a larger amount of native bone for potential revision procedures.

**Natural Function** Hip resurfacing maintains a more natural walking pattern (gait) compared to total hip replacement including stressed levels like fast-walking<sup>3,4</sup>, helping patients walk and move normally and comfortably.

**Return to Activity** Experienced surgeons allow their hip resurfacing patients to participate in a wider variety of occupational, sporting and recreational activities compared to total hip replacement recipients. Many patients return to high level activities after hip resurfacing<sup>3,5,6,7,8</sup>. While return to activity may begin earlier in the recovery phase<sup>5,6</sup>, it is crucial to follow a structured rehabilitation plan to ensure long-term success (see the Return to Activity Pathway).

**Reduced Risk of Dislocation** The larger femoral head used in hip resurfacing improves joint stability and significantly reduces the risk of dislocation compared to THR<sup>1</sup>. This is particularly beneficial for patients involved in high-level activities and those with anatomical factors that increase the risk of dislocation.

**Range of Motion** Hip resurfacing provides excellent stability and a wide range of motion, allowing patients to return to daily activities and sports with confidence.

**Long-Term Durability** In appropriately selected patients, hip resurfacing can offer long-lasting pain relief and durability. The larger bearing surface and improved biomechanics contribute to implant longevity, with studies showing patients maintaining high activity levels for more than a decade after surgery<sup>8</sup>.

**Ideal Patient Profile** Hip resurfacing is often considered for active individuals with good bone quality who have high expectations for their hip function. By preserving native bone and offering greater stability, this procedure can better accommodate the demands of physically active patients.

**Patient Satisfaction** Many hip resurfacing patients report high satisfaction rates and significant improvements in their quality of life. Additionally, if a total hip replacement is needed in the future, the revision surgery is technically similar to a first-time hip replacement since the femoral bone remains intact.

## A Proven Concept with Advanced Materials

The concept of hip resurfacing has been explored for many years due to its potential benefits. However, earlier attempts faced challenges in finding the right materials to ensure long-term success. Advances in implant design, surgical techniques, and patient selection have now made hip resurfacing a highly effective option for many patients who would otherwise require a total hip replacement.

The ReCerf® Hip Resurfacing is a new fully ceramic device that has been developed by pioneers who specialise in the field of hip resurfacing. ReCerf has been in clinical use since 2018 with excellent success rates.

In the UK, it has received an ODEP 3A\* rating<sup>9</sup>, recognising the quality of its early clinical data.

Overall data for the device is continually being updated as more patients receive the device and are enjoying life for more years post-surgery. At the time of issuing this guide, the available data shows that there is a 2.0% (95% confidence interval 1.2% to 3.4%) risk of revision within 5 years<sup>11</sup>.



Figure 4 The ReCerf® Hip Resurfacing device.

## Preparing for Surgery

Your surgical team will guide you through the complete operative process, with information on preoperative investigation and how best to get yourself prepared for surgery. Your need for post operative support will be discussed and you will be told what to expect and how to optimise your early recovery.

## The Surgical Procedure

Hip resurfacing is typically performed under spinal or general anaesthesia. A single incision (8–20 cm) is made, the joint surfaces are reshaped and capped, and the wound is closed with stitches or clips. Preserving the top of the thigh bone requires a slightly longer incision than for a total hip replacement. The surgery usually takes about an hour. Hospital stays range from one to three days.

## Recovery and Rehabilitation

### Hospital Stay & Early Recovery

Nurses monitor your recovery and assist with movement. Physiotherapists help you start walking (initially with support) and working to build up your range of movement, initially on crutches, then a cane as tolerated.

### Returning Home & Daily Life

Everyday walking is encouraged. Gradually increase distance and pace in line with advice from your physiotherapist and the return to activity pathway in this guide. Some swelling and stiffness is normal; avoid prolonged sitting. Follow surgeon and physiotherapy guidelines for movement and activity restrictions.

### Returning to Normal Activities

*Driving* Typically after 4–6 weeks, depending on recovery and medication use.

*Work* Office jobs may resume in 6–8 weeks; physical jobs may require longer.

*Exercise & Sport* Follow the return-to-activity pathway for safe progression (next section).

## Return to Activity Pathway After Hip Resurfacing

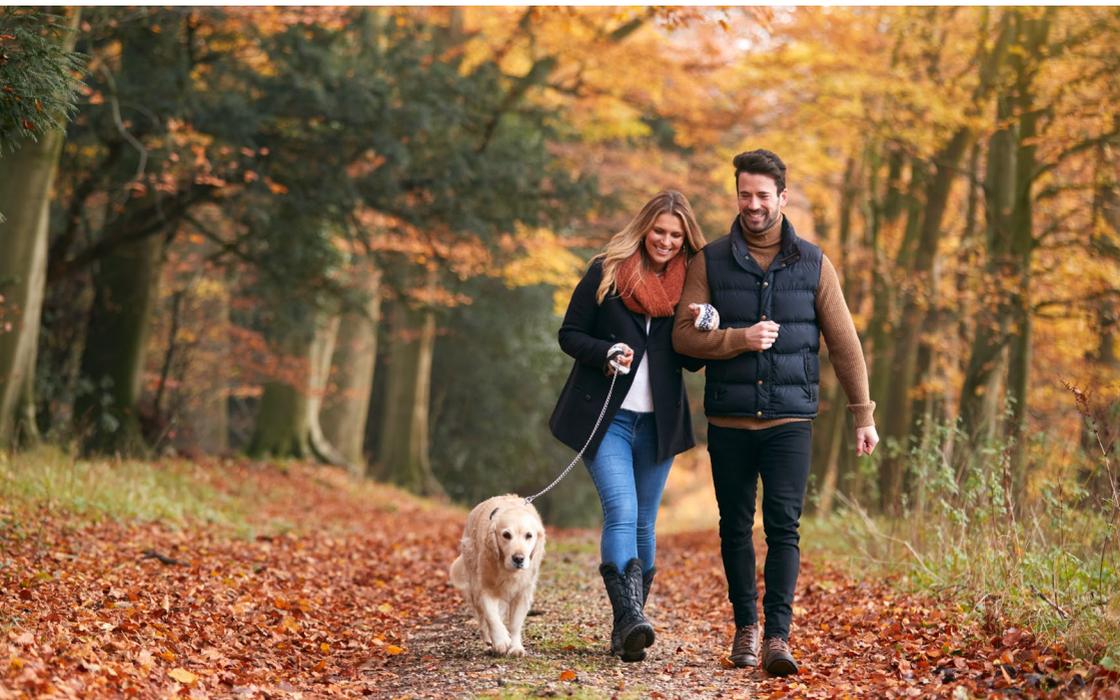
### Guiding Principles

Hip resurfacing patients should not return to activity faster than THR patients due to increased early postoperative risks, including femoral neck fracture. Unexplained pain in the first 6 to 12 months may indicate impending femoral neck fracture. Risk of early failure due to femoral neck fracture is higher if activity is resumed too soon.

*Bone quality affects recovery* – patients with lower bone density or related factors, may need extra precautions when returning to activity. Your surgeon will be happy to discuss your bone health and how this might affect your recovery and risks following surgery.

*All activities carry risks* of accidental movements (stumbles, falls, excessive weight-bearing) that must be minimised in early healing.

The bone healing process (described below) takes time and while resurfacing patients can achieve high activity levels long-term, patience in the early phase is crucial for success.



## 0–6 weeks (initial recovery & bone healing)

*Weight-bearing* You must use **at least one crutch** for the first 6 weeks to ensure controlled weight-bearing and avoid excessive load on the healing bone. Start with two crutches and gradually transition to one crutch as your strength and balance improve.

*Walking* Focus on smooth, balanced movement to avoid compensatory strain. Do not walk without a crutch until cleared by your surgeon.

*Restrictions* Avoid twisting, sudden weight shifts, or stumbles.

*Daily Activities* Short, controlled walks and self-care tasks only.

*Risk Awareness* Unexplained pain is a sign to ease activity, not push through.



## 6 weeks – 3 months (gradual functional recovery)

**Mobility & Strength** Transition to unaided walking but avoid excessive strain.

**Physiotherapy Focus** Strength training and balance exercises with careful load progression.

**Low-Impact Activities** Swimming, cycling, and elliptical training may begin.

**Restrictions** Avoid twisting, sudden weight shifts, or stumbles.

**Risk Awareness** New bone continues to form during this period, so increase activity cautiously. Unexplained pain is a signal to ease activity, not push through.

If you experience new or returning pain – especially deep aching or sharp discomfort in your hip – this may be an early warning sign that your bone is under too much stress. Reduce your activity level immediately and contact your clinician. You may be advised to return to using crutches to protect your hip while it heals.



### 3–6 months (careful return to activity, no impact yet)

*Exercise Expansion* Careful expansion of exercise such as controlled strength training and hiking on even terrain.

*Restrictions* No running, jumping, or abrupt direction changes.

*Risk Awareness* Continue to monitor how you feel and adjust activity if unexplained pain or discomfort arises. Bone is still forming during this period.



## **6–12 months (transition to full activity – with caution)**

*Higher-Demand Activities* e.g. Light jogging, skiing, or tennis may be considered with surgeon clearance.

*Gradual Progression* Intensity and frequency should increase incrementally. Adjust activity if discomfort arises.

*Mindful Movement* Avoid activities with a high risk of falls or sudden impact.

## **Beyond 12 months (living a fully active life)**

Most patients can resume a wide range of activities but should remain mindful of high-impact risks.



## What Are the Risks?

All hip surgery carries risks, including blood clots, infection, nerve injury, bone fracture and pain post-operation. In hip resurfacing, specific risks include femoral neck fracture and implant loosening. Some patients notice a brief grinding or squeaking sensation at the end of their range of motion. This is harmless, but if you have any concerns, contact your clinician.

If, during surgery, your surgeon finds that your hip is not suitable for resurfacing, they may proceed with a total hip replacement (THR) instead.



## Looking Forward to Getting Back to What You Love!

Hip resurfacing has helped many patients return to active lifestyles, including professional athletes. While individual outcomes vary, a positive mindset, dedication to recovery, and careful adherence to post-surgical guidelines will give you the best chance of success.

We wish you the best in your journey to **REDISCOVER FREEDOM!**



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## Disclaimer

This guide is for informational purposes only. Your healthcare team will tailor your treatment plan to your individual needs.

