Femoral head and neck excision

FHNE / FHO | Dogs and cats

This operation removes the painful ball and neck of the hip joint. Unlike a hip replacement, it does not insert an artificial joint.

About the procedure

Why remove part of the hip?

The hip is formed by the rounded head of the thigh bone sitting in a socket in the pelvis. If the surfaces are damaged, displaced or rubbing painfully, removing the head and neck can reduce that contact. FHNE may be considered for severe arthritis or hip dysplasia, certain fractures, longstanding dislocation, Legg–Calvé–Perthes disease (damage to the blood supply of the femoral head), or selected failed hip repairs.

What does the operation involve?

Under general anaesthesia the surgeon removes the ball and a portion of the neck of the thigh bone. The cut surface is checked so that there is no obvious painful bony contact. Muscles and other soft tissues then support the leg as a fibrous connection develops. This is sometimes called a false joint. It can allow comfortable movement, but it does not recreate the normal hip anatomy.

How do we choose between FHNE and THR?

Your vet will consider the underlying problem, the pet's body size, muscle strength, other joint disease and expected activity. FHNE can be an effective pain-relieving option, including for cats and smaller dogs, and may be appropriate in larger dogs too. Total hip replacement aims to restore more normal hip mechanics but requires suitable bone, implants and careful postoperative management. Pain relief or repair of the original joint may be alternatives in some cases.

Will the leg work normally?

Many pets recover useful, comfortable movement, although the operated leg may be slightly shorter and muscle strength or range of motion may remain reduced. The result is less predictable in some large, heavy or very active dogs and in pets with other limb problems. The goal is a comfortable quality of life, rather than a perfectly normal gait.

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Recovery, risks and home care

Recovery and home care

Expected outcome

FHNE can provide a comfortable leg without a normal ball-and-socket joint. Some pets have a shorter stride, reduced hip movement or muscle loss even with good rehabilitation.

Recovery is different from a bone repair or THR

Unlike many plated fractures or hip replacements, FHNE often benefits from early, gentle controlled movement. The aim is to encourage use of the leg and avoid stiffness. Do not force walking or stretching when your pet is painful; the exact plan depends on concurrent injuries and the surgeon's instructions.

Rehabilitation and follow-up

Your surgeon may recommend short lead walks, supervised range-of-motion exercises and later strengthening or hydrotherapy. Start each only when instructed. Keep cats indoors and encourage safe ground-level movement rather than climbing. Wound review is often around 10–14 days. Improvement may take several weeks to several months; reassessment is needed if limb use remains poor.

When should I call?

Contact your vet if your pet is not making expected progress, refuses to use the leg, cries when moving, or develops a new painful swelling. Pain relief and rehabilitation may need adjustment, or further investigation may be necessary.

Questions to ask your vet

What level of function is realistic for my pet? When should controlled exercise begin? Would THR be an alternative?

Discussing risks and complications

As with any surgical procedure, complications can occur. Your surgeon will discuss the possible complications, individual risks and expected outcome for your pet during the pre-operative consultation.

General anaesthesia can cause serious complications, including death. Your veterinary team will explain individual risks and alternatives.

Your veterinary team will discuss the recommended treatment, alternatives and the risks of general anaesthesia for your individual pet.

Important information

Check the wound daily; prevent licking and keep it dry. Give prescribed medicines only. Report vomiting, diarrhoea, poor appetite or increasing illness. For breathing difficulty, collapse, uncontrolled bleeding or severe distress, seek emergency care immediately.

Follow the personalised discharge plan; this sheet is not a consent form. Contact your own practice or its out-of-hours service for urgent care.