**Introduction:** Hip Resurfacings in the younger, more active and independent patients are gaining popularity for end stage arthrosis of the hip enabling them to return to almost full activities post surgery. This bone preserving procedure is less well described in the much older population over 65 years of age. Despite good bone quality, independence and active lifestyle, older age seems to be a deterrent for hip resurfacings among most orthopaedic surgeons and the performance of hip resurfacings in patients over 65 years is not well described in the literature.

**Materials and Methods:** We did a retrospective analysis of 653 patients who underwent a Birmingham Hip resurfacings from 1999 to 2006 performed by a single surgeon to determine the radiological and clinical outcome.

114 patients who were 65 years and above, with active, independent lifestyle with no severe medical co-morbidities and an acceptable (defined) T-score on bone density study were included in the study after informed consent. These patients were warned of the increased likelihood of femoral neck fractures before surgery.

A single anaesthetist performed all anaesthesia, and a posterior approach used for the resurfacings. All patients were mobilised between 4-12 hours after surgery.

Patients follow-up radiographs, preoperative and post operative functions were analysed until the most recent follow-up.

**Results:** There were a total of 114 patients (30 females and 84 males) who underwent a Birmingham hip resurfacing between Jan 1999 and Jan 2007. There were 51 left sided and 63 right sided resurfacings.

78 were performed in the age group 65-70 yrs with an average follow up of 4.6 years (range from 3 months to 6.8 years), 29 performed in the 71 to 75 age group, 5 hip resurfacings done in the 76 to 80 age group and 2 done in the 80-90 age group.

All patients were attempted to be mobilised at least 4 hours post surgery or the following day. 65% (77 patients) spent one night or less in hospital, 20 patients stayed less than 2 nights and 17 patients between 3 and 7 nights.

8 (7%) fracture neck of femora were identified post surgery, all of them after sustaining trauma (falls), 3 of them were within the first 4 weeks post surgery and the other 4 between 1 and 6 months post surgery. 7 patients subsequently had re-operations and conversion to a hybrid THJR and 1 patient treated conservatively.

2 patients died due to other medical co-morbidities after minimum 2 years followup.

Radiographic analysis at the most recent follow up of those remaining patients showed no evidence of loosening of the cup or femoral component requiring revision.

**Discussion:** Hip resurfacing is a challenge in patients who are over the age of 65 years of age. However it might be an indication for the more active, independent patient with good bone quality. Patient selection in this age group will play an important role in the outcome.

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