Total Hip Replacement

Introduction

This leaflet will briefly outline what a hip replacement will involve for you as a patient and mention some risks and complications of this type of surgery.

What is a total hip replacement?

The operation replaces a painful diseased hip with a new pain free artificial hip joint. The most common indication for this operation is for osteoarthritis of the hip.

I think I might have hip pain. What should I do?

If you think you have hip osteoarthritis from injury, rheumatoid arthritis or another cause like avascular necrosis you will have pain, loss of function, a limp and difficulty sleeping. Your Activities of Daily Living (ADL) might have been measured using the Oxford Hip Score by your General Practitioner and a poor score is an indication for referral for further investigation. If you now want to see one of our hip consultants who will take a history from you and examine you to confirm your suspicion then telephone Jane our practice manager to make an appointment **0044 (0)117 3171796** She will direct you to the PA of one of our excellent hip surgeons. The PA will assist you by offering you an appointment and advising on preparation for the appointment.

What if I do have hip osteoarthritis?

Most patients do not need surgery. Your surgeon can give you many tips and options to improve your ADL without a hip replacement. Some patients choose to have surgery when the options and risks and benefits are discussed with them.

What is done when patients undergo have hip replacement?

The damaged femoral head (ball) and worn acetabulum (socket) are replaced with new parts (called prostheses). The hip replacement may be fixed with or without bone cement or by a combination of these (hybrid). Some of our hip surgeons offer resurfacing to young male patients with advanced osteoarthritis.

The aim of the operation is to replace a hip joint that is painful and stiff with one that is not painful, moves more easily and allows you to sit, walk, lie more comfortably and sleep.

Figure 1 Resurfacing total hip replacement by Bristol Hip Surgeon Mr Stephen Eastaugh Waring.

What can I do to help get the best result before surgery?

Prior to surgery there are certain things you can do to help:

- Visit your dentist for a check-up
- Try and lose weight
- Stop smoking
- Take good care of your skin
- Take as much exercise as your hip allows to prepare the muscles for a quick recovery

You may be seen in a pre-assessment clinic shortly before your surgery where your fitness for surgery will be assessed. You may have blood tests and swabs at this stage.

You should have no solid food or drink for six hours before your operation. When you arrive in theatre you will be given an anaesthetic (a spinal or general anaesthetic). The surgery takes approximately 1 to 2 hours.

How long do you stay in hospital?

Postoperative regimens vary between surgeons and the type of hip replacement.

A physiotherapist will usually get you walking a couple of days after surgery. Once you are walking safely and there are no wound complications you may be discharged (usually at 3 to 5 days) with arrangements to have any stitches or clips removed and an outpatient appointment.

What can go wrong?

Generally a total hip replacement is an effective procedure that can dramatically improve your quality of life. All operations carry some risk and the most frequent and important are outlined below:-

Surgical mortality – A hip replacement is a major operation at any age and a very small number of patients may not survive their surgery.

Anaesthetic – You will have an anaesthetic that carries a very small risk, depending on your level of health. The anaesthetist (a doctor) will explain the risks to you.

Dislocation – The risk of dislocation (joint coming out) is highest in the first few weeks following your operation. It is vital to adhere strictly to the advice given to you by staff on movements and positions to avoid. The risk is approximately 5 in 100 after a first hip replacement and increases to over 10-20 per 100 for repeat (revision) operations.

Infection – The risk of developing an infection around a hip replacement is around 1 in 100 in an osteoarthritic hip and 2-4 per 100 in rheumatoid arthritis. The following measures and others are used to reduce this risk: a) antibiotics at the time of surgery; b) surgery is performed in a laminar flow theatre used only for orthopaedic operations. c) Staff and patients are regularly checked to exclude COVID19 d) patients are checked for MRSA and MSSA at preoperative assessment.

If an infection does become established and does not respond to antibiotics the hip replacement may be removed. It is usually possible to reinsert another joint when the infection has cleared but if not you would be left without a hip joint (Girdlestone procedure). This results in a shortened leg and although it is possible to walk on the leg, you would need a stick or crutch.

Thromboembolism – Blood clots may develop in the veins of your leg during or after surgery. Part of a clot may break off and travel to your heart. This can be fatal but is extremely uncommon and occurs in 1 in 1000 -3000 cases. This risk is increased if you are female, overweight, have varicose veins, high blood pressure, diabetes, smoke, had previous thrombosis or have heart disease. Recognised ways to reduce blood clots are exercise, foot pumps and blood thinning agents, all of which are used at the Hospital. Elastic (TED) stockings may also help.

Loosening, wear and fractures – The overall rate of loosening of the Charnley and Exeter type hip replacements are approximately 4 to 8 in 100 at 10 years. These rates are higher in younger, or more active people and in patients under 50 years old. For this reason some surgeons may use different types of prostheses in younger patients.

Patients with osteoporosis, rheumatoid arthritis and neurological disorders may suffer fractures in the bones around the prosthesis which may require further surgery.

Injury to nerves and blood vessels – The risk of a nerve or vessel injury is less than 1 in 100 cases after a first replacement but increases in revision operations. Injury may result in paralysis, weakness, numbness or pain in the leg and foot which is usually temporary but may be permanent.

Unequal leg length – Every effort is made to ensure the legs remain equal length but following surgery there may be a difference in length up to 1.5cm which usually causes no problems with walking. Around 10-15 per 100 patients may be aware of leg length difference after surgery. If this is bothersome a shoe raise may be required.

Knee swelling and pain – It is necessary to manipulate the leg during the operation and this may cause some swelling, stiffness and pain in the knee. This usually settles over a few weeks.

We hope this information sheet has answered any questions you might have. If you have any further queries please feel free to discuss them with any of the medical or nursing staff either in the Clinic or on your arrival in Hospital.

How long does a hip replacement last.

Most total hip replacements will last your lifetime. They are a proven cost effective way of improving a patient's quality of life.