

TOTAL HIP REPLACEMENT – PATIENT INFORMATION – MR S. WHITE

This operation is designed to reduce pain and stiffness of your hip from arthritis. This should improve your mobility. If your leg has shortened as a result of the arthritis, there may be a possibility of improving this.

The length of stay in hospital after surgery will be approximately 4 days. The timing of discharge depends on your level of pain relief, how well you are mobilising, and satisfactory healing of the wound.

The operation usually involves a scar approximately 15-20cm in length. The scar fades and shrinks with time.

You will be taught to mobilise with crutches or a frame. Most people reduce the amount they require crutches after a few weeks. A course of physiotherapy may be organised following your discharge, but the routine is to continue exercises yourself at home.

You should refrain from driving for 6-8 weeks.

Complications after surgery

Total Hip Replacement is a major operation and as such does carry some risks.

Anaesthetic

There is a risk of a reaction or problem with the anaesthetic. This varies depending on your pre-existing medical conditions. In the most severe medical conditions, there may be a risk of not waking up from the anaesthetic.

Thromboembolic disease

There is a risk of a thrombosis or clot developing in a deep vein (DVT) of 2 to 3%

There is a very small chance of the clot spreading to the lung (Pulmonary Embolus). The risk is about 1%. It can be life threatening in 3/1000 cases. However the majority of these are less severe and can be treated with blood-thinning medication.

To reduce your risk there are several measures which are helpful – mobilisation as soon as pain allows after surgery; the use of compression stockings; the use of pneumatic foot pump and the use of heparin injections (Clexane).

Infection

Infection after replacement can be mild requiring tablet antibiotics or severe requiring further surgery. In rare occasions, the hip replacement may have to be removed to help eradicate the infection. After a prolonged period of antibiotics, it may be possible to reimplant a hip at a later stage.

Nerve/Blood vessel injury

There are major blood vessels and nerves around the hip. There is a small risk of injury to these. Nerve injury can be temporary or permanent. The recovery period can be anywhere from weeks to years. Injury to the nerve around the hip can lead to a footdrop which may require a splint to be worn within a shoe.

Pain

The hip area will be uncomfortable for a few weeks after the surgery. You should aim to take painkillers when necessary to allow you to mobilise. The pain is often very different to your arthritic pain however.

Bruising/Swelling

A degree of bruising or swelling is to be expected. Excessive swelling of the lower leg may require a medical review or further tests to exclude deep vein thrombosis.

Dislocation

There is a risk of the hip coming out of socket if put into excessive positions. You will be instructed ways of getting in and out of chairs and bed, and methods of dressing and washing to reduce the risk of this occurring. The risk reduces after 6-8 weeks but there is a low risk for the lifetime of your hip replacement.

Fracture

If your bone is of softer quality than predicted, there is a small risk of fracture during or soon after the surgery. This may require a period of using crutches to allow it to heal. In some situations, further surgery may be recommended.

Non-improvement

There is a chance that the replacement may not remove all of your pain. This is more common if there are other reasons for you to have pain in your leg, such as knee arthritis, arthritis of the back.

Bursitis

Some patients report tenderness or pain beneath the scar. This can settle with time, but sometimes requires physiotherapy or injection treatment. Further surgery is rarely recommended.

Leg-length discrepancy

I aim to try and match your leg lengths as best as possible. Occasionally there are anatomical or technical reasons why this may not be possible. Sometimes patients sense that the leg is longer, but the reason is due to altered pelvic or spinal alignment. It can take about 4 months to get used to the leg length after surgery.

Wear / Revision

The hip replacement may wear out and require replacing in the future.

Lack of long-term data

Many of the hip replacements used in our unit, were not available 10-20 years ago. As such it is difficult to promise a life-span for the replacement. Laboratory testing and reports in medical literature would suggest that they should last a lot longer than the older-fashioned replacements we previously used.

Metal-ion issues

It is still not clear whether the metal in the hip replacement may have any long-term link to cancer. However a study in Finland of hip replacements over the last 30 years did not show any increased risk, and there is currently no evidence to suggest any extra precautions are necessary.

There is a very low risk (1/500) of a metal hip replacement producing metal particles that may collect around the hip causing pain and rarely the hip may need removal to be replaced with a different type of replacement.

Ceramic risks

If I have discussed using a ceramic hip for you, then there is about a 1 in 300 risk of a fracture of the ceramic around the hip. The risk is obviously increased if you fall onto your hip replacement.

There are reports of squeaking of ceramic hip replacements. This is more common with a different brand of hip to the one I use, but engineers estimate that the risk of squeaking is about 1 in 100. This can be intermittent or only in certain positions of the leg, and sometimes can settle on its own. It is not usually a cause for concern and rarely requires any additional treatment. I feel that the benefits of ceramic hips outweigh these small risks.

Reducing risk of Deep Vein Thrombosis / Pulmonary Embolism

My current strategy based on recommendations from the National Institute for Clinical Excellence (NICE) 2010 is as follows :

Thromboembolic stockings – wear for 6 weeks if possible

Foot pumps – whilst in hospital in bed

Heparin injections (Clexane) – for 5 weeks after the operation

Early mobilisation

These measures are designed to reduce the risk. However Deep Vein Thrombosis or Pulmonary Embolism can still occur despite these measures.

The injections can cause bruising of the abdomen and can cause bruising and swelling of the leg. There is a small risk of wound healing problems and blood forming within the hip that may require return to theatre for washout.

However on balance I feel that the benefits of the injection outweigh the risks.

The injections can either be administered by yourself, a relative, or a district nurse once you are discharged.

There is a very small (1 in 100) risk of a drop in the platelet count (one of the constituents of blood) following Clexane injections. If this occurs, the treatment will need to be stopped. Very rarely you may need treatment from the haematology department with a platelet transfusion to prevent bleeding problems.

Please discuss any issues or concerns you may have regarding these measures as it is important to try and prevent complications after your operation.