

## **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 2 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 10-15cm 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 with some coming off crutches within 2-4 weeks. A course of physiotherapy may be organised following your discharge, but the routine is to continue exercises yourself at home. The new hip will support your weight from the day of surgery but the crutches are to protect you from falling and injuring the new hip.

You should refrain from driving for approximately 6 weeks. This is mainly to avoid getting into a tight position entering or sitting in the driving seat.

### **Complications after surgery**

Total Hip Replacement is a major operation and as such does carry some risks. Some of these are detailed below.

#### **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 (mortality).

#### **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 pumps. I usually prescribe daily blood thinning medication for 5 weeks to reduce the risk of this serious complication.

#### **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. The risk of deep hip infection is about 1 in 200.

### 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.

### 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 as the pain is usually from the healing muscles.

### 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 in safe 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. In many cases of hip arthritis, the hip has shortened over a long period of time as the cartilage has worn away. Replacing the hip puts the hip joint back to the length before the cartilage wore away which may feel slightly different to before the operation for the first few weeks.

### Wear / Revision

The hip replacement may wear out and require replacing in the future. A 10-15 year lifespan would be expected in over 9 out of 10 patients. Use of metal/metal hips was never a large part of my practice and was stopped around 2008 when concerns first started emerging. I use ODEP 10A\* rated hips for almost all patients which have the best follow-up for hips in the UK.

## **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 4 weeks if possible**

**Foot pumps – whilst in hospital in bed**

**Blood thinning tablets (Apixaban) – 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 tablets 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 tablets outweigh the risks.

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