

Review Only

OS01 Total Hip Replacement

What is arthritis?

Arthritis is a group of conditions that cause damage to one or more joints.

Your surgeon has recommended a total hip replacement operation. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you make an informed decision.

If you have any questions that this document does not answer, you should ask your surgeon or any member of the healthcare team.

How does arthritis happen?

The most common type of arthritis is osteoarthritis, where there is gradual wear and tear of a joint. In a few cases this is the result of a previous injury but usually it happens without a known cause. Some other types of arthritis are associated with inflammation of the joints that can eventually lead to severe joint damage. The most common inflammatory arthritis is rheumatoid arthritis.

Arthritis eventually wears away the normal cartilage covering the surface of the joint and the bone underneath becomes damaged. This causes joint pain and stiffness, which can interfere with normal activities.

What are the benefits of surgery?

If your hip replacement is successful, you should have less pain and be able to walk more easily.

Are there any alternatives to surgery?

Simple painkillers such as paracetamol and anti-inflammatory painkillers such as ibuprofen can help control the pain of arthritis. Supplements to your diet, such as cod liver oil or glucosamine, may also help relieve your symptoms. You should check with your doctor before you take supplements.

Using a walking stick on the opposite side to the affected hip can make walking easier, as can a small shoe-raise on the affected side.

Regular moderate exercise can help to reduce stiffness in your hip. Physiotherapy may help to strengthen weak muscles.

A steroid injection into the hip joint can sometimes reduce pain and stiffness for several months. You may get side effects if you have injections too often.

All of these measures become less effective as your arthritis gets worse and this is when your surgeon may recommend a hip replacement.

What will happen if I decide not to have the operation?

Arthritis of the hip usually, though not always, gets worse with time. Arthritis is not life-threatening in itself but it can be disabling. Arthritis symptoms can be worse at some times than others, particularly when the weather is cold.

What does the operation involve?

A variety of anaesthetic techniques are possible. Your anaesthetist will discuss the options with you and recommend the best form of anaesthesia for you. The operation usually takes between an hour and an hour and a half.

There are many different types of hip replacement available and your surgeon will discuss with you which sort is best for you.

Your surgeon will make a cut on the side of your hip and remove the damaged ball and socket of the hip. They will then replace these with an artificial ball and socket made of metal, plastic, ceramic, or a combination of these materials (see figure 1).

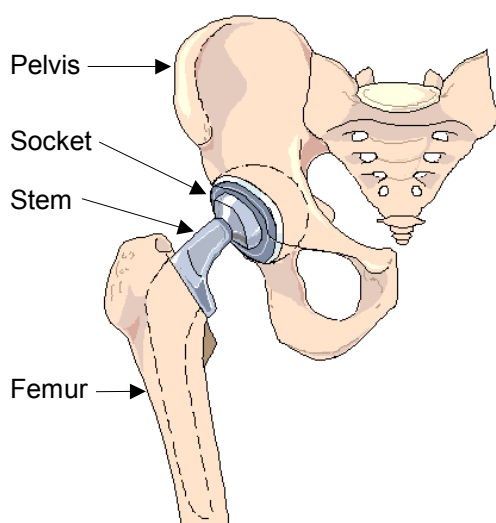


Figure 1
Hip replacement

The hip replacement is fixed into the bone using an acrylic cement or special coatings on the hip replacement that bond directly to the bone.

At the end of the operation, your surgeon will close the skin with stitches or clips.

What should I do about my medication?

You should continue your normal medication unless you are told otherwise. Let your surgeon know if you are on **warfarin** or **clopidogrel**. Follow your surgeon's advice about stopping this medication before the operation.

What can I do to help make the operation a success?

• Lifestyle changes

If you smoke, try to stop smoking now. Stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health.

For help and advice on stopping smoking, go to www.gosmokefree.co.uk.

You have a higher chance of developing complications if you are overweight.

For advice on maintaining a healthy weight, go to www.eatwell.gov.uk.

• Exercise

Regular exercise can reduce the risk of heart disease and other medical conditions, improve how your lungs work, boost your immune system, help you to control your weight and improve your mood. Exercise should help to prepare you for the operation, help with your recovery and improve your long-term health.

For information on how exercise can help you, go to www.eidoactive.co.uk.

Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

What complications can happen?

The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious and can even cause death (risk: 1 in 250). You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

The complications fall into three categories.

- 1 Complications of anaesthesia
- 2 General complications of any operation
- 3 Specific complications of this operation

1 Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 General complications of any operation

- **Pain**, which happens with every operation. The healthcare team will try to reduce your pain. They will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
- **Bleeding** during or after surgery. You may need a blood transfusion afterwards.
- **Infection in the surgical wound**, which usually settles with antibiotics but may occasionally need another operation.
- **Unsightly scarring** of the skin, although hip-replacement wounds usually heal to a neat scar.
- **Blood clots** in the legs (deep-vein thrombosis) (risk: 1 in 40), which can occasionally move through the bloodstream to the lungs (pulmonary embolus), making it difficult for you to breathe (risk: 1 in 250). You may be given treatment to reduce the risk of blood clots.
- **Difficulty passing urine**. You may need a catheter (tube) in your bladder for a day or two.
- **Chest infection**. If this happens, you may need antibiotics and physiotherapy.
- **Heart attack or stroke**. This can happen because a hip replacement is a major operation. A heart attack (risk: 1 in 200) or stroke can occasionally cause death.

3 Specific complications of this operation

- **Split in the femur** when the stem of the hip replacement is inserted (risk: 1 in 50). This can happen if the bone is weak. The surgeon may need to put some wires around the femur, or use a different type of hip replacement.
- **Damage to nerves** around the hip, leading to weakness, numbness or pain in the leg or foot (risk: 1 in 100). This usually settles on its own but may be permanent.
- **Damage to blood vessels** around the hip, leading to loss of circulation to the leg and foot (risk: 1 in 1,000). If this happens, you will need surgery straightaway to restore the blood flow.
- **Infection in the hip**, which can result in loosening and failure of the hip replacement over a period of a few months (risk: 1 in 70). One or more further operations will usually be needed to control the infection.
- **Bone forming in muscles around the hip replacement** (heterotopic ossification) (risk: 1 in 25). This can cause loss of hip movement. Occasionally you may need another operation to remove the extra bone.
- **Loosening** without infection, which may need further surgery to do the hip replacement again (risk: 1 in 40 in the first five years after the operation).
- **Dislocation** of the hip replacement (risk: 1 in 20 in the first five years after the operation). You may need further surgery if it keeps on happening.
- **Leg length difference**, which may need a shoe-raise. Your surgeon will try to make your legs the same length again but this is not always possible, especially if there is a large difference before the operation.

How soon will I recover?

• In hospital

After the operation you will be transferred to the recovery area and then to the ward. You will usually have an x-ray to check the position of your hip replacement.

Your physiotherapist will help you to start walking using crutches or a walking frame, usually the day after surgery. They will teach you how to look after your new hip. Your surgeon and physiotherapist will let you know how much weight you can put on your leg.

You should be able to go home after four to seven days. However, your doctor may recommend that you stay a little longer.

If you are worried about anything, in hospital or at home, ask a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

• Returning to normal activities

Your surgeon, physiotherapist and occupational therapist will tell you when you can return to normal activities. To reduce the risk of problems, it is important to look after your new hip as you are told. You will need to use crutches or walking sticks for a few weeks.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check with your doctor and insurance company first.

• The future

Most people make a good recovery, have less pain and can move about better. It is important to follow the advice your physiotherapist gives you about exercises to strengthen your hip muscles.

An artificial hip never feels quite the same as a normal hip and it is important to look after it in the long term.

A hip replacement can wear out with time. This depends on your body weight and how active you are. Eventually a worn hip replacement will need to be replaced. About 17 in 20 hip replacements will last fifteen years.

You should have an x-ray of your hip replacement at least every five years to check for any problems.

Summary

In a few cases, arthritis of the hip is a result of a previous hip injury or rheumatoid arthritis. Usually it happens without a known cause. If you suffer severe pain, stiffness and disability, a hip replacement should reduce your pain and help you to walk more easily.

Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Further information

- NHS smoking helpline on 0800 169 0 169 and at www.gosmokefree.co.uk
- www.eatwell.gov.uk – for advice on maintaining a healthy weight
- www.eidoactive.co.uk – for information on how exercise can help you
- www.aboutmyhealth.org - for support and information you can trust
- American Academy of Orthopaedic Surgeons at www.aaos.org
- Arthritis Research Campaign on 0870 850 500 and at www.arc.org.uk
- www.hipreplacement.co.uk
- Mayo Clinic at www.mayoclinic.com
- NHS Direct on 0845 46 47 (0845 606 46 47 - textphone)

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