Hip Replacement

Trauma and Orthopaedics

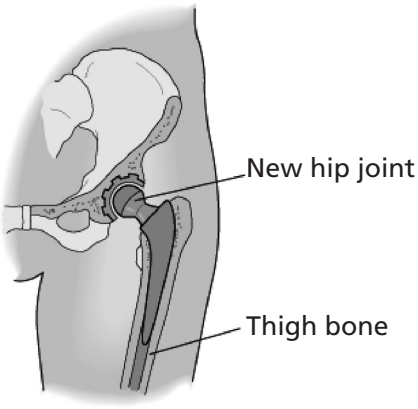
The purpose of this leaflet

This leaflet is for patients considering hip replacement surgery.

Before you agree to any treatment it is advisable to obtain information about your condition. This means knowing what the problem is, the treatments that are available, the risks and also the benefits. It also helps to explain what happens in hospital and when you go home and the consequences of not having treatment. This leaflet should help you to make a decision alongside discussion with your doctor. Do mention any particular worries that you have and ask for more information at any time.

What is a hip replacement?

This is an operation designed to replace a hip joint that is damaged, usually by arthritis. The operation is called a total hip replacement.



Why do I need hip replacement surgery?

The hip joint is similar to a ball and socket. The ball is the top of the thigh bone known as the femur. This fits into the hip socket. Normally this ball and socket joint moves smoothly due to the protective covering called articular cartilage.

The articular cartilage can become damaged usually by general wear and tear known as osteoarthritis. You may then experience symptoms such as pain, and stiffness which can limit how well and how far you can walk.

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- **Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available**
- **If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111**
- **Keep the environment clean and tidy**
- **Let's work together to keep infections out of our hospitals and care homes.**

During hip replacement surgery the ball part of your hip and the surface of the socket are removed. The surgeon then replaces the damaged parts with new parts made of metal and plastic.

Do I need to have a hip replacement?

Around 102,000 hip replacements are carried out in England and Wales each year (National Joint Registry 14th Annual Report 2017). Many more thousands of people will have arthritic hips. Your surgeon will have discussed with you whether you are at the stage to undergo surgery.

People who have not yet reached the stage where they will require surgery can cope in a number of alternative ways. Taking medication such as painkillers or anti-inflammatories can help. Your Doctor may refer you to a Physiotherapist who can teach you exercises to strengthen your hip and keep mobile. Using a walking stick can help to provide stability and support when you are mobilising. Keeping your weight down can also reduce the extra strain that is put on your hip.

Are there different types of hip replacements?

There are different types of hip replacements available. Most have a plastic socket and a metal ball and stem. Cement may be used to fix the metal and plastic to the bone.

For certain patients a metal on metal resurfacing can be done. The main difference is that much less of the bone is removed and the surfaces of your own ball and socket are replaced with a metal covering.

Your surgeon will offer advice about which type of hip replacement is suitable for you.

What are the benefits of hip replacement surgery?

When you have any kind of hip replacement the surgeon is trying to:

- Relieve your pain and stiffness
- Get you moving more easily; especially when you are walking or climbing stairs

What are the risks of hip replacement surgery?

All operations and anaesthetics have risks and your doctor will talk these through with you. Problems that can occur are as follows:

Heart attack, stroke or chest infection: Any major operation puts a strain on your heart, brain, lungs and immune system. A small number of patients can have a serious problem such as a heart attack, stroke or chest infection soon afterwards. This chance is about 1 in 100.

This is more likely to happen if you already have heart or lung problems. There is a rare chance that you could die from such problems.

Infection: Redness of the wound can occur. This may be treated with antibiotics. Uncommonly, infection can spread to infect the hip replacement. This happens to around 1 in a 100 patients. Antibiotics and further surgery to remove the hip joint may then be required. Once the infection has cleared a new hip replacement can usually be put back in.

Infection control is taken very seriously in hospital. You will be given antibiotics during and after your operation to try and prevent infection. All staff, patients and visitors are encouraged to wash or clean their hands frequently. Hand washes and gels are available on the wards for this purpose; please encourage anyone visiting you, or staff making direct contact with you, to use the hand gel.

A blood clot or thrombosis: You have around a 1 in 20 chance of developing a blood clot in one of the veins in your legs following surgery. This is called a deep vein thrombosis. There is a chance of this blood clot in your leg then travelling to your lungs. This can cause shortness of breath, chest pain and you may cough up blood. Very rarely, in less than 1 in 300 patients, this blood clot can be fatal.

In order to prevent these clots from developing, you will be given medication such as injections or tablets to help keep your blood thin. You will also be encouraged to exercise your legs and to start walking as soon as possible after your operation to help your circulation. If a blood clot does develop, you are likely to require treatment for a number of months.

Dislocation of the hip joint: The ball can slip out of the socket joint if the hip is placed in certain positions. This occurs in around 3 to 4 out of 100 people. This is most likely to happen in the first few weeks after your operation, but it can also happen months or years later. In order to try and prevent dislocation, you will be given information about the movements and positions to avoid following surgery. If you do dislocate your hip, you will need a short procedure to put it back in place. Rarely, if your hip keeps coming out of the joint you may need another operation.

Leg length discrepancy: Rarely, in around 1 or 2 out of 100 patients, the leg that was operated on can end up longer or shorter than the other leg. If this happens you may need to wear shoes with a raised heel so that you do not limp.

Stiffness: If your hip is stiff before surgery it is more likely to be stiff afterwards. Some of the stiffness results from shortening and scarring of the muscles and ligaments around the hip. These are not replaced at the time of surgery so it is up to you, with the help of the Physiotherapist, to stretch the muscles and get back more movement. The Physiotherapist will give advice on the movements that are safe to avoid dislocation.

Rarely, bone can form in the muscle and scar tissue around the bone [known as heterotopic bone] which can cause stiffness. This is more common in younger patients [less than 60 years of age] and patients having resurfacing surgery.

Damage to nerves or blood vessels around the hip: Very rarely during the operation nerves or blood vessels around your hip can be damaged. A damaged blood vessel can reduce the blood supply requiring further surgery at the time of your operation or at a later date. A damaged nerve usually causes muscle weakness. The symptoms that can be noticed depend on which nerve has been affected. If for example the big nerve that runs down the back of your thigh is damaged, it can make your foot floppy and weak. This is very rare; it happens to less than 1 in 300 people.

The hip joint wears out or becomes loose: Over 9 out of 10 hip replacements last 12 – 15 years. However, hip replacements tend to wear out more quickly in younger, more active patients. If your hip joint does become loose or wear out then a repeat operation may be needed. Second operations are more complex for the surgeon and can take longer.

Minor problems

Swelling of the leg is common after joint replacement surgery, particularly after the first seven days; this can take up to a few months to settle. You may notice that your leg swells during the day, but this should improve overnight once you have rested and elevated your leg. It is useful to spend an hour in bed once or twice a day for the first three weeks.

Scar tenderness at around six to eight weeks can also occur; gentle massage of the area around the wound can help.

How do I decide which treatment is best for me?

The choice about which treatment is best for you will be made together with your doctor. This will be based on the risks and benefits of the treatment and your individual circumstances.

What would happen if I decide not to have surgery?

Your hip probably will not get any better as arthritis tends to get progressively worse over a number of years. Some people do however find that they can cope living with the pain and stiffness.

What happens if I decide to have the operation?

You will be asked to attend the pre-assessment clinic to check your general health prior to your operation. Documentation relating to your stay in hospital will be completed. You will also be given information about coming into hospital.

What happens during the operation?

This type of operation is done under either a general anaesthetic or an injection into the lower part of your spine. If you have the injection, the lower part of your body will be numb. You may be given drugs to make you feel sleepy. If you are given a General Anaesthetic you will be asleep during the surgery. The anaesthetist will advise you about the most appropriate type of anaesthetic suitable for you.

The surgeon will make an incision over the side of the hip. The damaged parts of bone are carefully removed and replaced with the artificial ball and socket. The wound is then closed with stitches or clips and a dressing put over the wound. This operation takes around 1 to 1½ hours. If you are having a resurfacing operation less bone is removed and the metalwork covers the ends of the ball and socket joint. This operation usually takes around an hour.

What happens to the bone that is removed during the operation?

During total hip replacement surgery the ball part of the hip is removed and replaced. In the past the bone was disposed of. In our hospital, however, patients have the option of donating bone to another patient. This donated bone can be very helpful for different types of operations where bone needs to be reconstructed. The nursing staff will talk to you about donating your bone when you attend the pre-assessment clinic.

What happens after the operation?

When you leave the operating theatre you will go to the recovery area until you are fully awake. You will then be transferred to a ward. You will have a tube called a drip in your hand or arm. This helps to replace fluids and prevent dehydration. The drip is usually needed for the next 24 – 48 hours and then it is removed. There is a possibility that you may need a blood transfusion. The doctors will make this decision depending on your general condition during and after surgery.

You will have an oxygen mask over your mouth. This helps your recovery from the anaesthetic. You may have one or two plastic tubes called drains coming out of the skin near to your hip wound. These tubes are connected to bottles and help to prevent bruising and swelling by draining blood away. The drains are usually removed after 24 hours.

Will it be painful?

You should feel comfortable and probably a little sleepy. You will be given strong painkillers after surgery. You may be offered injections in the top of your leg when you feel that you need them. Alternatively, you may want to control your pain using a machine that gives a dose of painkillers through the drip in your arm when you press a button. This machine is called Patient Controlled Analgesia (PCA). Occasionally you may require an injection to prevent sickness. After the first few days you should be able to control your pain by taking tablets.

When do I start exercising my hip?

We like to encourage movement and walking as soon as possible. Within 24 hours after surgery you will start exercises to strengthen your hip. A member of the physiotherapy team will give you advice about the exercises that you need to do.

When do I start walking?

Within 24 hours you will start walking. First of all you will use a walking frame. Then, once you are confident you will use elbow crutches. You will often use elbow crutches to walk, for up to six weeks after your surgery.

How long will I be in hospital?

The length of stay varies depending on the patient and the complexity of the surgery. This can vary between one and three nights, with few patients managing to go home the same day. **The aim is to get you home as soon as is it safe to do so.** By the time you are ready to go home you must be able to walk safely with your crutches including mobilising up and down the stairs.

When do I return to the hospital?

You will be given an appointment to return to the hospital at around six weeks after your operation.

How do I prevent my hip from dislocating?

There are certain movements and positions that you need to avoid for the first six weeks after your operation to prevent your hip from dislocating. You must not cross your legs or lie on your side. It is very important that you avoid bending forwards with your hands below your knees. You should not twist or bend to the side at all. You should sit with your knees and feet together (you should not sit with your knees together and your feet apart). You should not use a recliner chair or put your foot up on a stool.

When you are in hospital you will be seen by a member of the Physiotherapy and Occupational Therapy staff. The Physiotherapist will help to get you walking safely and advise on exercises to strengthen your muscles. The Occupational Therapist will also advise you on the suitable height of seating and how to be as independent as possible with your daily activities. The Occupational Therapist may also provide you with some equipment to help you at home.

How do I care for the wound?

When you are discharged you will have a dressing covering the wound. You must keep this dressing clean and dry. Clips or stitches need to be removed two weeks after surgery. This may be done by your General Practitioner Practice Nurse, a District Nurse or by staff at the hospital. The ward staff will make these arrangements before you are discharged. If you do not have removable stitches the dressing can be taken off two weeks after your surgery.

When can I use the bath or shower?

It is important that the wound is kept dry for the first two weeks after surgery. We therefore advise the following;

- For the first two weeks you should have a ‘strip wash’ at the wash basin
- A cubicle shower can be used after two weeks but you need to make sure that you are not alone in your home just in case you need assistance
- It is usually safe to use the bath after six weeks. However, you should check about this at your outpatients appointment

Make sure that you do:

- Continue with your exercises
- Take regular short walks and keep active
- Take any medication that has been prescribed for you
- Use the walking aid that the Physiotherapist has given you

Make sure that you do not:

- Drive until you have checked about this at your follow up appointment
- Go on long journeys for more than 30 minutes without stopping to exercise the leg; particularly in the first six weeks

How long does it take to fully get over the operation?

In general, most patients are getting back to their usual level of activity by three months after surgery. However, this can vary depending on each individual patient.

When should I contact the ward?

You should contact the ward that you have been discharged from for advice if you suddenly experience any of the following:

- Bleeding, oozing, redness and swelling from the wound which may be a sign of infection
- Severe pain that is not relieved by painkillers
- Pain, tenderness and swelling in the calf of either leg; this could indicate a blood clot or thrombosis
- Any other concerns related to your surgery

Contact Numbers

New Cross Hospital

Main Hospital Switchboard	01902 307999
Waiting List Co-ordinator Mon – Fri, 9.00am – 4.30pm	01902 694092
Orthopaedic / Fracture Clinic Mon – Fri, 8.30am – 4.30pm	01902 695380
Pre-admission Clinic	
Mon – Fri, 8.30am – 4.00pm	01902 695587
Ward A5	01902 695005
Ward A6	01902 695006
Beynon Short Stay Unit	01902 694049
Appleby Suite	01902 695588

Cannock Chase Hospital

Main Hospital Switchboard	01902 307999
Orthopaedic Pre-admission Clinic	01543 576589
Holly Bank Ward	01543 576742
Hilton Main Ward	01543 576580

Further information can be obtained from:

www.arthritisresearchuk.org

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。

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