

## Directorate of Surgical Care

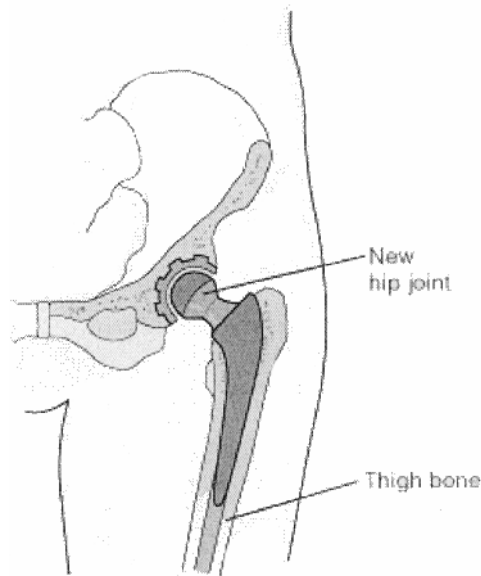
## Department of Orthopaedics

## Hip Replacement: Information for Patients and Carers

This information is for patients who are considering having a hip replacement.

### What is a hip replacement?

Hip replacement, or arthroplasty, is a surgical procedure in which the diseased part of the hip joint are removed and replaced with new, artificial parts. These artificial parts are called the prosthesis. The goals of hip replacement surgery are to improve mobility by relieving pain and improve function of the hip joint.



The hip joint is at the top of your leg. It is a type of joint called a ball-and-socket joint. The ball is the top of the thigh bone (the femur), which fits into the hip socket.

### Why an operation may be needed?

The most common reason that people have hip replacement surgery is the

wearing down of the hip joint that results from osteoarthritis. Other conditions, such as rheumatoid arthritis (a chronic inflammatory disease that causes joint pain, stiffness, and swelling) avascular necrosis (loss of bone caused by insufficient blood supply), injury, and bone tumours which may lead to breakdown of the hip joint and the need for hip replacement surgery.

Most people with arthritis of the hip do not need surgery. You and your doctor should only consider a hip replacement if your arthritis is so bad that:

- You are in constant pain.
- You have severe pain in your hip that stops you from sleeping.
- You have tried other treatments, but they don't work or cause bad side effects.
- You can't do everyday things and so you are less independent (for example, you may not be able to get out of the bath or tie your shoelaces).
- Your pain and the problems you have in getting around and doing everyday things are making you depressed.
- You can no longer do things that you used to do, such as going out in the car to see friends or family.
- You have a job, and your hip is stopping you from working.
- Alternative treatments have been unsuccessful.

Hip replacement is one of the commonest operations done in the United Kingdom. Each year, about 50,000 people in England and Wales have a total hip replacement.

## **Alternatives to this treatment**

The following are alternatives to treatment that may be considered:

Before considering a total hip replacement your doctor may try other methods of treatment, such as an exercise programme or medication. An exercise programme can strengthen the muscles in the hip joint and can sometimes improve positioning of the hip and relieve pain.

A combination of these treatments may suit you best.

It also helps if you have friends and family to support you. Anxiety and depression can make your pain worse. Keeping active and optimistic will reduce your risk of becoming disabled by your arthritis.

## **Treatment without drugs**

- **Stay active:** Taking regular exercise may lessen your pain. Try swimming or walking.
- **Keep your weight down:** Extra weight can put a strain on your hips and knees. This may make your pain worse. If you are overweight, losing weight may be all you need to do.
- **See a physiotherapist:** Physiotherapists can teach you specific exercises to strengthen your hip and keep it mobile.
- **Get help with mobility:** There are lots of different devices to help you move around more easily and confidently including walking stick, other walking aids, and shock absorbing shoes.

## **Treatment with drugs**

Painkillers will help control your pain. There are two kinds of painkillers that ease the pain of osteoarthritis: paracetamol and a group of drugs called nonsteroidal anti-inflammatory drugs (NSAID's for short). Some common NSAIDs are Diclofenac and Ibuprofen. Your doctor will probably suggest you try paracetamol first. Paracetamol has fewer side effects than NSAID's.

Some NSAID's come as a cream or gel to rub on your sore joint. If you do not want to take tablets you can try these creams or gels. We do not know how effective they are compared to taking pain killers in other forms.

In a small number of cases, the doctor may prescribe corticosteroids, such as prednisone or cortisone, if NSAID's do not relieve pain. Corticosteroids reduce joint inflammation and are frequently used to treat rheumatic diseases such as rheumatoid arthritis. Corticosteroids are not always a treatment option because they may cause further damage to the bones in the joint.

If physical therapy and medication do not relieve pain and improve joint function, the doctor may suggest corrective surgery that is less complex than a hip replacement, such as an osteotomy. Osteotomy is the surgical repositioning of the joint. The surgeon cuts away damaged bone and tissue

and restores the joint to its proper position. The goal of the surgery is to restore the joint to its correct position, which helps to distribute weight evenly in the joint. For some people, an osteotomy relieves pain. Recovery from an osteotomy takes 6 to 12 months. After osteotomy, the function of the hip joint may continue to worsen and you may need additional treatment. The length of time before further surgery being needed varies greatly and depends on the condition of the joint before the procedure.

## **The operation and what I can expect**

Prior to your operation you will be asked to attend a pre-operative assessment clinic. At this appointment the operation will be discussed with you again, making sure that you are fit and well and that you still wish to go ahead with the operation. You will have the opportunity to ask any questions you may have.

## **How is a Total Hip Replacement operation performed?**

The Consultant Surgeon will remove the damaged cartilage and bone. The damaged ball (the upper end of the femur) is replaced by a metal ball component which is attached to a metal stem fitted into the femur, and the socket is implanted into the pelvis to replace the damaged socket. The positioned new joint surfaces restore the alignment and function of your hip.

There are many different types of prosthetic hip joint that are made from different materials and in different shapes.

Your Consultant Surgeon will choose the type of replacement joint he feels is most appropriate for your condition and build. All replacement joints consist of two basic components; the ball component (made of highly polished strong metal) and the socket component (a durable plastic cup which may have an outer metal shell).

You may wish to keep a record of the particular implant (prosthesis) you have had. Each of the implants carry a "batch number" and this information is always held in your medical records. However, should you want this information yourself, the hospital would be very happy to provide this. Please inform the Nurse or your Consultant Surgeon if you would like this information.

A special surgical cement may be used to fill the gap between the prosthesis and remaining natural bone to secure the artificial joint.

A non-cemented prosthesis has also been developed which is used most often in younger, more active patients. This prosthesis may be coated with textured

metal or a special bone-like substance, which allows bone to grow into the prosthesis.

A hip replacement is a major operation. You will have a large scar, which will be closed with stitches or clips and covered with a waterproof dressing. You will have pain from your operation and will need painkillers. If you are still in pain you must tell a nurse or doctor. Being in pain can slow your recovery and it is important that you get relief from your pain.

The operation takes between one and two hours. You will be given either a general anaesthetic (a drug that puts you to sleep) or an epidural (an injection into your spine). If you have an epidural, the lower part of our body will be numb. You will not be able to see the surgery but you will be able to hear what is going on. A nurse or the anaesthetist will talk to you. Operating Theatres are a lot noisier than people think. You may hear drilling and the sound of the monitors checking your heart rate and blood pressure.

## **What can I expect afterwards?**

When you leave the operating theatre you will go to the recovery area until you are fully awake.

Although circumstances vary from person to person, you may experience some or all of the following after your surgery;

- A large dressing will cover the wound. This is to maintain cleanliness and absorb any fluid. It is usually changed 2 days after surgery to a lighter dressing. As your wound heals it will be left uncovered.
- The wound will be closed with stitches or metal staples.
- One or two drains with tubes going directly into the operation site. This helps prevent blood collecting in your new joint. The nursing team will measure and record the amount of drainage. The drains are usually removed after 24-48 hours when your Consultant Surgeon advises.
- A blood transfusion may be necessary depending on the amount of blood lost during and after surgery.
- A blood pressure cuff will be placed on your arm to record your blood pressure at regular intervals.

- You will receive fluid through a tube in your arm called intravenous infusion (IV) until you are able to drink normally.
- You will wear compression stockings to help prevent blood clots.
- To protect your hip during early recovery, a positioning aid shaped like a triangular pillow will be placed between your legs.
- You will have a tube in your bladder (a catheter) to drain the urine into a bag by your bed. You can control your wound pain relief by using a machine that gives you a painkiller when you press a button via a drip called Patient Controlled Analgesia. Whilst this is in use you will be given oxygen.
- Your pain levels will be assessed throughout your recovery. Most patients have some temporary pain in the replaced joint because the surrounding muscles are weak from inactivity and the tissues are healing. This will improve after a few weeks or months. If you continue to experience pain after receiving medication, it is important that you let the Nurse know so alternative methods can be arranged.
- You may have nausea and vomiting. If this occurs, medication will be given to help with this or reduce your symptoms.
- You will be given instructions in deep breathing exercises by the Physiotherapist to minimize congestion after surgery. You should breathe deeply 2-3 times every hour and cough frequently to help your lungs clear.
- You will be able to start eating and drinking, as you feel able. A high protein diet (meat, fish, eggs and pulses) is recommended to promote healing.

On the day of your operation you will remain resting on your bed.

The morning following surgery (first day post-operatively), the Nursing team will assist you in carrying out all your needs. You will normally have an x-ray to check the position of your new joint. You will be encouraged to use your new joint by standing and beginning to walk with help from the Physiotherapists and Nurses and the uses of walking aids. (Initially a walking frame progressing to crutches/sticks). You will probably be able to sit out of bed within one day of your operation.

The Physiotherapist will visit you each day to ensure progress in your walking, and teach you specific exercises to strengthen your hip and restore movement for walking and other normal daily activities.

The Occupational Therapist will assess you and will arrange any equipment you may need for when you go home.

It is common to feel emotional and tearful after a big operation.

Each day you will become more independent with your needs and require less help from the Nursing team. We aim for you to reach your maximum level of independence prior to discharge.

How well you regain strength and mobility of your new hip is, in part, dependent upon how well you follow your exercise programme. This part of your rehabilitation is something that only you can achieve. The Physiotherapist will provide you with further information and your exercise programme.

If there are no complications after surgery, most people stay in hospital for five days.

## **Discharge from Hospital**

Discharge planning plays a major role within the nursing care provided at the hospital. As early as your pre-admission assessment visit we are preparing for your return home.

When you are ready to go home your discharge arrangements will be organised and finalised.

You will have a follow up appointment in Clinic usually 6 weeks after discharge. This will be arranged before you leave hospital or will be posted to you shortly afterwards.

Your General Practitioner will be notified of your discharge and you will be given a copy of this letter.

If you need any medications to take home, these will be provided and explained to you.

## Your recovery at home

### Wound care

A District Nurse will remove your stitches or staples 10 - 14 days after surgery. A District Nurse will visit you at home.

- Keep the wound clean and dry.
- Avoid soaking the wound in water until the wound has sealed and dried.
- Observe for signs of infection – redness, hot, soreness and inflammation.

### Diet

Some loss of appetite is common for several weeks after surgery. A balanced diet high in protein (meat, fish, eggs, and pulses) is important to promote tissue healing and restore muscle strength.

### Activity

Exercise is a critical component of home care. You should be able to resume most normal light activities within **3 - 6 weeks** following surgery. Some pain with activity and at night is common for several weeks after surgery. Your activity programme should include:

- A graduated walking programme to slowly increase your mobility and endurance, initially in your home and later outdoors as directed by your Physiotherapist.
- Specific exercises several times a day to restore movement and strengthen your hip with the instructions you can carry out the exercises independently.

If the mobility and exercise goals set by the Physiotherapist are not met, Outpatient Physiotherapy may be recommended.

### Driving

You may start to drive when you can enter and sit comfortably in your car and when your muscle control provides adequate reaction time for braking and acceleration. Do not drive until you are confident about controlling your vehicle in an emergency. Always check with your insurance company first. Most

individuals resume driving about 6 weeks after surgery – please discuss this with your Consultant.

## **Returning to work**

You can usually return to work within 6-12 weeks or as directed by your doctor, depending on your recovery and type of work you do.

## **Sexual activity**

This may be resumed, as you feel able, anytime following surgery.

## **Avoiding problems after surgery**

### **Blood clot prevention**

- Continue to wear your compression stockings for 6 weeks following your surgery. They need to be worn during both the day and night. Two pairs will be supplied on your discharge from hospital.

Warning signs of possible blood clots in your leg include:

- Increasing pain in your calf.
- Tenderness or redness above or below your knee.
- Increasing swelling in your calf, ankle and foot – you should contact your General Practitioner immediately.

## **Preventing Infection**

The most common causes of infection following total hip replacement surgery are from bacteria that enter the bloodstream during dental procedures, urinary tract infections or skin infections.

These bacteria can implant around the prosthesis and cause an infection.

You should inform your Doctor or Dentist of your operation prior to any surgical procedure or dental extractions.

Warning signs of a possible hip replacement infection are:

- High temperature.
- Increasing redness/tenderness or swelling of the hip wound.
- Leakage of fluid from the hip wound.
- Increasing knee pain with activity and rest – you should contact your General Practitioner.

## **Avoiding falls**

- A fall can damage your new hip. You should continue to use the provided walking aid until you have improved your balance, flexibility and strength.
- Remove potential hazards, such as rugs and cables, from your home to improve your safety.

## **Dressing your lower body**

You must not bend forward excessively to reach your feet or lift the foot of the operated leg up too far. Whilst you are in hospital the nurses will be able to show you the correct technique of dressing your lower body. You may need some assistance with this when you first get home.

## **Benefits of the operation**

- Benefit versus risk – this is generally thought to be one of the very best operations in terms of outcome when measured against the risks.
- Relief of pain – 95% of people have no or very little pain, 4% have some discomfort, but about 1% may be left with troublesome pain.
- Relief from joint stiffness.
- The operation is not unduly painful and the majority of patients wake up surprised that the original pain has disappeared. You will be able to get out of bed, bearing weight on the leg, within 24 – 48 hours with the help of a pair of crutches. After two months the majority of people are able to discard all walking aids and return them to the hospital.

- The life of an artificial hip joint is not guaranteed, the cemented Charnley hip joint, which we use, has an 86% survival for 15 years. Some research has shown up to 90% survival of the Charnley hip at 20 – 30 years. The uncemented (Furlong H.A. coated press fit) has only been available for 12 years with very few recorded failures.

## **What are the Risks of hip replacement?**

A hip replacement is a major operation. All operations have risks, and your surgeon should talk through these before you have your hip replaced.

Anaesthetics can have side effects. For example, you may feel sick afterwards. You may have an allergic reaction to the anaesthetic or get breathing problems. The problems are serious but rare. Your blood pressure, heartbeat, temperature and breathing will be closely monitored. If you have any allergies, you must tell your doctor.

**A blood clot in your legs:** About 3% of people get a blood clot in their legs. This is called a deep vein thrombosis. If this happens you need drugs to thin your blood. In most people the clot causes no trouble, and goes away after treatment.

**A blood clot in your lungs:** Part of a blood clot in your leg could travel in your bloodstream to your lungs. This is called a pulmonary embolism. This is more serious, but less than 1% of people get a blood clots in their lungs. To help prevent blood clots in your legs or lungs, you will be given elastic stockings to wear after your operation. This keeps the blood flowing in your legs. You will get small doses of blood – thinning drugs during your stay in hospital.

**Damage to the nerves in your leg:** During the operation, nerves in your leg can be damaged. If the nerve that runs down the back of your thigh is damaged, it can make your foot floppy and weak. This rarely happens in less than 3 in 100 people. Most recover, but you may need an operation to find the cause of damage.

**A broken hip:** The bones in you hip can crack during the operation. This happens to less than 1 in 100 people. The surgeon can usually fix the break while he or she is putting in your new hip. It may delay your recovery.

**A heart attack, stroke or chest infection:** Any big operation puts a strain on your heart, brain and chest. A small number of people (less than 1%) have serious problems soon afterwards, such as a heart attack, a stroke or bad chest infection. These things are more likely to happen if you already have heart

disease or a bad chest. It is a good idea to stop smoking before an operation as this makes problems less likely.

**A wound infection:** The skin and tissue just underneath the joint may get red and sore. If this happens you may have a wound infection that needs antibiotics.

**Your new hip coming apart:** In one study 4% of new hips slip out of place (dislocated) in the six months after surgery. What happens is that the two parts of your new hip come apart. It is most likely to happen in the first few weeks after your operation. But it can also happen months later. If your hip dislocates, you may need another small operation to put the parts back together. It can be very frightening and painful if your new hip comes apart.

**Hip infection:** It is rare to get an infection in your new hip because you will be given antibiotics before your operation to prevent this. If the artificial hip does become infected and doesn't clear up, you might have to have a new hip fitted. One study found that during 10 years, less than 1 in 200 people needed to have another hip operation because of an infection.

**Damage to major blood vessels:** This is rare and happens to between 2 and 3 out of 1,000 people. It can happen during the operation if an instrument tears a hole in one of the big blood vessels near the hip if this happens.

**Dying from surgery:** There's a very small chance (3 or 4 in 1,000 people) that you could die from this operation if you are having it because you have osteoarthritis.

## **Problems that can happen months or years after your operation**

**One leg slightly shorter than the other:** The leg that was operated may become slightly shorter than the other leg. If this happens, you may need to wear shoes with a raised heel so you do not limp. In one study, 12% of patients said they needed a raised shoe.

**The new hip becomes loose:** If this happens, you may need another operation to replace the loose hip with a new one.

**Infection:** Artificial hips can become infected months or years after surgery.

**Wear and tear:** Most people's new hips last for 10 years or more. But eventually your hip will stop working properly. When this happens you can have an operation to replace it. This is called a revision. Second hip replacements take longer and are harder for the surgeon. There is a higher

chance that something will go wrong. Your new hip may activate metal detectors in Airport Security. You must inform the security staff about your hip replacement if the alarm is activated.

## **Who to contact for more information**

If you need more information or assistance please do not hesitate to contact the Orthopaedic Pre Assessment Sister. The telephone numbers are as follows:

01283 566333 and ask for the extension number you require or if you have a direct dial facility phone 01283 511511 and key in the extension number below:

Ward 19, Elective Orthopaedics – ext. 5141 or 5140

### **Contact:**

Pre-Assessment Sister  
01283 566333 Ext 5144  
During Office Hours, 8.00am – 5.00pm