

About Hip Arthroplasty

You have been listed for an elective total hip replacement/hip arthroplasty. This will involve admission to the Princess Grace Hospital typically for 24-48 hours. In order to proceed, we would have undertaken a thorough evaluation **and made that decision after consideration of nonoperative management such as physiotherapy and injections.** These always remain options in this scenario should you wish to revert to other measures in order to avoid/delay surgery.

Hip replacement is a proven procedure with an outstanding track record for relieving pain, restoring mobility, and function. **However, we always stress that a hip arthroplasty does not necessarily give you a normal hip. Therefore, you need to consider undertaking this procedure so as to relieve symptoms and enhance quality of life rather than aiming for the equivalent of a normal native hip.** We have patients who function at a very high sporting level after hip arthroplasty, but not everyone is able to recover to that level.

Hip replacement surgery is expected to cause some common symptoms. You will have some side effects from the anaesthetic such as possible sickness and drowsiness. You may have some similar drug side effects in the peri-operative period from painkillers. You will of course have a scar which will usually fade over time. You will feel discomfort, swelling, and pain. These decrease over time, but it is perfectly normal for a you to feel severe discomfort for the first six to eight weeks that may affect you at night, and some form of mild discomfort for six months or longer.

Surgery is also associated with a number of generic risks. These include: chest infection, urinary infection, confusion, constipation, gastrointestinal bleeding, respiratory problems, pulmonary embolism, cardiac or cerebral events.

There are a number of complications that can occur after hip replacement. Those that concern us the most are infections and blood clots. Infections can lead to readmission to hospital and possibly, more surgery. Blood clots, which can be in the leg, but can also track to the lung and be extremely dangerous. A number of measures are put in place to reduce the risk of these complications. These include antibiotics, early mobility, blood thinners, stockings and compression pumps.

Minor blood loss would be expected post-surgery. However, some patients may require a blood transfusion and the risk of having that is well under 5%.

The most common of issues after hip replacement are ongoing pain, bleeding, numbness, and difficulty lying on the operative hip, and delayed wound healing. Pain, which usually is present for the first few days is different from the preoperative arthritic pain, but can last a few months. Bleeding, either into the tissues or from the wound can cause swelling of the leg. In extreme but very rare circumstances, this can be labelled as a “haematoma” and require further surgery. For such a scenario, further surgery is needed in less than 1% of the cases. Numbness, around scars is uniform and seen in most patients and should not functionally disturb you. Difficulty lying on that side for 8 to 12 weeks is also a problem.

If it comfortable, you are allowed to sleep on the non-operative side with a pillow between your legs as long as your knees are lower than your hips.

Patients may also have wounds that are slow to heal and that may require further intervention such as special dressings, multiple clinic visits and rarely a further minor procedure.

Patients may also feel some leg length inequality. We do our best to get the leg lengths equal, both in terms of planning and execution. Occasionally, some adjustment is needed to compensate for loss of length due to arthritis and to make the hip stable. Most patients find that their perception of inequality resolves over the first 6 months as the pelvis adjusts to new found mobility.

Hip

Other risks include fractures, and instability. Ultimately, both are very rare in modern practice at less than 1%. However, some patients are dissatisfied with the outcome even though we feel that the procedure was technically fine.

There are also very rare complications that ought to be mentioned. These include damage to the nerves or blood vessels, damage to the bone or fracture, stiffness, failure of either the operation or the implant requiring re-operation, the formation of excess bone, called heterotopic ossification, wear or loosening revision surgery for mechanical problems or an allergic reaction to the surgical implant and/or dressing. The risk of death is also present for any operation and is minimized by careful pre-operative assessment. If necessary, you may need be referred to one of our medical consultants for clearance in order to facilitate your surgery in a safe manner.

I appreciate that this letter is full of medical terminology. It is to highlight some of the issues that you must think about before asking to have surgery and consenting to it. Do please discuss any questions at your preassessment and get in touch with my office if you have further queries. We want you to have a seamless and confident journey to your new hip.