



Patient Information - Hip Replacement

The hip joint is a “ball and socket” shaped joint. It can be affected by diseases such as osteoarthritis leading to destruction of the lining of the joint, the articular cartilage. Surgery can be considered when pain in the hip is affecting a patient’s quality of life and non-operative measures such as physiotherapy, walking aids and pain killers are no longer helping.

Hip replacement surgery is one of the most successful operations of our time in improving someone’s quality of life.

The operation effectively involves removal of the diseased joint and replacing it with an artificial joint (commonly called a “prosthesis”). A metal socket is inserted and either a plastic or ceramic liner is placed into this socket. The new ball is attached to a metal stem inserted into the top of the thigh bone. Commonly the ball is made of metal but can be made of ceramic. The metal socket and stem can either be cemented in place or can be placed without cement.

The operation can be performed under a general anaesthetic or a spinal/epidural anaesthetic. The anaesthetist will discuss the various options with you prior to the surgery.

Risks of surgery

Infection.

The risk of this is less than 1%. To help prevent it you will be given intravenous antibiotics during the surgery and for a few hours after.

Blood clots

There is a risk of developing a clot in the veins of the leg after this surgery and a very small risk of a clot going to the lungs, a “pulmonary embolus”. You will have to wear compression stockings on your legs for 6 weeks after the operation. You will have pumps on your feet or calves while you are in bed after the operation until you are mobile. Some surgeons use blood thinning injections or tablets after the surgery. There is a risk of the wound bleeding with such medication.

Dislocation

The false hip joint is not as stable as the hip we are born with. Care must be taken, particularly in the first few weeks post-surgery, with certain manoeuvres that put the hip at risk of dislocating. Your physiotherapist will advise you on specific exercises to do to help strengthen the muscles around your hip replacement. The risk of hip dislocation is very low (approximately 2%)

Nerve damage

There are couple of big nerves that travel very close to the hip joint. Very rarely one of these nerves can be damaged during the operation.

Leg Length Discrepancy

The surgeon assesses the length of the leg compared to the opposite side by "look and feel", to maintain equal leg lengths as close as possible, during the operation.

How long will I be in hospital?

The average length of stay after the operation is 3 days, some patients go home sooner and some later. You will be helped and assessed by the physiotherapists after the operation and once they think you are safe you will be allowed home. Crutches are used for the first couple of weeks after the operation. Usually, an x-ray of the hip is performed after the operation and your blood levels are checked.