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FOR REVIEW ONLY

## Total Hip Replacement

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## 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 pain and stiffness in the joint, 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 fish 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 your hip joint can sometimes reduce pain and stiffness for several months. You may get side effects if you have injections too often.

All these measures become less effective if 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?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

A variety of anaesthetic techniques is possible. Your anaesthetist will discuss the options with you and recommend the best form of anaesthesia for you. You may also have injections of local anaesthetic to help with the pain after surgery. You may be given antibiotics during the operation to reduce the risk of infection. 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 or ceramic, or a combination of these materials (see figure 1).

The hip replacement is fixed into the bone using 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.

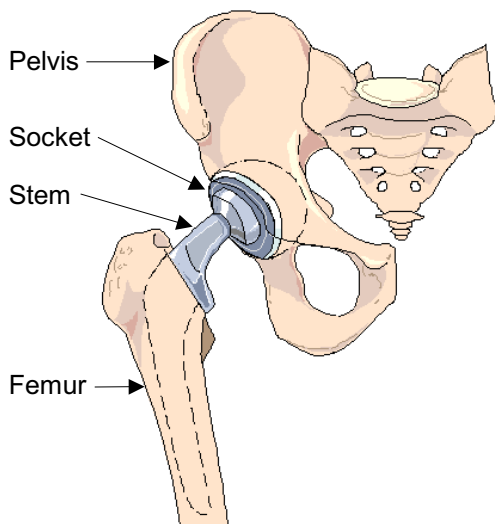


Figure 1  
Hip replacement

### What should I do about my medication?

You should let your doctor know about all the medication you are on and follow their advice. This includes herbal remedies and medication to control diabetes and blood pressure. If you are on beta-blockers, you should continue to take them as normal. You may need to stop taking warfarin or clopidogrel before your operation.

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

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

Try to maintain a healthy weight. You have a higher chance of developing complications if you are overweight.

Regular exercise should help prepare you for the operation, help you recover and improve your long-term health. Before you start exercising, ask a member of the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before your operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of your operation.
- Keep warm around the time of your operation. Let a member of the healthcare team know if you are cold.

### 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.

#### 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 of the surgical site** (wound). It is usually safe to shower after 48 hours. However, you should check with a member of the healthcare team. Let your surgeon know if you get a temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may 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 – DVT) (risk: 1 in 40), which can move through the bloodstream to the lungs (pulmonary embolus) (risk: 1 in 250), making it difficult for you to breathe. The healthcare team will assess your risk. They will encourage you to get out of bed soon after surgery and may give you injections, medication, or inflatable boots or special stockings to wear.

- **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** (risk: 1 in 200). Sometimes this can cause death.
- **Stroke**, which is a loss of brain function resulting from an interruption of the blood supply to the brain. A stroke can sometimes 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. Your 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). You will usually need one or more further operations to control the infection.
- **Loosening** without infection. You may need further surgery to do the hip replacement again (risk: 1 in 40 in the first five years).
- **Bone forming in muscles around the hip replacement** (heterotopic ossification) (risk: 1 in 25). This can cause loss of movement in the hip. You may need another operation to remove the extra bone.
- **Dislocation** of the hip replacement (risk: 1 in 20 in the first five years). 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.

The healthcare team will tell you if you need to have any stitches or clips removed, or dressings changed.

You should be able to go home after three 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, contact a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

#### • Returning to normal activities

To reduce the risk of developing a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been prescribed drugs or have to wear compression stockings. If you develop pain, swelling or redness in your leg, or the veins near the surface of your leg appear larger than normal, you may have a DVT. Let your doctor know straightaway. If you become short of breath, feel pain in your chest or upper back, or if you cough up blood, you may have a pulmonary embolism. You should go to your nearest Accident and Emergency department or call an ambulance.

Your surgeon, physiotherapist or 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 your insurance policy and with your doctor.

#### • 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 is never 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.

**Keep this information leaflet. Use it to help you if you need to talk to a healthcare professional.**

#### Acknowledgements

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