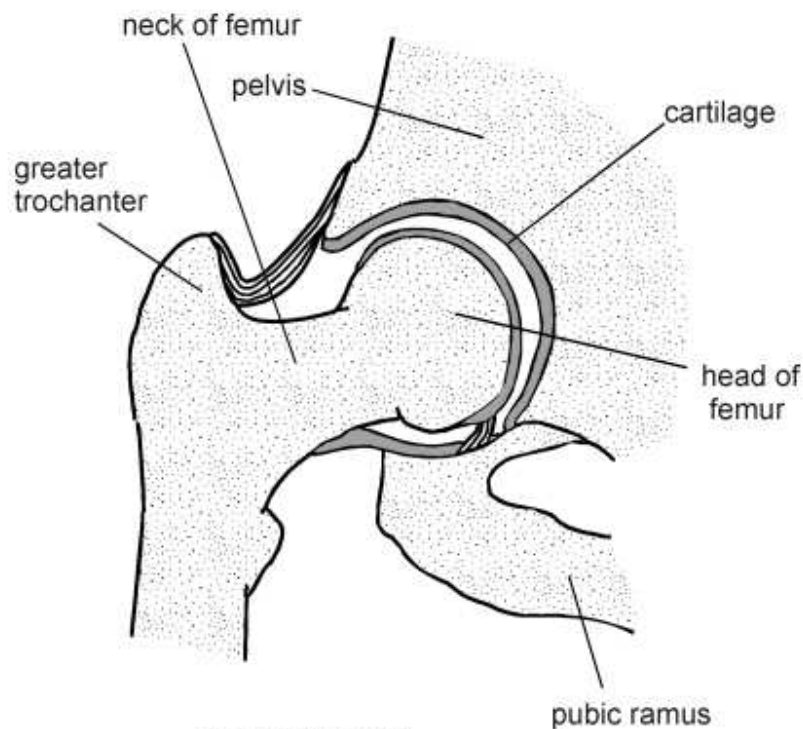




What is a Hip Replacement?

You have developed arthritis in your hip. The surfaces of the ball-and-socket joint between your thigh bone and pelvis bone are no longer smooth. The bones surfaces are rough and the cartilage lining has worn away. As a result, your hip is painful and stiff.



THE HIP JOINT

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The Operation

You will have a general or spinal anesthetic. A cut about 10 inches long is made along the side of your hip and thigh. The damaged bone ends are removed. These are replaced with an artificial joint. The artificial hip consists of a ball on a stem, and a socket. The stem is fixed into your thigh bone, and the new socket into the space in your pelvis. The skin is then closed with stitches or clips. There are many different types of artificial hips. Most have a metal ball in a plastic cup. Some are held in with special bone cement, some are not. The surgeon will explain the type he or she intends to use and the reasons for this choice. The aim of the operation is to stop the pain in your hip. The range of movement in your hip may not improve very much, but the pain should go. As a result you will be able to walk further and climb stairs more easily. You should not have a new hip if you have angina (chest pains) or shortness of breath that limit your walking more than your hip pain. You should not have a hip replacement if you have a urinary infection. This may result in infection of your new hip. Your urine will be checked. If it is infected, we will give you antibiotics before your operation. The same applies to other infections. They have to be cleared



before you have your operation. You should not have a hip replacement if you are a man with prostate problems. If you have poor urinary flow, it is better to have this investigated and treated before your hip is replaced.

Any Alternatives

If you leave things as they are, the hip problem will probably get worse. Tablets and avoiding the things that make the hip painful may be all you need. Physiotherapy will not diminish the pain. Very rarely these days, the thigh bone can just be cut across to change the pressures on your hip to relieve the pain. Usually a hip replacement is better. If the pain in your hip interferes with your life and the X-rays show that the joint is severely damaged, then you should have your hip replaced.

Before the operation

Stop smoking and get your weight down if you are overweight. (See Healthy Living). If you know that you have problems with your blood pressure, your heart, or your lungs, ask your family doctor to check that these are under control. Check the hospital's advice about taking the Pill or hormone replacement therapy (HRT.) Check you have a relative or friend who can come with you to the hospital, take you home and look after you for the first week after the operation. Bring all your tablets and medicines with you to the hospital. On the ward, you may be checked for past illnesses and may have special tests, to make sure that you are well prepared and that you can have the operation as safely as possible. Many hospitals now run special preadmission clinics, where you visit for an hour or two, a week or so before the operation for these checks.

After - In Hospital

You may have a fine plastic drainage tube coming out of the skin near the wound, connected to a container. This is to drain any residual blood from the operation. Your legs may be held apart by a special pillow. This is to prevent you from crossing your legs, which may make the new ball slip out of the new socket and dislocate your new hip. The wound may be painful. You will be given injections or tablets to control this. Ask for more if the pain gets worse. The physiotherapist will tell you how to get out of bed, rise from a chair, and teach you exercises and how to walk with walking aids. The occupational therapist will show you how to do many daily tasks, such as washing and dressing. For the first six weeks, you must be very careful not to do things that may dislocate the new hip joint.

- Do not cross your legs, either in bed or when sitting.
- Do not bend your hip beyond a right angle.
- When in bed you may sit up, but you must not lean forward, for example, to reach your foot.
- You must not bend your knee up to put on socks or shoes.
- You must not sit on a low seat such as a toilet. You may be given a raised toilet seat if necessary to take home.
- While in hospital, you must sleep on your back.

The wound will probably have a simple adhesive dressing over it. The nurses will pull out your wound drain 24-48 hours after your operation. This does not hurt. Your stitches or clips will be taken out about 12 days after the operation. You will be in hospital for 7 to 10 days following your operation depending on your circumstances. You may go home when you can walk safely with crutches or sticks. You will be given an appointment to visit the orthopedic outpatient department six weeks or so after your operation. Please ask the nurses about sick notes, certificates etc.



After - At Home

When you go home, you will be able to move around the house and manage stairs. You will not be able to go shopping for the first few weeks after you go home. Please arrange for friends or family to shop for you. Your hip will continue to improve for at least six months. At home, it is advisable to sleep on your back for six weeks. If you must sleep on your side, sleep on your operated side with a pillow between your legs. Lie on the side that has been operated upon. You will not be able to drive for six weeks after your operation. You will not be able to perform an emergency stop as quickly as normal before then. How soon you can return to work depends on your job. If you mainly sit at work, you may be able to return to work three to four weeks after your operation. This also depends on your being able to get to work. You should not do manual work after a total hip replacement.

Possible Complications

As with any operation under general anesthetic there is a very small risk of complications related to your heart or your lungs. If you have the operation under a spinal anesthetic, you also have a very small risk of having a blood clot or an injury to your spinal cord (the bundle of nerves that runs from your brain to the lower area of your back). Regardless of which type of anesthetic you are going to have, the tests that you will have before the operation will make sure that you can have the operation in the safest possible way and will bring the risk of such complications very close to zero.

Complications occur in about 1 out of 20 operations. Wound infection sometimes happens. You will be given antibiotics to try and prevent this. You can develop a blood clot in the veins of your calf (deep vein thrombosis -DVT). A combination of medicine (an injection of a blood thinner), special compression stockings or foot pumps will be used to try to prevent this. The thigh bone can break while the surgeons are trying to put in your artificial joint. This is rare. The exact treatment depends on the nature of the break. Dislocation can occur, especially immediately after your operation. Artificial joints last for many years. However they can become loose and painful after years of use. A further operation may then be necessary.

General Advice

The operation is neither very simple nor very complicated but somewhere in between. You should end up much better off after the operation. We hope these notes will help you through your operation. They are a general guide. They do not cover everything. Also, all hospitals and surgeons vary a little. If you have any queries or problems, please ask the doctors or nurses.