

RISKS AND COMPLICATIONS

As with any operation there are risks. The decision to proceed with the surgery is made because the benefits of surgery outweigh the risks. It is important that you are informed of the risks before deciding to have the surgery.

Almost any medical condition can occur so this list is not complete. The following complications can occur:

Complications of the anaesthetic such as complications from nerve blocks.

Allergic reactions to medications.

Blood loss requiring transfusion. Heart attacks, strokes, kidney failure, pneumonia, urine infections.

Infection occurs in about 1% of hip replacements. It can be treated with antibiotics but may require further surgery. Eradication of some infections requires implants to be removed for a period.

Dislocation can occur in about 1% of routine hip replacements. Occasionally further surgery is needed to rectify the problem.

Leg length inequality: There are no techniques that can achieve perfect leg length in every case. We use a combination of several methods to achieve the desired length as accurately as possible. Most people do not notice changes of less than 10 mm and inaccuracy of more than that is uncommon.

Wear or loosening of the implants: All joints eventually wear out or work loose. In general 80-90% of hip replacements survive 15 years or more.

Blood clots (Deep Venous Thrombosis) can form in the calf veins and can travel to the lungs (Pulmonary embolism). They can occur after any type of surgery, or even without any surgery at all. Rarely they can cause serious problems and even be life threatening. If you get calf pain or shortness of breath at any stage, you should see a doctor.

Heterotopic ossification (formation of abnormal bone within the muscles around the hip) is a rare complication. Hip replacement is one of the most successful operations ever invented. Serious complications are rare.

Failure to relieve pain: Very rare but may occur, especially if some pain is coming from other areas such as the spine. Damage to nerves or blood vessels. Also rare but can lead to weakness and loss of sensation in part of the leg. Damage to blood vessels may require further surgery if bleeding is ongoing.

Fractures of the femur or pelvis are also rare but can occur during or after surgery. This may prolong your recovery or require further surgery.

Wound irritation: Your scar can be sensitive or have a surrounding area of numbness. This normally decreases over time and does not lead to any problems with your new joint.

Hip replacement is one of the most successful operations ever invented and serious complications are rare.



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TOTAL HIP REPLACEMENT

INFORMATION FOR PATIENTS

INTRODUCTION



Total Hip Replacement (THR) is a procedure which replaces all or part of the hip joint with an artificial device (prosthesis) to improve pain and movement.

This brochure is provided to give patients a better understanding as to the nature, risks and benefits of hip replacement. It is important that you read it fully and ask questions if there is anything you do not understand.

NORMAL HIP ANATOMY

The thigh bone (femur) and the pelvis, join to form the hip joint. The hip joint is a "ball and socket" joint. The "ball" is the head of the femur, and the "socket" is the cup shaped acetabulum (on the pelvis).



PELVIS

The pelvis is a large, flattened, irregularly shaped bone, constricted in the centre and expanded above and below. It has three parts: the ilium, ischium, and pubis.

The socket (acetabulum) is on the outer surface of the pelvis.

FEMUR

The femur is the longest bone in the skeleton. The upper part is composed of the Femoral head, Femoral neck, and Greater and Lesser trochanters.

CARTILAGE

The joint surface is covered by smooth white articular cartilage.

Normal cartilage cushions the joint and allows the joint to move with very little friction or wear. Cartilage is not seen on X-ray, so we see a "joint space" between the femoral head and acetabular socket.

DIAGNOSIS OF HIP CONDITIONS

Hip conditions should be evaluated by an Orthopaedic surgeon for proper diagnosis and treatment. The following methods are used:

- Medical History
- Physical Examination
- Special tests (inc. X-Rays)



ARTHRITIS

Arthritis is a general term covering numerous conditions where the cartilage on the joint surfaces is damaged or worn. Once the joint is worn out, the bone ends rub painfully on one another. The degree of cartilage damage and inflammation varies with the type and stage of arthritis.

- Although often the definite cause is not known, arthritis can occur for a number of reasons;
- Developmental or Childhood disorders like Hip Impingement, Dysplasia, Perthes disease, slipped epiphysis
- Trauma (fracture)
- Avascular necrosis (loss of blood supply)
- Infection
- Inflammatory arthropathies like Rheumatoid arthritis

NON-OPERATIVE TREATMENT OPTIONS

- Rest & Activity Limitations
- Weight loss
- Painkillers
- Anti-inflammatory tablets (short courses during flare-ups)
- Glucosamine (takes 6 weeks to start working)
- Physical Therapy
 - Physiotherapy
 - Hydrotherapy
- Corticosteroid Injection into the joint



Total Hip Replacement

The surgery is performed under sterile conditions in the operating theatre under spinal or general anaesthesia.

An incision is made over the hip to expose the hip joint. The femur (thigh bone) is separated from the acetabulum (socket). The arthritic femoral head is cut off to expose the acetabulum (socket).



The socket is prepared and the acetabular implant (cup) is then inserted into the prepared bone. The cup can be fixed in place by press-fit or with bone cement. Sometimes fixation is reinforced with screws. Press-fit cups can have a bearing surface made of plastic, metal or ceramic.

The femur is then prepared to match the new femoral implant (stem), which is then inserted. The stem may also be press fit or cemented. The choice between press-fit or cemented implants is made considering a number of factors such as bone density and shape.

Next, the new femoral head (metal or ceramic) is attached to the stem. The new hip joint is relocated (the head is placed into the cup) and the hip is tested for stability, length and range of movement.

The muscles and tendons are then repaired and the skin is closed.



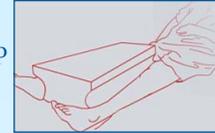
AFTER SURGERY

Remember that your new hip is artificial and must be treated with care

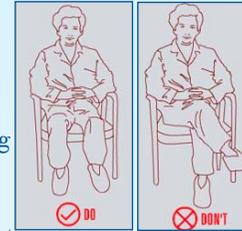
PRECAUTIONS TO AVOID DISLOCATION:

AVOID THE COMBINED MOVEMENT OF BENDING YOUR HIP AND TURNING YOUR THIGH IN. This can cause DISLOCATION.

- You should sleep with a pillow between your legs for 6 weeks



- Avoid crossing your legs and bending your hip past a right angle



- Avoid low chairs



- Avoid bending over to pick things up. Grabbers are helpful as are shoe horns or slip on shoes. An elevated toilet seat is helpful.



TAKING CARE OF YOUR WOUND:

- You can shower once the wound has healed.
- You can apply Vitamin E or moisturising cream into the wound once the wound has healed.
- If you have increasing redness or swelling in the wound or temperatures over 38° you should call your doctor.
- If you are having any procedures such as dental work or any other surgery you should take antibiotics before and after to prevent infection in your new prosthesis. Call us for details.
- Your hip replacement may trigger metal detectors at the airport - depending on the detector's settings.

There is usually no weight bearing restriction after surgery and you can put as much weight through the hip as is comfortable. Most patients use crutches or other walking aids for comfort for a period. It is advisable not to over-exert too early after the procedure as this cause more discomfort and swelling. You should gradually reintroduce and build up activities as your symptoms allow.

You can drive a car as soon as you can do so without discomfort. If your job is seated at a desk you can usually go back to work after a few weeks. People with more physical jobs will need longer before returning.