

# Hip Replacement Surgery

This information booklet about hip replacement has been produced to help you gain the maximum understanding and benefit from your operation.

# Key points

If you are considering having a hip replacement operation please remember these key points:

* A hip replacement is a surgical procedure to replace your hip joint with a new pain free artificial one.
* It provides a long-term permanent solution for a painful, worn and arthritic hip joint.
* The hip joint is a ball-and-socket joint.
* The operation replaces both the natural socket and the rounded ball at the top of the femur (thigh bone) with artificial parts. These parts copy the natural motion of the hip joint.
* Over 80,000 hip replacements are carried out each year in the UK.



# What this information booklet will cover:

* Indications for hip replacement
* Benefits of surgery
* Timing of surgery
* Deciding to go ahead with surgery
* Getting ready for surgery
* About the operation
* Risks
* Recovering
* Going home
* Frequently asked questions
* Where to get more information

# What are the indications for this operation?

* Hip replacement is recommended for people with an injury or arthritis of the hip who have got sufficient pain from the hip joint to make the risks of a major operation worth taking.
* Prior to considering surgery all attempts should have been made to control the pain by non-surgical methods such as:
	+ Painkillers
	+ Anti-inflammatory drugs (if tolerated)
	+ Physiotherapy
	+ Weight control and lifestyle modification
	+ All of these measures have been shown to help in a small degree and together may make a significant difference.
	+ When pain from the arthritis of the hip becomes so severe that activities of daily life are restricted, walking is limited to a few hundred yards, independent existence is difficult and sleep is disturbed, then most people will choose to go ahead with the operation.
	+ Pain from the arthritis often will worsen with time but there is no real risk of not operating.
	+ As a part of better understanding your arthritic hip and treatment options available to you it is useful to work through the NHS shared decision-making online assessment tool. <http://sdm.rightcare.nhs.uk/pda/osteoarthritis-of-the-hip/>

We generally **do not recommend** a hip replacement in the following situations:

* When there is active infection in or near the hip.
* When there is very poor blood circulation in the leg.
* When we feel the risks of the anaesthetic and operation are too high.
* When the arthritis is early and pain is mild.

# Benefits of Surgery

# The major benefit of hip replacement surgery is pain relief

* Patients often describe an arthritic hip as giving them a severe unremitting “toothache” type pain that never goes away. This pain very quickly improves, almost instantly after surgery.
* The success of hip replacement is seen in the fact that over 97% of patients report a significant improvement in their hip pain and function after surgery in Nationally recorded Patient Reported Outcome measures (PROMS). <http://www.hscic.gov.uk/catalogue/PUB20283>
* As a result of a pain free hip many patients find they experience a significant improvement in their mobility.

# Timing of Surgery

* There is no “set” time point when surgery has to be done.
* The right time to consider surgery is when you have a significantly arthritic hip and non-operative treatments are failing to control your symptoms and pain.
* Symptoms such as pain on exercise, at rest even when relaxing and at night interfering with sleep tend to motivate people to consider surgery.
* Generally patients who consider hip replacement have had symptoms for over 6 months.
* The decision to proceed with surgery is based on reaching an informed decision on what you want to do to treat your arthritic hip.
* We as surgeons can assist in making that decision by giving you our expert opinion on the best treatment option for you.

# What happens when you decide to go ahead with the operation?

* We will discuss the operation with you in detail and answer all your questions and queries, as best we can.
* Your name will be placed on a waiting list for a date for your operation. However, it is essential before we commit you to a date that you are fit for the operation.
* To ensure that your operation is a safe as possible we need to do a number of tests and checks.
* It is essential you tell us about all your medical history and, in particular, what drugs you are taking (including non-prescription ones that you might be buying and using without your doctor’s knowledge.

# Getting ready for surgery

# Pre-operative assessment

* You will need to attend the Pre-Operative Assessment Unit.
* An assessment will take place to make sure that you are as fit as possible to have an anaesthetic.
* At this assessment a nurse will record your blood pressure, pulse, weight, height and lung function (peak flow).
* Blood samples will also be taken.
* You may also require an ECG (heart tracing) or x-ray.
* If you are not currently healthy enough, the doctor and nurses will discuss with you how to improve your health so you can consider surgery at a later date.
* They will give you advice on anything you can do to prepare for surgery and ask you about your home circumstances so your discharge from hospital can be planned.
* If you live alone, have a carer or feel you need extra support it is beneficial to arrange this prior to admission so that your discharge is not delayed. You may find the contact details at the end of this leaflet useful.
* Take a list or the packaging of any medication you are taking.

# Planning for your hospital stay

* Get informed. Find out as much as you can about what is involved in your operation.
* Arrange help. If you can, arrange for a friend or relative to be available to help you after you come home from hospital for a week to two as needed.
* Sort out transport. Arrange for someone (either a friend or relative) to take you to and from the hospital.
* Stock up. Buy food that is easy to prepare such as frozen ready meals, cans and basic foods, such as rice and pasta, or prepare your own dishes to freeze and reheat during your recovery.
* Before going into hospital, have a long bath or shower including washing your hair with the antiseptic wash provided at pre-operative assessment.
* If worn, please remove nail polish or false nails. This helps prevent unwanted bacteria coming into hospital with you and complicating your care.

# Coming into Hospital

* You will be admitted to the ward on the day of your operation.
* Do not fast for a long period before your operation and eat and drink as normal the evening before your operation.
* Drink clear fluids (e.g. water) up until two hours before your surgery.
* Please remember sucking sweets or chewing gum is classed as food.
* The surgeon and anaesthetist will come to see you before surgery.
* The site and side of your operation will be marked on your leg.
* You will have to remove make-up, nail polish and jewellery. If you wear glasses or false teeth, these can be removed in the anaesthetic room.
* Although we try and be as accurate as we can in the timing of your surgery, operating lists are somewhat unpredictable because some surgery takes longer than expected and sometimes we need to change the order of patients.
* It is difficult for us to make promises as to timing but we do our best to keep you informed.
* A nurse or health care assistant will escort you to theatre when it is your time for surgery.

# Information about your Operation

* Before your operation, you will receive a general anaesthetic (where you are put to sleep) or a spinal anaesthetic (the lower half of the body is numbed with an injection in the back) plus sedation (drug to make you drowsy), so you do not have to lie awake and listen to the operation.
* Once you have been anaesthetised, the surgeon removes the existing hip joint completely. The upper part of the femur (thigh bone) is removed and the natural socket for the head of the femur is hollowed out.
* A plastic or metallic socket is fitted into the hollow in the pelvis. A short, angled metal shaft with a smooth ball on its upper end (to fit into the socket) is placed into the hollow of the thighbone. The plastic/metallic cup and the stem may be pressed into place or fixed with acrylic cement.
* The hip replacement operation has become a routine and simple procedure. However, as with all surgery, it carries a degree of risk.

# Risks of hip replacement surgery?

* Infection:This can be reduced by using antibiotics at the time of surgery and by using 'clean air' ventilation in theatre. However, infection still occurs in less than 1 in 100 cases. Infection can be serious and may require removal and re-implantation of the joint.
* Blood clots:Deep vein thrombosis (DVT) is a complication after major lower limb surgery. It is caused by the blood clotting in the veins of the leg in the deep muscles and is associated with pain and swelling of the leg, normally coming on between 10 days and 4 weeks after surgery but occasionally occurring sooner. Post-operative calf pain, tenderness and swelling are regarded as a serious risk and require immediate investigation and treatment. Normally, this can be done with simple ultrasound scanning and medication. If it occurs at home postoperatively, it needs emergency hospital treatment. It is not a situation to leave to the next clinic appointment. The risks of deep vein thrombosis are:
	1. Long term pain and swelling in the leg (the post-phlebitic syndrome) which may last indefinitely or The clot can move from the leg into the lung, leading to pulmonary embolus. In extreme cases this can be a cause of sudden death, but more often gives rise to chest pain and shortness of breath. Patients who develop a pulmonary embolus (PE) don’t always get the typical symptoms of calf swelling first (a silent DVT).
	2. Because of the severe nature of deep vein thrombosis we go to significant lengths to reduce its incidence by chemical means with drugs post-op and with pneumatic calf pumps that are used in the post-operative period. We also aim to get you mobile very quickly after the operation.

Patients already on blood thinning medication, such as Warfarin, will be taken off it temporarily so that we can use a more reversible form of treatment during surgery and then the Warfarin can be restarted a few days after the operation.

Unfortunately, despite all of this, it is not always possible to prevent every clot or PE. The incidence of fatal pulmonary embolism is very rare and is reported to be about 1 in 1600 or 0.06%.[[1]](#footnote-1)

* Dislocation: In a small number of cases, the artificial hip can come out of its socket. It can be replaced under anaesthetic. Repeated problems with dislocation may require further surgery.
* Leg length discrepancy: It is not unusual for the operated hip to feel longer than your non-operated leg immediately after surgery. This doesn’t mean it actually is longer and the feeling normally disappears with time and any residual pelvic tilt corrects. Otherwise a small heel raise in the other shoe may help.
* Loosening of the Hip Joint: The Exeter total hip replacement frequently used by surgeons in the Reading Hip Unit has excellent long-term results and has been used in clinical practice for over 45 years. The Exeter/ Trident hybrid hip replacement has world-leading long-term results in all age groups of patients with almost 98% survivorship at 10 years reported in the UK’s National Joint Registry. [http://www.njrcentre.org.uk/njrcentre/Reports,PublicationsandMinutes/Annualreports/tabid/86/Default.aspx](http://www.njrcentre.org.uk/njrcentre/Reports%2CPublicationsandMinutes/Annualreports/tabid/86/Default.aspx)

Hips though can loosen and wear out over time, particularly the socket and if that happens revision surgery can be performed to replace the worn components.

# Your recovery

* + You may be allowed to have a drink in recovery about 30 minutes after your operation and you will also be allowed to have food, depending on your condition.
	+ The staff will help you to get up and walk about as quickly as possible.
	+ In some cases, depending on the time you return to the ward, you may be up the same day as your operation.
	+ It is normal, initially, to experience some discomfort while walking and exercising and your legs and feet may be swollen.
	+ You will be given a tablet to help prevent blood clots forming in your legs.
	+ A physiotherapist will teach you exercises to help strengthen the hip and explain what should and should not be done after the operation.
	+ They will teach you how to bend and sit to avoid damaging your new hip.
	+ After the operation you will have some blood tests to check you are not anaemic and that your kidney function is OK.
	+ You will also have an X-ray to check the new hip.

# Going home

* You will usually be in hospital for only two to three days.
* When you get home do not be too surprised if you feel very tired at first.
* You have had a major operation and the muscles and tissues around your new hip joint will take time to heal.
* You may be eligible for home help and there may be extra equipment that can help you.
* If possible you may want to arrange to have someone to help you for a week or so when you get home.
* If needed an occupational therapist will assess how physically capable you are and your circumstances at home.
* Your occupational therapist will be able to advise you on how to do daily activities, such as washing yourself, more easily.
* They will also advise about any equipment you may need to help you to be independent in your daily activities and where you can obtain this.

# Frequently asked questions

# How soon will the pain go away?

* The pain that you may have previously experienced should go immediately, although you can expect to have a temporary different form of pain from the operation.

# Is there anything I should look out for or worry about?

# Blood Clot (DVT)

# Warning Signs of a Blood Clot

* After hip replacement surgery pain and swelling in the calf may be a sign of a blood clot (DVT) and requires immediate attention in the Emergency Department at your local hospital.
* Pain in your leg or calf unrelated to your incision
* Tenderness or redness above or below your knee
* Severe swelling of your thigh, calf, ankle or foot

# Infection

# Warning Signs of Infection

* If you notice significant redness or discharge from the wound you should contact the ward where you were a patient on or your surgeon via their secretary ASAP.
* Persistent fever (higher than 38°C)
* Shaking chills
* Increasing redness, tenderness or swelling of your wound
* Drainage from your wound
* Increasing pain with both activity and rest

# Will I have to go back to hospital?

* You will be given an appointment to check up on your progress and 6 weeks post-op.
* If everything is going well at that stage you will be discharged back to the care of your GP as you are likely to be well on the way to a full recovery.
* If you or your GP has any concerns with your replaced hip we encourage contact with us so we can reassess you if necessary.
* Regular X-rays of your hip are not will be required as we know that the hip we use is very unlikely to loosen in the first 10 years.
* Signs that an X-ray may be needed in the future include new persisting groin pain developing around the replaced hip. In that situation please contact your GP for re-referral.

# How long will it be before I feel back to normal?

* Generally, you should be able to stop using your crutches within four to six weeks and feel more or less normal by three months.
* You should be able to do all your normal every day activities.
* Most patients have forgotten they have had a hip replacement by 6 months post-op.

# When can I drive again?

* Traditional advice is that you can usually drive again after about six weeks.
* Current recently published evidence suggests that it may be possible to drive safely from four weeks post-op.[[2]](#footnote-2)
* To drive it is vital that you are able to comfortably perform an emergency stop easily.

# When can I go back to work?

* This depends on your job, but you can usually return to work from 6 weeks after your operation.

# What about my sex life?

* If you were finding sex difficult before because of pain, you may find that having the operation makes sex easier.
* As long as you are careful, you should be able to have sex when you are comfortable.
* Avoid vigorous sex and more extreme positions to start with if possible.

# What about flying?

* Pressure changes and immobility may cause your hip joint to swell, especially if it is just healing.
* Generally we recommend waiting 6 weeks before flying due to discomfort of being on a plane and the risk of blood clots (DVT).
* When going through security, be aware that the sensitivity of metal detectors varies and your artificial joint may cause an alarm.
* Tell security about your artificial joint before going through the metal detector.

# What about Sports and Exercise

* Continue to do the exercises prescribed by your physiotherapist for at least 2 months after surgery.
* In some cases, your doctor may recommend riding a stationary bicycle to help maintain muscle tone and keep your hip flexible.
* As soon as you are comfortable you can return to many of the sports activities you enjoyed before your hip replacement:
* Walk as much as you would like but don’t forget your physiotherapy.
* Swimming is an excellent low-impact activity after a total hip replacement; you can begin as soon as the sutures have been removed and the wound is healed.

# Don’t forget to enjoy your new hip and the pain free activity you can do with it.

# Finally

* Although everyone worries about the genuine risks involved, in the vast majority of cases everything goes smoothly.
* The usual reason we see people again after surgery is that the opposite hip is causing them symptoms and they wish to have that one replaced.

# Where to get further information:

* British Hip Society has a patient information section: <https://www.britishhipsociety.com>
* American Orthopaedic Association has a very good patient information section on hip replacement: <http://orthoinfo.aaos.org/topic.cfm?topic=a00377>
* Berkshire Age UK offers a ‘Home from Hospital service’: <http://www.ageuk.org.uk/berkshire/>

Their service covers some of the Reading and Wokingham area. They can visit prior to your admission to assist in preparation before your surgery. For further information you can contact them by phoning: 07887 878 664.

* British Red Cross: 0118 935 8236:

Email: mailto:berks@redcross.org.uk

For purchasing or hiring equipment such as raised toilet seats, freestanding toilet frames, dressing aids, perching stools and wheelchairs.

NB. Equipment can also be purchased online and from many other mobility/independent living shops.

# Contact us:

# Circle Hospital

Ward Level 2: 0118 922 6836/6837

Ward Level 3: 0118 922 6838/6839

# John Morley

Secretary: Eliza Shaw

Email: eliza.shaw@circlereading.co.uk

Tel: 0118 922 6921

# Shawn Tavares

Secretary: Jade Chandler

Email: jade.chandler@circlereading.co.uk

Tel: 0845 643 6900

# Dunedin Hospital

Ward Level 4 0118 955 3441/3442

# John Morley

Secretary: Laura Frowen

Email: laura.frowen@spirehealthcare.com

Tel: 0118 955 3476

# Shawn Tavares

Secretary: Jade Chandler

Email: jade.chandler@circlereading.co.uk

Tel: 0845 643 6900

1. L Ogonda et al., “Aspirin for Thromboprophylaxis After Primary Lower Limb Arthroplasty: Early Thromboembolic Events and 90 Day Mortality in 11 459 Patients,” *The Bone & Joint Journal* 98, no. 3 (February 26, 2016): 341–48, doi:10.1302/0301-620X.98B3.36511. [↑](#footnote-ref-1)
2. Allison V Ruel et al., “A Novel Assessment of Braking Reaction Time Following THA Using a New Fully Interactive Driving Simulator.,” *Hss J* 11, no. 2 (July 2015): 143–47, doi:10.1007/s11420-015-9437-9. [↑](#footnote-ref-2)