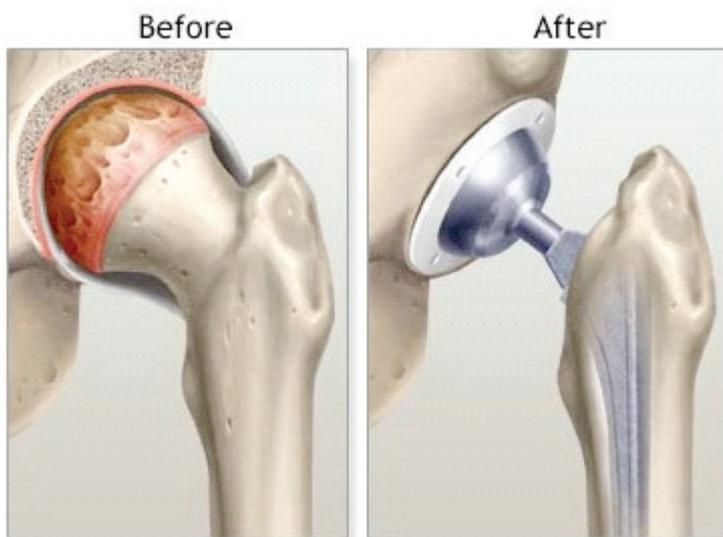


If your hip has been damaged by arthritis, a fracture, or other conditions, common activities such as walking or getting in and out of a chair may be painful and difficult. Your hip may be stiff, and it may be hard to put on your shoes and socks. You may even feel uncomfortable while resting.

If medications, changes in your everyday activities, and the use of walking supports do not adequately help your symptoms, you may consider hip replacement surgery. Hip replacement surgery is a safe and effective procedure that can relieve your pain, increase motion, and help you get back to enjoying normal, everyday activities.

WHAT IS INVOLVED IN TOTAL HIP REPLACEMENT

In a total hip replacement the damaged bone and cartilage is removed and replaced with prosthetic components.



- The damaged femoral head is removed and replaced with a metal stem that is placed into the hollow center of the femur. The femoral stem may be either cemented or "press fit" into the bone.
- A metal or ceramic ball is placed on the upper part of the stem. This ball replaces the damaged femoral head that was removed.
- The damaged cartilage surface of the socket (acetabulum) is removed and replaced with a metal socket. Screws or cement are sometimes used to hold the socket in place.
- A plastic, ceramic, or metal spacer is inserted between the new ball and the socket to allow for a smooth gliding surface.

WHAT IS INVOLVED FOR YOU AS THE PATIENT

Before admission into hospital:

You will need to book your surgery at our Sports Surgery Clinic rooms. You will receive a package of information from us containing your admission, consent and questionnaire forms, which need to be completed and sent to the SSC. You will need to attend the SSC preadmission clinic before your surgery. At this time you will be assessed by an Anaesthetist. You should also inform Mr. Vioreanu and the Anaesthetist of any medical conditions or previous treatments as this may affect your operation. You will also meet the nursing staff and physiotherapists to discuss your admission and treatment.

Prior to the operation any allergies you may have to medications, bandages and ointments should be brought to our attention. You should stop arthritis tablets for one week prior to surgery as they increase bleeding. Take only panadeine or panadol for pain relief during this period. Please notify Mr. Vioreanu and the Anaesthetist in advance if you are taking any anticoagulants (blood thinners), hormone tablets or suffer from diabetes. You should inform your Mr. Vioreanu and your Anaesthetist of any medical conditions or previous treatment as this may affect your operation.

You must contact our office before you go into hospital if there is any evidence of pimples, ulcers or broken skin around the area to be operated on OR if you have a cold, cough or infection evident. If you are taking medication you must check with the doctor as to whether you need to stop taking any of the medication prior to your surgery.

Admission into the SSC Hospital:

You are usually admitted to hospital on the morning of the surgery. The staff at the hospital will call you and let you know your admission time. You will need to take all relevant x-rays, current medications and their prescriptions.

When you wake after surgery you will be in the recovery ward. From here you will be transferred back to your ward. You will have a pillow between your legs and a drip will be in your arm. The drip is usually removed 24-48 hours after surgery. You will be given regular pain relief in the form of an injection or tablet as required. 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.

The recovery from the operation requires about 2-4 days in hospital.

On the first day after surgery your physiotherapist will begin to assist you to get out of bed and walk a small distance. This will be progressed over the next 2-4 days, till you are independently mobile. They will teach you how to bend and sit to avoid damaging your new hip. The exercising and walking will cause some discomfort and swelling, however this is normal, and is just part of the healing process. If pain is preventing you from exercising or walking, you should discuss this with your nurse.

After your hospital stay:

The hospital staff will help you organise your rehabilitation to continue after you are discharged from hospital, either staying in a rehabilitation unit or going home. You will generally be able to leave with the aid of a single walking stick or crutches. While at home you should continue your exercise program, as well as walking regularly. If at any stage you develop a fever or the wound becomes red or painful you should bring this to the attention of our rooms immediately. It is usual to be reviewed by Mr. Vioreanu at 6-8 weeks after surgery, with new x-rays.

After you have had this surgery you **MUST** take antibiotics prior to any other operations in the future, including dental work. This is to prevent germs lodging on the implant and causing infection in the joint.

POTENTIAL COMPLICATIONS RELATED TO 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. Most commonly these are superficial wound infections that resolve with a course of antibiotics. More serious infections may require further hospitalisation and surgical and prolonged antibiotic therapy.
- **Deep vein thrombosis and pulmonary embolus:** A combination of immobilisation of the limb, smoking and the oral contraceptive pill or hormonal replacement therapy all multiply to increase the risk of a blood clot. Any past history of blood clots should be brought to the attention of the Surgeon prior to your operation. Prevention of deep vein thrombosis involves a rapid recovery program, with patients getting out of bed within 24hours following the surgery, and the administration of anticoagulants in the form of an oral tablet.
- **Dislocation:** In a small number of cases the artificial hip can come out of his socket. It can be reduced under anaesthesia, but repeated problems may require further surgery.
- **Loosening and Implant Wear:** Over years, the hip prosthesis may wear out or loosen. This is most often due to everyday activity. It can also result from a biologic thinning of the bone called osteolysis. If loosening is painful, a second surgery called a revision may be necessary.
- **Other Complications.** Nerve and blood vessel injury, bleeding, fracture, and stiffness can occur. In a small number of patients, some pain can continue or new pain can occur after surgery.

QUESTIONS COMMONLY ASKED

Q. Anaesthetic?

A. Either general or spinal anaesthesia – discuss with your Anaesthetist at the preadmission clinic.

Q. Duration of operation?

A. One hip: 1-2 hours

Q. Length of stay in hospital?

A. 2-4 days.

Q. How will I feel when I get home?

A. Do not be surprised if you feel very tired at first. You have had a major operation and muscles and tissues surrounding your new hip will take time to heal. You may be eligible for home help and there may be extra equipment that can help you. 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.

Q. How soon will the pain go away?

A. 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.

Q. Driving a car?

A. You can usually drive again after about six weeks. It can be tricky getting in and out of your car at first. It is best to ease yourself in backwards and swing both legs round together. You must be able to perform an emergency stop easily.

Q. When I can go back to work?

A. This depends on your job, but you can usually return to work between 6 and 12 weeks after your operation.

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Q. How long do I need off work?

A. This depends largely on the type of work you do. After the time in hospital you may need a few weeks to recover and settle down before returning to light duties. Work requiring a great deal of moving around should not be attempted for 6-8 weeks.

Q. When can I travel?

A. You can travel from the 6 week mark following review.

Q. Will I need to wear stockings after the surgery?

A. The hospital will provide you with stockings following your total knee replacement surgery. The stockings are required to remain on during the day for 6 weeks post surgery. The stockings can be taken off at night.

Q. How long will my hip last? Will I need a revision?

A. Nowadays, most hip implants last for 20 years or more. If you are older, your new hip may last your lifetime. If you are younger, you may need another new hip at some point. Revision surgery is more complicated and time-consuming for the surgeon to perform than a first hip replacement and complication rates are usually higher. It cannot be performed in every patient. However, it is much more successful than it used to be and most people who can have it report success for 10 years or more.

On a final note

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.

More Information.

British Hip Society www.britishhipsociety.com has a patient information section.