



You and Your Hip Replacement



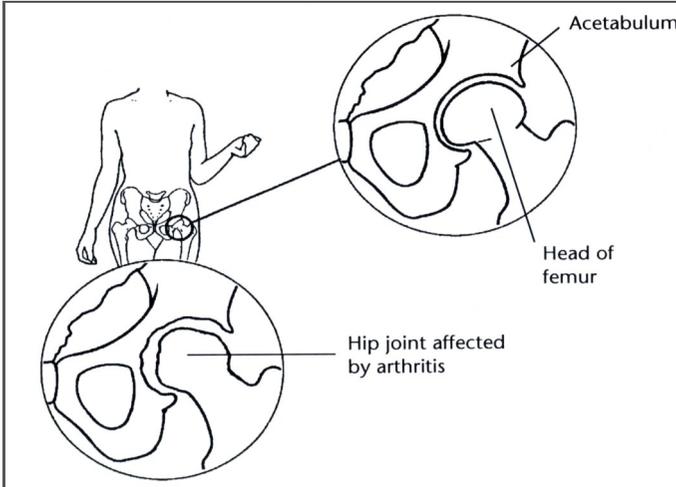
Orthopaedic Outpatients

www.yeovilhospital.nhs.uk

This leaflet gives you information about your planned hip replacement operation.

What is a hip replacement?

The hip joint is a ball and socket joint. The ball is the top of the thigh bone (the femur), which fits into the hip socket.



Joint problems which may be helped by hip replacement are:

- Osteoarthritis (wear and tear) - which is by far the most common reason. Most hip replacements are done for people with osteoarthritis of their hips.
- Rheumatoid arthritis
- Previous fracture of the hip
- Other, less common conditions

Why do I need a hip replacement?

You should consider a hip replacement if:

- You are in constant pain
- Your sleep is affected
- You are unable to do everyday things and so are less independent
- You are unable to work because of your painful hip

Benefits of hip replacement surgery

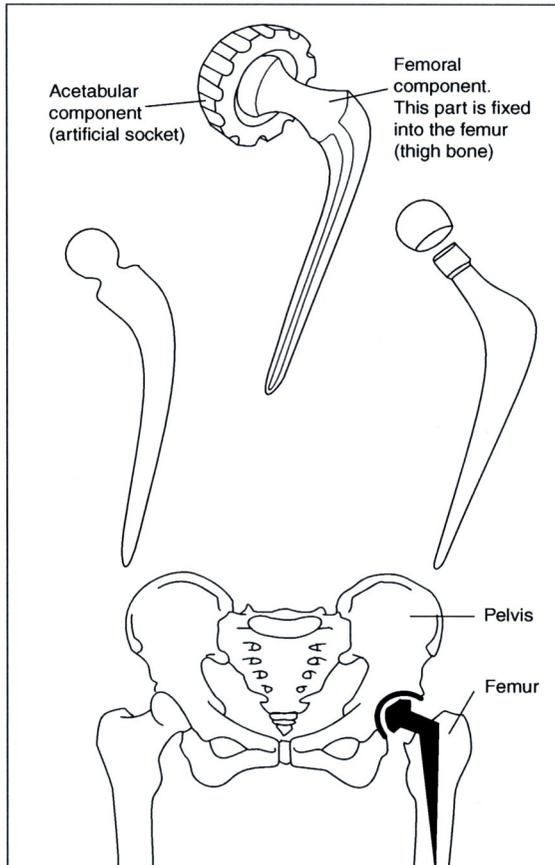
- The main reason for the operation is to alleviate the pain. In most cases the pain in the hip will go away completely
- It is common for those who have arthritis in their hip, to also have arthritis in their lower back. Back arthritis often causes pain in the buttock, as well as the back, which can be confused with hip pain. If you have back pain before surgery it will not be helped by having your hip replaced
- Without the pain you may find that your movement and mobility are improved
- Your independence may improve if you are able to dress, bathe etc. more easily
- You may be able to walk further without pain than you used to
- If you needed a walking stick before the operation you may not need it afterwards.

During a hip replacement, the surgeon removes parts of the bones that make up your hip and replaces them with artificial parts. The artificial joint is called a prosthesis.

What hip replacement will I get?

There are many types of hip replacement available. Research is constantly being carried out to assess which is best. The National Institute for Clinical Excellence (NICE) is an Independent organisation that assesses the effectiveness of treatments (including operations and drugs) and decides whether these should be available on the NHS.

NICE recommends that hip replacements used should be known to last at least 10 years or if they are newer ones they should have very good early results. Your new hip replacement at Yeovil District Hospital will fall into one of these categories.



Hip replacement is a common operation and around 50,000 hip replacements are carried out each year in England and Wales.

How long will I be in hospital?

Getting a new hip is a major operation. However, with modern medical care, you should expect to be in hospital between three and five days. It is important that you think about how you will cope at home after your operation. You will need someone to help care for you in the early stages after your surgery when you leave hospital.

What are the risks of hip replacement?

All operations have the potential for problems to occur. Fortunately, these are not common in hip replacement surgery, but can be serious if they arise.

Dislocation

Your new hip can come out of joint (dislocation).

This complication occurs in around 1 in 100 patients (1%).

You will be given advice by the rehabilitation team before and after your operation to avoid this happening.

Infection

Deep infection around your hip joint is a serious complication but also occurs in less than 1 in 100 patients (1%).

Every precaution is taken during surgery to minimise the risk. Minor wound infection may occur. This is much less serious, and again, is seen in about 1 in 100 patients.

Blood clots

It is not uncommon to get small clots in your calf following surgery, but usually these do not require any treatment. Clots above the knee are more serious, and need treatment because if these clots travel to the lung (pulmonary embolus) they can cause breathing problems or even death. Clots of this type are a rare complication and occur in less than one in a thousand patients.

Nerve injury

It is possible for a nerve to be injured during surgery. This is also a rare occurrence and is usually a result of a nerve being stretched. Most nerve injuries are temporary and do recover.

Vascular injury

It is possible for a major artery to be injured during surgery but this is extremely rare.

Trochanteric Bursitis

This is a condition due to the inflammation in the soft tissues on the outside of the hip. This can result in pain and discomfort over the operated hip and may need some additional treatment to settle down.

Leg length discrepancy

The surgeon endeavours to ensure your legs are both the same length at the end of the operation. However, for several reasons this may not always be possible. A noticeable difference in leg length after surgery is not common.

Fracture

Very rarely, the bones around the hip can be fractured at surgery. If this happens, it can usually be fixed at the time.

The great majority of patients are pleased with their new hip. However, complications can arise, but the combined rate of all the above complications is less than one in twenty patients (5%).

Other problems

- **Constipation** – this is not uncommon after surgery due to the anaesthetic and pain killing drugs. Medication can be prescribed to minimise this
- **Chest infection** – occasionally a patient may develop a chest infection after surgery which requires treatment with antibiotics
- **Urinary infection** – occasionally patients may develop a water infection. It usually causes pain on passing water or the need to go to the toilet more frequently. It is usually easily treated with antibiotics
- **Urinary retention** – sometimes patients may have difficulty passing water after surgery and may require the insertion of a catheter into the bladder. This is then removed as soon as the patient is mobile

Potential problems in the long term

- Loosening of the new hip may occur.
- Infection around the hip can occur months or years after surgery
- Wear and tear – most people’s new hips will last ten years or more but they may eventually wear out.

If these problems happen, an operation will be needed to replace the hip. This is called a revision. Revision surgery is more difficult and there is a higher complication rate.

Will I be seen after my operation?

Yes. After discharge, you will be seen in a physiotherapy clinic between one and three weeks after discharge to check on your progress. You will be reviewed in the follow-up joint replacement clinic at three months after surgery and again one year after surgery. You will remain under review in the long-term to monitor the progress of your hip replacement.

Space for notes:

More information

If you have any further questions or concerns, please do not hesitate to contact us.

The Orthopaedic Clinic: 01935 384319

Sister & Clinic Nursing Staff: 01935 384409

Please ask if you need this leaflet in another format, eg large print, telephone 01935 384233.