

Risks of hip replacement surgery

Introduction

You have been advised that you need a hip replacement. For information about what the surgery entails see the Trust leaflet titled '*Hip replacement surgery*'.

This leaflet explains the risks of that surgery. If there is anything you don't understand or you have any further questions, please speak to your consultant or one of the nursing staff.

What are the risks?

95% of hip replacements are successful but with as with all surgery there are risks to consider – see below. The risks to your general health will also be closely monitored.

Before your operation...

Prior to surgery you will attend a pre-admission clinic where further health checks will be made. If there are any concerns staff at the pre-operative assessment clinic will tell you and liaise with an anaesthetist or your GP. You will also attend an 'Enhanced recovery information group' before your operation date (often on the same day as your pre-op assessment) to prepare you for your recovery.

Specific risks

With joint replacement surgery there are specific risks to consider:

1. Bleeding: As with all operations, major bleeding is a possibility but this is usually not disastrous. You may well require a blood transfusion.
2. Infection is also another potential complication. Our hip unit has a low infection rate. We minimise the risk by giving you antibiotics at the time of surgery and postponing surgery if there is any evidence of infection; for example in your urine or a dental abscess (you will also be tested for MRSA at your pre-op assessment). We also provide a skin wash to use prior to surgery. You should always be vigilant against infection in the post-operative period and prompt treatment of any infection when you have a joint replacement in place is advised.
3. Nerve damage: There are several large nerves that travel around the hip joint. It is rare for these to be injured, either temporarily or permanently, from hip surgery and it happens in less than 1 in 600 cases.
4. Dislocation of the hip joint is also a relatively common complication. It happens in about 3-5% of cases. If this occurs you will need to attend hospital for re-location of the hip joint. If a hip dislocates on a regular and recurrent basis you may require further

surgery in the future to correct the underlying cause.

5. Deep Vein Thrombosis (DVT) (blood clot) can occur following hip replacement surgery. We minimise that risk by giving you blood thinners and by mobilising you early. The incidence here is under 2%. If you develop a significant DVT you may require treatment with blood thinning tablets for three to six months following surgery.
Sometimes, the DVTs can break off and go to the lungs. This process is called pulmonary embolism. This is quite a serious complication but it happens very infrequently. The risk is in the order of 3 in 1000 cases.
6. Leg length discrepancy (operated leg being longer or shorter than the other leg) is the most common complication following hip replacements. We cannot guarantee to match your legs exactly. If the discrepancy is quite large, it can be managed by insoles or a shoe raise on the shorter side.
7. Fracture of either the thigh bone or the socket may occur during or just after surgery. Further surgery to correct this may be necessary.
8. Loosening of either the socket or the stem in the thigh bone can occur in up to 10% of cases. This is usually late (after many years). This may require that the hip is re-done.
9. Death – the risk is low and the latest studies show that in the UK it is in the order of 1 in every 435 cases in the first 90 days after surgery.

Research shows that 95 % of conventional hip replacements are effective for 10 years. This means that one hip in twenty fails every year. The probability is that your hip will last 10 to 15 years. However, all hip replacements are artificial joints which may fail and therefore surgery to re-do either one or both components of the hip replacement would be needed.

Overall, hip replacement surgery is a successful procedure. You need to be aware that 95% of patients have no complications and are very happy with joint replacements.

More information

British Hip Society www.britishhipsociety.com Telephone: 0207 4061768

NHS Choices www.nhs.uk/conditions/Hip-replacement

National Joint Registry www.njrcentre.org.uk

NHS Patient Choices <http://njrsurgeonhospitalprofile.org.uk>

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For more information about the Trust, visit our website www.royalberkshire.nhs.uk

This document can be made available in other languages and formats upon request.

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