

# Hip replacement surgery

This information has been produced to help you gain the maximum benefit and understanding of your operation. It includes the following information:

- Key points
- Benefits of hip replacement
- Timing of surgery
- Risks of not operating
- Success rates of hip replacement surgery
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## Key points

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

1. A hip replacement is a surgical procedure to replace your hip joint with an artificial version of it.
2. It provides a long-term solution for worn or damaged hip joints caused by injury or disease, such as osteoarthritis, which can cause severe pain and loss of mobility (see 'What are the benefits?').
3. 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 thigh bone with artificial parts. These parts copy the natural motion of the hip joint.
4. At least 50,000 hip replacements are carried out each year in Britain; usually on adults aged over 65. Women are more likely to need a hip replacement than men.

## What are the benefits of 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.

Obviously, all attempts must have been made to control the pain by other safer methods such as:

- painkillers
- anti-inflammatory drugs, if tolerated
- the use of supplements such as Chondroitin and Glucosamine
- physiotherapy, exercise programmes and weight control.

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.

There is no evidence that leaving an arthritic hip alone without surgery puts it at any particular risk but it is likely that the pain from the arthritis will worsen with time.

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

1. When there is active infection in or near the hip.
2. When there is very poor blood circulation in the leg.
3. When we feel the risks of the anaesthetic and operation are too high.
4. When the arthritis is early and pain is mild.
5. When we feel people are expecting too much from it, e.g. in people hoping to get back to vigorous sport or heavy manual work

#### Timing of surgery

There is no 'set' point when surgery has to be done.

Doing it in an older patient increases the risk of an anaesthetic complication.

Most joint replacements last at least 15-20 years so, clearly if life expectancy is significantly longer than this, it will almost certainly have to be re-done.

There is no limit to the number of times we can redo a hip replacement, but each time we re-operate the risks go up and the possible benefits go down.

Pain is the deciding factor and patients have had their hips replaced if the symptoms justify it and they fully understand the risks of revision (having to re-operate) and restriction of activity.

Over 85 years of age, the risks of life-threatening problems rise to a significant level and surgery is often discouraged in this age group.

#### Risks of not operating

There are no real risks of not having a joint replacement apart from the fact that the pain might get worse with time and if the operation is put off for too long it may become difficult to manage at an age (over 85) when the risks of surgery rise steeply.

## Success rates of surgery

95% of hip replacements are successful with research showing that 90% of conventional hip replacements are effective for 10 years. This means that one hip in ten 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.

## 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 scheduling 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 as safe as possible we need to do a number of tests and checks. There may be some health problems you are already aware of and some that we discover on investigation. 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

### 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. Some rheumatoid arthritis medications suppress the immune system, which can affect healing. For this reason you may be asked to stop taking them before surgery. Your surgeon can advise you about alternative medications.

### Enhanced Recovery Information Group – 'Hip School'

You can prepare for the operation by staying as active as you can. Strengthening the muscles around your hip will aid your recovery. Keep up any gentle exercise, such as walking and swimming, in the weeks and months before your operation if you can. You will be invited to a group session, run by physiotherapists, occupational therapists and nurses,

where you will be given vital information and exercises to aid a quick and safe recovery. It is important that you attend.

### Preparing 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. A referral for rehabilitation will only be put in place if needed following review by a physiotherapist and occupational therapist after your operation.
- Sort out transport. Arrange for someone (either a friend or relative) to take you to and from the hospital. You will normally be in hospital for 2-4 days.
- 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 Octenisan 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.

### When you go into hospital

- You will be admitted on the morning of the operation.
- It is important that you don't fast for a long period before your operation and that you eat and drink as normal the evening before your operation. As well as your evening meal you may be given four cartons of a lemon flavoured drink called *Nutricia Pre-op®*. This drink is specially designed to give your body nourishment and help you recover.
- For information on when to stop eating and drinking before your admission, please refer to the instructions in your letter and the 'Quick guide to coming into hospital for surgery' booklet.
- On the morning of your surgery you may be given two further cartons of this *Nutricia Pre-op®* drink and also be encouraged to drink clear fluids up until two hours before your surgery. The nursing staff on the unit will be able to tell you when this will be – please check with the nurse on your arrival.
- Remember sucking sweets or chewing gum is classed as food.
- Please note: patients with diabetes will not be given these drinks as they can raise your blood sugar.
- The surgeon and anaesthetist will usually come to see you again to discuss what will happen and give you the opportunity to ask any more questions. The side of your operation will be marked on your leg and you will be asked to sign a consent form (if this was not done in the pre-assessment clinic). Signing your consent form is your final undertaking that you fully understand what the process involves and this document forms an important part of that "informed consent". Some consultants run 'consent clinics' a couple of weeks before your admission. You are encouraged to ask any questions at any time.

- 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 then escort you to theatre.

### About the 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 thigh bone. 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.

### What are the 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 relatively common 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 ten days and six 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-phlebotic syndrome) which may last indefinitely or
  2. 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 don't always get the typical symptoms of calf swelling first (a silent DVT).

Because of the severe nature of deep vein thrombosis we go to significant lengths to reduce its incidence by chemical means with drugs, and with pneumatic calf pumps which are used in the pre and post-operative period. We also aim to get patients mobile 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 pulmonary embolus.

- Dislocation. In a small number of cases, the artificial hip can come out of its socket. It can be replaced under anaesthetic, but repeated problems require further surgery.
- Leg length inequality - not unusually, the operated hip feels longer immediately after surgery. This doesn't mean it actually is longer and the feeling may disappear with time. Otherwise a small heel raise in the other shoe may help.

### 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 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.

### Going home

You will usually be in hospital for around 2 - 4days.

A referral for rehabilitation will only be put in place if needed following review by physiotherapist and occupational therapist after your operation.

From time to time we will be asking you to complete a simple questionnaire on how you are coping, which is a good way of assessing your progress and also allows us to make sure that we are achieving the standards we have set ourselves.

## Frequently asked questions and answers

### How will I feel when I get home?

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.

### 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?

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.

If you notice redness or discharge from the wound you should contact the Outpatient Department on 0118 322 6938. This is an answerphone – leave a message and somebody will contact you.

### Will I have to go back to hospital?

You will be given an appointment to check up on your progress. A specialist hip physiotherapist will see you at 6 weeks and 6 months after your hip replacement. Regular X-rays of your hip will be taken to make sure it is not beginning to loosen.

### 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 activities.

It is best to avoid extreme movements or sports where there is a risk of falling, such as skiing or riding for at least 3 months. Your doctor or a physiotherapist can advise you about this.

### When can I drive again?

You can usually drive again after about six weeks. Your surgeon can advise. 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.

### When can I go back to work?

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

### How will it affect my sex life?

If you were finding sex difficult before because of pain, you may find that having the operation gives your sex life a boost. Your surgeon can advise when it is OK to have sex again. As long as you are careful, you should be able to have sex after six to eight weeks. Avoid vigorous sex and more extreme positions.

### Will I need another new hip?

Nowadays, most hip implants last for 15 - 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.

### Where to get further information

NHS Website [www.nhs.uk/conditions/Hip-replacement/](http://www.nhs.uk/conditions/Hip-replacement/)

NHS Shared Decision Making

[sdm.rightcare.nhs.uk/shared-decision-making-sheets/osteoarthritis-of-the-hip/](http://sdm.rightcare.nhs.uk/shared-decision-making-sheets/osteoarthritis-of-the-hip/)

British Hip Society [www.britishhipsociety.com](http://www.britishhipsociety.com) has a patient information section.

Berkshire Age UK offers a 'Home from hospital service'. 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 or visit <http://www.ageuk.org.uk/berkshire/our-services/home-from-hospital/>

The Helping Hand Company, Website: [www.adlessentials.com](http://www.adlessentials.com)

For dressing aids including helping handled sponges and sock aids.

British Red Cross: 0118 935 8236, Email: [berks@redcross.org.uk](mailto:berks@redcross.org.uk)

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

Nottingham Rehab Suppliers: 0845 121 8112, Website: [www.nrs-uk.co.uk](http://www.nrs-uk.co.uk)

Small showroom available for viewing and purchasing a variety of equipment.

Redlands Healthcare: 0118 956 0800, Website: [www.redlandhealthcare.co.uk](http://www.redlandhealthcare.co.uk)

Small disability shop for viewing and purchasing a variety of equipment.

NB. Equipment can also be purchased online and from any other mobility/independent living shops. Alternatively, if you have any long term equipment needs you will be advised to liaise with your local social services department.

### Contacting us

If you have any concerns or problems following your discharge, you can contact the ward for general advice by telephoning:

Redlands Ward 0118 322 7485

Pre-operative assessment 0118 322 6546

Occupational Therapy Department 0118 322 7560

For more information about the Trust, visit our website [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

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

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