

Patient Information

TOTAL HIP REPLACEMENT

This information has been designed to give you a basic understanding of your hip replacement operation and to give you some idea of what to expect during your hospitalisation. Please keep in mind that this is a guideline only and that each individual has different needs so you may progress at a different rate to that which is outlined.

Total hip replacement is an operation designed to replace a damaged or worn hip joint. The hip is a ball and socket joint formed by the head of the thighbone (femur) and the socket of the pelvis (acetabulum).

A smooth and compressible substance known as articular cartilage coats the surface of these bones. Arthritis occurs when the articular cartilage wears away exposing the underlying bone. This causes roughening and distortion of the joint, resulting in painful and restricted movement. A limp will often develop and the leg may become wasted and shortened.

This new joint relieves pain, improves walking ability, decreases stiffness and in most cases restores leg length and may correct the limp.

Osteoarthritis of the hip is generally a disease of the older person but may occur in younger people following rheumatoid arthritis, fractures of the hip and other rarer conditions.

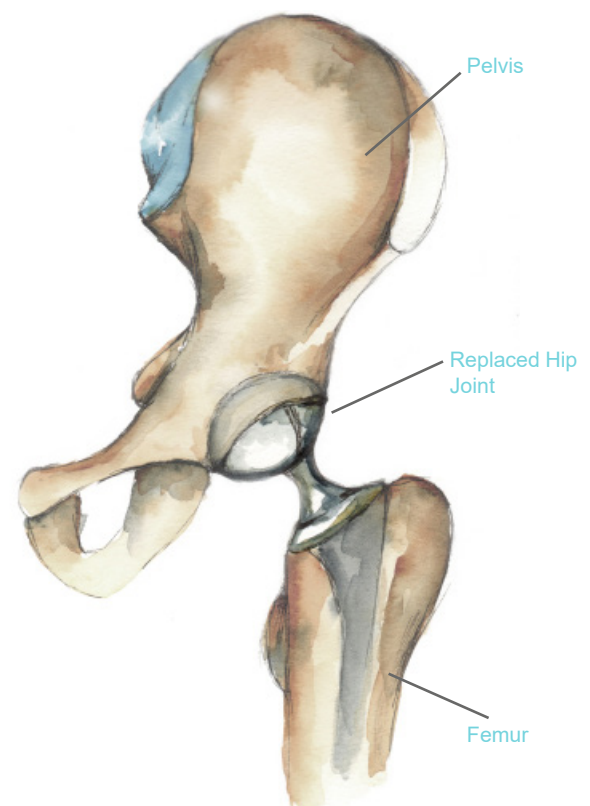
The different types of hip replacement

There are many different types available, but all consists of the same basic components – one component replaces the worn socket and is called the acetabular cup and the other replaces the worn head of the femur and consist of a metal alloy ball mounted on a stem.

Some hip replacements are fixed in place using special bone cement. Others have a rough, porous surface into which bone grows to lock the implant in place. Each type has advantages and disadvantages. The standard bearing surface is metal on plastic. Occasionally your surgeon may recommend other materials.

The risks involved

1. Infection – [1%] fortunately, with good surgical technique and the use of antibiotics this is a rare complication but if it does occur it is serious and may result in the need to remove the artificial joint components.



2. Blood Clots – these can occur after joint replacement surgery. The risk is reduced by active limb movement, giving blood-thinning medication and sometimes pneumatic compression to the leg/foot. These clots can rarely break off and go to the lungs leading to severe breathing problems or even death.

3. Dislocation – [1%] usually occurs in the first weeks or months. May be caused by crossing legs, twisting on leg or sitting in a low chair. May require anaesthetic to “put hip back” and rarely requires revision of one or other component i.e. removal and replacement with a new artificial one.

4. Loosening – is the major long-term problem but usually is not significant for 15 years or more. Occasionally the hip may loosen earlier than this and may require revision, i.e. removal and replacement with new artificial joint.

- 5. Leg Length** – some minor alteration in the length of the leg after surgery is common. Usually this is not noticeable but very occasionally requires a heel raise on the other side. In some instances an alteration in leg length is unavoidable.
- 6. Nerve Damage** – very rarely nerves that run close to the hip can be bruised, leading to weakness of toe or foot movements.
- 7. General Upset** – after any big operation, many body systems can be upset. Confusion, bladder, chest, kidney or abdominal problems sometimes occur.

Overall patients generally have a 95% chance of being happy with their hip for at least 10 years.

Remember

This operation is designed to improve quality of life and is usually undertaken when all other avenues of treatment have failed and the benefits outweigh the risks. It should never be entered into lightly! In general terms the pain should be severe, your walking distance significantly reduced and simple analgesics have failed to control the pain before you consider surgery.

Realistic Expectations

The aim of surgery is to relieve pain so you can walk comfortably, it does not give you a normal hip and will not allow you to run.

Before Surgery

Autologous Blood

This is now rarely recommended. We try not to do blood transfusions, whether it is from the patient themselves or from the Red Cross.

Tests

Routine blood and sometimes urine tests will usually be required to be performed.

Dentist

Avoid dental treatment for two weeks before surgery and 6 weeks after. If treatment is urgent, your surgery may be delayed.

Smoking

If you are a smoker it is advisable to stop smoking, or at least reduce the number of cigarettes that you smoke, in order to reduce the risk of chest and circulation problems after surgery. The hospital is a SMOKE FREE ZONE.

Medication

Anti-inflammatory medication including VOLTAREN, FELDENE, NARPOSYN, and CELEBREX should NOT be taken for seven days, prior to your surgery.

If you are taking regular cardiac medications, please do not stop taking them, even if you are fasting. Take all medications with a sip of water.

If you are taking any anti-platelet medication including ASPIRIN, CARTIA, CLOPIDOGREL (eg. PLAVIX, ISCOVER), and TICLOPIDINE (e.g. TICLID, TILODENE), check with your surgeon when to stop them. Usually it is 7 days prior to surgery however, sometimes you can have surgery whilst still taking ASPIRIN. FISH OIL should be stopped 10 days prior to surgery.

Discuss all blood thinning medications with your surgeon.

If you are unsure about your current medications and possible complications, please speak with your doctor prior to surgery.

Orthopaedic liaison nurse

The orthopaedic liaison nurse will phone you prior to your admission to hospital to arrange a suitable time for your pre-admission. During this telephone interview the nurse will discuss details of your hospital stay and the recovery process and answer any questions that you or your family may have.

This service offers ongoing support and assistance as required after discharge from hospital.

The orthopaedic liaison nurse can be contacted Mon-Fri 9-5 if you or your family have concerns, queries or problems – phone (08) 8267 8267.



Dr George Awwad

MBBS, FRACS (ORTH), FA ORTH A

Orthopaedic Surgeon

APPOINTMENTS AND ENQUIRIES

P 08 8267 8243 E awwadadmin@orthosa.com.au

W www.drgeorgeawwad.com.au

Ask **Dr Awwad** to clarify your restrictions prior to surgery to avoid disappointment.

For more information visit: www.orthosa.com.au