

HIP REPLACEMENT

The hip joint is located where the upper end of the femur meets the acetabulum. The femur (thigh bone) looks like a long stem with a ball on the end. The acetabulum is a socket or cup-like structure in the pelvis. This “ball and socket” arrangement allows a wide range of motion, including sitting, standing, walking, and other daily activities.

Symptoms

The symptoms of a degenerative hip joint usually begin as pain while weightbearing. You may limp, which is the body’s way of reducing the forces that the hip has to deal with. The degeneration may lead to a reduction in the range of motion. As the condition becomes worse the pain may be present all the time and even keep you awake at night. A painful hip can severely affect your ability to lead a full active life.

Common Cause

The most common reason for surgery is osteoarthritis, which is commonly referred to as “wear and tear arthritis”. Osteoarthritis can occur with no previous history of injury, the hip simply “wears out”. Other conditions, such as rheumatoid arthritis, avascular necrosis, injury and bone tumours also may lead to breakdown of the hip joint.



Conservative Treatment

Before surgery is recommended other treatments have usually been tried, such as anti-inflammatory and pain management medication, physical therapy, avoiding activities that cause pain, and perhaps the use of a walking-aid to alleviate some of the pain and allow you to walk more comfortably. If these have not been effective, surgery is usually the next option. Most degenerative problems will finally require replacement of the painful hip.

Hip Replacement

In the past, hip replacement surgery was an option primarily for people over 60 years of age. In recent years however doctors have found that hip replacement surgery can be very successful in younger people as well. New technology has improved the artificial parts, allowing them to withstand more stress and strain.

The latest development is a femoral head resurface procedure which may allow younger patients to return to running type of sports, such as tennis.

There are two major types of artificial hip replacement, cemented and uncemented. Because each person’s condition is unique, the doctor and patient must weigh up the advantages and disadvantages to decide which type of prosthesis is best for them.

Surgery

Hip replacement surgery is usually performed under a general anaesthetic and takes about two to three hours. The diseased bone tissue and cartilage is removed from the hip joint and the healthy parts of the hip are left intact. The head of the femur (the ball) and the acetabulum (the socket) are replaced with new artificial parts. The new hip is made of materials that allow a natural, gliding motion of the joint. Sometimes a special cement is used to bond the new parts of the hip joint to the existing healthy bone. This is referred to as a “cemented” procedure. In an uncemented procedure the artificial parts are made of porous material that allow the patient’s own bone to grow into the pores and hold the new parts in place.

There have been great advances in extending how long an artificial joint will last, but most will eventually loosen and require a revision. Hopefully you can expect 12 to 15 years of service from an artificial hip.

Preparing for the Operation To prepare for this surgery there are certain procedures that we follow:

- We usually arrange for all patients to be examined by a physician to assess suitability for surgery and to look after their medical needs during the hospital stay.
- Routine pathology (blood and urine tests) are ordered, together with a chest x-ray and ECG.
- An appointment with the Pre-Admission Clinic at the hospital is encouraged to prepare you for the operation and your return home.

Hospital Stay The usual stay in Hospital is somewhere between 7 to 10 days for hip replacement surgery. A physiotherapist will see you whilst in hospital to help you get used to your new hip. Please discuss any special requirements you may have with the hospital staff.

Rehabilitation

Return to Activities Upon discharge from the hospital, you will have achieved some degree of independence in walking with crutches or a walker, climbing a few stairs, and getting into and out of bed and chairs. Full recovery from the surgery takes about 3 to 6 months, depending on the type of surgery, your overall health and fitness. After this recovery period you should be able to resume many of your favourite activities, walking, dancing, golfing, swimming and bicycling.

Follow-up Visits Follow-up visits are important to see how you are progressing. Infrequently problems do occur, such as infection and loosening, but for most patients their new hip is a new lease of life.

Complications The most common complications are not directly related to the hip and usually do not affect the result of the operation. These complications include urinary tract infection and blood clots. Post-operatively you will be prescribed antibiotics to prevent infection and anticoagulant medication to prevent blood clots. Less common complications are stiffness, infection, difference in leg length and dislocation of the hip. In a small number of cases further surgery may be required.

Just like your real hip, an artificial hip can dislocate (the ball comes out of the socket). There is a greater risk just after surgery, before the tissues have healed around the new joint, but there is always a risk.

If after your total joint replacement you are to undergo any dental procedures or other surgical procedures please inform your treating doctor that you have undergone a joint replacement and there may be a need for prophylactic antibiotics. There is a slight risk that a skin infection or the shedding of bacteria in to the blood stream from dental or urological procedures may in fact predispose to infection in a joint replacement, although this risk has been shown recently not to be as great as first thought, however prophylactic antibiotics for any of these conditions would be worthwhile and your general practitioner will be able to supervise this.

Likewise, if you notice any skin or surface infections then please see your general practitioner as quickly as possible and have these treated as he thinks appropriate with antibiotics.

This brochure is a brief overview of the surgical management of hip replacement and not designed to be all-inclusive. If you have any further questions, please do not hesitate to contact your surgeon.