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Do I need a hip replacement?

You may need a hip replacement operation (sometimes called a total hip replacement) if your hip joint is badly damaged by arthritis. This sort of damage is mostly caused by osteoarthritis but it can be due to other types such as rheumatoid arthritis. Surgery is not needed by everyone with arthritis of the hip joint – surgery is only recommended when the pain and disability are having really serious effects on your daily activities. Your doctors will always try other treatments before they consider surgery (such as painkilling tablets, a walking stick, physiotherapy, and so on). And remember that you, the patient, will always have the final decision on whether your arthritis is serious enough to need a hip replacement.

What can I expect from a hip replacement?

Pain should no longer be a problem – that is the major benefit of surgery. You will usually notice the benefit immediately after the operation. You should also be less disabled and have greater mobility and a better quality of life. But it is important to remember that an artificial hip is not as good as a natural hip. It does have some limitations which are summarised later in this booklet.

What happens before the operation?

If your doctors agree that you should have the operation, your name will be placed on a waiting list. In the next 6 to 18 months (depending on the length of the waiting list) your hospital will write to you. Most hospitals invite you to a pre-admission clinic. At this clinic, you will be told if the operation is definitely going ahead. You will be able to discuss the possible complications, and you will be examined to make sure that you are fit enough for the anaesthetic and the operation. You will probably also be given the date of the operation. You may also receive further advice about what you need to do before or after the surgery (you may be asked to reduce your weight or to do some exercises, for example).

When do I need to go into hospital?

You will usually be admitted to hospital the day before the operation. It may be earlier if you have not attended a pre-admission clinic or if you have some other medical condition that needs attention (such as a heart or lung problem).

What happens on the day of the operation?

You will probably be given a tablet or an injection to sedate you (a ‘pre-med’). In the operating theatre you will be given an anaesthetic by the anaesthetist. This may be a general anaesthetic (in which case you will be asleep) or a spinal or epidural injection (which makes you lose feeling from the waist down). Most patients nowadays have the spinal or epidural, and are sedated if necessary during the course of the operation. Once inside the operating theatre, you will be placed either on your back or on your side depending on the way the surgeon does the operation.

What is the new joint?

The hip is a ball-and-socket joint. In a hip replacement, part of the femur including the ball (head) is generally
removed, and a new, smaller ball is securely fixed to the rest of the femur. The surface of the socket (in the pelvis) is roughened to accept a new socket that will join up (articulate) with the new ball. Nearly all the new joints used now are fixed into the bone with acrylic cement.

The replacement ball (head) is usually made of metal and the replacement socket is usually made of plastic (polyethylene). In younger, more active patients, one part (usually the socket) or both parts may be inserted without cement. If cement is not used, the surfaces of the implants are roughened or specially treated to encourage bone to grow onto them. Younger patients may also be given more durable surfaces on the socket (such as ceramic or metal).

Sometimes it is possible to resurface the joint without removing much bone. For example, in metal-on-metal (MoM) hip resurfacing less of the femur is removed. This makes a future second replacement easier to carry out. As the name suggests, both the ball and the socket parts of the artificial joint are made of metal. MoM resurfacing is not suitable for people with a low bone density or osteoporosis.

**What happens after the operation?**

When you leave the operating theatre, you will usually have an intravenous drip in your arm (to give you any fluid and drugs you may need) and two suction drains in your hip (to remove fluid as the body heals).

You will be taken to a recovery room or high-care unit and kept there until you are fully awake and the doctors feel that your general condition is stable. Then you will be taken back to the ward, often with a pad or pillow strapped between your legs to keep them apart. You will be given painkillers (often started before you leave the operating theatre) to help relieve pain after the operation.

The drip and the drains are usually removed within 24 to 48 hours. You will then be able to start walking, first
with a frame and soon with elbow crutches or sticks. How quickly you get back to normal depends on many factors — including your age, your general well-being, the strength of your muscles and the condition of your other joints.

Physiotherapy and occupational therapy

The physiotherapists will help to get you moving freely and advise you on exercises to strengthen your muscles. Both the physiotherapist and occupational therapist will tell you the ‘dos and don’ts’ after hip replacement surgery. It is very important to follow these rules. For example, you will be told to avoid too much bending at the hips (such as squatting, sitting in a low chair, etc.) and never to cross your legs, because these positions could dislocate your new hip. The occupational therapist will advise you on the correct height of seating and suggest whether you need any help at home.

The occupational therapist(s) will also help you to be independent in your daily activities. They will assess how physically capable you are and assess your circumstances at home when you are about to leave hospital. They may provide you with some additional gadgets to help you (a raised toilet seat, implements to help you dress, and so on).

When can I leave hospital?

Most people are able to climb stairs and are ready to leave hospital within 6 to 10 days. When you leave the hospital, you will be given an appointment to attend the outpatients’ department, usually between 6 and 12 weeks after the operation. This is for a routine check-up which will make sure you are progressing satisfactorily. You may also be offered outpatient physiotherapy if this will help to improve your recovery.

Once you are home, the district nurse will change your bandages and take out any stitches (sutures). If you have any problems with your wound healing up then you should tell the professional staff at the hospital straight away.

What happens in the first few weeks after the operation?

Most people are relieved that the pain from the arthritis has gone. You may find that you cannot bend your leg upwards as far as you would like — it is important not to test your new joint to see how far it will go. You need to take great care during the first 8 to 12 weeks after the operation.

You can expect to drive again after 4 to 6 weeks, and you could return to work at about this stage, but only if you have a job which does not mean too much moving.