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Total Hip Replacement

A hip replacement is an operation commonly performed for hip osteoarthritis, (commonly known as wear and tear of the joint.) This is usually a condition where both the smooth articular surface of the joint is worn away and the bone underneath it is collapsed or deformed. Such an operation is only usually recommended when conservative treatment such as low-impact exercise, weight loss, anti-inflammatories, injections of steroid, and/or lubricant injections have been tried and failed, or, when the disease presents in an advanced stage.

- **Symptoms of hip arthritis**

These usually include pain in the groin and buttock; the pain can spread down the thigh to the inside of the knee or even the shin, or, rarely, down the back of the leg to the foot. Sometimes the pains are felt exclusively in the knee and indeed are often mistaken for a knee problem.

There is usually a degree of limping with a tilt to the affected side and it is often difficult to put your shoes and sock on due to loss of flexibility. Typically in advanced cases the hip will give way on an unpredictable basis. Patients often have taken to using a stick in the opposite hand.

- **Indications for surgery**

I normally recommend surgery when the pains are severe, limiting walking to short distances and when they are present at rest and night time and /or when they are poorly controlled by strong pain-killers

I would examine you and organise an X-ray (unless you have undergone one in the past three months), which in many cases will confirm the diagnosis, but occasionally in subtle cases, MRI scans or bone scans may be required.

- **Type of hip replacement**

I use two main types of hip replacement, (1) cemented, (2) uncemented.
All of these have their benefits and disadvantages.

A conventional **cemented** hip replacement is the default operation for most retired folk.

A younger or more active person may benefit from an **uncemented** hip replacement, which may give a more permanent bond with your bone, but which carries a small risk of cracking the bone during surgery or sinking into the bone when you walk, and would not be appropriate for a more elderly person, or someone suffering from osteoporosis.

- **Booking for Surgery**

This would be done via Sue Fowler my PA, number below. I can confirm that the OPCS code for hip replacement is **W3712** and that I and my anaesthetists, (usually Dr Paix and Dr Jones) stick within the scale of maxima of your insurance company.

The surgery can be organised at Chelsfield Park, Shirley Oaks Hospital, The Sloane Hospital, or KIMS in Kent at your preference. The average length of stay is 4-5 days.

Prior to surgery you would attend for a pre-assessment where blood pressure, urine testing, swabs (to check for MRSA) etc. are taken and if there are any medical problems picked up at this stage they will be dealt with. This may rarely include referring you to a physician for a pre-operative check up.

It is absolutely imperative that you either bring an X-ray with you when you have the surgery, or that an X-ray is taken at the time of pre-assessment. Should you originally have had X-rays on the NHS , they will need to be repeated when you come to pre-assessment. Sometimes the nurses are not aware of this and they will need to be reminded!

- **Medication to stop before surgery**

It is most important that you do not discontinue any medication before surgery without speaking to your Doctor or to me as there are many heart /blood pressure medications that it would be ill-advised to stop at short notice.

Although many of my colleagues like you to stop taking Aspirin before surgery, I do not share this concern, despite what any nurses in pre-assessment may say to you!

Medication that must be stopped temporarily includes Warfarin (2-3 days before surgery), Clopidogrel (a minimum of 14 days pre-operatively). If you are taking Persantin or Dypridamole please contact me to discuss whether this should be stopped.

With regard to hormone replacement treatment for post menopausal ladies, it is preferable that this is discontinued six weeks before surgery, as there is a slightly increased risk of deep vein thrombosis.

- **Your Hospital stay**

You typically will be admitted on the day of the surgery and I will come see you and make sure you are happy with the procedure, take your informed consent and mark the side. The anaesthetist will also see you before theatre and they will answer any queries regarding the anaesthetic etc. The anaesthetic is usually a combination of a general anaesthetic, spinal epidural or a block to numb the leg before and surgery to help with pain relief for the first few days after surgery. It is also of note that such an injection reduces the chance of blood clots after surgery by opening up the veins in your leg.

After the operation you are likely to be nauseated and in a little discomfort and we will give you strong pain killers and medication

- **The day after your operation**

We would do our best to get you up and about the day after surgery and although this is often accompanied by some dizziness and soreness it is much better to get going sooner as this will reduce the risk of blood clots, wound break down, chest infections, muscle stiffness/soreness etc.

By using keyhole surgery (where appropriate) I minimise the risk of blood loss and at least 80% of folk do not need to have a transfusion after surgery.

If you do have a spinal anaesthetic or are a man who has problems passing water due to an enlarged prostate, a urinary catheter may be inserted. Usually within one to two days the drains, catheters, IV drips and any other tubes will be removed to aid your progress.

- **The next two to three days**

It is not at all uncommon for you to have a very poor appetite, not to sleep well and to be very constipated after surgery. Although many patients are concerned about this, it is entirely normal and shouldn't be a cause for concern.

I recommend you drink plenty of fluids and a course of dried apricots usually gives satisfactory results in the bowel department.

You will be discharged when you are comfortable, the wound is clean and dry, there is no sign of blood clots and the physiotherapists are happy that steps and stairs are safe for you, or, if you have booked rehabilitation in a convalescence home, they are happy to take over your care.

You will need to take injections of blood thinners for 10 days followed by Aspirin for a month to reduce the risk of blood clots.

The nursing staff will organise a follow up appointment usually three weeks after your operation at a hospital of your convenience (Chelsfield Park, Shirley Oaks Hospital, The Sloane Hospital, or KIMS in Kent to check the wound and remove any sutures or clips).

At this stage I will make sure that there have not been any post-operative problems and I will also remove the clips used to close your wound.

- **Aftercare**

The nurses will see you in Outpatients three weeks after surgery to make sure the wound is healing and to remove clips/sutures as appropriate. I will see you personally at six weeks unless there is any problem before hand.

Many folk find the first couple of weeks after a hip replacement to be quite stressful. The leg may be quite swollen, feel much heavier and also feel longer, a) due to the fact that it had been collapsed before and has been brought back to it's correct length, and b) due to the tightness of the muscles. Usually over six to twelve weeks these feelings abate, but occasionally there may be a small leg length discrepancy with the operated leg being a shade longer, which may need a lift in the other shoe.

Although I strive to avoid this, there is always the possibility of slight lengthening of the operated leg, which is necessary to tighten the muscles (particularly if they are weak) in order to prevent the hip from dislocating.

Quite often you will walk differently after your hip is replaced, which can cause temporary low back problems. You may also experience pain in the side muscles of the hip and thigh. These problems are usually easy to resolve with osteopathy or physiotherapy, but may very occasionally require injections.

You will be given strict instructions how to sit and move after surgery by the physiotherapists , but effectively you shouldn't move your knee significantly higher than your hip, nor should you cross your legs for the first three months after the operation. Whilst sleeping, you should try to remain on your back for the first four weeks after surgery. After this period you may sleep on either side. Sleeping on the operative side may be uncomfortable for the first few months, but this is perfectly normal.

I normally permit people to drive a car after two to four weeks or so and would allow short haul flights at six weeks and long haul at three months

If your hip has been inserted with cement there would be no need for any further X-rays other than those taken after surgery. If it has been inserted without cement then there would be X-rays after surgery and at six weeks during your post-operative consultation.

It is very common to feel very fatigued, to lose concentration and to feel very tired, resulting in napping in the afternoon or going to bed much earlier for several weeks after any major operation and a hip replacement is no exception to this. Please do not be alarmed if these symptoms occur, as they will pass off in time.

Although many folk are mildly anaemic afterwards, their bone marrow usually makes up for any discrepancy and we will give iron tablets where necessary. These do not need to be continued for more than two weeks after surgery. Iron tablets often stain your bowel motion a greeny black and cause an unpleasant odour, again please do not be alarmed as this is a normal reaction and will pass once the tablets stop.

I am most concerned that, should there be any complication or problems after surgery, they are drawn to my attention as soon as possible. Although it is completely normal for there to be swelling of the leg, tightness and occasional swelling of the calf and foot, any acute increase in swelling or marked tightness or tenderness of the calf or leg should be investigated for deep vein thrombosis. You should call me and I will organise an urgent ultrasound scan and/or blood tests.

Likewise, although the wound will sometimes weep up to a week or so after surgery any persisting weeping of the wound or significant redness around the wound needs to be brought to my attention to make sure there has been no stitch or deeper infection.

Although many folk feel a great deal of benefit at six to twelve weeks after the operation, it can take six months or longer to lose the limp and a year or two to forget the operation completely.

- **In the long-term**

Opinions have changed now as to whether you require antibiotics routinely for dental work after a hip or knee replacement.

If you are having root canal work, extractions or major reconstructive work I certainly would recommend that antibiotics are given. If it is a scale and polish, small filling etc. I don't think that this is necessary.

It is to be hoped that your new hip will last for many years, but a small number do wear out, or dislocate (pop out of joint) after working well for several years. Should you experience any pains that last for more than a week or two, please contact me and I will be able to examine you and organise an X-ray to check on any problem.

Of course if you have any further questions do not hesitate to contact myself on 07974 686062. If I am unavailable to take your call please contact my secretary Sue Fowler on 01322 220176
Or visit www.hipskneesandfeet.co.uk

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