

your consent, you need to be aware of the possible side-effects and the risk of complications.

Side-effects are the unwanted but mostly temporary effects of a successful procedure, for example, feeling sick as a result of the general anaesthetic. After a hip replacement, the area is likely to be uncomfortable for several weeks. There may also be some temporary pain and swelling in the knee and ankle.

Complications are unexpected problems that can occur during or after the procedure. Most people are not affected. The main complications of any operation are bleeding during or soon after the procedure, infection and an abnormal reaction to the anaesthetic. Specific complications of hip replacement surgery are rare but can include those listed below.

- The new hip can get infected but antibiotics are given during surgery to help prevent this.
- The new joint may dislocate (the ball may come out of its socket).
- The operated leg may be a slightly different length.
- Tiny cracks can be made in the bone while fitting the new joint. These usually heal, but on rare occasions, a

fracture can result, needing additional treatment.

- Nerves or blood vessels in the leg can get damaged during the operation but this is very rare.
- It's possible to develop a blood clot in the veins of the leg (deep vein thrombosis). Sometimes this clot can break off and cause a blockage in the lungs. In the majority of cases, this is treatable, but it can be a dangerous condition. You may be given medicines and/or compression stockings to wear during the operation to help prevent this.
- The hip can loosen over time, most commonly after 10-15 years, possibly requiring another operation to replace the loose hip with a new one.

The chance of problems depends on the exact type of operation you are having and other factors such as your general health. Your surgeon will explain how the risks apply to you.

### Further information

#### The Arthritis Research Campaign

☎ 0870 850 5000

[www.arc.org.uk](http://www.arc.org.uk)

#### Arthritis Care

☎ 0808 800 4050

[www.arthritiscare.org.uk](http://www.arthritiscare.org.uk)

This factsheet is based on reputable sources of medical evidence and has been reviewed by BUPA doctors. For more details of references and sources, please see our website. The content is intended for general information only and does not replace the need for personal advice from a qualified health professional.

# Hip replacement

This factsheet is for people who are considering having a hip replacement operation.

A hip replacement replaces a hip joint that has been damaged or worn away, usually by arthritis or injury. The joint is replaced with a prosthetic joint (artificial joint). A hip replacement is a commonly performed operation that can improve your quality of life.

### Why have a hip replacement?

The hip is a ball and socket joint. The "ball" is formed by the top of the thighbone (femur). This fits into a "socket" (acetabulum), which is part of the pelvis. Normally, the ball moves smoothly in its socket on a lining of shock-absorbing articular cartilage. If the cartilage is worn away, by arthritis for example, it can make the joint painful and stiff. A hip replacement can replace the worn parts of the hip to reduce pain and increase mobility.

### What are the alternatives?

Surgery is usually recommended only if non-surgical treatments such as taking medicines to reduce pain and inflammation, or using physical aids such as a walking stick do not help you.

### Other surgical options

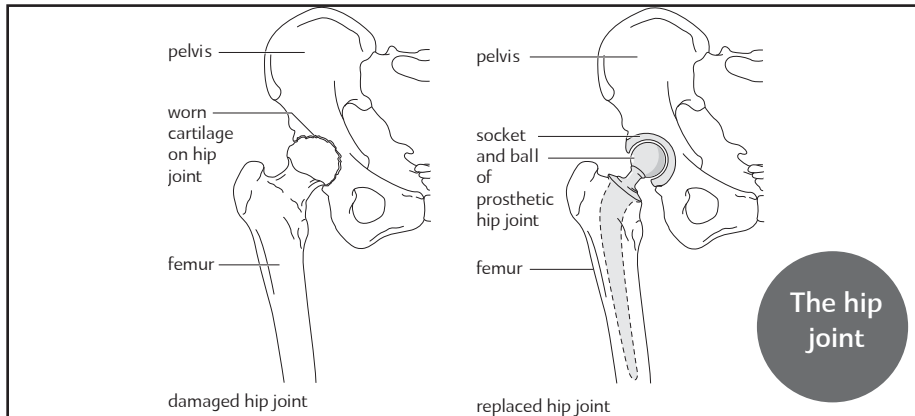
There are also alternative operations to a total hip replacement.

A hip resurfacing operation, for example, retains more of the original bone. Instead of removing the head of the thigh bone and replacing it with an artificial ball, the diseased or damaged surfaces of the hip joint are replaced with metal surfaces. This operation generally has a quicker recovery time but it is not suitable for everyone.

Your surgeon will explain your options to you.

### Types of artificial hip

There are many different types of artificial hip made of metal, porcelain or plastic. Some need special cement to keep them in place. Other types of



artificial hip parts are coated with a chemical which encourages bone to grow into it to hold the components in place. Alternatively the artificial parts may be attached directly to the bone with screws. A cemented hip replacement usually lasts for at least 10 years, after which it may need to be replaced. Artificial joints that are fixed directly to the bone may last even longer.

### What happens before a hip replacement?

Your surgeon will discuss how to prepare for your operation. For example, if you smoke you may be asked to give up as smoking will increase your risk of getting a chest infection and slow the healing of your wounds.

### What should I expect in hospital?

Before surgery you will talk to your surgeon about the operation and you will be asked to sign a consent form.

This confirms that you understand the risks, benefits and possible alternatives to the procedure and have given your permission for it to go ahead.

If you are having a general anaesthetic, you will be asked to follow fasting instructions. Typically, you must not eat or drink for about six hours before a general anaesthetic. However, some anaesthetists allow occasional sips of water until two hours beforehand.

### The operation

A hip replacement is a major operation that takes one to two hours. It is usually performed under a general anaesthetic, which means that you will be asleep throughout the procedure and will feel no pain. Alternatively, the surgery can be carried out under an epidural or spinal anaesthetic that completely blocks feeling from the waist downward but you will be awake.

Once the anaesthetic has taken effect, your surgeon will make an incision,

usually around 20-30cm (8-12 inches) long along your hip and thigh. The length of the incision may be shorter depending on the technique your surgeon is using.

The top end of the thigh bone will be removed and a ball on a stem will be placed into the thigh bone. The hip socket will be hollowed out to make a shallow cup and an artificial socket will be placed into it. The artificial part of the thighbone can then fit into this socket.

Your surgeon will then close the incision with stitches or clips and cover it with a dressing.

### After the operation

You will be given painkillers to help relieve any discomfort as the anaesthetic wears off. If you have an epidural anaesthetic, you may not be able to feel or move your legs for several hours after your operation. You won't have any pain either.

A special pillow may be placed between your legs to hold the new joint still and help prevent dislocation.

Starting from the second day after your operation, a physiotherapist will visit you every day to help you do exercises designed to promote recovery. People generally stay in hospital for around five days but you may need to stay for up to 10 days. After this time, you will be able to walk with sticks or crutches.

Before discharge, your nurse will give you advice about caring for your stitches, hygiene and bathing.

### Recovering from a hip replacement

Once home, you should take painkillers if you need to, as advised by your surgeon or nurse.

The exercises recommended by your physiotherapist are a crucial part of your recovery, so it's essential that you continue to do them.

There are certain movements that you should not do in the first eight weeks. For example you should not bend your hip more than a right angle or twist your hip inwards and outwards. Your physiotherapist will give you further advice and tips to protect your hip.

You must follow your surgeon's advice about driving. Generally you shouldn't drive for at least six weeks. You can go back to work after about six weeks if you have an office job. However, if your work involves a lot of standing or lifting, you should stay off for longer (usually about three months).

Your new hip will continue to improve over a period of at least one year.

### Deciding on treatment

A hip replacement is a commonly performed and generally safe surgical procedure. For most people, the benefits are far greater than the disadvantages. However, in order to make a well-informed decision and give