Total Hip Replacement

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This fact sheet is for general information about this procedure only. It is not intended to be used as medical advice or to replace advice that your relevant healthcare professional would give you. If you have a particular medical problem, please consult a healthcare professional.

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PATIENTS AUSTRALIA

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What is arthritis?

Arthritis is a group of conditions that cause damage to one or more joints.

Arthritis wears away the normal cartilage covering the surface of the joint and the bone underneath becomes damaged. This causes pain and stiffness in the joint, which can interfere with normal activities.

What are the benefits?

You should get less pain and be able to walk more easily.

Are there any alternatives?

Simple painkillers such as paracetamol and anti-inflammatory painkillers such as ibuprofen can help control the pain of arthritis.

Using a walking stick on the opposite side to the affected hip can make walking easier, as can a small shoe-raise on the affected side.

Regular moderate exercise can help to reduce stiffness in your hip. Physiotherapy may help to strengthen weak muscles.

A steroid injection into your hip joint can sometimes reduce pain and stiffness for several months.

What will happen if I decide not to have the procedure?

Arthritis of your hip usually, though not always, gets worse with time. Arthritis is not life-threatening in itself but it can be disabling.

Arthritis symptoms can be worse at some times than others, particularly when the weather is cold.

What does the procedure involve?

Various anaesthetic techniques are possible.

The procedure usually takes an hour to 90 minutes.

Your surgeon will make a cut on your hip and remove the damaged ball and socket of your hip. They will then insert an artificial joint made of metal, plastic, ceramic, or a combination of these materials. The implant is fixed into the bone using acrylic cement or special coatings that bond directly to the bone.

How can I prepare myself for the procedure?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help you prepare for the procedure, help you recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

Speak to the healthcare team about any vaccinations you may need to reduce your risk of serious illness while you recover. When you come into hospital, practise hand washing and wear a face covering when asked.

What complications can happen?

The healthcare team are trained to reduce the risk of complications.

Any risk rates given are taken from studies of people who have had this procedure. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, have other health problems or you smoke. Health problems include diabetes, heart disease or lung disease.

Possible complications of this procedure are shown below. Some can be serious and may even cause death.

General complications of any procedure

- Bleeding. You may need a blood transfusion.
- Infection of the surgical site (wound).
- Allergic reaction to the equipment, materials or medication.
- Acute kidney injury.

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- Venous thromboembolism. This is a blood clot in your leg (deep-vein thrombosis – DVT) or one that has moved to your lung (pulmonary embolus).
- Surgery to redo the hip replacement. About 19 in 20 hip replacements will last 10 years.
- Difficulty passing urine.
- Chest infection. You may need antibiotics and physiotherapy. Your risk will be lower if you have stopped smoking and you are free of Covid-19 (coronavirus) symptoms for at least 7 weeks before the procedure.
- Heart attack. A heart attack can sometimes cause death.
- Stroke. A stroke can sometimes cause death.

Specific complications of this procedure

- Damage to nerves around your hip, leading to weakness, numbness or pain in your leg or foot.
- Damage to blood vessels around your hip, leading to loss of circulation to your leg and foot.
- Split in the femur.
- Leg length difference.
- Infection in your hip, which can result in loosening and failure of your hip replacement.
- Bone forming in muscles around your hip replacement (heterotopic ossification). This can cause loss of movement in your hip.
- Dislocation of your hip replacement.
- Loosening without infection. You may need another procedure to do your hip replacement again.
- Difficulty passing urine.

Consequences of this procedure

- Pain.
- Scarring of your skin, which can be unsightly.

What happens after the procedure?

You can go home when your pain is under control, you can get about safely, and any care you may need has been arranged.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Most people make a good recovery, have less pain, and can move about better. It is important to follow the advice the physiotherapist gives you about exercises to strengthen your hip muscles.

A hip replacement can wear out with time.

Summary

If you have severe pain, stiffness and disability, a hip replacement should reduce your pain and help you to walk more easily.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatment options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Reviewers

Bill Donnelly (MBBS, BMedSci, FRACS)

Stephen Milner (DM, FRCS (Tr)

Illustrator

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