

The Hip Replacement Procedure

Before and After



A total hip replacement is an operation which is done to relieve pain in someone with arthritis of the hip. There are many types of hip replacements, including cemented, uncemented, ceramic, plastic and metal. Your surgeon will explain the different types to you and will select the right hip replacement for you. Most hip replacements will last between ten to fifteen years, some even longer.

Hip replacement surgery gives excellent pain relief in more than 80% cases and will improve the range of movement in the joint, which will allow you to live a more physically active life. Most people will experience a significant improvement in their quality of life after a hip replacement, and some even return to sports such as golf, tennis and swimming.



WHAT ARE THE RISKS OF A TOTAL HIP REPLACEMENT?

Any major surgical procedure has its risks, which may include:

- Small risk of heart attack, stroke or chest infection
- Deep vein thrombosis (DVT). This is a blood clot in your leg, that can cause localised pain often in the calf.
- Pulmonary embolism (PE). This is a blood clot in the lungs which could result in the need for emergency medication or sudden death.
- Infection can be a complication of any surgery
- Leg length difference
- Persistent hip pain
- Haematoma (swelling due to bleeding)
- Nerve injury is rare
- Dislocation
- In the long term, the hip replacement may wear out and become loose.

Before deciding on surgery you and your surgeon should discuss all the risks

and benefits of having the procedure. In most cases the risks can be minimised with correct medication, antibiotics, and equipment.

Early mobilisation (getting out of bed and moving as soon after theatre as is safe) and exercising with your physical therapist, as well as learning the dos and don'ts for your new hip will help lessen these risks and aid in your recovery.



WHAT HAPPENS DURING SURGERY?

The surgical technique involves removing the diseased portion of the hipbone and replacing it with an artificial hip joint (called a prosthesis). In some cases just the head is replaced – that is the ball part of the joint at the top of your thigh bone. In other cases the socket is also replaced with a new artificial cup.



WHAT HAPPENS AFTER AFTER SURGERY?

After surgery, you'll be prescribed medications to prevent infection, blood clots and pain. A physical therapist should also visit you to help with mobilisation and strengthening. To decrease your chances of developing a clot anti-coagulant medication (blood thinners) are used together with special stockings that help in returning blood towards your heart and preventing swelling.

While you're in hospital, pneumatic pumps may be used for two to three days following surgery. These wrap around your legs and feet with velcro and repeatedly inflate and deflate – facilitating blood flow, which further reduces the risk of developing a clot.

Getting up and moving with your physical therapist is one of the best ways to prevent the development of a clot and to facilitate a speedy recovery. Some hospitals and surgeons aim to get you walking within

6 hours of surgery. The sooner you are able to walk safely on crutches and climb the stairs, the sooner you can go home. This has shown to give the best outcomes as it reduces your risk of developing complications from being in hospital like picking up an infection or developing pneumonia from the lack of activity.



WHEN DOES REHABILITATION START?

Essentially from the first time you see your physical therapist! The hip is a ball and socket joint, one of the most flexible and free-moving joints in the body. Full function of the hip is dependent on the coordination of bones, muscles, tendons, ligaments and nerves working together. Therefore 'teaching' your new hip to move efficiently with the surrounding muscles and structures will depend on exercise and activity to ensure excellent recovery.

The physical therapist will start exercises when you are in hospital. These are aimed at stimulating blood flow and strengthening your hip, buttock and leg muscles which will help you walk better and sit-stand independently (for example being able to use the toilet alone).

Depending on your age and ability, you should be discharged between 3-6 days after surgery. Your rehabilitation will continue with your physical therapist either as one-on-one sessions, or possibly some group sessions and a home exercise and walking programme.

At any time after surgery you should alert your surgeon if you experience any of the following symptoms:

- Increased redness around the wound
- Pain or swelling
- Drainage, oozing at the incision
- Bumps or pimples
- Any other changes you're not sure about.

The information contained in this article is intended as general guidance and information only and should not be relied upon as a basis for planning individual medical care or as a substitute for specialist medical advice in each individual case. ©Co-Kinetic 2019