



PATIENT INFORMATION SHEET

RISKS AND COMPLICATIONS

TOTAL HIP REPLACEMENT

RISKS AND COMPLICATIONS - TOTAL HIP REPLACEMENT

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POTENTIAL RISKS AND COMPLICATIONS

TOTAL HIP REPLACEMENT

This sheet provides you with information concerning the most important risks and complications associated with having a total hip replacement.

INTRODUCTION

A hip replacement is an extremely successful operation. At least **95% of patients are satisfied with their new hip**. It is very effective in getting rid of the pain experienced as a result of osteoarthritis or other degenerative hip problems. It improves the range of hip movement and allows you to return to a nearly normal level of activity.

As with anything in life there is always a possibility of problems or unexpected events occurring. For example, even crossing the road or a car journey has inherent risks but this should not deter you providing you take reasonable precautions. This is also true of any major operation such as hip replacement.

The list of risks provided here is not intended to frighten you, but is for your information. It covers most of the problems, both major and minor, but it is not completely comprehensive.

(1) ANAESTHETIC AND MEDICAL

The type of anaesthetic needed for a joint replacement may be either a **general anaesthetic**, an **epidural or spinal anaesthetic** (an injection into or around the spinal canal) and / or a **nerve block** (to numb the nerves around the hip).

For further information on this please read the 'Information Sheet – Anaesthetics'

Any anaesthetic and major operation carries a very small increased risk of being complicated by the following medical conditions:-

1. **Heart Attack**
2. **Stroke**
3. **Chest Infection** - After any general anaesthetic there is a very small chance of developing a chest infection. This is usually treated with antibiotics and breathing exercises.
4. **Deep Vein Thrombosis** (DVT) a blood clot in the veins of your leg.
5. **Pulmonary Embolus** (PE) a blood clot in the lungs.

The risk of having a DVT/PE is increased in certain circumstances. We always assess your risk before the operation. It is **very important** to tell us if you have ever had a DVT/PE previously or any family member has had one.

Measures are always used to help prevent thrombosis and these may be mechanical such as pumps for your feet and mobilising as soon as possible after your operation, or with blood thinning injections or tablets (these can however lead to an increased bleeding risk).

We will make sure you are medically fit for your operation and measures will be used to reduce the risk of any medical complications.

You may require extra tests before your operation if we have any concerns.

(2) BLOOD TRANSFUSION

During and after the operation you will lose some blood. The blood you lose will usually be made up by your own body in the weeks after surgery.

A blood transfusion is rarely necessary these days. Blood needed for a transfusion is always tested and matched to your own but still carries very small risks associated with it such as :-

1. **Rejection and reaction to the donor blood**
2. **Transmission of infection**

(3) INFECTION

An infection can occur after any operation but it is particularly important that you understand its consequences when undergoing a joint replacement.

There are two types of Infection:-

1. **Superficial Wound Infection**

This is an infection of the healing wound where it is red and may have a small discharge. It is usually treated with a course of antibiotics but occasionally it may require a further small operation to help clear it.

2. **Deep Infection**

There is a risk of an infection with bacteria getting around the hip replacement at the time it is inserted.

The risk of a Deep Infection is about 1% (i.e.1 in every 100 cases).

This is a **very serious complication**. If a deep infection occurs it may necessitate the hip replacement being removed so that the antibiotics can then work more effectively. This can mean a prolonged period in hospital before a further hip replacement is reinserted.

Very occasionally a further hip replacement is not possible and we have to leave the patient without a hip replacement. These patients can normally walk short distances often without the use of crutches; a pronounced limp however is inevitable. This is called a “Girdlestone Procedure” and used to be the treatment for severe pain and arthritis before hip replacements were invented.

Precautions are taken before the operation to prevent an infection including the taking of nasal swabs (to make sure you are not carrying MRSA bacteria in your nose) and ensuring that there is no damage to your skin like cuts, wounds or infections.

Prophylactic antibiotics (to reduce the risk of infection at the time of the surgery) are always used.

(4) WOUND AND LEG PROBLEMS

1. Haematoma

Bruising can develop around the wound and this can track down towards the knee. This is common and usually not a problem and will resolve over a few weeks.

Occasionally a more significant bruise (haematoma) occurs under the wound and this can delay the healing. A small operation may be required to release this blood collection.

This is more likely to happen if you are taking aspirin, anti-inflammatory medication (eg. Ibuprofen, Voltarol) or Warfarin. **Please inform us at the pre-assessment consultation if you are taking this type of medication.** Usually stopping it for a week before your operation reduces the risk; you will be advised about this in the Pre-assessment Clinic.

2. Tender Scar and Trochanteric Bursitis

Some people have discomfort around their scar. Very occasionally it persists and is called trochanteric bursitis. Usually measures such as physiotherapy and time will help settle this problem.

3. **Leg Swelling**

Leg swelling is quite common after the operation. It tends to improve each night with rest and elevation. If it is worsening or becomes painful then you should seek advice as one of the causes of this swelling can be a deep vein thrombosis. Usually there is no main underlying problem. The vast majority of this swelling settles over a 2 to 3 month period and does not cause any long-term problems.

4. **Groin Aches and Thigh Discomfort**

Minor aches and pains are usual. It must be remembered that the painful arthritic joint has not been used properly for a long time and your muscles can therefore be weak prior to the surgery. You will be exercising your new joint and most people experience some aches and pains for a few months while their muscle strength is building up again.

In patients who have an uncemented hip occasional thigh pain is felt until the bone grows on to the metal component and stabilises it.

5. **Limp**

This is common initially as your muscles recover from the surgery but improves and usually disappears once the muscles have regained their strength.

Very occasionally a nerve is bruised or damaged and the limp will be permanent. The risk is dependant on the type of approach your surgeon makes to replace your hip but can be at least 1% (1 in 100 cases).

6. **Leg Length Difference:**

Almost everybody, even if they do not have hip problems, has a slight difference in their leg lengths. Although we try and ensure that your leg lengths are the same during the operation, occasionally, for technical reasons, this is not possible.

Contractures of the hip joint caused by the arthritis are released at surgery, thereby restoring the leg back to normal length.

Most people will initially feel that one leg is longer or shorter than the other after the operation. That feeling disappears within a few weeks.

Even if there is a definite leg length difference, most people will tolerate a difference of up to ½ inch and over a period of a few months cease to notice it. Occasionally a small shoe raise is necessary.

7. **Referred pain**

If you have a back problem or a knee problem, as well as your hip problem, then pain from these two areas can be felt as if it is in the groin area. If you do experience any discomfort or pain in your hip or groin after the operation you should inform your surgeon or GP so that the cause of it can be investigated.

(5) DISLOCATION:

Risk of Dislocation - about 2-3% (2 to 3 in every 100 cases).

A dislocation is when the ball of a hip replacement pops out of its joint. The risk can be dependant on the type of approach your surgeon makes to replace your hip and the size of the head of the femoral component, but can be at least 2-3%.

A dislocation can occur at **any time** after your hip replacement but is most likely to occur during the first 6 weeks while all the muscles and tissues are healing. After the first 6 weeks the risk of dislocation is less likely.

You will be given very specific instructions as how to prevent dislocation. There are slight restrictions in terms of how you pick things up off the ground or reach your feet. The things you will not be able to do are squat down or bring your knees up to your chest. You need to follow these instructions very carefully especially during the first 6 weeks after your operation.

This is unlikely to restrict your activities significantly. In general you will be able to undertake all normal activities.

Women have to be generally more careful because socially they sit and pick things up in a slightly different way from men. They have to learn a different way of doing these activities.

If you follow the advice and guidelines given to you then a dislocation is unlikely to occur.

(6) OTHER COMPLICATIONS

1. Allergies

If you are allergic to anything (causing swelling, a rash or difficulty breathing) please let us know at the pre-assessment consultation.

Occasionally people have allergies to some of the medications (eg antibiotics) and material (eg metal) we use for the hip replacements. We test people for the common allergies such as iodine or Elastoplast.

2. Urinary Retention:

Some patients find they are unable to pass urine for several hours after having major surgery. If this occurs causing stretching of the bladder or pain then you may require the insertion of a catheter. In most cases we can then remove the catheter a day or two later once you are up and about.

This is rarely a problem in ladies. It is more common in men who have developed an enlarged prostate. If you feel you have symptoms such as having difficulty in passing water, especially having to get up frequently at night, please let us know before your operation. If necessary a referral to see a urologist will be arranged.

3. Fracture:

Very occasionally during the operation the bone may break. The break will normally be fixed at the time of your surgery. Postoperatively you may be able to mobilize normally, but you may be asked to use crutches for a period of time. Very rarely the fracture may be treated with a period of bed rest.

4. Nerve and Artery damage:

Extremely rarely damage to a major nerve or artery can occur at the time of surgery.

(7) HOW LONG WILL MY HIP REPLACEMENT LAST?

Research shows that up to 95% of hip replacements are lasting 10 years without problems.

Hip replacements do not last forever. They have the potential to wear out as does any piece of mechanical machinery. If your hip replacement does wear out or becomes loose and painful it can be revised in the vast majority of cases. This is called a revision hip replacement and is a **much bigger and more difficult** operation than the first hip replacement.

There are many different types of Hip Replacement – [For further information on this please read the 'Information Sheet – Types of Hip Replacement and Bearing Surfaces.](#)

CONCLUSION

This is for your information to help you understand more about a hip replacement. It is certainly not intended to put you off having surgery or to unnecessarily worry or frighten you. In general a total hip replacement is an extremely successful pain-relieving, mobility restoring procedure. Many people who have total hip replacements return to a near normal life with very few restrictions. Sports including swimming, cycling, walking and doubles tennis are possible again.

Patients need to be aware that occasionally things do not go quite as planned. In making up your mind that you wish to have the operation you must be aware of the risks so that you balance them against the benefits of the operation. The time for a hip replacement is when you feel the benefits of the pain relief and improved mobility outweigh the potential risks.

As stated at the beginning, this Information Sheet does not list all problems, but covers the vast majority that might be encountered following a total hip replacement.

If you have any concerns or worries or would like further information about any of these problems or the ultimate success of the surgery please do not hesitate to ask your surgeon or a member of their team.

Further Information:-

National Joint Registry (NJR) Website

<http://www.njrcentre.org.uk/>

National Institute for Health and Clinical Excellence (NICE) Website

<http://www.niceguidance.org.uk/>

NHS Website

<http://www.nhs.uk/>

British Orthopaedic Association Website

<http://www.boa.ac.uk/>

ARC Website

<http://www.arc.org.uk>

Hampshire Hospitals NHS Foundation Trust

www.northhamshire.nhs.uk

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