

HIP & KNEE

repair, replacement and recovery

PATIENT INFORMATION SHEET

RISKS AND COMPLICATIONS

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 from the osteoarthritis or other degenerative hip problems. It also 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 travelling 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 both major and minor risks but it is not 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 section entitled 'Types of Anaesthesia' found later in this booklet.

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 or 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 or PE or if any family member has ever had one.

Measures are always used to help prevent thrombosis and these may be mechanical, such as pumps for your feet and getting you up as soon as possible after your operation, or with blood thinning injections or tablets (these can however lead to an increased risk of bleeding and bruising). We will discuss this with you and tailor the best regime to suit you.

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 or during wound healing. 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 can be 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 but a pronounced limp 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. These include the taking of nasal and skin swabs (to make sure you are not carrying MRSA bacteria in your nose or on your skin) and ensuring that there is no damage to your skin such as 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 is usually not a problem resolving 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, Warfarin or anti-inflammatory medications (such as Ibuprofen or Voltarol). Please inform us at the Pre-assessment consultation if you are taking this type of medication. Usually stopping it for a specified period of time 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 over night with rest and leg elevation. Usually there is no underlying problem. The vast majority of this swelling settles over a 2 to 3 month period and does not cause any long-term problems. 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.

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 replacement, occasional thigh pain is felt until the bone grows onto 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 dependent 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 its normal length but making it feel tight initially

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

Even if there is a measurable leg length difference, most people will not notice a difference of up to ½ inch. If after a period of a few months it is still noticeable, occasionally a small shoe raise is helpful.

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 is 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 dependent on the type of approach your surgeon makes to replace your hip and the size of the head of the femoral component.

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 on how to prevent dislocation. You will need to learn slightly different techniques of how to 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 (e.g. antibiotics) and materials (e.g. 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 an 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

Damage to a major nerve or artery can occur at the time of surgery but is extremely rare.

7. REVISION SURGERY

Hip replacements do not last forever. Research shows that up to 95% of hip replacements are lasting 10 years without problems and may last even longer. They do have the potential to loosen or 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 section entitled 'Types of Hip Replacements and Bearing Surfaces' found later in this booklet.

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. This information booklet does not list all problems that might be encountered following a total hip replacement but covers the vast majority.

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.northhamphshire.nhs.uk

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