

Total hip replacement

affix patient label

What is a total hip replacement?

In a total hip replacement both the ball (femoral or thigh bone) side of the hip joint and the socket (acetabular or pelvic side) are replaced.

Why do I need it?

Total hip replacements are usually performed on patients suffering from severe arthritis, although there are other reasons. We hope that it will stop most, if not all, of the pain in your hip.

Are there any alternatives?

Alternative treatments include:

- losing weight
- stopping strenuous exercises or work
- physiotherapy and gentle exercises
- medicines eg anti-inflammatory drugs (ibuprofen or steroids)
- using a stick or crutch.

Some of the above are not appropriate if you want to regain as much physical activity as possible. If you feel you have not had sufficient opportunity to try alternative treatments you should discuss this with your surgeon.

How do I prepare for it?

Do **not** eat anything for at least **6 hours** before your operation. This is to make sure your stomach is empty when you have your anaesthetic. Drinks containing fats (eg tea or coffee with milk) and sweets all count as food. You **can** drink water or a drink without fats in it (eg black coffee) until **2 hours** before your operation. You may also have small sips of water to take tablets. There is a hospital leaflet about having an anaesthetic. Ask the staff for a copy if you would like one.

You may be given a general anaesthetic during the operation which will keep you asleep. Sometimes a spinal or epidural anaesthetic will be used where the area to be operated on is completely numbed by an injection into your back and you remain awake but drowsy. Often we will give both types of anaesthetic together. The anaesthetist will come and see you before your operation to discuss this with you. You will be able to ask them questions about the anaesthetic.

A member of the surgical team will also see you on the ward. This is usually the surgeon who will perform your operation. Feel free to ask any questions you have about the operation or what will happen afterwards. The surgeon may examine you again. They will also draw an arrow on the leg to be operated on and check that this consent form has been completed and signed.

What does it involve?

You will lie on the opposite side to the one being operated on. Your skin will be cleaned with antiseptic fluid and clean towels (drapes) will be wrapped around the hip.

The surgeon will make a cut (incision) using a surgical knife (scalpel). The exact location of the incision depends on your surgeon's technique. The length of the incision also depends upon the surgeon and your leg.

A cut is made through the fat and muscles which lie in the way of the hip bones. The top of the thigh bone (femur) which forms the neck and ball will be cut away. A replacement stem and ball can then be placed in the top of the thigh bone.

The socket part of the hip joint will also be prepared. The surgeon will remove any excess arthritic bone and make a smooth base for the new 'cup'. In some cases, surgeons will use a special bone cement to hold the stem and/or the cup in position. Sometimes 'uncemented' implants are used that bond directly with the bone. Hip replacements can be made of different types of metals, a very special plastic or ceramic. Ask your surgeon if you want to know more about the particular type of implant they plan to use for you.

When satisfied with the position of the implant the surgeon will close the wound. A drain may be used. This allows any collection of blood or fluid to drain out. The drain can be removed painlessly on the ward after a day or two.

The skin is then closed. Some surgeons use stitches, while others prefer metal clips (skin staples). Both methods are equally successful.

What happens afterwards?

You will normally spend a few days in hospital. Before you go home, the nursing staff and therapists will want to be sure that you are well enough and that the conditions at home are such that you can manage safely.

The physiotherapists will show you movements that you can and can't do after the operation and give advice about exercises to perform. It is important to follow these instructions. There is a separate sheet showing these exercises, to take with you.

You must avoid certain activities during the first 6 weeks following surgery:

- driving
- using a bath
- sitting in a low chair
- unnecessary car journeys
- prolonged standing
- crossing your legs
- gardening.

What should I look out for?

Further information can be viewed on the patient information pages at www.exeterhip.co.uk

To reach your maximum level of comfort and function may take up to a year. Many patients feel that they are more comfortable than before the operation at around 6-8 weeks but this does vary.

Are there any risks or complications?

As with all procedures, there are risks from having this operation:

Common (Happens in 2-5% of patients)

Blood clots: Blood clots can form in the veins after surgery. This is known as Deep Vein Thrombosis or DVT. These can cause painful swelling of the leg and very rarely, put your life at risk by affecting your lungs. We will give you medicine to reduce this risk. Some surgeons will also ask you to wear stockings on your legs, while others may use foot pumps to keep blood circulating around the leg. Starting to walk and getting moving is one of the best ways to prevent blood clots from forming.

Bleeding: This is usually minor and is stopped during the operation. Around 1 in 10 patients need a blood transfusion and some will need iron tablets. Rarely, the bleeding may form a blood clot or large bruise within the wound which may become painful and require an operation to remove it.

Pain: Your hip will be sore after the operation. If you are in pain, it's important to tell staff so that pain can be controlled. Pain normally improves with time and for most patients the hip will become pain free. Sometimes, pain does not improve after surgery. Your surgeon will look for a reason and to see if it can be improved. Occasionally no cause can be found and it is necessary to take pain killers in the long term.

Implant wear and loosening: With modern operating techniques and implants, we expect hip replacements to last over 15 years. In some cases, they fail early. The reason is often unknown. It may be a result of your body's response to the implant, the implant itself or your level of activity. All the implants used at the Royal Cornwall Hospital use tried and tested materials but there is no perfect hip replacement. Your surgeon will choose the type of implant that best suits your level of activity. Feel free to discuss the type of implant that will be used with your surgeon.

Altered leg length: The leg which has been operated upon, may feel shorter or longer than before. This may feel strange initially and then feel normal. Occasionally you may feel more comfortable with a shoe raise on one or other leg. Rarely a further operation may be necessary to correct the difference.

Joint dislocation: The two sides of a hip replacement are held together by the muscles and ligaments around the hip. They can dislocate, particularly in the first few weeks after surgery. If this occurs, the joint can usually be put back into place without a further operation but you may be asked to wear a brace for a few weeks. Sometimes a further operation is required to put the hip back into joint or rarely to change the alignment of the implant.

Less common: (1-2%)

Infection: To minimise the risk of infection you will be given antibiotics before surgery, ultra clean air theatres will be used and special precautions taken by the theatre staff with gowning and draping. Despite this infections can still occur. The wound site may become red, hot and painful. There may also be a discharge of fluid or pus. If caught early this can often be treated with antibiotics and an operation to wash the joint out. If caught late or if the infection is severe the implants may need to be removed and replaced at a later date. The infection can sometimes lead to sepsis (blood infection) requiring strong intravenous (IV) or long term antibiotics.

It is vital that you tell medical staff if you think you have an infection at any stage.

Rare: (<1%)

Altered wound healing: The wound may become red, thickened and painful (keloid scar) especially in Afro-Caribbean people. Massaging the scar with cream when it has healed may help.

Nerve damage: Every effort is made to avoid this however damage to the nerves around the hip can occur. This may cause temporary or permanent changes in the feeling of the leg or the strength of the leg muscles, particularly those around the ankle.

Bone damage: The thigh bone may be broken when the implant (metal replacement) is put in. This may require fixation, either at the time or at a later operation.

Blood vessel damage: Rarely, the vessels around the hip may be damaged. This may require further surgery by the vascular surgeons.

Pulmonary embolism: A PE is a consequence of a DVT. It is a blood clot that spreads to the lungs and can make breathing very difficult. A PE can be fatal.

Risk from the anaesthetic: The risk to a healthy patient of problems arising from an anaesthetic is very small. However in the UK several healthy people will die or suffer serious heart, lung or brain injury following an anaesthetic. This can be from problems or mistakes made during the anaesthetic or because of patient health problems. We will always take every possible step to keep you safe during your operation.

Patient copy

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690

CONSENT FORM 1

PROCEDURE SPECIFIC PATIENT AGREEMENT

NHS number:

Name of patient:

Address:

Date of birth:

CR number:

AFFIX PATIENT LABEL

_____ side

Total hip replacement

Replacing both the ball (femoral or thigh bone) side of the hip joint and the socket (acetabular or pelvic side)

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained the intended benefits and summarised the risks, as below:

- We hope to stop most, if not all, of the pain in your hip.

Significant, unavoidable or frequently occurring risks:

- Blood clots, bleeding, pain, implant wear and loosening, altered leg length, joint dislocation

Uncommon but more serious risks:

- Infection sometimes requiring further surgery, strong IV or long term antibiotics

Rare but serious risks:

- Altered wound healing, nerve damage, bone damage, blood vessel damage, pulmonary embolism,
- Anaesthetic risk which includes a very small risk to life or limb from complications such as heart attack and stroke

Any extra procedures which may become necessary during the procedure:

- Blood transfusion (rarely necessary)
- Other (please specify):

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

I have given and discussed the Trust's approved patient information leaflet for this procedure: Total hip replacement CHA3238 which forms part of this document.

I am satisfied that this patient has the capacity to consent to the procedure.

This procedure will involve: General and/or regional anaesthesia Local anaesthesia Sedation

Health Professional signature: Date:

Name (PRINT): Job title:

STATEMENT OF INTERPRETER (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: Name (PRINT): Date:

affix patient label

STATEMENT OF PATIENT

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I understand that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

I have received a copy of the Consent Form and Patient Information leaflet: Total hip replacement CHA3238 which forms part of this document.

Patient signature: _____ Name (PRINT): _____ Date: _____

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: _____ Name (PRINT): _____ Date: _____

CONFIRMATION OF CONSENT (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: _____ Date: _____

Name (PRINT): _____ Job title: _____

Important notes (tick if applicable):

See advance decision to refuse treatment Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: _____ Name (PRINT): _____ Date: _____

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- *Infection sometimes requiring further surgery, strong IV or long term antibiotics*

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- *Altered wound healing, nerve damage, bone damage, blood vessel damage, pulmonary embolism,*
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