

INFORMATION SHEET: TOTAL HIP REPLACEMENT

INTRODUCTION

In hip replacement surgery, the surgeon replaces the joint surfaces at the hip with artificial parts. The artificial joint decreases pain, restores motion, and improves function at the hip joint.

INDICATIONS AND GOALS FOR SURGERY

Most patients who consider hip replacement surgery have severe arthritis of the hip or another condition that has led to the destruction of the cartilage in the hip. When the patient's hip condition causes daily disabling pain, loss of motion or decreases function and conservative (non-surgical) measures are no longer effective, then hip replacement may be an appropriate option.

The primary goal of hip replacement surgery is to reduce hip pain. Hip replacement may also improve hip function and reduce or eliminate a limp.

DESCRIPTION OF THE SURGICAL PROCEDURE

During hip replacement surgery, the Orthopedic Surgeon will make an incision near the hip, enter the hip and dislocate the hip out of socket. After removing the ball (head) of the femur, the surgeon removes the damaged cartilage from the surface of the acetabulum ("cup" portion of the pelvis) and then puts a metal shell in place with a liner. A metal part will be placed into the thigh bone (femur) along with a new femoral head. The "new" hip will be put in place and tested for stability and motion. All tissue that was cut during surgery will be repaired.

REHABILITATION

Rehabilitation will begin soon after surgery. The patient will participate in therapy in the hospital with the goal of achieving safe transfers from the bed, short distance walking, and an early exercise program. After discharge, the patient will continue with physical therapy and a home exercise program. The patient's motivation and willingness to participate in the rehabilitation program are critical in determining their final strength and walking pattern.

POTENTIAL BENEFITS

The primary benefit from hip replacement surgery is a reduction in hip pain. As rehabilitation progresses, the patient may also note an improvement in hip function and in walking pattern.

POTENTIAL RISKS

Total hip replacement surgery is considered a major surgical procedure. Serious medical risks associated with the surgery may include, and are not limited to, problems with anesthesia, heart attack, heart beat irregularities, and stroke. In very rare situations, a person may die from complications related to surgery. Other risks related to this orthopedic procedure include, but are not limited to: blood clots; pulmonary embolism; infection; dislocation; differences in leg length, angulation, or rotation of the leg; fracture of bones about the hip; hematoma (blood accumulation in the hip) which may require surgical drainage; nerve injury; blood vessel injury; and numbness and scarring around the surgical

incision. Blood loss can occur during or after the surgery which may require transfusion(s). The implants may need to be removed or replaced if they become loose, wear out, or if there is evidence of infection. Hip replacement may not alleviate hip pain, restore the function of the hip or eliminate a limp.

ACHIEVING THE GOALS OF SURGERY

Upon full recovery, most patients have no pain or significantly less pain. Most patients are able to walk more smoothly, have more endurance with their new hip, and are able to function more normally. A small percentage of patients have persistent discomfort and/or limp after surgery.

ALTERNATIVES TO SURGERY

Conservative (non surgical) measures may help control hip pain. These include the use of anti-inflammatory and/or pain medications, weight loss, use of a cane or other assistive device, and reduction in heavy and/or pounding activities. In selected cases, other surgical options may exist such as osteotomy of the bones to realign the hip, resurfacing of the joint, or elimination of the joint by fusing the bones together. Another alternative to hip replacement surgery would be to seek no treatment at all.

CONSEQUENCES OF DECLINING CARE

Arthritis, itself, is not considered a life threatening illness. If the patient elects to not undergo total hip replacement, then he/she will likely continue to have hip pain. The patient's pain and disability may increase over time. If left unattended, arthritis may progress enough that surgery in the future may be very difficult and provide less predictable results.

MEMBERS OF THE SURGICAL TEAM

The Orthopedic Surgeon will require the assistance of a team of experts during surgery. Physicians other than the Orthopedic Surgeon, including but not limited to Joint Reconstruction Fellows and Orthopedic Residents, or Physician Assistants will be performing important tasks related to surgery. These activities are in accordance with the hospital's policies and, in the case of the Residents, based on their skills set and under the supervision of the responsible Orthopedic Surgeon.

LONG TERM CONCERNS

Long term complications are possible after total hip replacement. Late loosening, wear, infection or progressive bone loss may occur and may require re-operation. Close follow-up is necessary to monitor for changes around the joint replacement which could threaten the strength of the bone near the joint replacement. The risk of problems related to wearing of the artificial joint surfaces increases over time. Regular follow-up (every one to two years) becomes more important as the joint replacement becomes older. The risk of problems related to wearing of the artificial joint surfaces increases over time.

PARTICIPATION IN YOUR OWN CARE

The patient's participation in their care is critical to the success of total hip replacement. The patient should provide accurate and complete information about their health and any change in condition after surgery. Patients are encouraged to follow the recommendations made for their care and to ask any questions they may have.