

Total Hip Replacement risks

Total hip replacement is first and foremost a pain relieving procedure, which will usually improve mobility too.

Total hip replacement is a significant operation and carries the following risks:

- Bleeding

Medicine is administered to allow your blood to clot more efficiently during the surgery, blood transfusion is rarely needed

- Infection

Bacteria are present naturally in our environment, most of the time they cause us no harm but if they gain access to an artificial joint and reproduce then treatment can be very difficult. Before your surgery you will be asked to use a special skin wash to reduce the number of bacteria on your skin.

In the operating theatre multiple measures are taken to reduce infection risk including:

- administering antibiotics
- using antiseptic skin preparation
- using ultra-clean air filtration systems
- strict control of sterility

While a superficial infection can be treated with antibiotics, deep infection could require long term antibiotics and/or further surgery to remove the implants and then re-implant new ones.

It is also possible for infection to migrate from another part of the body (e.g. urinary tract, chest, or skin) long after surgery to infect a replaced joint.

- Damage to nerve, blood vessel, or ligament.

These are rare. Blood vessel injury would usually be identified and addressed at the time of surgery, it can sometimes require further surgery to correct.

The sciatic nerve runs just alongside the hip socket. It is identified and protected throughout hip replacement surgery but very rarely can become injured. Nerve injury can result in weakness/numbness of the lower leg and foot; although function often recovers, in some cases this can be permanent. Risk of sciatic nerve injury is higher in the presence of scarring from previous surgery, or where length needs to be restored to a significantly short hip.

- Fracture of bone

Fractures occurring at the time of surgery are rare; they may require change of the implant type or further fixation during the surgery. They can slow your recovery slightly but don't usually change the results in the long term.

A later injury resulting in fracture around a hip replacement may require a further surgical procedure.

- Dislocation

To dislocate the hip you were born with requires a huge amount of force. All total hip replacements have a limit beyond which the hip can come out of joint. If this happens an anaesthetic is required to manipulate the dislocated ball back into the socket. To help reduce dislocation risk physiotherapists will advise on safe ways to move your hip. The first three months are key while muscles detached to perform your hip replacement are growing back onto the bone. Life-long there will be a limit to how far your hip is 'happy' to go; this varies from person to person. It is important to listen to your body: if it is telling you that your leg has moved far enough in a certain direction, it is not advisable to try to push through this.

If a total hip dislocates and continues to repeatedly dislocate it can require surgery to change some of the components.

- Leg length difference

Many techniques are used to accurately restore length at the time of surgery, but hip replacement surgery is a somewhat inexact science. A small difference in leg length can be compensated for by your pelvis and spine and is rarely noticeable after a few months. It is quite common to feel that the operated leg is initially 'too long' as the thickness of the worn cartilage in the joint is replaced by your new hip implant. This sensation settles as you become used to your new hip.

In rare cases the hip may need to be deliberately made a few millimetres longer to prevent dislocation. In this situation the priority is always stability of the hip.

- Blood clot in the leg (DVT) or lung (PE)

These can be fatal, risk is reduced by use of blood thinners and other measures including compressive stockings, good hydration, and early mobilisation.

- Wear/loosening

Most total hip replacements will last 10 years or more and research has shown that some designs can last in excess of 20 years.

If a hip replacement does wear out it usually needs further 'revision' surgery. This can be as simple as replacing a worn plastic bearing, or a more major procedure to change the entire implant system.

- Ongoing symptoms or dissatisfaction

This is fortunately rare in hip replacement surgery. It is important to remember that some pains around the hip can be caused by problems in the lower spine. In this situation it could be expected for the hip-originating pain to be addressed, but some other more minor pain in other places around the hip may persist.

- Serious complication

These risks are extremely rare but can include chest infection, heart attack, stroke, or threat to life and limb.

I would also recommend visiting the website orthoconsent.com which outlines the risks and benefits of total hip replacement surgery (THR), and can be helpful in understanding the procedure.

If you have further questions please do contact us via Carebit or sally@medicalsecretaries.co.uk