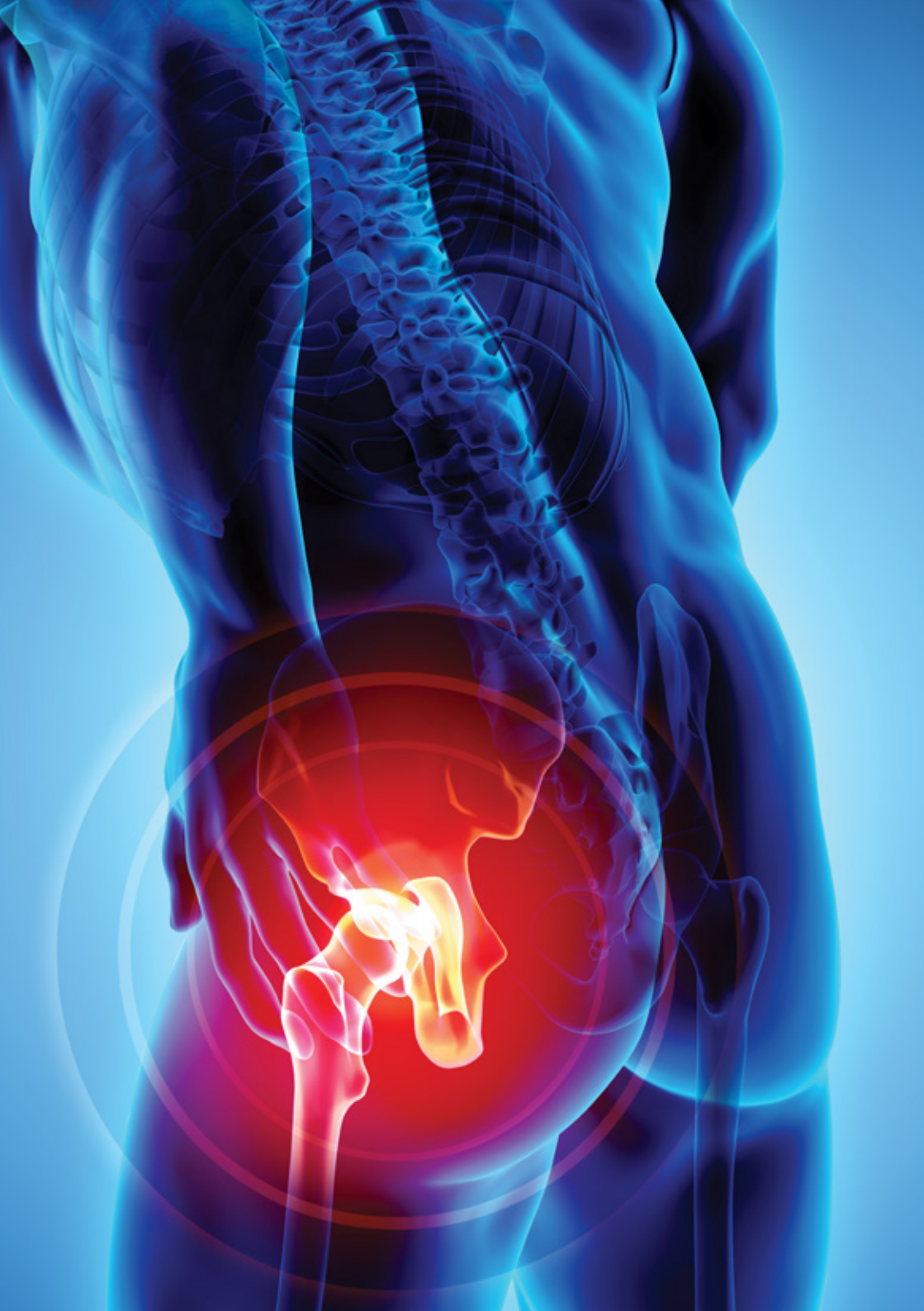
LATHAM
HIP SURGERY

LIVING WITH A NEW HIP JOINT



DO I NEED A HIP REPLACEMENT?

The only way to know for sure if you need hip surgery is to have a consultation with an experienced hip surgeon, who will examine you, review up to date X-rays of your hips and advise you on appropriate treatment.

People usually need hip surgery because the hip joint has been damaged by arthritis – commonly osteoarthritis but sometimes other types, such as rheumatoid arthritis. When your hip is arthritic and painful the options for treatment apart from surgery are limited.

Painkillers and anti-inflammatory drugs often help for a while, but the side effects can be unpleasant. Sometimes an injection of local anaesthetic and steroid will relieve severe symptoms for a few months. If the pain is getting worse and is affecting your mobility, then you might wish to consider having hip surgery.

After an assessment we will discuss with you all the options for treatment, which might include surgery. The main benefits of hip surgery are less pain, more mobility, and improved quality of life. If you do need surgery, it's worth knowing that hip replacement is one of the most successful operations in the history of orthopaedic surgery.

Over 100,000 hip replacements are performed every year in the UK and the results are usually excellent. There is no age limit for hip surgery and the treatment is extremely effective in both young and old patients.

Different types of surgery

TOTAL HIP REPLACEMENT

The hip is a ball and socket joint. The ball part of the joint is called the head of the femur (the thigh bone) and the socket is called the acetabulum, which is part of the pelvis.

When a hip is replaced (known as Total Hip Replacement or THR) the surgeon removes the head of the femur and inserts a new mechanical bearing. This is usually made of stainless steel, titanium, polyethylene and ceramic. There are a variety of methods and materials that can be used, and we will discuss these with you. The pain relief is dramatic and within a few weeks of surgery you will be independently mobile. Most people who have a hip replacement return to all of their normal activities within a few months. Total hip replacement is also done in young patients, for conditions such as hip dysplasia and Perthes' disease. One of the main problems with hip replacements in younger active patients is that they can wear out and become loose resulting in the need for revision (re-do) surgery.

HIP RESURFACING

Hip resurfacing was developed to try and overcome some of the problems associated with total hip replacements, particularly in younger patients.

Resurfacing has been used for over 20 years and has excellent results. The technique involves resurfacing the ball and socket with a durable metal alloy (chrome cobalt molybdenum), which is very resistant to wear. Because of this the bearing can be made large enough to fit over the head of the femur, which is removed when a conventional hip replacement is used.

There is much lower risk of dislocation compared to a hip replacement and many patients take part in more active sports such as skiing, sailing and playing tennis. The current guidelines say that hip resurfacing should be done only in men under the age of 55. This is because the outcome of resurfacing in women and patients older than 55 is not as good as a conventional hip replacement. In some patients, the metal bearing causes a reaction in the soft tissues around the hip. Some people seem to be more susceptible than others, and as yet there is no specific test to identify those who might be at risk. There are also concerns about the effects of long-term exposure to the chrome and cobalt particles that are produced by the implants. There is no convincing data to show that these elements are harmful to health, but everyone who has a hip resurfacing will need to be followed-up every year. If you opt for a hip resurfacing, there is a possibility that during the operation the surgeon will find that your bone is not suitable for this technique, so a conventional total hip replacement will need to be done. We'll discuss the possibility of this happening to you well in advance of the operation.

"May I say how much I appreciate not only your technical skills, but even more, your kind and considerate actions and attitude in making me feel relaxed and at ease, dispelling all my cares and concerns"

Mrs G

REVISION SURGERY

When a hip replacement wears out, it becomes loose and painful. The younger you are when you have a hip replaced, the more likely you are to need revision surgery at some time in the future.

This involves replacing one artificial hip with another. Revision surgery is best done by a specialist in hip surgery who will have the training and experience to do whatever is necessary to deal with the problem. The surgery is usually more complex than the original hip replacement, and it can take longer to recover. A bone graft may be needed and there is a higher risk of complications, but the results are usually good. Once you have had revision surgery, the new hip might not last as long as the original replacement, but we will give you all of the information that you need in order to help you to decide what's best for you.

The operation

BEFORE SURGERY

Once you have decided to go ahead with surgery, you'll attend a pre-admission clinic usually about two weeks before the operation.

You will have blood tests, an ECG and skin swabs to make sure you are in good shape for the anaesthetic and operation. You'll be given lots of advice about what to do about any medications that you take, and what you'll need to bring into hospital.

GOING INTO HOSPITAL

Most patients are admitted to hospital on the morning of surgery.

You will be given advice about the time of admission at the pre-operative assessment.

DURING SURGERY

Most patients walk to the operating theatre which is a short distance from your room.

The surgery takes about an hour and is usually done using a spinal anaesthetic. Don't worry about being aware of what's going on because the anaesthetist will normally give you sedation or a light general anaesthetic as well.

After the operation

AFTER SURGERY

Once the operation is over you will be observed in the recovery room until the anaesthetist is happy that you are able to return to the ward.

You'll have an intravenous drip in your arm providing fluids and drugs. Sometimes we will put a catheter into the bladder whilst you are in the operating theatre, but we'll discuss this with you before the operation. Once the operation is over, your arthritic hip pain should be gone – almost immediately. There will be some pain from the surgical wound site, but this isn't usually troublesome, and it gets better very quickly.

GETTING MOBILE AGAIN

We like to get patients up and about as soon as possible after surgery, sometimes even on the same day. Of course, how quickly you recover depends on your age, health, muscle strength, and the general condition of your joints.

The physiotherapist will see you and help to get you out of bed, teaching you how to walk and manoeuvre safely. You will learn about the things you should and shouldn't do such as not crossing your legs or twisting your hip, and it is important you follow this advice. You'll be provided with some useful gadgets like a raised lavatory seat and a helping hand, and the team will plan your discharge from hospital.

Back home

GOING HOME

Once the wound is dry and the physios are happy that you are mobilising safely, you will be able to go home. Most people are ready to go home after about 3 days.

Physiotherapy continues for about a month and after six weeks you will be seen at the clinic. Most people will be able to start driving again about a month after surgery. The next follow-up appointment is at the one-year anniversary of your operation when we will take an X-ray to make sure that your new hip is working well. Further follow appointments will be arranged every few years after that.

GETTING BACK TO NORMAL

The first six weeks is generally the hardest part for most patients. You will need to take great care to avoid dislocating your hip but as long as you follow the instructions given to you in hospital, the risk is very low.

You should start gentle exercises as soon as possible because this helps to strengthen the muscles and help you to become confident in your new hip. Walking is excellent exercise, and after about three or four months you may start to swim, ride a bike and go to the gym.

You are likely to need crutches outdoors for the first four to six weeks, possibly longer depending on your progress. After six to eight weeks you should be able to resume sexual activity but be careful not to put the hip into any extreme positions. Don't be afraid to ask the nurses, physios or your consultant for advice!

After about a year, you should be back to all your normal activities, and unaware of your new hip. If you're not sure about whether or not a particular activity is advisable, please just ask, we're here to help. You should be able to enjoy many years of pain free activity from your new hip. Most new hips last for at least 20 years.

"You looked after me so well both before, during, and after the operation giving me wonderful care, attention and kindness, I could not have wished for more"

Mr S.

SPORTS

It's likely to be three to six months before you can comfortably do sports like golf, bowls, sailing, skiing and horse riding.

For other sports you should discuss your plans with your surgeon. Contact sports and long-distance road running are probably best avoided because of the risks of injury and excessive wear of the new hip joint.

DRIVING AND TRAVEL

You should avoid driving for a month after the operation, because you will be tired, and your judgment and reaction times can be affected.

Some people find just getting into and out of a car difficult at first but with practice, you should be able to manage this easily. You should avoid long car journeys of more than an hour even as a passenger for six weeks. Most airlines say you should avoid flying until three months after surgery because of the increased risk of deep vein thrombosis.

RETURNING TO WORK

You are likely to feel tired for several weeks after surgery. Don't rush back to work too soon as you will find it difficult to concentrate.

Many patients have a phased return to work, and this is well worth considering, particularly if you have a long commute.

It will probably be around three months before you feel ready to go back to work full-time. We will give you a Fit Note to cover the time off work.

Things to consider

COMPLICATIONS

As with any major operation, there is a risk of complications. These are usually minor and temporary, but some can be serious and occasionally even life threatening.

We will discuss the risks with you well in advance of surgery but it's worth remembering that thousands of hip operations are performed every year without any complications. If you do have any problems, please contact us straight away. There is always someone on duty in the hospital who will be able to offer advice and contact the surgeon.

In a very small number of cases it may be necessary to transfer you to the NHS for treatment of a serious complication. The most common complications are usually bruising around or oozing from the wound. Sometimes the leg is swollen for several weeks after surgery and this is normal. Blood clots can develop after surgery causing a deep vein thrombosis (DVT). This will need treatment with anticoagulant drugs for several months. In very rare cases DVTs can travel to the lungs causing collapse and occasionally death. The risk of this happening is very low (approximately one in a thousand patients), and precautions are taken during and after surgery to minimise the risk. These include drugs, special stockings and exercises. You should seek medical advice straight away if you experience chest pain, breathlessness or sudden calf swelling and pain in the first few months after your operation.

Sometimes deep infections can develop requiring further surgery, but this affects less than a half of one per cent of patients. In very rare cases the components will have to be removed to clear the infection. Operating theatres are kept very clean to reduce the risk of infection, and you will be given antibiotics to minimise this risk. There is a small risk that your leg might be made longer or shorter after the operation, and you might need to wear a shoe raise.

Hip replacements can sometimes dislocate, when the ball part of the joint comes out of the socket. The risk is highest (but less than 1%) in the first few weeks after the operation but if you follow the rules, it's very unlikely to happen.

Sometimes the sciatic nerve can be injured during the operation, resulting in permanent pain and weakness in the leg. The risk of this happening is very low, about 1 in 2,000 cases.

Some patients have high blood pressure, heart disease or diabetes and these conditions can increase the risk of having a heart attack or stroke after surgery. The surgeon and anaesthetist will discuss the risks with you before your operation.

The components used in your new hip will eventually wear out and this might cause it to become loose. This may make the hip unstable and could cause you some pain. The loosening results in thinning of bone around the implants which can lead to a risk of fracture and may need to be treated with further surgery.

LATEST DEVELOPMENTS

New techniques and materials are constantly being developed which hopefully will improve the outcome of hip surgery.

Materials such as highly cross-linked polyethylene and new ceramics should allow hip replacements to last a lot longer, particularly in younger patients. We also use 3D printed and custom-made components in some cases. The Direct Anterior Approach (DAA) is sometimes used for total hip replacements, particularly in the US and Europe. Some surgeons believe that the technique reduces the trauma of surgery, but it does have a higher risk of complications compared to other more traditional approaches, particularly when the surgeon is inexperienced. Robot assisted surgery is an exciting development which helps surgeons to position components more accurately and consistently and is something that I now offer routinely.

If you would like to discuss any of the new techniques, please feel free to ask. We will, of course, consider all of the options when planning your treatment, and will discuss them with you in as much detail as you wish.

Get in touch

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"I shall never forget your kindness when helping me"

Mrs W.

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