



X-Plain™

Hip Replacement Surgery

Reference Summary

Severe arthritis in the hip can lead to severe pain and inability to walk. Doctors may recommend surgery for people suffering from severe arthritis in the hip to relieve their pain and help them move more easily.

If your doctor recommends surgery for you, the decision whether or not to have surgery is also yours. This reference summary will review the benefits and risks of this surgery.



Anatomy

The hip joint joins the leg to the pelvis. The head of the femur, or thighbone, has the shape of a ball that fits into a socket in the pelvis. The surfaces of the ball and socket should be smooth and allow painless movement.

Symptoms And Their Causes

Arthritis, or inflammation of the joint, causes the surfaces to become rough. This can result in severe pain and may even lead to the inability to walk.

Hip arthritis can result from chronic inflammation of the joint or may be caused by a previous injury. The pain may interfere with normal work and activities. Walking may become very difficult.

Alternative Treatments

Patients may try medications such as aspirin or ibuprofen to decrease the inflammation in the hip joint. Physical therapy may also help keep the joint as mobile as possible. The use of a cane or walker may help for walking. Injections of steroids in the hip joint may also sometimes help the pain and reduce the inflammation.



For overweight patients, losing weight may help relieve the stress on the hip joint. If an operation is done, losing weight will also increase the success of the hip replacement operation. Eating a low fat diet

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and careful, regular exercise can help to reduce weight.

Surgical Treatment

The operation is done through an incision in the hip. The head of the femur is cut and the socket is prepared to accept an artificial surface known as a “prosthesis.”

The head and neck of the femur are replaced with a high-grade metal prosthesis. The socket is replaced with a metal shell lined with medical grade high-density plastic.

Depending on the type, the prosthesis may need to be cemented to the bone.

However, some types of prostheses do not need to be cemented. Instead, the surrounding bone grows into the prosthesis and acts like cement.

At the end of the operation, the skin is closed. A drain may be used to remove excess fluid.



Risks And Complications

This operation is very safe. There are, however, several possible risks and complications, which are unlikely but possible. You need to know about them just in case they happen. By being informed,

you may be able to help your doctor detect complications early. The risks and complications include:

- risks related to anesthesia
- risks related to any type of surgery
- and risks specific to this type of surgery.

Risks related to anesthesia include but are not limited to heart attacks, strokes, pneumonia, and blood clots in the legs. These risks will be discussed with you in greater detail by your anesthesiologist.

Blood clots in the legs can occur. This usually shows up a few days after surgery. They cause the leg to swell and hurt.

These blood clots can get dislodged from the legs and go to the lungs where they will cause shortness of breath, chest pain, and possibly death. Sometimes the shortness of breath can happen without warning. It is therefore extremely important to let your doctors know if any of these symptoms occur. Getting out of bed shortly after surgery may help decrease the risk of blood clots in the legs.

Some of the risks are seen in any type of surgery. These include:

- Infection, deep or at the skin level. If an infection involves the prosthesis, it may need to be removed.
- Bleeding, either during or after the operation. This may require a blood transfusion.
- A skin scar that may be painful or ugly.

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Other risks and complications are related specifically to this surgery. These, again, are very rare. However, it is important to know about them.

The following organs in the thigh and hip area are close to the surgical area and may be damaged:

- Arteries and veins going to the leg may be affected.
- Nerves going down to the leg may also be affected, causing leg weakness or decreased sensation.

The prosthesis itself may become loose from the adjoining bone. The ball may also dislocate and pop out of the socket. A difference in leg length may also occur in rare cases. The hip may not move as well as a normal hip joint. It may feel stiff.

In rare cases, the pain may not be relieved by the operation. It may even become worse than before surgery. In extremely rare cases, the patient may have a potentially fatal allergic reaction to the cement used.

After The Surgery

It is very important after the operation not to cross your legs, bend your hip, or sit up in bed.

Over time, you will be able to increase your range of movement under the strict supervision of a physical therapist.

As you gradually strengthen your hip muscles, you may resume most of your usual activities. You may need the help of a walker initially to take the pressure off of your new hip. Eventually, you will most likely be able to walk without any aid.

Because of the extensive physical therapy program and because initially the patient has difficult limitations on movement, a short stay at an extended care facility may be needed to improve the outcome of the surgery. If you need this, the social workers at your hospital will help you with the arrangements.

Summary

Sometimes a hip can be severely damaged from a variety of causes, such as arthritis or an injury. This can cause pain and the inability to walk.

When appropriate, a hip replacement can replace the ball on the femur and socket in the pelvis. The artificial replacement parts are called “prostheses.”

Hip replacement is very successful in helping decrease your pain and improve your quality of life. This operation is safe, with good results. However, as you have learned, complications may happen. Knowing about them will help you detect them early if they happen.

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