

Patient information

Having a hip resurfacing operation

This leaflet provides some information about having a hip resurfacing operation. The treatment described here may be adapted to meet your individual medical needs, so it's important to follow your surgeon's advice. Please raise any concerns or questions with your surgeon or nurse. It is natural to feel anxious before hospital treatment but knowing what to expect can help.

What's involved?

The hip is a ball and socket joint. The "ball" is formed by the top of the thigh bone (femur), which fits into a "socket" (acetabulum), which is part of the pelvis. During hip resurfacing, the surfaces of the two bones that form the hip joint are replaced with metal components.

The operation is either done under general anaesthesia, which means that you will be asleep during the procedure, or for some patients, epidural or spinal anaesthesia is preferable. This will completely block the feeling in your legs but you stay awake. Your surgeon and anaesthetist will discuss with you which type of anaesthesia is most suitable in your case. For more information, please see the separate Spire Healthcare patient information leaflets *Having a general anaesthetic* and *Having a local anaesthetic or sedation*.

You will be in hospital until you are able to walk safely with the aid of sticks or crutches. This will probably be four to five days after your operation. Metal components will usually last for at least 10 years, after which they may need to be replaced. In some patients they last much longer than that. Your surgeon will explain the benefits and risks of having your hip resurfaced and will also discuss any alternatives to the procedure.

What are the risks?

A hip resurfacing operation is generally a safe procedure. However, all surgery carries an element of risk. This can be divided into the risk of side-effects and the risk of complications.

Side-effects

These are the unwanted but mostly temporary effects of a successful treatment. An example of a side-effect is feeling sick as a result of the anaesthetic or painkillers. After surgery, your hip area is likely to be sore for a few weeks. You may feel some pain and swelling in the knee and you may have a swollen ankle for up to three months.

Complications

This is when there are problems during or after the operation. Most people are not affected. The main possible complications of any surgery include an unexpected reaction to the anaesthetic or excessive bleeding during or soon after the operation. A blood transfusion may be required to replace the lost blood.

Some of the complications specific to hip resurfacing are listed here.

- Infection of the wound or joint. Antibiotics are given during surgery to help prevent this.
- For up to six weeks after the operation, it is possible to develop a blood clot (DVT) in the veins in the leg. This clot can break off and cause a blockage in the lungs. In most cases this is treatable, but it can be a life-threatening condition. Compression stockings, intermittent compression pumps and blood-thinning injections are used to help prevent DVT.
- Damage to the nerves controlling the leg. This is usually mild and temporary.
- Occasionally, small cracks in the bone result in a hip fracture during the operation. This can be treated but may slow down your recovery.
- The operated leg may be a slightly different length. Sometimes a raised shoe on the shorter side is necessary. The chance of complications depends on the exact type of operation you are having and other factors such as your general health. Ask your surgeon to explain how these risks apply to you.

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Preparing for your operation

The hospital will send you a pre-admission questionnaire. Your answers help hospital staff to plan your care by taking into account your medical history and any previous experience of hospital treatment. You will be asked to fill in this questionnaire and return it within three days.

Two or three weeks before your operation you will be asked to attend a preadmission clinic for a blood pressure check and routine blood and urine tests. A nurse or physiotherapist will talk to you about your needs at home, so that any necessary arrangements can be planned before you go into hospital. If you normally take medication (eg tablets for blood pressure), continue to take this as usual, unless your surgeon or anaesthetist specifically tells you not to. If you are unsure about taking your medication, please contact the hospital.

Before you come into hospital, you will be asked to follow some instructions.

- Have a bath or shower at home on the day of your admission.
- Remove any jewellery. Rings and earrings that you prefer not to remove can usually be covered with sticky tape.
- Follow the fasting instructions given in your admission letter. Typically, you must not eat or drink for about six hours before general anaesthesia. However, some anaesthetists allow occasional sips of water until two hours beforehand.

At the hospital, a nurse will explain how you will be cared for during your stay. You may be asked to wear compression stockings to help prevent blood clots forming in the veins of your legs (deep vein thrombosis, DVT). Your surgeon will usually visit you before the operation and the leg to be treated will be clearly marked. This is a good time to ask any unanswered questions.

Consent

If you are happy to proceed with the operation, you will be asked to sign a consent form. This confirms that you have given permission for the procedure to go ahead. You need to know about the possible side effects and complications of this procedure in order to give your consent. Please see the back of this leaflet for more information about these.

You will also be asked to consent to your name being placed on the National Joint Register, which is used to follow up the safety, durability and effectiveness of resurfacing devices.

About the operation

Once the anaesthetic has taken effect, your surgeon will make a cut (usually about 15 to 30cm long) along the hip and thigh. When the joint has been resurfaced, the cut is closed with stitches or clips. The operation takes about two hours. Fine plastic drainage tubes are usually left in for about 48 hours afterwards. These drain fluid (which is part of the healing process) into a bag.

After your operation

You will be taken from the operating theatre to the recovery room, where you will come round from the anaesthesia under close supervision. After this (or immediately after an operation under spinal anaesthesia) you will be taken back to your room.

Your nurse will monitor your heart rate and blood pressure at regular intervals and assess the operation site.

Back on the ward

When you feel ready, you can begin to drink and eat, starting with clear fluids. For the first day or so, you may have an intermittent compression pump attached to special pads on your lower legs. By inflating the pads, the pump encourages healthy blood flow and helps to prevent DVT. You may also have compression stockings on your legs. These help to maintain circulation.

Your surgeon will discuss specific precautions with you. In general, the advice is you should not cross our legs, and not bend your hip joint more than 90°. For more information, please see the Spire Healthcare booklet *Hip replacement and resurfacing*. A physiotherapist will visit you every day to guide you through exercises to help you recover. You will be encouraged to move your new hip from the first day.

Suffering from pain can interfere with your recovery, particularly if it prevents you from doing your exercises, so please discuss any discomfort you have with your nurse, anaesthetist or surgeon.

Going home

You will need to make arrangements to get home. Before you go home, a nurse will advise you about caring for the healing wound and will arrange a follow-up appointment for you. For more information about caring for the wound, please see the separate Spire Healthcare leaflet *Caring for surgical wounds*.

After you return home

If you need them, continue taking painkillers as advised by the hospital. Most people are asked to wear compression stockings for a few weeks at home. They are difficult to put on and take off and you will need someone to help you with this.

You will be able to move around your home and manage stairs, but you will find that some routine daily activities are difficult for a few weeks and will need to ask for help.

When you are not walking or doing your exercises, you can sit in an upright chair. It is crucial that you continue with the exercises recommended by your physiotherapist, as these will aid healing and help you recover more quickly. You must not drive until your surgeon tells you that it is safe to do so. A full recovery can take up to six months.

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