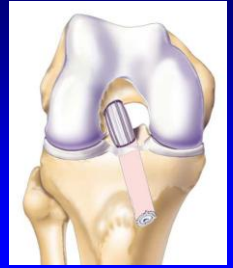




Dr. Benjamin Hewitt

Orthopaedic Surgeon



Total Hip Replacement

The hip joint is a ball and socket joint that connects the top of the thigh bone (femur) to the pelvic bone (acetabulum). It is a major weight bearing joint.

When the joint becomes diseased the smooth cartilage bearing surface is eroded leading to bone on bone wear.

This leads to pain, stiffness and muscle weakness.

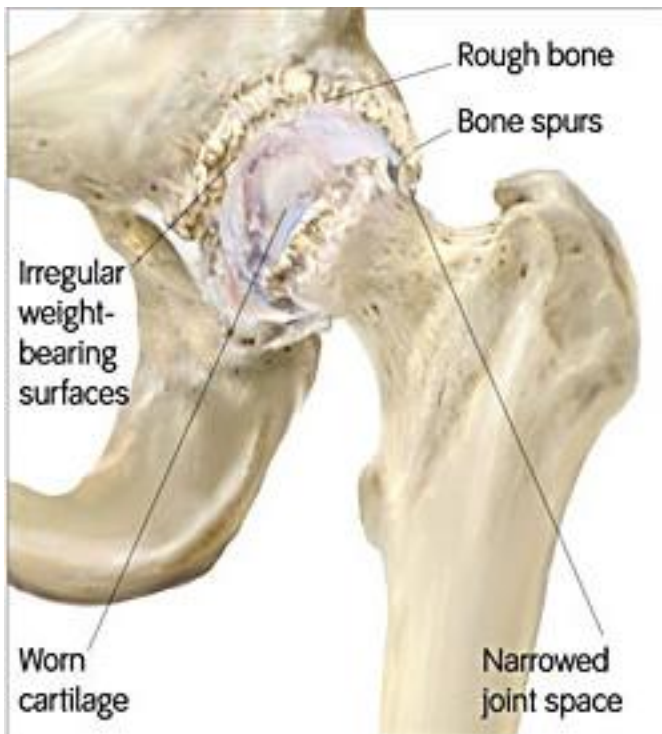
A total hip replacement is the removal of the diseased ball and socket, replacing it with an artificial ball and socket.

Why have a hip replacement:

A hip replacement is considered when pain is severe and it interferes with your daily activities. Every patient is different, some patients may be able to tolerate more pain and disability than others.

There are many reasons why your joint may fail:

- Osteoarthritis: the most common cause
- Rheumatoid arthritis: a systemic inflammatory disease.
- Hip injuries: Hip dislocations
- Birth defects
- Fractured neck of femur
- Avascular necrosis.



The surgery :

Performed using general or spinal anaesthesia.
I currently perform all hip replacements at Hollywood Private Hospital.

An incision is made on the side of the hip approx. 20cm long.

Stem and Head :The head of the femur (ball) is removed and the femur hollowed out to allow placement of a metal stem and head. The metal stem can be fixed with cement or a press fit technique used.

Socket : The diseased cartilage in the cup is removed with a small amount of bone. A metal socket is then fixed into position and plastic liner is placed inside it.

Bearing Surfaces : the majority of hip replacements I perform have a metal head and plastic liner. In some situations a ceramic bearing may be used. I do not and have never used metal on metal bearings.

Complications :

As with all surgical procedures there are potential risks.

Some of the risks associated with any major surgery are :

- Anaesthetic problems

- Pain

- Bleeding or bruising.

- Scars : Every incision results in a scar, in some situations these may be prominent. Eg . keloid scar.

- Wound failure

- Deep vein thrombosis : These may lead to swelling and pain or be life threatening.

Risks specific to hip replacement :

- Infection : risk is approx. 1 in 400. May require removal of prosthesis.

- Dislocation : 2% . May require revision of the operation.

Injuries to nerves or blood vessels. May result in permanent leg weakness. In very rare cases may lead to loss of the leg.

Leg length : The operated leg may end up being slightly longer or shorter than it was preoperatively

Fracture : the bone around the hip may be damaged during the operation.

Revision of Hip replacement

No joint replacement will last indefinitely.

The hip replacement I routinely use has a 95% survival at 10 yrs. Bearing surfaces may wear out over time. Prosthetic components may come loose.

This may lead to hip pain or instability.

In some situations this will require a revision procedure to replace all or part of the replacement.

Revision surgery is more complicated and the results are not as good.

After the surgery

In Hospital

When you return from the operating theatre you will have :

- Drip
- Catheter
- Oxygen mask
- Foot pumps
- Pain relief device

Day 1 : Most of these tubes and lines will be removed the day after surgery.

You will undergo an xray of your new hip and some simple blood tests.

The physiotherapists will see you and help you stand and begin walking.

Discharge :

Most patients are allowed to go home 5-7 days following their surgery.

You will be allowed to leave when you can safely mobilize yourself, take care of most of the activities of daily living, and your pain is under control.

A waterproof dressing will be placed over your wound and you will be allowed to shower.

Follow up

At the time of booking your surgery a follow-up appointment will be made to see Dr Hewitt at 1 – 2 weeks following your operation.

Precautions with your new hip

In the first 6 weeks while the hip is healing it is important to maintain correct hip alignment. Do not

Bend your hip > 75 deg.

Cross your legs

Excessively rotate your leg inwards or outwards

You can normally lie on your side at 2 weeks providing you have a pillow between your legs.

Keep the wound clean and dry till healed

Preparing for discharge :

A lot of this preparation will be discussed and /or arranged at your preadmission clinic appointment.

Equipment :

- Elbow crutches
- Shower chair
- Toilet seat raise

- Chair with arm supports
- Wedge cushion
- Pick up stick

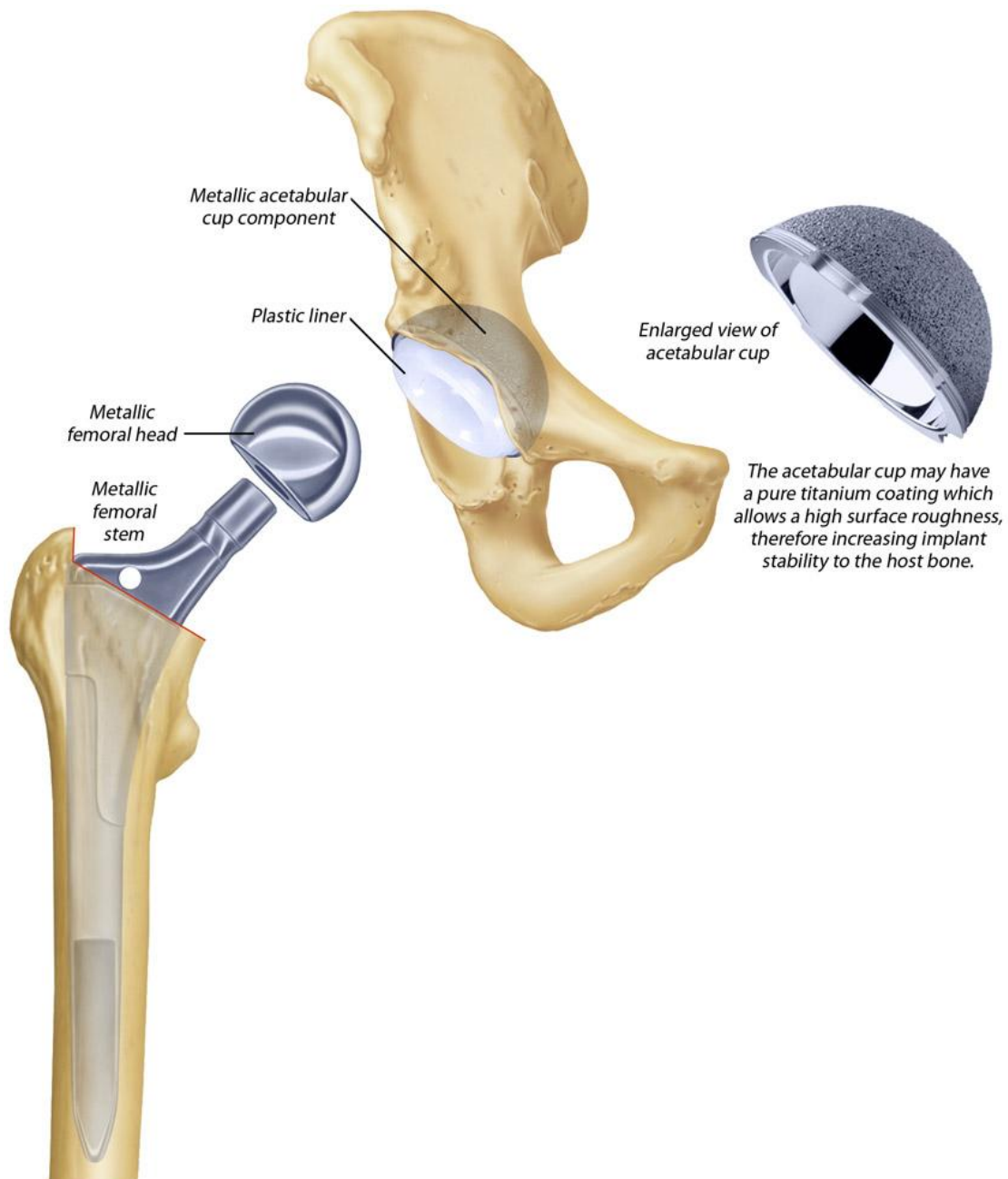
Patients Living alone :

Most patients who live alone are able to return to this living arrangement upon discharge. To facilitate this it is worth considering the following issues :

Food : have the house well stocked or precooked meals frozen and ready to go.

Provide a family member or close friend a spare key to your house.

Prearrange help with shopping or household chores for 2 weeks after leaving hospital.



If it hurts or swells then you are doing too much.

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