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Total Hip Replacement: A Patient's Guide

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THE ANATOMY OF THE HIP

The hip comprises the joint between the upper end of the femur and the pelvis or acetabulum. Either or all of these parts of the hip may be affected by arthritis to various degrees. The procedure of joint replacement includes removing the affected joint surfaces and replacing them with metal components usually with a high-density polyethylene-bearing surface between the metal components. The metal components are usually (but not always in special circumstances) cemented to the bone. Using new techniques often joint replacement may be undertaken using minimal access surgery utilising much smaller incisions than previously utilised. This assists with rapid recovery and return of function.

More recently a resurfacing hip replacement has become popular in younger patients which uses minimally invasive surgical techniques to replace only the surface of the hip joint. This avoids excessive removal of bone and may be considered a more conservative procedure. The early results of this type of surgery have been encouraging

EXERCISES AND MEDICATION : PRIOR TO SURGERY

Walking Aids:

If pain is experienced during walking this may be eased in several ways. A walking stick may be helpful when used in the opposite hand to the painful hip. If there is a difference in the length of your legs, help may be gained by a shoe raise on one side. This can be manufactured to fit un-noticed into your shoe.

Prior to surgery it is important to strengthen the muscles of the leg and to reduce the stiffness of the hip joint. Regular exercises for a half hour, perhaps three times a day, should be undertaken to achieve this. Whilst lying on your back, the straight leg should be lifted and held for 5 to 10 seconds, rest for 5 or 10 seconds and begin again. This should be repeated 10-50 times. Hip bending is achieved by lying on your back whilst bending the hip and hip, pulling the thigh up onto the stomach and chest. The abductor muscles on the outside of the hip joint are strengthened by lying on one's side and lifting the straight leg up to the side. Swimming is also a very useful exercise

In order to relieve the pain of arthritis painkillers may be prescribed. You may be instructed to take the tablets regularly or when the pain is severe. If the pain is particularly bad at night, relief may be achieved if the tablets are taken before going to bed. Anti-inflammatory tablets are commonly used in the treatment of arthritis. These tablets reduce the inflammation in the joint as well as acting as pain killers. The tablets may cause stomach upset and should therefore be taken with food. If, despite this, the pain continues, then the dose should be reduced or even stopped if necessary.

TESTS AND SCANS

Prior to admission to hospital, blood tests, a urine test, a hip X-ray, a chest X-ray and an ECG or heart tracing will be performed. Blood will be cross matched so as to be available for transfusion following surgery. If you wish to arrange for your own blood to be pre-donated and ready for autologous transfusion, this should be done some weeks in advance and will require a trip to the blood bank on several occasions. Prior to the operation any tablets or medications you take, or allergies you may have to medications, should be brought to the attention of the Surgeon. You should stop anti-inflammatory arthritis tablets for one week prior to surgery. Take only Paracetamol for pain relief during this period. Please notify your Surgeon and Anaesthetist in advance if you are taking any anti-coagulants (blood thinners), hormone tablets or suffer from diabetes.

SURGICAL TECHNIQUE

A general anaesthetic is generally used, sometime a spinal injection is preferred. To be able to replace the hip joint an incision is made down the side of the hip and the joint is opened. The length of incision may vary from 5-10 cm if minimally invasive surgical techniques are used to 15 – 20 cm in conventional surgery. The bone is shaped so that the joint replacement components sit firmly within the bone. The components will either be fixed with acrylic cement, or for young patients special components with a roughened or porous surface will be used. The bone then grows into the roughened surfaces anchoring it without the use of cement.

Once the total hip replacement has been inserted, the joint is closed over drainage tubes to take away the bleeding from the joint. They stay in the hip for one or two days. The hip will have a dressing. You will have a drip to administer fluids whilst you do not feel like eating or drinking. A blood transfusion may be given if required. Initially the hip may be painful. Powerful pain-killing tablets and injections will be prescribed. It is usual for these to be required for 1 or 2 days, so do not be afraid to ask for something if you are in pain. Further blood tests and X-rays will be taken. Injections or tablets to thin the blood and to prevent thrombosis will also be given.

MINIMALLY INVASIVE SURGERY

Minimally invasive surgery involves the use of smaller wound incisions and special instrumentation to enable surgery to be undertaken. These techniques can result in advantages in respect to improve the speed of recovery, speed of mobilization, shorten hospital stay reduce the period off work and reduce the time until functional and sporting activities can be resumed. The recovery from the operation requires about 3-7 days in hospital. In this time physiotherapy is commenced.

WOUND DRESSING AND SUTURES

The wound dressing which is applied in theatre may be removed after 4 days if the wound is satisfactory. The sutures should be removed by the General Practitioner or Practice Nurse after 12 days. Sometimes arrangements are made for patients to return directly to the hospital for this.

MEDICATION

If the joint replaced was the only area of arthritis no further anti-inflammatory tablets will be required. If other joints are affected or you suffer from rheumatoid arthritis, the tablets may be restarted if possible after an interval of 6 weeks. Pain killers may be taken during this time.

PHYSIOTHERAPY

After 1 days the physiotherapist will get you out of bed to commence walking with the help of crutches or a walking frame. The physiotherapists will also begin to encourage you to bend the hip and knee. Sitting is allowed only after 2 days and then only on a high chair. The early exercises and mobilising of the hip will cause some discomfort and swelling. However, this is normal and is just the healing process occurring. Any swelling or discomfort in the calf muscle of either leg should be brought to the attention of the nursing staff.

After 5 - 10 days you are usually able to walk with minimal or no pain, although the assistance of sticks, crutches or a frame may be necessary. You should be able to manage stairs with the assistance of a banister, and to care for yourself around the home. When this is possible you will be discharged from hospital. This is usually within 5-7 days.

Whilst at home the exercise programme of hip exercises should be vigorously continued. Approximately 10 minutes each hour will be ample. Out patient physiotherapy sessions should be arranged during this period. The progress is variable, so do not worry if your progress is a little slow at this stage. If the hip becomes more swollen or more painful than during the first day, or the wound becomes infected, please return to your General Practitioner for early review. I will review your progress in the clinic after 4 or 6 weeks.

RETURN TO WORK AND SPORT

If your job is sedentary and mostly sitting you may wish to return after only 3 - 6 weeks. If your job is physically demanding and requires standing or walking for most of the day, your return to work may take several months. Driving can usually be performed after 4 to 6 weeks, providing that the hip is pain free and you are able to control the car with foot pedals and make an emergency stop. Swimming is often possible after 3 - 6 weeks. Return to golf, gentle tennis or badminton may take 3 months. Jogging and squash is not advised.

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