

TOTAL HIP REPLACEMENT (THR)

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WHEN SHOULD I CONSIDER THR?

Hip joint replacement surgery is considered when other treatments (such as pain killers, weight loss and physiotherapy) have not relieved pain and disability from hip arthritis. Arthritis means that the cartilage coating that covers the surfaces of the ball in socket joint have worn away. This causes pain, stiffness, limping and loss of function.

HOW IS THE SURGERY PERFORMED?

THR is usually performed under a spinal block with sedation. This provides complete pain relief and a pleasant sleep through the surgery. The site of the skin incision will be governed by what your surgeon feels is most appropriate and is usually 10-20cm long.

The ball of the hip joint is removed and a metal stem is inserted into the thigh bone and a new ball is applied to this stem. The hip socket is relined with a new metal or plastic socket that matches the ball. There are many different designs of the THR implants and they can be made out of several different materials.



Your surgeon will discuss with you what he feels is the best option for your hip. The skin is usually closed with a stitch that dissolves and doesn't need to be removed.

WHAT IS MY RECOVERY?

Orthopaedics WA are pioneers of enhanced recovery after surgery [ERAS]. The aim of ERAS is gain a shorter time in hospital, a faster recovery of function and a more satisfied patient as a result. You will mobilise on the day of surgery. You will be able to take all of your weight onto your newly replaced hip straight away. You will go home on the 1st or 2nd day after surgery using crutches. Most patients are walking without crutches by 2-4 weeks. We do not restrict any of the movements of your hip, you can sit on any chair and you do not need an elevated toilet seat. Most patients can drive at the 4 week mark. Most of the recovery is achieved in 6 weeks but there is further improvement up until a year after surgery. There will be swelling in your leg down to the ankle which may take 3 months to resolve completely.

SURGICAL APPROACH

Choice of approach depends on patient factors, technical aspects of the operation and surgeon preference. Posterior and anterior approaches have different benefits and risks which you can discuss with your surgeon.

WHAT RESULT CAN I EXPECT?

THR is the most effective orthopaedic operation you can have in terms of improving the quality of your life. 95 % of patients will be pain free and entirely satisfied with their new hip. You will be able to walk, cycle and swim and lead an active life. We would usually recommend that you don't play high level sport or run regularly on your new hip as we are worried you could wear it out quicker. Most patients can expect their THR to last at least 20 years.

WHAT ARE THE RISKS OF SURGERY?

As with all surgical procedures there is a small chance of a problem with THR, despite the highest standards of practice. You have to decide, with the help of your surgeon, if your symptoms warrant taking this small risk. Risks include:

• INFECTION

There is a 1% risk of deep infection with THR which can occur even years later. This is a serious complication. In some patients the risk is higher. If bacteria stick to the surface of the THR then this can require multiple further surgeries and a prolonged period of time on antibiotics.

• DISLOCATION

There is less than 1% risk of dislocation (where the ball slips out of the socket) after THR. This often requires an anaesthetic to put the ball back in the socket. If it is a recurring problem or if the hip is very unstable then it may require further surgery to redo part, or all, of the THR.

• LEG LENGTH INEQUALITY

THR can change the length of your leg. Usually up to 5mm of lengthening is well tolerated but more than this may lead to your leg feeling too long. A minor difference could be equalised with an insert inside your other shoe but a bigger difference could require further surgery to correct.

• FRACTURE

Breaks in the bone are not uncommon during hip replacement surgery but usually heal without any issues.

• NERVE INJURY

Injuring a nerve around your hip during surgery is extremely rare. It results in muscle weakness (for instance a foot drop) and pain or numbness in your leg. It will usually recover with time.

• DVT/PE

There is risk of blood clots in your leg and rarely in your lungs. We use compression pumps on your legs whilst you are in hospital and usually prescribe you blood thinning medication to reduce this risk. The most important preventative measure is to be mobile and walking.

• GENERAL MEDICAL

As with all surgical procedures there is small risk of medical problems such as heart attack or stroke. These risks are greater as you get older or if you have a past history of similar issues, and they present a small risk of death.

WHAT IF YOU HAVE A PROBLEM?

If you have any concerns once you are discharged from hospital you should either ring the hospital ward, or the surgeon's rooms. If they are not available you should consult your GP or local ED. Your surgeon would always want to know about any issues or complications, and would want the GP or nurse to call them to discuss the problem.

JOINT REGISTRY

The Australian National Joint Registry may contact you to collect information about your operation. This is a useful part of monitoring how hips perform over time.

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