

Hip Replacement Surgery

PRIMARY TOTAL HIP REPLACEMENT

A *primary total hip replacement* is a first time hip replacement surgery.

Why have a hip replaced?

The goals of a hip replacement are to get rid of hip pain and help you be more active. A hip that is stiff and painful can be replaced with an artificial joint. This is called hip *prosthesis*.

Hip replacements also help with damaged hips caused by arthritis, rheumatoid arthritis and other hip-related issues.

How the hip works

The hip is a ball-and-socket-joint. In this case, the ball component is attached to the top of the femur (long bone of the thigh). The acetabulum (socket) is part of the pelvis. The ball rotating in the socket helps you move your leg.

With a *healthy hip*, smooth cartilage covering the ends of the thigh bone and pelvis allows the ball to glide easily inside the socket.

With a *damaged hip*, the worn cartilage no longer serves as a cushion. The surfaces of these bones become rough. This causes pain when they rub together. The cartilage may wear away, leaving nothing to help the bones move smoothly. Arthritis can cause inflammation and swelling around the joint. This causes pain and stiffness in the hip. *(continued)*

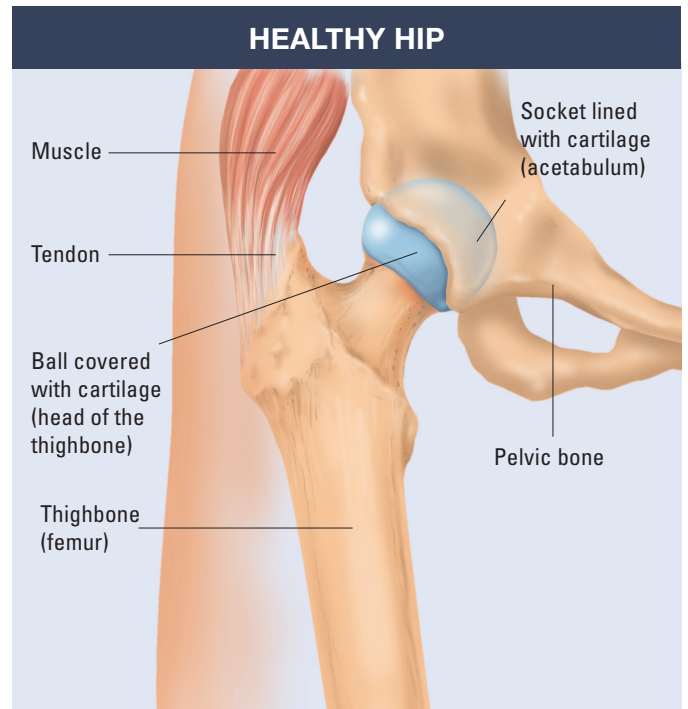
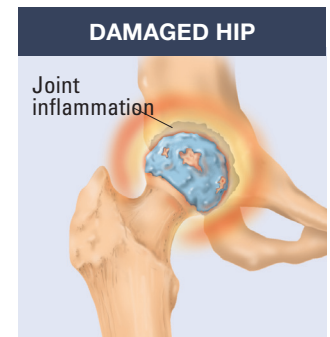
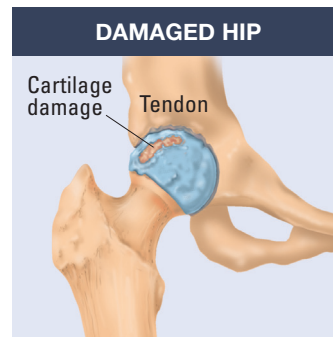


Image courtesy of Krames StayWell



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PRIMARY TOTAL HIP REPLACEMENT *(continued)*

How surgery can help

Your damaged hip joint can be replaced with new, smooth-surfaced parts called implants. They are made of metal, ceramic, and plastic. Your surgeon will decide which of these are right for you.

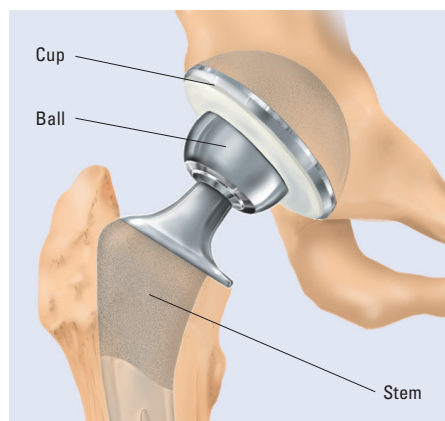
- The rough surfaces of the thigh bone are replaced with a ball (head) and stem (femoral) component.
- The damaged socket is fitted with a cup (acetabular component) lined with a liner of either plastic, ceramic or metal.

How long is the surgery?

The surgery takes about 1½-2 hours – much less time than many other surgeries. The time you’ll spend in the hospital is also fairly short, about 1-2 days.

How long is the recovery?

Full recovery takes about 4 months. In the hardest cases, after 6 to 12 months you will be mostly pain-free, be able to move the hip, and walk with a small limp or no limp at all.



Images courtesy of Krames StayWell

Will a hip replacement work as well as a normal hip?

Although a total hip replacement works very well, it’s *not* a normal hip. For example, your hip may not hold up during vigorous activities as well as a typical healthy hip.

Even so, a hip replacement will help get rid of hip pain and help you to become more active.

REVISION HIP REPLACEMENT

A revision hip replacement is any hip replacement surgery after the first one.

Why have a second hip surgery?

A revision hip replacement surgery fixes problems in the hip that happen after the first surgery. The most common reasons for revision surgery are a painful, loose component (a piece of the new joint), dislocation or infection.

What if my hip feels fine?

Some patients have no symptoms, but need revision surgery because of a worn polyethylene liner, bone loss, or a component that’s loose. Revision surgery will prevent more damage.

How long is the surgery?

The surgery takes about 2-4 hours. It is a more complex surgery than primary total hip replacement. It takes longer because failed components and scar tissue must be removed. Bone grafts may also be used to rebuild bone loss in some patients.

How long is the recovery?

Each patient has a custom recovery plan. It is based on the difficulty of the surgery and how much of the hip was replaced. The plan can be as simple as not exercising, or as complex as using a brace for 6 to 12 weeks.

Getting ready for surgery

To get ready for a revision hip replacement, you will follow the same steps as for a primary hip replacement. A Barnes-Jewish Joint Replacement Center of Excellence Journey Guide will be given to you. You will use the guide to learn more about what will happen before, during and after surgery.

PROBLEMS FROM SURGERY

Although hip replacement can help with pain, there’s also the chance that surgery will cause problems. These problems are called complications.

Usual complications from hip replacement surgery include:

- A blood-clot in the leg
- Dislocation (when the ball at the top of the femoral component comes out of the socket)
- Infection
- Nerve injuries
- Bone fractures

There is only a small chance that these problems will happen and they can almost always be treated or fixed. There are other complications that can happen, too, but they are rare.

Blood clot in the leg

The most common complication of any hip replacement surgery is a blood clot in the leg, or deep vein thrombosis (DVT).

- *In patients who use blood thinners, a blood clot happens to 1 to 5 patients out of 100 (1% to 5%).*

You will be given a blood thinning medicine such as Aspirin, Coumadin, or Lovenox to prevent blood clots. You may be asked to wear a compression device on your lower legs to help with blood flow.

If you have a blood clot, you will need to take a blood thinner for at least 3 months. If it happens once you’re back at home, you may need to stay in the hospital again before starting a new blood thinner.

Dislocation

There is a chance that the ball at the top of your femoral component comes out of the hip socket. Dislocations are initially treated without surgery, and 2 out of 3 patients who dislocate never require further surgery.

- *1 to 5 patients out of 100 (1% to 5%) who has a primary hip replacement will get a dislocation and 5 to 15 patients out of 100 (5% to 15%) of revision hip replacements will become dislocated.*

One of our goals with hip replacement is to equalize leg length as much as possible. While 90% of primary hip replacements have equal leg length after surgery, patients cannot always count on equal leg length after surgery. In some cases muscles and bone loss associated with revision surgery requires us to change leg length. Occasionally, lengthening the leg makes the hip less likely to dislocate after surgery.



Infection

- *Less than 1 patient out of 100 who has a primary hip replacement will get an infection.*
- *1 to 5 patients out of 100 who have a revision hip replacement will get an infection.*

If an infection happens, the implants must be removed for 6 weeks to 6 months. During this time you will take antibiotics to cure the infection. Once the infection is gone, you will have hip surgery again.

Nerve injuries

A nerve injury can cause numbness and tingling in the hip, lower leg, and foot.

- *Less than 1 patient out of 100 will have nerve damage.*

In revision hip surgery, nerve injuries are often caused by scar tissue that forms around the nerve from previous surgeries.

Bone fractures

A bone fracture is a broken bone, such as the thigh bone.

- *Less than 1 patient out of 100 will have a bone fracture.*

Fractures are more common in patients with bone loss or when a well-fixed implant (implant surface tightly fitted to your bone) must be removed.

If a fracture happens, you may need to stay off your leg, wear a special brace that keeps your hip from moving, or have surgery to fix the fracture.

Hip Replacement Surgery

Common Questions & Answers

Q. About how many total hip replacements are performed each year at Barnes-Jewish Hospital?

A. More than 800.

Q. How does the doctor decide if I need a total hip replacement?

- A. That decision is based on:
1. How much pain you have on most days.
 2. How hard it is for you to walk.
 3. How much this problem keeps you from activities and enjoying your life.

Q. How long does the surgery last?

A. About 1½-2 hours, depending on the condition of your hip at the time of surgery.

Q. How long until bone ingrowth (bone grows on and into the implant service) happens?

A. Between 6 weeks and 1 year.

Q. Why do I have to take a blood thinner after surgery, and for how long?

A. You need to take a blood thinner after surgery to prevent blood clots. You will need to take it for 4-6 weeks.

Q. When is the adhesive dressing or skin staples removed?

A. Typically, the adhesive dressing or skin staples will be removed 2-3 weeks after surgery.

Q. When can I shower?

A. You can shower with assistance when approved by your surgeon. Protection of your incision during showers will be discussed with you. You will not be able to sit in a tub without a tub bench for at least 3 months.

Q. When can I...?

1. **Have sex:** Sexual activity is not recommended immediately after surgery. Sexual activity can often resume safely at 4-6 weeks after surgery. Your physical/occupational therapist will talk about safe ways to have sex without hurting your hip.
2. **Swim or ride an exercise bike:** It depends on the stability of your hip and what type of exercise bike you will be using. Your doctor will talk with you about this before you leave the hospital.
3. **Play tennis, golf, or other active sports:** About 3 to 6 months after surgery.
4. **Go to work:** If you have a light duty or desk job, you may return to work as soon after surgery as you are comfortable. Physically demanding jobs may require 6 weeks to 3 months of recovery before returning to work.
5. **Drive a car:** Your doctor will talk with you about this before you leave the hospital.

Q. How long should I keep doing my physical therapy exercises?

- A. Keep doing your exercises until your first follow-up visit. You may be given different exercises at that visit.
- Keep exercising until your muscles are pain-free and you can walk without a limp. The exercises will keep your muscles strong.

Q. Do I need an x-ray 12 months after surgery, even if my hip feels fine?

- A. The x-ray shows your doctor that no problems are starting. Even if you don't have any symptoms, an x-ray shows:
- The amount of bone ingrowth.
 - The position of the prosthesis.
 - The condition of the bone around the prosthesis.

To speak with an orthopedic clinical specialist, call 314-514-3500.

For more information, visit ortho.wustl.edu/joints

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