

In your appointment today the orthopaedic specialist discussed with you the possibility of having a total hip replacement. This is an operation in which some of your bone is replaced by artificial components. This operation is usually carried out under a spinal anaesthetic, also known as an epidural, with some sedation. The benefit of this is better pain control following the surgery and less side effects than a general anaesthetic.

People are usually in hospital for between 3 and 5 days following this operation. It is usual for you to be walking with the help of a walking aid the day after surgery and discharged as soon as you are medically fit and physically able.

Recovery from this operation takes between 3 to 6 months. There are restrictions on your activity for the first 6 weeks but you should see gradual improvements from day 1. You will be given exercises to strengthen your muscles and mobilise your joint. Initially you will need an aid to walk but you should be independently mobile after 6 weeks.

A hip replacement is designed for moderate physical activities, not contact sports. They should last for 20 years or more. It is possible to do a further hip replacement, known as a revision but this is a more complicated operation. Over 90% of people are very happy with the outcome following this operation with reduced pain and improved function.

As with all operations there are risks associated with this. The main risks with a total hip replacement are:

Infection – 1% of joint replacements become infected. This may then result in further surgery to remove the infection and usually involves removing the artificial hip and a new one being inserted.

Blood clot – All surgery carries a risk of resulting in a blood clot. You will be advised on exercises to reduce your risk and given surgical stockings to wear.

Dislocation – in the first 6 weeks you are at risk of dislocation. You will therefore be advised on certain precautions such as not driving to minimise this risk. About 10% of hip replacements dislocate

Nerve palsy – There is a small risk of nerve damage with this type of surgery, which is increased slightly if you have a history of sciatica which has damaged the nerve. The result of this would be having less control of your foot on that side, which may be permanent.

Leg length discrepancy – The surgeons aim to maintain correct leg length, or correct it if you already have a difference but this is not always surgically possible.

Pain – 5% of people continue to have pain following this surgery.

Death – It is estimated that less than 0.5% of people will die as a result of having this operation.