仁安醫院
UNION HOSPITAL

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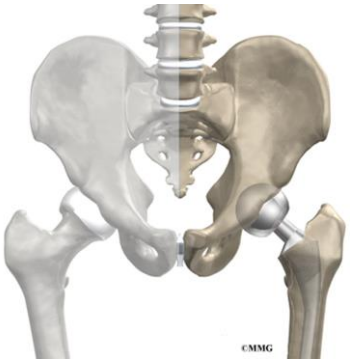
Operation Information

Hip Hemiarthroplasty

Introduction

The hip joint is often described as a "ball-in-socket" joint. The "ball" is the femoral head, which is the rounded upper end of the femur (thigh bone). The "socket" is the acetabulum of the hip. The acetabulum surrounds the femoral head, allowing it to move as the leg changes positions.



Source:
https://www.orthogate.org/patient-education/hip/hemiarthroplasty-of-the-hip

Hemi means half, and ***arthroplasty*** means joint replacement. Hemiarthroplasty is performed to treat femoral neck fracture while the acetabulum is intact. The operation involves removing and replacing the broken femoral head with a prosthetic femoral head which articulates with the native acetabulum.

Outcomes

The head of the damaged femur is replaced with an implant that stabilizes the femur while restoring function to the hip, and preventing further injury from complications of the fractures.

Procedures

1. The operation can be performed under spinal or general anaesthesia.
2. An incision is usually made on the side of the thigh near the hip.
3. The femoral head is removed.
4. The inside of the femur is hollowed out and a metal stem is placed snugly inside the femur.
5. A metallic prosthetic femoral head is placed securely on the stem.
6. Proper joint movement is ensured.
7. A drain may be placed to drain out any collections of blood or fluid.
8. The wound is closed with stitches or staples, and then covered with a sterile waterproof dressing.

Possible Risks and Complications

As with all major surgical procedures, complications can occur. The incidence of complications increases with the patient's age and pre-existing medical comorbidities.

1. Blood clots in a vein leading to deep vein thrombosis (2-5%) or pulmonary embolism (<1%)
2. Bleeding (2-5%), usually small and can be stopped in the operation
3. Pain (2-5%), usually improves with time
4. Altered leg length (2-5%), rarely requires a further operation to correct the difference
5. Joint dislocation (2-5%), usually can be put back into place without surgery
6. Infection (1-2%), most cases can be prevented or treated with antibiotics. In rare cases, the implants may need to be removed and replaced at a later date.
7. Keloid scar formation (<1%), massaging with cream may help to relieve the problem
8. Bone damage (<1%), additional procedure on fixation may be required
9. Nerve damage or blood vessel damage (<1%), may cause weakness or altered sensation of the leg
10. Blood vessel damage (<1%), additional procedure may be required for repairment

** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

Pre-operative Preparations

1. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
2. Please inform your doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
3. Cigarette smoking may reduce your ability to heal. We strongly recommend you quit smoking.
4. Routine tests such as blood tests, ECG, X-ray and MRI scan may be performed.
5. Nursing staff will assist you in cleaning the skin and performing shaving if necessary.
6. No food or drink six hours before the operation.
7. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses.
8. An indwelling urine catheter may be inserted. Or, please empty your bladder before the operation.

Post-operative Instructions

General

1. After general anaesthesia, you may:
   - experience discomfort in the throat after tracheal intubation.
   - experience side effects of anaesthesia including feeling tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.
3. If there is an indwelling urine catheter inserted, it normally will be removed a few days later.
4. A pair of compressive stockings are placed on your feet to prevent blood clots from forming.
5. Length of hospital stay varies from 1-2 weeks. Another period of hospital stay for rehabilitation up to 3 weeks may be needed.

Wound Care

1. Keep the wound dry and clean. Follow the doctor's and nurse's advice on wound care.
2. If a wound drain is present, it will be removed in 2-3 days after the operation.
3. The stitches or staples will be removed in 14 days after the operation.

Diet

Diet is allowed gradually after recovery from anaesthesia. (Please follow doctor's instruction)

Activities

1. You are encouraged to mobilize as soon as possible. Adequate pain relief allows you to do this.
2. You are assisted to sit out of bed the day after surgery.
3. You may bear as much weight as tolerated.
4. Physiotherapy starts soon after surgery. Physiotherapist will advise you on the use of walking aids and exercises to strengthen the muscles around the damaged hip.
5. To minimize the risk of hip joint dislocation, you are recommended to follow the below precautions for at least 6 weeks.
   - Do not bend the operated hip for more than 90 °.
     - Avoid sitting on a low chair.
     - Do not raise your knee higher than your hip in sitting.
     - Do not lean forward during sitting.
     - Do not bend at the waist to pick items from the floor. A long-handle pick-up tool can

assist you.

- Do not cross your legs.
  - Do not cross your legs during sitting.
  - Place a pillow between your legs while sleeping.
- Do not turn your operated leg inward.

6. Low-impact activities such as walking and gardening are always recommended. Heavy activities such as contact sports and heavy lifting should be avoided for 3 months.
7. Leg swelling may remain for a few months. Having a few hours resting on the bed with the operated leg elevated helps control the problem.

Advice on Discharge

1. Please comply with the medication regime as prescribed by your doctor.
2. The wound may be still covered with waterproof dressing when you are discharged. Do not remove it unless you are told to do so. Always keep the dressing clean and dry.
3. Rehabilitation exercises are gradually increased as instructed by the doctor and physiotherapist.
4. Immediately consult your doctor or return to hospital for professional attention in the event of excessive bleeding, severe pain or signs of infection at your wound site such as redness, swelling, shivering, high fever over 38^{o}C or 100.4^{o}F, or any symptoms of deterioration of neurological function such as new numbness, tingling or weakness of the operated limb.
5. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee