



Operation Information

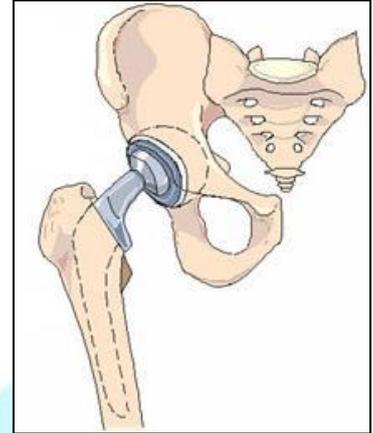
Total Hip Replacement

Introduction

The hip joint is a large ball and socket joint. The cup side of the joint is known as the acetabulum and the ball side as the head of femur. Total hip replacement consists of acetabulum cup, ball head and femoral stem. They are usually made of metal alloy, polyethylene or ceramic. If one or both of your hip joints are damaged, your doctor may recommend you to have this operation.

Indications

1. Osteonecrosis
2. Degeneration arthritis, rheumatoid arthritis or other arthritis
3. Femoral head or neck fracture
4. Others _____



Source:
http://www.ramsayhealth.co.uk/treatments/hip_replacement_surgery.aspx

Outcomes

The expected outcome of this operation is to replace a worn hip joint. It can help to relieve pain and improve the function of the hip.

Procedures

1. The operation is performed under general or spinal anaesthesia.
2. Excise damaged joint.
3. Insert and fix up the artificial joint.

Possible Risks and Complications

1. General Risks and Complications
Heart attack, chest disease, venous thromboembolism (VTE), etc. If severe, can be fatal.
2. Specific Risks and Complications
 - i) Revision Surgery
 - ii) Wound Infection
 - iii) Bleeding, haematoma, healing problem, scarring
 - iv) Joint dislocation or subluxation
 - v) Fracture, blood vessels damage, nerve damage (e.g. paralysis or numbness)
 - vi) Leg length difference, leading to limping
 - vii) Torsional deformity
 - viii) Wear and loosening
 - ix) Circulatory collapse, related to bone cement implantation syndrome or embolization

** 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. Good hygiene can prevent wound infection. Therefore, we advise you to clean up yourself on the day of operation.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
4. Routine tests such as blood test, urine test, MRSA screening, ECG or X-ray may be performed if necessary.
5. Clipping of hair may require on the incision sites.
6. Nurse will give you a surgical soap to clean the skin.
7. No food or drink six hours before operation.
8. Please change into a surgical gown after removing all clothing including undergarments, dentures, jewellery and contact lenses.
9. 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 feel 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. You will normally be discharged 4-5 days after the operation.

Wound Care

1. Follow medical professionals' instructions to prevent dislocation.
2. You will have a waterproof dressing over the hip wound, this normally stays on for 14 days.
3. We recommend that you lie on your back for at least the first week, with a pillow between the knees to limit the amount of rolling over you do.

Activities

1. Deep breathing exercise to prevent lung complication.
2. Exercises of toes and ankles of both lower limbs to prevent venous thrombosis.
3. Physiotherapist may refer as your doctor's advice for ambulatory training.
4. Please avoid excessive hip flexion or crossing of legs to prevent dislocation.
5. Please avoid extreme movements or sports where there is a risk of falling.

Diet

A normal diet may be resumed as instructed after recovery from general anaesthesia.

Advice on Discharge

1. Please comply with medication regime as prescribed by your doctor.
2. Generally, you should be able to stop use of crutches within four to six weeks post-operatively and feel better after 3 months.
3. Immediately consult your doctor or return to hospital for professional attention in the event of any excessive bleeding, severe pain, signs of wound infection such as redness, swelling or stinking discharge, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms etc.
4. Any follow-up consultations should be attended as scheduled.

Alternative Treatment

Conservative treatment including analgesics, modify daily activities, using walking aid for pain relief.

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.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

