Ortho Rhode Island

Hip Topics

Introduction

When your hip pain has consistently not responded to conservative treatment either by cortisone injections or physical therapy, it may be time for you to consider a total hip replacement or hip resurfacing. The following topics will help you to understand the cause of this hip pain and how we can best help you to get back to a normal active lifestyle.

Arthritis

Osteoarthritis is one of the most common forms of arthritis and is often the source for a patient's hip joint pain. The joint space, or cartilage, becomes worn out leading the bone surfaces to rub and grind against each other causing pain. Most often it is referred to as being bone on bone or a grinding sensation. The exact cause of osteoarthritis is unknown, but there are many factors that can cause this pain. Childhood diseases, growth abnormalities, age, obesity and injury or overuse are just a few common factors that affect the wear and tear of your joint space.

Indications of Arthritis in a hip

Cartilage breaks down in that joint space between the pelvis socket and femur head. This break down can expose the pelvic and femur bone leading to a grinding bone-on-bone sensation. The joint space, where the cartilage lies, will become irregular and narrow in size and thickness when that cartilage has broken down. Bone spurs, which is excessive bone, can build up around the joint causing pain as well. Both a narrowing joint space and bone spurs can be diagnosed through an x-ray.

Diagnosis of Arthritis

Osteoarthritis is diagnosed based on history, physical examination and an x-ray. At times there may be a need for more specific testing such as a MRI or a CT scan to determine the possible cause of your pain and subsequent osteoarthritis.

How to know when it is time to consider a Total Hip Replacement or Resurfacing

Though your doctor ultimately diagnoses when it is time for surgery, there are many personal considerations that you can take into account when deciding on surgery:

- Your doctor has diagnosed you with arthritis through your x-ray
- Conservative treatment such as over the counter NSAIDs, cortisone injections and gentle exercises has not given any long lasting consistent relief
- Pain and discomfort has prevented you from fully taking part in your daily activities. You often find limitations with simple activities such as walking, sitting, standing, or getting in and out of a chair.
- Pain has interrupted your daily routine such as sleeping and difficulty getting up in the morning.

What is Total Hip Replacement?

Please refer to the MAKOplasty Total Hip Replacement page for more information

What is Hip Resurfacing?

Hip Resurfacing or bone conserving procedure replaces the acetabulum (hip socket) in the same way but resurfaces the femoral head. This means the femoral head has some or very little bone removed that is replaced with the metal component. This spares the femoral canal.

Resurfacing procedures may be indicated in the young patient (usually less than 55 years) who has osteoarthritis and wishes to maintain an active lifestyle. It is a more conservative and less traumatic alternative to Total Hip Replacement (THR).Please refer to the Birmingham Hip Resurfacing page or visit www.Surfacehippy.com or Mcminn.centre.uk

Benefits from either surgery

- There are multiple long term consistent benefits with a total hip replacement or a hip resurfacing:
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- Little to no pain in and around the hip
- Ability to move and walk normally
- Improved quality of life in daily activities and routines such as sleeping

Preparing for Surgery

After a consultation with your doctor or physician assistant, we will help you get ready for the days before and after surgery.

- Your surgeon will send you for routine blood tests and any other investigations required prior to your surgery.
- You will be asked to see your primary care physician for a routine medical exam.
- You should have any other medical, surgical or dental problems attended to prior to your surgery.
- Cease aspirin or anti-inflammatory medications 7 days prior to surgery as they can cause bleeding.
- Cease any naturopathic or herbal medications 7 days before surgery.
- Stop smoking as long as possible prior to surgery.
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Post-Operative Recovery

- You will wake up in the recovery room with a number of monitors to record your vitals, (Blood pressure, Pulse, Oxygen saturation, temperature, etc.) You will have a dressing on your hip and drains coming out of your wound.
- Post-operative X-rays will be performed in recovery.
- Once you are stable and awake you will be taken back to the orthopedic floor.
- You will have one or two IV's in your arm for fluid and pain relief. This will be explained to you by your anesthetist.
- On the day following surgery, your drains will usually be removed and you will be allowed to sit out of bed or walk depending on your surgeon's preference.
- Pain is normal but if you are in a lot of pain, inform your nurse.
- You will be able to put all your weight on your hip and your physical therapist will help you with the post-op hip exercises.
- You will be discharged home or to a rehabilitation hospital.
- Sutures are usually dissolvable but if not are removed at about 10 days.
- A post-operative visit will be arranged prior to your discharge.
- You will be instructed to walk with crutches for two weeks following surgery and to use a cane from then on until 6 weeks post-op.

Post-Operative Precautions

Remember this is an artificial hip and must be treated with care. AVOID THE COMBINED MOVEMENT OF BENDING YOUR HIP AND TURNING YOUR FOOT IN. This can cause DISLOCATION. Other precautions to avoid dislocation are:

- You should sleep with a pillow between your legs for 6 weeks. Avoid crossing your legs and bending your hip past a right angle.
- Avoid low chairs.
- Avoid bending over to pick things up. Grabbers are helpful as are shoe horns or slip on shoes.
- Elevated toilet seats are helpful.
- You can shower once the wound has healed.
- If you have increasing redness or swelling in the wound or temperatures over 100.5 degrees you should call your doctor.
- If you are having any procedures such as dental work or any other surgery you should take antibiotics before and after to prevent infection in your new prosthesis. Consult your surgeon for details.
- Your hip replacement may go off in a metal detector at the airport

Risks and Complications

As with any major surgery, there are potential risks involved. The decision to proceed with the surgery is made because the advantages of surgery outweigh the potential disadvantages. It is important that you are informed of these risks before the surgery takes place.

Complications can be medical (general) or specific to the hip.

Medical complications include those of the anesthetic and your general well-being. Almost any medical condition can occur so this list is not complete. Complications include:

- Allergic reactions to medications
- Blood loss requiring transfusion with its low risk of disease transmission Heart attacks, strokes, kidney failure, pneumonia, bladder infections.
- Complications from nerve blocks such as infection or nerve damage.
- Serious medical problems can lead to ongoing health concerns, prolonged hospitalization, or rarely death.

Specific complications

Infection

Infection can occur with any operation. In the hip this can be superficial or deep. Infection rates are approximately 1%. If infection occurs it can be treated with antibiotics but may require further surgery. Very rarely your hip may need to be removed to eradicate infection.

Blood Clots (Deep Venous Thrombosis)

These can form in the calf muscles and can travel to the lung (Pulmonary embolism). These can occasionally be serious and even life threatening. If you get calf pain or shortness of breath at any stage, you should notify your surgeon.

Dislocation

This means the hip comes out of its socket. Precautions need to be taken with your new hip forever. If a dislocation occurs it needs to be put back into place with an anesthetic. Rarely this becomes a recurrent problem needing further surgery.

Fractures (break) of the femur (thigh bone) or pelvis (hipbone) This is also rare but can occur during or after surgery. This may prolong your recovery, or require further surgery.

Damage to Nerves or Blood Vessels

Also rare but can lead to weakness and loss of sensation in part of the leg. Damage to blood vessels may require further surgery if bleeding is ongoing.

Wound irritation

Your scar can be sensitive or have a surrounding area of numbness. This normally decreases over time and does not lead to any problems with your new joint.

Leg length inequality

It is very difficult to make the leg exactly the same length as the other one. Occasionally the leg is deliberately lengthened to make the hip stable during surgery. There are some occasions when it is simply not possible to match the leg lengths. All leg length inequalities can be treated by a simple shoe raise on the shorter side.

Leg length inequalities are less likely to occur with a resurfacing procedure.

Wear

All joints eventually wear out. The more active you are, the quicker this will occur. In general 80-90% of hip replacements survive 1520 years.

Resurfacing procedures should last longer, but this has to be proven by long term studies and with the latest designs.

Failure to relieve pain

Very rare but may occur especially if some pain is coming from other areas such as the spine.

Unsightly or thickened scar

Pressure or bedsores

Limp due to muscle weakness

Discuss your concerns thoroughly with your Orthopaedic Surgeon prior to surgery.