

Potential post-operative complications and precautions

We expect you to make a rapid recovery after your operation and to experience no serious problems. However, it is important that you should know about minor problems, which are common after this operation, and also about more serious problems that can occasionally occur. The following section describes these, and we would particularly ask you to read this. The headings from this section will also be included in the consent form you will be asked to sign before your operation.

Prior to your operation we would like you to visit the website **www.consentplus.com** which gives you the information you need about the benefits and risks of hip replacement. If you don't have access to a computer, please ask a family member or friend to help you with this. Complete the questionnaire on the website and print off the certificate so that your surgeon can answer your questions when you attend the pre-operative assessment.

Spinal anaesthetic risks

A spinal anaesthetic is routinely used in a hip replacement operation and has the following possible risks and side effects.

Common side effects (risk of 1 in 10 to 1 in 100)

- Low blood pressure which can make you feel sick or dizzy. This can be treated by giving you fluid through a drip or drugs to raise your blood pressure.
- Itching- this is common if morphine-like drugs are given in the spinal anaesthetic. It can be easily treated if you let the nurses know you are experiencing it.
- Temporary headache. This can be treated with simple painkillers
- Difficulty passing urine after the catheter is removed following surgery (urinary retention). This may require a catheter to be re-fitted temporarily into your bladder

Rare side effects (risk of 1 in 10,000)

Nerve damage can result in loss of sensation, pins and needles or muscle weakness. If it occurs it usually gets better in days or several weeks. Permanent nerve damage is even rarer and has about the same chance of occurring as major complications of general anaesthesia.

Very rare side effects (risk of 1 in 100,000)

Death is a rare complication of all types of anaesthetics and usually happens as a result of four or five complications arising together. There are probably about five deaths for every million anaesthetics given each year in the UK.

General anaesthetic risks

A general anaesthetic is less often used during hip replacement. It has some risks, which may be increased if you have chronic medical conditions, but in general they are as follows:

- **Common side effects** (risk of 1 in 10 to 1 in 100) include bruising or pain in the area of injections, blurred vision and sickness. These can usually be treated and pass off quickly.
- **Infrequent complications** (risk of 1 in 100 to 1 in 10,000) include temporary breathing difficulties, muscle pains, headaches, damage to teeth, lip or tongue, sore throat and temporary problems with speaking.
- **Extremely rare and serious complications** (risk of less than 1 in 10,000). These include severe allergic reactions and death, brain damage, kidney and liver failure, lung damage, permanent nerve or blood vessel damage, eye injury, and damage to the voice box. These are very rare and may depend on whether you have other serious medical conditions:

General surgical risks

Wound problems

The wound is usually completely healed 10-14 days after surgery, however If your General Practitioner or District Nurse has any concerns, he/she should contact your surgeon as continued wound problems may indicate a superficial infection. Please contact PEOC if there is increased drainage, redness, pain, odour or heat around the incision. Take your temperature if you feel warm or sick. If it exceeds 38°C please seek urgent medical advice.

Thromboses and emboli (blood clots)

Blood clots in the leg veins (deep vein thrombosis) or on the lungs (pulmonary embolus) can occur after any major surgery. The simplest ways of reducing the risk of blood clots is early exercise, walking and drinking plenty of fluids. Whilst in hospital you will also be prescribed a daily injection of fragmin, (a blood thinning drug). When you are discharged, you will usually be given blood-thinning medication to take every day for several weeks.

If a clot occurs, despite these measures, you may need to be admitted to the hospital to receive intravenous blood thinners. Prompt treatment usually prevents the more serious complication of pulmonary embolus.

Signs of blood clots in legs

- Swelling in the thigh, calf or ankle of either leg that does not go down with elevation of the leg.
- Pain, tenderness and heat in the calf muscle of either leg.

If you recognise the signs of a blood clot you should contact your GP promptly.

Signs of a Pulmonary Embolus

- Sudden chest pain.
- Difficult and/or rapid breathing.
- Shortness of breath.
- Sweating.
- Confusion.

This is an emergency and you should call 999 if a pulmonary embolus is suspected.

Infection

A deep infection of the joint most often starts when bacteria gain access to the tissues at the time of surgery and great lengths are taken in theatre to reduce the risks of this happening. Operations are carried out in clean theatres and sterile clothing is worn by the surgical team. You will be given preventative antibiotics at the time of surgery.

Despite all the precautions taken, infections can still occur at any stage in the life of a hip. An early deep infection (within the first six weeks) may sometimes be cured by washing the joint out in theatres, followed by a course of antibiotics. Sometimes it is necessary to remove the new hip, treat the infection with a long course of antibiotics and then replace the hip again at a later date.

If you develop signs of an infection (e.g. urine or chest infection, tooth abscess, leg ulcer) at any time after your operation, please remind your GP/dentist that you have a hip replacement. If your hip suddenly becomes painful, it is important to see your GP so that infection in your hip replacement can be ruled out.

Signs of Infection

- A marked increase in swelling or redness at the wound site.
- Leaking of the wound.

- Increase in pain in the hip
- Fever greater than 38°C

If you develop any new redness around the wound or if the wound leaks after leaving hospital, it is important that you see your General Practitioner for advice or telephone the local hip unit for advice (**01392 403637/403509** during office hours)

Bleeding/ Haematoma

It is normal for a hip to swell following surgery but occasionally some blood can collect within the muscles and cause more persistent pain, swelling and bruising.

Medical problems

Complications of myocardial infarction (heart attack), stroke or death can occur after hip replacement as with other forms of major surgery. The anaesthetist will not allow the operation to proceed if it is felt that the risks of these issues are significantly higher than normal.

Fat embolism

This is rare and is caused by the fat within the bones (marrow) getting into your lungs at the time of surgery and causing breathing problems. Although this can be serious it is most commonly treated with extra oxygen.

Urinary problems

The anaesthetic used can make it difficult to pass water following the hip replacement and in the majority of people a catheter is inserted into the bladder during the hip replacement operation. This is usually removed the morning after surgery.

Blood Transfusion

Blood transfusion following hip replacement is rarely needed. If your blood count is very low or if you are showing symptoms of anaemia (low blood count), the team looking after you may recommend a blood transfusion. If you do not want a blood transfusion for religious or other reasons, please make your team aware before your operation.

Risks specific to total hip replacement

Implant wear and loosening

On average, more than 90% of hip replacements are still working well after 10 years. However, all artificial joints do wear gradually over decades. This can occur without symptoms but may be seen on x-rays. It is for this reason that we will often follow you up with check x-rays for many years after your surgery, even though your hip may not be causing you any problems.

If your hip does wear and loosen, your surgeon may recommend a revision hip replacement.

Dislocation

A dislocation occurs when the ball comes out of the new hip socket. This most commonly happens in the first six to eight weeks after surgery when the tissues around the new joint are healing. During your stay in hospital, the physiotherapists and occupational therapists will teach you ways of minimising this risk. You can reduce the risk of dislocation by moving within your comfortable limits.

Artificial hips usually dislocate when the hip is bent up and across towards your opposite shoulder e.g. when sitting with your legs crossed at the knee or when reaching down to your foot. You may be advised to avoid these positions.