

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.

Signs of Dislocation

- Severe pain.
- Rotation/shortening of leg.
- Unable to walk/move leg.

If the hip does dislocate it needs to be relocated and this is either done in the Emergency Department or in theatre. If a hip dislocates on more than one occasion, your surgeon may discuss the need for further surgery to stabilise the hip joint.

Fractures

Very rarely fractures (breaks) of the bone can occur during the operation. These are almost always identified during surgery or on the check x-ray following. Occasionally this requires further surgery or the surgeon may simply slow down your activities for several weeks to allow the fracture to heal.

Leg length difference

The surgeon will always aim to make your legs equal length after surgery and in the vast majority of cases it is possible to achieve this. Small differences may not cause any problems but if the difference is significant it can be corrected by using a shoe insert or heel-raise.

Nerve damage

The skin over the outer side of the hip can feel numb for at least 12 months after your surgery and this is normal. Very rarely, one of the main nerves that run past the hip is compromised by the surgery and stops working. This can cause a foot-drop, or paralysis of other muscles in the leg or numbness affecting part or all of the leg. Although the nerve often recovers over a period of months the paralysis, pain or numbness can persist.

Blood vessel injury

Damage to major blood vessel is very rare but can occur. This can cause extra bleeding and bruising and often requires surgery to repair the damage.

Hip Pain, stiffness, limp.

The muscles and other deeper tissues affected by the hip replacement take several months to heal and so can feel stiff, this is most noticeable when you take the first few steps after sitting for a while. Over time you will notice this less and less and after the first few months, you should find you have enough movement in your hip to carry out all your normal daily activities. Some people find that it always remains difficult to reach down to their feet, for example to put on socks and cut toe nails, but aids and adaptations are available to help.

Ectopic bone or heterotopic ossification (extra bone formation)

The body may form new bone in the tissues around the hip in response to the trauma of the operation. This tends to occur only in the immediate recovery phase but can occasionally lead to long-term stiffness of the joint.

Allergies

The hip replacements that we use are manufactured from a number of materials that may include surgical stainless steel, titanium alloy, high density polyethylene and ceramics. A very small level of nickel is present in most of the hip replacements that we use. It is extremely unlikely that you will have an allergy to your implant even if you have experienced a rash to your watch or earrings. In Exeter, we have never used the 'metal on metal' joints that have been found to cause more serious reactions. Tell your specialist if you are concerned about allergies.

Leg swelling

It is normal for a hip to swell following surgery and often this can affect the whole leg because the normal muscle pump in your leg is temporarily disturbed. This can be accompanied by bruising around the hip in the days after the surgery and, occasionally, this bruising will extend down the leg, sometimes into the foot.

The swelling tends to increase through the day and go down overnight because your leg is elevated. Standing for long periods can aggravate it and is best avoided initially.

Maintaining your ankle exercises, walking regularly and avoiding standing or sitting for long periods will help prevent or reduce the swelling. In addition, lie flat on your bed for an hour during the day with pillows supporting your thigh and lower leg. Having your foot slightly higher than your hip and heart helps the fluid drain from your foot.

If the swelling increases or if it is accompanied by tenderness in the calf or groin, a temperature, or breathing problems you should ask your GP for advice.