

Mr Anthony J. Dunin

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Specialising in Hip & Knee Reconstructive Surgery

Provider No: 274316L

HIP REPLACEMENT

Osteoarthritis of the hip joint is very commonly seen in our community and often leads to severe pain, stiffness and disability. Total hip replacement has revolutionised the treatment of this condition and results in excellent relief of pain and restoration of mobility in a very high percentage of cases. The procedure involves removal of the worn out femoral head and replacing it with a stemmed femoral prosthesis and replacing the worn out socket (acetabulum) with an acetabular shell and liner. The decision about having hip replacement is yours but Mr Dunin will discuss the pros and cons of surgery to help you make that informed decision. Please do not hesitate to discuss any of your concerns about having surgery. Sometimes it is wise to make another appointment if you have further questions that arise out of the initial consultation. Whilst over 95% of patients are extremely happy with the outcome after joint replacement surgery, there is a small percentage of patients where the outcome is below the patients expectations, particularly if there has been complications. Potential complications include:

- **1. Medical Complications**

Heart attack
Stroke
Pneumonia

- **2. Local Complications**

Blood Clots (The medical term for this is deep venous thrombosis.)

Measures are taken to minimise this complication, including the wearing of stockings and injections of Heparin to thin the blood out. In addition, patients are mobilised the following day after the operation. Whilst these measures significantly reduce the risk of deep venous thrombosis this condition can still

occasionally occur, sometimes the blood clots can travel to the lungs and cause a pulmonary embolus which can have quite serious consequences including death.

- **Infection**

Superficial infection is an uncommon complication that usually responds well to antibiotics. A deeper infection is much less common, but can have serious long term consequences. It sometimes requires further surgery and prolonged high powered antibiotics.

Dislocation

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Sometimes the ball and socket joint can dislocate which would cause acute pain and the inability to walk. The hip can usually be put back in place by manipulation without the need for open surgery. It is more common in the first few weeks postoperatively and there are precautions that you can take to minimise this complication.

- Leg Length Discrepancy

Every endeavor is made to maintain the legs at equal leg length, however, sometimes the leg can be slightly lengthened as a result of the hip replacement. This may require the use of a shoe raise in the opposite shoe.

- Nerve Injury

This is a rare complication of hip replacement but can lead to weakness or altered feeling in the foot and ankle. It usually improves but can be permanent.

- Loosening of the Hip Replacement

This is discussed more fully in revision hip surgery below.

3. Revision Hip Surgery

Over 95% of patients who have a hip replacement have excellent relief of pain and improved mobility. Most patients never require a re-do of the hip replacement. There is however a small percentage of patients who do require revision surgery because of excessive wear of the ball and socket joint or loosening of the prosthesis. This may cause pain and a limp and the diagnosis can be confirmed with x-rays. Excessive wear of the ball and socket joint is one of the most common reasons why revision hip surgery is performed. There are newer hip articulations which have been shown to have reduced wear compared with the conventional metal on polyethylene hip replacement and include the following:

Metal on metal

Ceramic on ceramic

Metal on new ultra cross linked polyethylene

Mr Dunin will discuss the pros and cons of each of these with you at the consultation. For younger, active patients metal on metal articulation is the preferred option. It has been used in the human body for many years and has a very low wear rate compared with conventional metal on polyethylene. It has an excellent track record and there are now excellent medium to long term clinical results. It is not uncommon for patients who have been tested to have increased levels of cobalt and chromium ions in their blood and urine but so far there has been no systemic deleterious effects due to these increased metal ions in the body. It is Mr Dunin's preferred joint articulation for younger, active patients.

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