

If you are facing the prospect of surgery on your hip, you are certainly not alone. Hip replacements are one of the most commonly performed and most successful operations in the UK.

## Do I need hip surgery?

Arthritis can damage your hip joint, preventing it from working smoothly. As the connecting joint between the thigh bone and the pelvis, the hip is vital to most everyday activities – from sitting, to standing and walking.

There are many avenues to explore before considering the option of surgery, including exercise, medication and alternative therapies. But if the quality of your life is becoming seriously affected, your doctor may suggest surgery. The operation should aim to reduce the pain you are experiencing and to improve your mobility.

Surgery will mean a hospital stay and a recuperation period. New techniques have brought about quicker recovery times, but it is important to consider carefully all the benefits and risks, including the possibility of needing further surgery in the future.

## REAL LIFE STORY

‘ Before my hip replacement I was in an extreme amount of pain and a lot of discomfort – the hip had gone completely. I was almost immobile and depended on others to get about.

I had done a lot of research on my surgeon and found that he had a special interest in patients with rheumatoid arthritis. I had great faith in him. And the anaesthetist said an epidural was the best type of anaesthetic for me, so I went with that.

I was up and moving the day after the operation. I was given exercises to do, which I built up as time went by. In time I could get about by myself again and could resume the quality of life I’d enjoyed before the hip had got so bad.

The operation really does make a difference. I would recommend shopping around a bit – be sure you know who is doing the surgery and what options are available to you. ’

## What types of surgery are there?

Options regarding hip surgery include the method by which the surgeon gets to the joint, the type of prosthesis (artificial hip) that is attached to create the new hip joint, and how this is anchored.

Once you have been referred to a surgeon, he or she should talk through what possibilities are open to you – and the risks and benefits involved in each. Bear in mind that not all the following types of artificial hips and methods of surgery might be suitable for your needs.

## Hip replacements

In a standard hip replacement operation, the artificial hip comes in two parts. One part is usually shaped like a ball on a stem and replaces the head of the thigh bone, the stem pointing down into the thigh bone. The other part is shaped like a cup, which replaces the socket in the pelvis.

The two parts will move together every time the hip joint is used. This inevitably creates a very small amount of debris – miniscule in most cases. The debris created by this wear can sometimes cause joint inflammation and bone loss, although this is rare. Artificial hips also come in different shapes and sizes and would be selected depending on the shape of your natural hip.

The materials used to make artificial hips are shown below, with the toughest material listed first:

- ceramic ball and ceramic cup
- metal ball and metal cup
- ceramic ball and plastic (polyethylene) cup
- metal ball and plastic (polyethylene) cup (used most commonly).

A metal or ceramic cup is thinner than a plastic one, which means that a larger ball can be used. A larger ball allows for a greater range of movement and reduces the risk of dislocation. This means that you can take part in more vigorous exercise. The more durable materials are more likely to be offered to younger active people.

If manufactured prostheses are not right for you, the surgeon may need to use a custom made prosthesis.

How the prosthesis is fixed onto the bone can also vary. There are three choices – cemented, cementless and hybrid.

- The cement (polymethyl methacrylate) simply holds the prosthesis fast to the bone.
- Cementless methods include the use of screws, nails or pegs, and/or the use of a coating which encourages the bone to grow and bind onto the surface of the prosthesis. This should prove more successful if the bone is strong and healthy although you may need to be more careful with weight-bearing immediately after the operation.
- A hybrid prosthesis means that the ball is cemented on while the socket is cementless. This allows for immediate weight-bearing, so might be suitable for people unable to use crutches.

The surgeon has three possibilities for getting to the joint, which are described below.

- The traditional/standard method – by making an opening over the hip (usually 20-30cm long). This allows for plenty of room to access the thigh bone and the pelvis.
- By making two smaller cuts (incisions) – one at the front of the hip and one at the back. The aim is to reduce the amount of tissue that gets damaged in surgery and to speed up recovery time. Special equipment and training is needed as the incisions are much smaller.
- By making one small opening (a mini-incision) of 10cm or less. Special equipment and training is also needed here.

While the smaller incisions may make the initial recovery slightly quicker, clinical studies have shown no significant difference in long-term outcomes regarding hip function. Therefore the type of surgical approach used will depend on your surgeon's personal experience and what they determine is best for each individual patient.

## **Hip resurfacing**

This newer technique has only been in use since around 1997. In hip resurfacing, the damaged surfaces in the hip joint are replaced with a metal surface.

Instead of removing the whole head of the thigh bone as in the total hip replacement, the top of the bone is shaped down and covered with a metal cap. This fits into the metal socket attached to the pelvis. This technique is often referred to as MoM (or metal on metal) resurfacing.

Some surgeons believe the MoM resurfacing prostheses are harder wearing than those used for conventional hip replacements as they do not contain plastic. As less bone is removed, it is easier to carry out a revision than it is after a conventional total hip replacement if the prosthesis does stop working.

For this reason, the technique is primarily for younger people in need of hip surgery who would otherwise be offered a total hip replacement.

However, to be suitable for this technique, your bone density (bone strength) needs to be good. In addition, if your arthritis has caused the hip joint to become severely mis-shapen, this surgery may not be appropriate.

If hip resurfacing prostheses are suggested, you will need to discuss the possible risks and what is right for you with your surgeon. Some newer prostheses have been shown to have excessive wear debris causing inflammatory lumps (known as pseudotumours). This may mean you will need revision to convert the hip resurfacing to a total hip replacement.

## How can I prepare before surgery and what can I expect after?

While exercise may be difficult if you need hip surgery, your recovery should be smoother the fitter you are, as less stress will be placed on your hip. Strong leg muscles will also help your recovery. A well-balanced diet will help put you in a fit state to fight infection and can also help you lose weight. Some hospitals in the UK are now reluctant to offer surgery to people who are overweight. If you smoke, either give it up or cut down the amount that you smoke in the weeks leading up to the operation. This will reduce the risk of developing a chest infection or circulatory complications afterwards. You must tell the anaesthetist if you smoke.

It is also important to consider beforehand how you will manage back at home after the surgery. Think about whether to ask a friend or family member to help out for the first few weeks. Could you sleep downstairs whilst you recover? Ask for an assessment by an occupational therapist at home.

Being aware of what you cannot do after surgery will help you plan your practical arrangements. These are all in order to minimise the risk of your new hip dislocating and are particularly important for the first six weeks. Some caution will still be necessary in future as well.

- Do not lie on your side.
- Do not cross your legs.
- Do not bend the hip excessively (i.e. more than 90 degrees) by sitting upright, or bending your knee towards your chest (whilst cutting your toenails, for example).
- Do not twist the operated leg in or out.
- Do not rotate your body excessively on the operated leg when standing (for example, avoid stiles if you are out walking)
- When walking or turning, keep your foot and knee pointing straight ahead.

Before you are discharged, a physiotherapist should visit you to give you some exercises to do, including how to exercise your leg safely, how to put weight on your joint, and how to go up and down the stairs. They will give you walking aids if necessary. These exercises are extremely important in aiding your recovery, which will be delayed if you do not keep them up.

An occupational therapist will give you some advice on dressing techniques and on useful equipment, before you go home. Ensure your healthcare team have given you all you need to know about your recovery before you leave hospital. Also, see Arthritis Care's booklet *Independent Living and Arthritis* at: [www.arthritiscare.org.uk/PublicationsandResources](http://www.arthritiscare.org.uk/PublicationsandResources)

## How can I avoid complications?

It is important to remember that hip operations are routine and among the most successful types of surgery carried out today. Together with your medical team, you can work to avoid the following, which can happen in a minority of cases:

- dislocation (1-2 per cent risk) – this is more likely to happen in a replacement hip, but following the rules above will reduce this risk
- deep vein thrombosis (2-3 per cent risk) – caused by blood clots forming in the leg veins. The risk of this is reduced by wearing anti-embolism stockings, using calf/foot pumps, stopping smoking, taking medication to thin the blood and getting moving as soon as possible after the operation
- infection (1-2 per cent risk) – this is a rare but serious complication. It is usual to be given antibiotics before and after the operation to reduce the risk.

Loosening of the joint may occur over time. How long a replacement will last can vary enormously depending on the artificial hip fitted and how active you are. A small percentage of people will eventually need a further operation.

## What happens in revision surgery?

While standards are higher than ever and materials more durable, it is possible that one day your new hip will fail. Long-term studies indicate that for most hip replacements, fewer than 10 per cent will require revision surgery within the first 10 years. An X-ray or scan should confirm whether the joint has loosened. The operation you will have to correct this (usually by replacing the prosthesis) is known as revision surgery.

One of the reasons a replacement may fail is because of a deep infection, which can be very hard to detect. If an infection is detected, the surgeon may recommend a two-stage revision. This involves the removal of the original replacement, leaving you without a hip joint. It may still be possible to get about without help if your other hip and leg are OK. Once the infection has fully cleared, a revision hip replacement is inserted in the second stage operation.

A one-stage revision will be performed if there is no infection. You may want to discuss with your surgeon whether a cemented, cementless, or hybrid prosthesis would be suitable for you, depending on your previous experience.

Frequently, if it is some years since your original surgery, your own bone will have begun to weaken. The bone can be rebuilt either using your own bone (normally removed from the pelvis), or another person's bone from a bone bank. Once the bone has been reconstructed the revision hip prosthesis is inserted. This may need to be a specific design, sometimes specially reinforced.

Post-operative care will be similar to your original operation, although you may need to use crutches for longer.

Revision surgery is still more difficult and complex than primary surgery. Some orthopaedic surgeons have become experts in this field – and in most hospitals one or two orthopaedic surgeons will have this expertise.

This factsheet is intended to give you a brief outline of some of the options that may be available to you regarding your hip surgery – but do discuss everything thoroughly with your consultant. For more information read Arthritis Care's booklet *Surgery and Arthritis*.

## Where can I get more information and support?

**Arthritis Care** is the UK's largest charity working with and for all people who have arthritis.

- Talk to someone in confidence about your arthritis by contacting our free helplines:

**0808 800 4050 (10am-4pm weekdays)  
or [Helplines@arthritiscare.org.uk](mailto:Helplines@arthritiscare.org.uk)**

- Our website has information and discussion forums where you can find support from others with arthritis:

**[www.arthritiscare.org.uk](http://www.arthritiscare.org.uk)**

- Make a contribution to our work by donating:

**020 7380 6540 or online**

### **Our information is regularly reviewed.**

This factsheet was last reviewed in 2011. It will be next reviewed in 2013.

### **Note**

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## Arthritis Care across the UK

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