



Spire

Edinburgh Hospitals

Murrayfield and Shawfair Park

Patient information

Having a repeat hip replacement

This leaflet provides some information about having a repeat (revision) hip replacement operation. The treatment described here may be adapted to meet your individual medical needs, so it's important to follow your surgeon's advice. Please raise any concerns or questions with your surgeon or nurse. It is natural to feel anxious before hospital treatment but knowing what to expect can help.

What's involved

The hip is a ball and socket joint. The "ball" is formed by the top of the thigh bone (femur), which fits into a "socket" (acetabulum), which is part of the pelvis.

During your original hip replacement, the top of the femur was removed and a replacement ball on a stem was inserted into the centre of the thigh bone. A plastic or metal cup was used to replace the socket.

Renewing a hip replacement is more complicated than the original operation. The existing artificial hip has to be removed before the new one is fitted. You may find that your new joint, although a big improvement on your old joint, may not improve your life as much as the first operation.

The operation is usually done under general anaesthesia, which means that you will be asleep. However, for some patients, epidural or spinal anaesthesia is preferable. This completely blocks the feeling in your legs but you stay awake.

Your surgeon and anaesthetist will discuss with you which type of anaesthesia is most suitable in your case. For more details, please see the separate Spire Healthcare patient information leaflets Having a general anaesthetic and Having a local anaesthetic or sedation.

You will be in hospital until you are able to walk safely with the aid of sticks or crutches. This will probably be four to five days after your operation.

Your surgeon will explain the benefits and risks of having your hip replaced, and will discuss any alternatives to the procedure.

Preparing for your operation

The hospital will send you a pre-admission questionnaire. Your answers help hospital staff to plan your care by taking into account your medical history and any previous experience of hospital treatment.

You will be asked to fill in this questionnaire and return it within three days.

Two or three weeks before your operation you will be asked to attend a pre-admission clinic for a blood pressure check and routine blood and urine tests. A nurse or physiotherapist will talk to you about your needs at home, so that any necessary arrangements can be planned before you go into hospital.

If you normally take medication, continue to take this as usual, unless your surgeon specifically tells you not to. If you are unsure about taking your medication, please contact the hospital.

Before you come into hospital, you will be asked to follow some instructions.

- Have a bath or shower at home on the day of your admission.
- Remove any make-up, nail varnish and jewellery. Rings and earrings that you prefer not to remove can usually be covered with sticky tape.
- Follow the fasting instructions in your admission letter. You must not eat or drink for about six hours before general anaesthesia. However, some anaesthetists allow occasional sips of water until two hours beforehand.

At the hospital, a nurse will explain how you will be cared for during your stay.

You may be asked to wear compression stockings to help and prevent blood clots forming in the veins of your legs (deep vein thrombosis, DVT).

Your surgeon will usually visit you before the operation and the leg to be treated will be clearly marked. This is a good time to ask any unanswered questions.

Consent

If you are happy to proceed with the operation you will be asked to sign a consent form. This confirms that you have given permission for the procedure to go ahead.

You need to know about the possible side effects and complications of this operation in order to give your consent.

Please see the back of this leaflet for more information about these.

You will also be asked to consent to your name being placed on the National Joint Register, which is used to follow up the safety, durability and effectiveness of joint replacements.

About the operation

A cut is made along the hip and thigh. When the joint has been replaced, your surgeon closes the cut with stitches or clips. The operation usually lasts two to three hours.

Fine plastic drainage tubes are usually left in for about 48 hours afterwards. A special wedge-shaped pillow may be placed between your legs to hold your legs slightly apart to help reduce the chance of your hip dislocating.

After your operation

You will be taken from the operating theatre to the recovery room, where you will come round from the anaesthesia under close supervision. After this, you will be taken to your room.

Back on the ward

When you feel ready, you can begin to drink and eat, starting with clear fluids. For the first day or so, you may have an intermittent compression pump attached to special pads on your lower legs. By inflating the pads, the pump encourages healthy blood flow and helps to prevent DVT. You may also have compression stockings on your legs.

Your surgeon will discuss specific precautions with you. In general, the advice is to avoid crossing your legs, and don't bend your hip joint more than 90°. For more details, please see the Spire Healthcare patient information booklet, Hip replacement and resurfacing.

A physiotherapist will visit you every day to guide you through exercises to help you recover. You will be encouraged to move your new hip from the first day.

Suffering from pain can interfere with your recovery, particularly if it prevents you from doing your exercises, so please discuss any discomfort you have with your nurse, anaesthetist or surgeon.

Going home

You will need to make arrangements to be driven home. Before you go home, a nurse will advise you about caring for the healing wound and will arrange a followup appointment for you..

For more information about caring for the healing wound, please see the separate Spire Healthcare patient information leaflet Caring for surgical wounds.

After you return home

If you need them, continue taking painkillers as advised by the hospital. Most people are asked to wear compression stockings for a few weeks at home. They are difficult to put on and take off and you will need someone to help you with this.

You will be able to move around your home and manage stairs, but you will find that some routine daily activities are difficult for a few weeks and will need to ask for help.

When you are not walking or doing your exercises, you can sit in an upright chair. It is crucial that you continue with the exercises recommended by the physiotherapist, as these will aid healing and help you recover more quickly.

You must not drive until your surgeon tells you that it is safe. Your new hip will continue to heal for at least six months.

What are the risks?

Repeat hip replacement surgery is generally safe. However, all surgery carries an element of risk. This can be divided into the risk of side-effects and the risk of complications.

Side-effects

These are the unwanted but mostly temporary effects of a successful procedure. After surgery, the area is likely to be sore for a few weeks. You may feel some temporary pain and swelling in the knee and you may have a swollen ankle for up to three months.

The bowels may take a while to return to normal. You may have difficulty passing urine on the first day or so. A catheter (a thin tube) may be inserted into the bladder to help urine flow.

Complications

This is when problems occur during or after the operation. Most people are not affected. The main possible complications of any surgery include an unexpected reaction to the anaesthesia or excessive bleeding during or soon after surgery. A blood transfusion may be required to replace the lost blood.

Some of the complications specific to a repeat hip replacement are listed here.

- Infection of the wound or joint. Antibiotics are given during surgery to help prevent this.
- For up to six weeks after the operation, it is possible to develop a blood clot (DVT) in the veins in the leg. This clot can break off and cause a blockage in the lungs. In most cases this is treatable, but it can be a life-threatening condition. Compression stockings, intermittent compression pumps and blood-thinning injections are used to help prevent DVT.
- Damage to the nerves controlling the leg. This is usually mild and temporary.
- There is less bone around the implant so the risk of a fracture is higher than for your original operation. If the bone is broken you may need further surgery.
- The operated leg may be a slightly different length. Sometimes a raised shoe on the shorter side is necessary.
- The new joint may dislocate. This is most likely to happen immediately after the operation and you may need surgery to treat this.

The chance of complications depends on the exact type of operation you are having and other factors such as your general health. Ask your surgeon to explain how these risks apply to you.

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