



ANDREW WILKINSON
ORTHOPAEDIC SURGEON

Epworth Consulting Suites

Suite 6-8, 1 Epworth Place, Waurin Ponds VIC 3216

P 03 4216 5394

F Epworth 03 5201 0268

St John of God 03 5229 1283

E awilkinsonadmin@geelongortho.com.au

W www.awortho.com.au



G E E L O N G
O R T H O P A E D I C S

Suite 7, Level 2, 83 Myers Street

Geelong, VIC 3220

TOTAL HIP REPLACEMENT FOR OSTEOARTHRITIS

Hip arthritis is a painful condition that can be successfully treated with total hip replacement of your hip.

Do I have to go ahead with surgery?

There are other treatments available that do not involve surgery. These may take the form of strength exercises, physiotherapy, use of painkillers, and perhaps using a walking aid such as a single point stick or trekking poles. Even if you have opted to have a hip replacement these treatments can still be very helpful while you are preparing for your surgery.

What are the expected outcomes from surgery?

Modern hip replacement surgery is a very successful treatment for hip arthritis. Most people experience tremendous relief from pain, restoration of movement, and excellent levels of function. For the most part, I expect that 95% of patients will have this excellent result. There are some things worth knowing before your surgery. Some people unfortunately get a complication from their surgery. Complications from surgery can be viewed as a general complication of surgery or as a problem to do specifically with the hip joint.

What is involved in a hip replacement?

You will have an anaesthetic; the anaesthetist will discuss the best type of anaesthetic for you. Antibiotics will be administered into your vein to decrease the risk of infection. You will be placed on your side with the 'bad side' up. After your skin is sterilised the area for surgery will be protected by sterile drapes. The skin over your buttock will be cut to expose the large muscle and these muscle fibres will be separated to expose your hip joint. The joint is cut open and the arthritic hip joint is dislocated. The arthritis is removed but cutting away the ball and socket of the joint, then a new titanium socket is seated into the pelvis with a plastic liner to make a new socket and a stem is placed into the thigh bone and held securely with bone cement or pressfit with a collar and coating to aid with bonding onto the bone. The new ball part of the joint is secured to the top of the stem and the hip joint is reduced. The cut in the joint is sewn up and the separated muscle fibres are closed over. Your wound will be closed with a dissolving stitch.



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Does anything ever go wrong?

General complications from operations include wound infections, blood clots in the legs of the lungs, heart attacks, strokes, bleeding to the wound site, or reactions to medications. Thankfully these problems are not common, but you will be monitored while in hospital.

If you feel generally unwell after you get home it is important you contact this office to let us know, we may ask you to see your GP or come to an emergency department for investigation.

Problems relating to hip replacements include, infection of the hip joint, having one leg longer or shorter than the other, dislocation of the hip, nerve injury affecting your foot, or ongoing pain around the hip.

Infection of the hip.

This problem is seen around 1 per 150 hip replacements. The risks are higher if the person has diabetes, is taking strong immune therapy medication, or is obese. Recognising an infected joint is important in the early stages after surgery as it can be managed well with urgent surgery and antibiotics. The signs of infection include fevers and chills, a red-hot wound, and persistent fluid coming from a wound. If you experience any of these please contact the office before you speak with your GP.

Leg length mismatch

True leg length difference is not very common. It will often feel as though the operated leg is a little longer than the other side – particularly true if the other side has shortened because of arthritis, or if the operated leg was very short prior to the surgery. Mostly the body can adapt with little difficulty to a minor imbalance. Any change of a few millimetres is not likely to be noticed, the body will adapt up to 1cm of difference. If you are in the unfortunate position of having a true difference after surgery, there are several options available without having to repeat the surgery.

Dislocation of the hip joint

The geometry (shape) of the artificial hip is not quite the same as your own hip joint, artificial hips have always been at risk of dislocation. Although the technology around hip replacement has continued to improve this is still a risk. The overall estimated risk of dislocation is 1% per year. If a person develops an unstable hip there are options to increase the stability with further surgery – this requires discussion between the person and their surgeon.



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Nerve injury

There are two very important nerves that pass the hip joint. The femoral nerve runs in front of the hip, and the sciatic nerve runs behind the hip joint. The femoral nerve supplies the muscles and sensation to the thigh, if this is injured the thigh muscles will be weak and create a risk of falling. The sciatic nerve supplies sensation and muscle control below the knee joint, if this nerve is injured the ankle will not lift properly creating a risk of tripping over. Thankfully nerve injury is not common, sciatic nerve injury is more common than femoral nerve injury. Unfortunately, these nerves do not recovery well once they have been injured and a permanent effect can be seen.

Blood Clots

Blood clots can occur in the veins of the leg or can occur in the lungs. Many of the recovery tasks given to you by the physiotherapists and nursing staff are designed to reduce the risk of you getting these clots. Additionally, blood thinners given to you as an injection or tablet to lessen the risk of these clots. You will need to continue taking these for around 2 weeks after your surgery.

Small volume blood clots that are only found below the level of the knee joint may not require high doses of blood thinners but can be monitored with repeat scans and low doses of blood thinner.

Please tell the team if you are planning any long-haul flights in the weeks after you operation – this increases your risk of blood clots in your leg and we will usually recommend some blood thinners for your trip.