OS23 Revision Total Hip Replacement

What is a revision total hip replacement?
A revision total hip replacement is an operation to take out your old hip replacement and put in a new one. Your surgeon has recommended a revision total hip replacement operation. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you make an informed decision. If you have any questions that this document does not answer, you should ask your surgeon or any member of the healthcare team.

What causes a hip replacement to fail?
A hip replacement can fail for the following reasons.
• Wearing out of the artificial ball-and-socket joint - This releases tiny bits of plastic that can cause the joint to come loose from the bone.
• Infection in the hip replacement - Infection can make the hip replacement come loose from the bone.
• Dislocation (coming out of joint) - You may decide to have an operation to try to stop this from happening again.
• Fracture (break) of the thighbone (femur) around the hip replacement - This can happen if you fall heavily on your hip. These problems can make it difficult for you to walk and sometimes cause pain. Your surgeon will discuss with you why they have recommended a revision total hip replacement.

What are the benefits of surgery?
If the operation is successful, you should be able to walk better and do more of your normal activities.

Are there any alternatives to surgery?
Surgery is the only treatment for a hip replacement that is failing. If your hip replacement is wearing out, it may only be happening slowly. If your symptoms are mild, you and your surgeon may decide to watch and wait for a while. You will need to have regular x-rays. If you have an infection in your hip replacement, using antibiotics over the long-term can sometimes stop the hip replacement failing. However, the infection will not go away unless the hip replacement is removed. If your hip replacement keeps coming out of joint, you can wear a special brace to try to keep the hip in place. A brace is quite large and often uncomfortable. If you have a fracture around your hip replacement, you can sometimes be treated with traction (using a heavy weight fixed to the leg to pull the bones into position until they heal). You will need to stay in hospital for at least six weeks and the fracture can take up to six months to heal.

What will happen if I decide not to have the operation?
If your hip replacement is coming loose because of wear or infection, it will probably get more painful over time. The bone around a loose hip replacement can get thin and it may break (fracture). If this happens, you will need to have a major operation to fix the fracture and do the hip replacement again. If you have an infection in your hip replacement, it can spread to other places around your body, including other artificial joints. Your surgeon will discuss with you what is likely to happen.
What does the operation involve?
A variety of anaesthetic techniques are possible. Your anaesthetist will discuss the options with you and will recommend the best form of anaesthesia for you. A revision total hip replacement involves taking out the old hip replacement and putting in a new one. Your surgeon will make a cut on the side of your hip. They will remove your hip replacement and any cement. This often takes a long time and can be difficult. Your surgeon will put in a new hip replacement, which is often bigger than your old one. The hip replacement is fixed into the bone using an acrylic cement or special coatings on the hip replacement that bond directly to the bone. At the end of the operation, your surgeon will close the skin with stitches or clips. The type of surgery you need can be more complicated if the bone is thin or broken, or if you have an infection. Your surgeon will discuss with you what the operation is likely to involve.
• If your bone is thin or has broken, they may need to build it up with a bone graft, special wire mesh and cables, or a metal cage (see figure 1).
• If you have an infected hip replacement, you may need to have two separate operations. In the first, your surgeon will remove your old hip replacement, any cement and all infected material. They will put antibiotics in your hip and you will also need antibiotic injections for several weeks afterwards. The infection may take two to three months to go completely. You will need a second operation to put in the new hip replacement.

What should I do about my medication?
You should continue your normal medication unless you are told otherwise. Let your surgeon know if you are on warfarin or clopidogrel. Follow your surgeon’s advice about stopping this medication before the operation.

What can I do to help make the operation a success?
• Lifestyle changes
If you smoke, try to stop smoking now. Stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health. For help and advice on stopping smoking, go to www.gosmokefree.co.uk. You have a higher chance of developing complications if you are overweight. For advice on maintaining a healthy weight, go to www.eatwell.gov.uk.
• **Exercise**
Regular exercise can reduce the risk of heart disease and other medical conditions, improve how your lungs work, boost your immune system, help you to control your weight and improve your mood. Exercise should help to prepare you for the operation, help with your recovery and improve your long-term health. For information on how exercise can help you, go to www.eidoactive.co.uk. Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

**What complications can happen?**
The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. The complications fall into three categories.

1. **Complications of anaesthesia**
2. **General complications of any operation**
3. **Specific complications of this operation**

1. **Complications of anaesthesia**
Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2. **General complications of any operation**
   - **Pain**, which happens with every operation. The healthcare team will try to reduce your pain. They will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
   - **Bleeding** during or after surgery. You may need a blood transfusion afterwards.
   - **Infection in the surgical wound**, which usually settles with antibiotics but may occasionally need another operation.

3. **Specific complications of this operation**
   - **Unsightly scarring** of the skin, although revision hip-replacement wounds usually heal to a neat scar.
   - **Blood clots** in the legs (deep-vein thrombosis) (risk: 1 in 10), which can occasionally move through the bloodstream to the lungs (pulmonary embolus) (risk: 1 in 100), making it difficult for you to breathe. You may be given treatment to reduce the risk of blood clots.
   - **Difficulty passing urine**. You may need a catheter (tube) in your bladder for a day or two.
   - **Chest infection**. If this happens, you may need antibiotics and physiotherapy.
   - **Heart attack or stroke**. This can happen because a revision total hip replacement is a major operation.

3. **Specific complications of this operation**
   - **Split in the femur** (risk: during the operation 1 in 15, afterwards 1 in 25). This can happen if the bone is weak. The surgeon may need to put some wires around the femur, or use a different type of hip replacement.
   - **Damage to nerves** around the hip, leading to weakness, numbness or pain in the leg or foot (risk: 1 in 75). This usually settles on its own but may be permanent.
   - **Damage to blood vessels** around the hip, leading to loss of circulation to the leg and foot. If this happens, you will need surgery straightaway to restore the blood flow (risk: 1 in 1000).
   - **Infection in the hip**, which can result in loosening and failure of the hip replacement over a period of a few months (risk: 1 in 50). One or more further operations will usually be needed to control the infection.
   - **Bone forming in muscles around the hip replacement** (heterotopic ossification) (risk: 1 in 2). This is usually mild but can cause loss of hip movement. Occasionally you may need another operation to remove the extra bone.
   - **Loosening** without infection, which may need further surgery to do the hip replacement again.
• **Dislocation** of the hip replacement (risk: 1 in 7). You may need further surgery if it keeps on happening.
• **Leg length difference**, which may need a shoe-raise. The surgeon will try to make your legs the same length again but this is not always possible.
• **Death**, which does sometimes happen after a revision total hip replacement (risk: 1 in 40). The risk is less the fitter you are.

**How soon will I recover?**

**In hospital**
After the operation you will be transferred to the recovery area and then to the ward. You will usually have an x-ray to check the position of your hip replacement. Your physiotherapist will help you to start walking, usually one to two days after surgery, and will teach you how to look after your new hip. You may need to wear a brace to protect your hip and you should follow the advice of your physiotherapist on how to use it. Your surgeon and physiotherapist will tell you how much weight you can put on your leg. You should be able to go home after five to ten days. However, your doctor may recommend that you stay a little longer. If you are worried about anything, in hospital or at home, ask a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

**Returning to normal activities**
You will need to use walking sticks, crutches or a walking frame for several weeks. It often takes longer to get over a revision hip replacement than your first hip replacement. Your surgeon, physiotherapist and occupational therapist will tell you when you can return to normal activities. Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, you should ask a member of the healthcare team or your GP for advice. Do not drive until you are confident about controlling your vehicle and always check with your doctor and insurance company first.

**The future**
Most people make a good recovery and most revision total hip replacements work well. It is important to follow the advice your physiotherapist gives you about exercises to strengthen your hip muscles. A revision total hip replacement can fail with time. This can happen if it wears out, or the original problem comes back. Sometimes you may need further surgery (risk: 1 in 5 by 12 years after the operation).

**Summary**
If your original hip replacement fails, you can usually have another operation to do the hip replacement again. If this revision operation is successful, you should be able to continue many of your normal activities. Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.
Further information

- NHS smoking helpline on 0800 169 0 169 and at www.gosmokefree.co.uk
- www.eatwell.gov.uk – for advice on maintaining a healthy weight
- www.eidoactive.co.uk – for information on how exercise can help you
- www.aboutmyhealth.org - for support and information you can trust
- American Academy of Orthopaedic Surgeons at www.aaos.org
- Arthritis Research Campaign on 0870 850 500 and at www.arc.org.uk
- www.hipreplacement.co.uk
- Mayo Clinic at www.mayoclinic.com
- NHS Direct on 0845 46 47 (0845 606 46 47 - textphone)
- www.eidohealthcare.com

Acknowledgements
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Local information
You can get information locally from the Patient Advice and Liaison Service (PALS) on 02380 798 498 or email PALS@suht.swest.nhs.uk.
You can also contact:
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