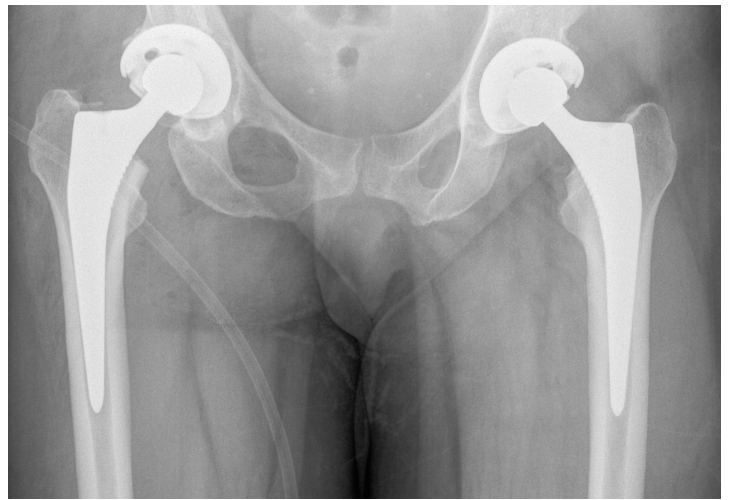


# Total Hip Replacement



What does a Total Hip Replacement mean for me?

# What is a Total Hip Replacement?



A Hip Replacement is an operation to remove the pain you feel from your hip joint. A secondary benefit is an improvement in your mobility.

Most people who need a Hip replacement have a form of arthritis. Others may have had a broken hip or blood supply problem.

The operation is usually the same regardless of the cause of your pain.

During a hip replacement the diseased part of the hip is removed and replaced by a new ball and socket joint. These are known as the implants.

It has been dubbed “the operation of the century” as it has such a high success rate. This is particularly true when it is performed by a fellowship trained hip surgeon, like Amit Atrey.

# Do I need a hip replacement?

You and your surgeon will have to make an informed decision as to whether you are ready for a hip replacement or not. You must discuss the amount of pain you are in, how it affects your life, your mobility and your sleep. X-rays and your surgeon will help you decide whether you are ready, but ultimately it must be your decision.

You will need to have an X-ray performed before the consultation and sometimes other imaging like an MRI or a CT scan. Mr Atrey will organise this for you.

# Am I too young for a hip replacement?

Just like a car part, a hip replacement is a moving part and will eventually wear out. To make matters more complicated, it is a moving part within a living and changing biological environment.

We try and avoid hip replacements at too young an age because of this reason.

However, you may be in so much pain that your symptoms warrant the operation being performed. Choosing the right implants with the right bearing surfaces so that they last the longest amount of time and then performing the operation properly give your hip the best chance of survivorship for a long time.

The British Orthopaedic Association has given guidance that we would expect at least 95% of hip replacements to be still in position and working well at 10 years.

I feel this should be more like 98% at 10 years.



You can see from this X-ray the hip on the right hand of this picture has severe arthritis when compared to the other hip. The gap between the ball and socket has worn away and there is lots of new bone formation. This is all part of the arthritis picture.

After your operation, you should expect to get back to hill walking, bike riding, horse riding, swimming, golf, and possibly even skiing after a time of recovery. The youngest person Amit performed a hip replacement on is a 27-year old. He is delighted and back doing all he wants to do.

## Am I too old for a hip replacement?

There is no such thing as too old. We treat patients in front of us not the number of years behind them.



If you are older, you may have other factors that mean your health is not as it was. This may make the anaesthetic more complicated and your recovery slower. However, you can discuss this with the anaesthetist. Sometimes, if your other health issues make you a higher risk patient and you still wish to proceed with the operation, we may wish to consider doing your operation in the NHS hospital so that there are provisions such as medical doctors and nurses and intensive care units (should it be necessary).

## What kind of replacement will I have?

There are two ways that implants are fixed into the body; Cemented or Uncemented. Amit almost always uses an uncemented cup (socket). But varies the type of stem for the femur (thigh bone) depending on the patient.

## Uncemented implants

An uncemented implant has a special coating on the surface called HA.

HA is present in normal bone and it allows bone to grow in and on the implants over the period of a few weeks. This type of fixation is appropriate for the younger patient with good strong bone. The evidence from joint registry databases seems to suggest that after 15 years the survivorship for uncemented implants is better than that of cemented implants.

### CASE EXAMPLE

This Lady (DL) had severe arthritis affecting both hips. She was 43 when she saw Amit.

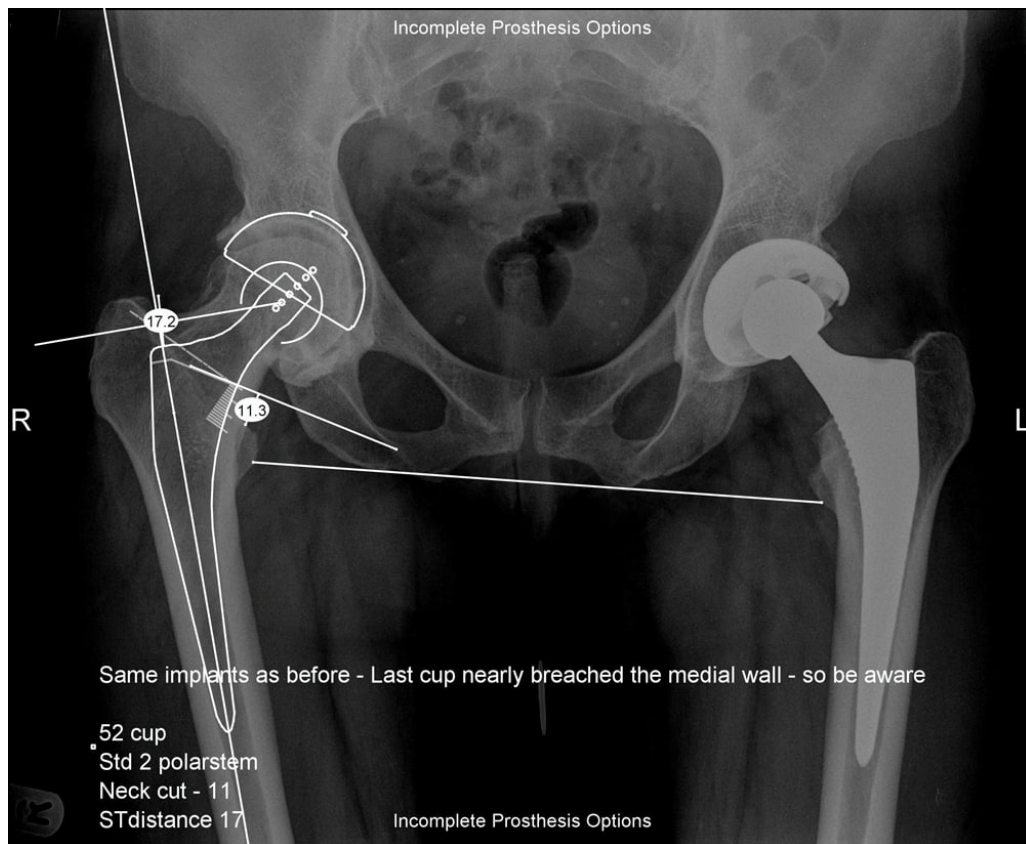
She had both of her hip replaced using Amit's Minimally Invasive Hip procedure and she was home within 24 hours after both operations.



She had a two stage operation with 3 months in between both operations



Amit Atrey always templates all of his hip replacements to ensure he gets the size of the implants and the leg length as close to perfect every time



The second hip replacement was also performed with Minimally Invasive Surgery



Amit normally uses the Polar stem for his uncemented stem. At 5 years on the National Joint Registry database, this stem has the best survivorship of any on the market.

# Cemented implants

The Cemented implants use a special “bone grout” or cement which is slightly runny when it is put into the bone. It is injected and squeezed under pressure into the nooks and crannies of your bone along with the implant. The cement then hardens over the next few minutes to form a perfect grout.

This gentleman (Mr PG) was in his late 70s and still very keen to get back playing golf, walking and gardening. But he was plagued by pain in his groin due to severe arthritis.



I templated for greater accuracy of implant positioning – see below



Using his Minimally Invasive Hip procedure, Amit gave Mr PG a hybrid Total Hip replacement – a cemented stem and an uncemented cup



The cemented implant for the femur Amit uses is an Exeter stem. This has fantastic results going over 20 years.



# What will the bearing surfaces be made of?



R3think your options

The “bearing surface” means what the actual “ball and the socket” are made of.

Over the last few decades we have tried many different types of bearing surfaces. The options include metal, ceramic and polyethylene.

Amit has decided to use either ceramic or metal heads against polyethylene sockets.

While Metal-on-Metal was once popular, this has shown to be disastrous. Ceramic-on-ceramic is a popular choice for younger patients, the joint registry data and other publications show that this combination is worse than metal against polyethylene.

The polyethylene we use for the sockets is a new specially processed type of plastic. It has been shown to wear more than 10 times less than the older plastics. We have good 10 year data to show it is safe to use to at least up to this point.

Amit also used a special product called Oxinium for his uncemented hip replacements. This product is a metal head which is heated to very high temperatures which eventually becomes ceramic on its surface. This gives the benefits of ceramic while maintaining the toughness of metal.

# What will my recovery be like?

Amit encourages Enhanced Recovery After Surgery. Getting home after surgery sooner minimises the risks of complications such as infection. If you are at home, you will move around a lot more and you limit the risk of blood clots and your strength will return sooner.

## **Day of the operation**

Immediately after your hip replacement you will feel a little sore, but the local anaesthetic is still usually working and you should be more than comfortable to get up and start walking within a few hours.

## **Day 1 after the op**

The next day is the worst the pain will be throughout your recovery. You must get up out of bed and try and do as much as the physiotherapists ask you to do. You will likely start on a frame and then hopefully progress to sticks as soon as you are safe.

## **Day 2**

You should be progressing with your mobility and thinking about going home. Most patients are sent home on day 2 or 3.

## **After discharge**

You must continue to listen to advice from the physiotherapists including the hip precautions. It is advisable to see a physiotherapist near your home. We can organise this at the hospital or at one of our partners near your home.



# What are the risks of a hip replacement?

A Hip Replacement is a major operation. Although very successful, there are potential complications that may occur. Again, leaving hospital as soon as you are safe is the key to minimising these complications.

This link takes you to a consent form with all the risks of hip replacements. Please read them in your own time or alternatively watch the video on this website

You can also access consent forms for the procedures on Amit's website – [www.orthoconsent.com](http://www.orthoconsent.com)

**Infection –** getting out of the hospital as soon as possible will limit the risk of infection. Factors that increase it are having diabetes, obesity autoimmune disorders, taking steroids and prolonged operation.

**Bleeding** (sometimes requiring a transfusion)

**Dislocation –** the appropriate positioning of the cup and stem should limit the risk of the dislocation. This is why your choice of surgeon should be one who is specialist fellowship trained.

**Blood Clots -** Deep Vein Thrombosis (DVT) and Pulmonary Embolus (PE). Without treatment to prevent blood clots, the risk may be as high as one in three. You must take the injection or tablets to prevent the risk of DVT or PE. A DVT is a clot in the back of the calf. This is painful and annoying. The swelling to skin can cause infection. However if the clot progresses/ spreads to or develops in the lungs, it can be fatal. Again getting up and walking sooner will limit the risk of clots

**Wound issues** including breakdown – this is rare, but more likely in those with poor skin quality, autoimmune disorders, smokers and diabetics

**Scar** a scar is inevitable. The scar in an MIS hip replacement is less than 10cm or just under 3 inches. The scar is normally thin and fades. You can help by massaging the wound. Occasionally the scar can enlarge and widen. This is called a hypertrophic or keloid scar.

**Failure of the implants/ wear –** implants are moving parts and will wear. There is also no accounting for how the implants will bond into the body. The wear particles may also cause loosening of otherwise well fixed implants. The British Orthopaedic Association suggests that loosening of implants may reasonably occur in 5% of patients after 10 years.

These are discussed in the video and you will have the opportunity to discuss with Mr Atrey in person