

# OS37 Resurfacing Hip Replacement

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If you have any questions or concerns about your care, please contact the nurse in charge at the hospital.

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## What is arthritis?

Arthritis is a group of conditions that cause damage to one or more joints.

Your surgeon has suggested a resurfacing hip replacement. 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 to make an informed decision.

If you have any questions that this document does not answer, it is important that you ask your surgeon or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

## How does arthritis happen?

The most common type of arthritis is osteoarthritis, where there is gradual wear and tear of a joint. For a few people this is the result of a previous problem or injury, but usually it happens without a known cause.

Some other types of arthritis are associated with inflammation of the joints that can eventually lead to severe joint damage. The most common is rheumatoid arthritis.

Arthritis eventually wears away the normal cartilage covering the surface of the joint and the bone underneath becomes damaged. This causes pain and stiffness in the joint, which can interfere with normal activities.

## What are the benefits of surgery?

You should get less pain and be able to walk more easily.

You may be able to do more strenuous activities after a resurfacing hip replacement than with a standard total hip replacement. Your surgeon will remove less bone than they would for a total hip replacement.

## Are there any alternatives to a resurfacing hip replacement?

Simple painkillers such as paracetamol and anti-inflammatory painkillers such as ibuprofen can help control the pain of arthritis.

Using a walking stick on the opposite side to the affected hip can make walking easier, as can a small shoe-raise on the affected side.

Regular moderate exercise can help to reduce stiffness in your hip. Physiotherapy may help to strengthen weak muscles. If you are overweight, losing weight will help reduce the load on your hip.

A steroid injection into your hip joint can sometimes reduce pain and stiffness for several months. You may get side effects if you have injections too often. You should not have a steroid injection within 2 weeks of having a vaccination because it can prevent you from making enough antibodies.

All of these will be less effective if your arthritis gets worse. This is when your surgeon may recommend a total hip replacement.

If you decide not to have a resurfacing hip replacement, a standard total hip replacement is almost always another option. This involves removing all of the damaged ball and socket of your hip and replacing it with an artificial one.

## What will happen if I decide not to have the operation?

Arthritis of the hip usually, though not always, gets worse with time. Arthritis is not life-threatening but it can be disabling.

Arthritis symptoms can be worse at some times than others, particularly when the weather is cold.

## What does the operation involve?

If you are female, the healthcare team may ask you to have a pregnancy test as some procedures involve x-rays or medications that can be harmful to unborn babies. Sometimes the test does not show an early-stage pregnancy, so let the healthcare team know if you could be pregnant.

The healthcare team will carry out a number of checks to make sure you have the operation you

came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

Various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection.

The operation usually takes an hour to 90 minutes.

Your surgeon will make a cut on the side of your hip and remove a small amount of bone from the damaged ball and socket of your hip. They will then put new surfaces (implants) made of metal onto the ball and socket. The implants are fixed in place using acrylic cement or special coatings that bond directly to the bone.

Your surgeon will close your skin with stitches or clips.

## What should I do about my medication?

Make sure your healthcare team know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

## What can I do to help make the operation a success?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.
- If you are diabetic, keep your blood sugar levels under control around the time of your procedure.

Speak to the healthcare team about any vaccinations you might need to reduce your risk of serious illness while you recover. When you come into hospital, practise hand washing and wear a face covering when asked.

## What complications can happen?

The healthcare team will try to reduce the risk of complications.

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. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease.

Some complications can be serious and can even cause death. The risk depends on your age and how fit you are.

You should ask your doctor if there is anything you do not understand.

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

## General complications of any operation

- Bleeding during or after the operation. You may need a blood transfusion.
- Infection of the surgical site (wound) (risk: 1 in 75). It is usually safe to shower after 2 days but you should check with the healthcare team. Keep your wound dry and covered. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An

infection usually settles with antibiotics but you may need special dressings and your wound may take some time to heal. In some cases another operation might be needed. Do not take antibiotics unless you are told you need them.

- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.
- Difficulty passing urine. You may need a catheter (tube) in your bladder for 1 to 2 days.
- Blood clot in the leg (deep-vein thrombosis - DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or inflatable boots or special stockings to wear. Let the healthcare team know straight away if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straight away if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.
- Chest infection. You may need antibiotics and physiotherapy. Your risk will be lower if you have stopped smoking and you are free of Covid-19 (coronavirus) symptoms for at least 7 weeks before the operation.
- Heart attack (where part of the heart muscle dies). A heart attack can sometimes cause death.
- Stroke (loss of brain function resulting from an interruption of the blood supply to your brain). A stroke can sometimes cause death.

### Specific complications of this operation

- Damage to nerves around your hip, leading to weakness, numbness or pain in your leg or

foot (risk: 1 in 100). This usually gets better but may be permanent.

- Damage to blood vessels around your hip, leading to loss of circulation to your leg and foot. You will need surgery straight away to restore the blood flow.
- Break in the femur during the operation (risk: 1 in 75) or in the weeks or months after the operation (risk: 1 in 100 for men, 1 in 50 for women). This can happen if the bone is weak. If your hip suddenly becomes painful, let your surgeon know straight away. They may need to use a different type of hip replacement.
- Infection in your hip, which can result in loosening and failure of your hip replacement (risk: 1 in 300). You will usually need one or more further operations to control the infection. If you get any kind of infection, including a dental infection, get it treated straight away as the infection could spread through your bloodstream to your hip.
- Dislocation of your hip replacement (risk: 1 in 400 in the first 5 years). You may need further surgery if this keeps on happening.
- Continued pain in your hip, even though the hip replacement is working properly. If you are in a lot of pain, your surgeon may recommend a total hip replacement (risk: 1 in 200).
- Bone forming in muscles around your hip replacement (heterotopic ossification) (risk: 1 in 3). This can cause loss of movement in your hip. If this is severe you may need another operation to remove the extra bone.
- Loosening of your hip replacement without infection. You may need another operation to do your hip replacement again.
- Developing a lump around the hip (risk: 1 in 100 in the first 5 years). This can be the result of a metal allergy. The lump can cause pain in your hip or can press on your nerves, resulting in weakness, numbness or pain in your leg or foot. You may need another operation to remove the lump and to have a total hip replacement.

## Consequences of this procedure

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are advised so you can move about as needed.
- Unsightly scarring of the skin, although hip-resurfacing wounds usually heal to a neat scar.

## 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.

Good pain relief is important to help you to recover. If you are in pain, let the healthcare team know.

Getting out of bed and walking is an important part of your recovery. The physiotherapist will help you to start walking using crutches or a walking frame, usually the next day. They will teach you how to look after your new hip.

Your surgeon or the physiotherapist will tell you how much weight you can put on your leg.

Keep your wound dry for 4 to 5 days, and use a waterproof dressing when you have a bath or shower.

The healthcare team will tell you if you need to have any stitches or clips removed, or dressings changed.

You can go home when your pain is under control, you can get about safely and any care you may need has been arranged.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

### Returning to normal activities

To reduce the risk of a blood clot, make sure you carefully follow the instructions of the healthcare team if you have been given medication or need to wear special stockings.

The healthcare team will tell you when you can return to normal activities.

To reduce the risk of problems, it is important to look after your hip as you are told. You may need to use a walking aid for a few weeks.

Regular exercise should help you to return to normal activities as soon as possible. Speak to your GP or your healthcare team before taking up exercise after the procedure.

Do not drive until you can control your vehicle, including in an emergency, and always check your insurance policy and with the healthcare team.

### The future

Most people make a good recovery, have less pain and can move about better. It is important to follow the advice the physiotherapist gives you about exercises to strengthen your hip muscles.

It is common for your leg to be swollen after a hip replacement. It can take up to a year for the swelling to go down.

An artificial hip may never feel quite the same as a normal hip and it is important to look after it in the long term. Resurfacing hip replacements can click (risk: 1 in 4) or squeak (risk: 1 in 25) as you move around, but usually this does not mean there is a problem. This may improve with time.

Hip replacements can wear out over time. This depends on your weight and how active you are. Eventually a worn hip replacement will need to be replaced. About 9 in 10 resurfacing hip replacements will last 10 years.

A resurfacing hip replacement slowly releases small amounts of metal into your body as the surfaces wear down. This does not usually cause any problems but the long-term effects are not known.

You will continue to have regular check-ups, including a blood test. This allows your doctor to check if there are any problems caused by the metal surfaces wearing down.

### Summary

Arthritis of the hip usually happens without a known cause. For a few people it can be the result of a previous hip injury or rheumatoid arthritis. If you have severe pain, stiffness and disability, a

resurfacing hip replacement should reduce your pain and help you to walk more easily.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

## **Acknowledgements**

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