

Patient Information Leaflet

Revision Total Hip Replacement

Produced by: Orthopaedic Department

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Revision Total Hip Replacement

Revision total hip replacement is performed when the original primary total hip replacement has worn out or loosened in the bone. Revisions are also carried out if the primary hip replacement fails due to recurrent dislocation, infection, fracture or very rarely, ongoing pain and significant leg length discrepancy.

The revision total hip replacement is a more complex procedure, often because there is a reduced amount of bone into which to place the new total hip.

Revision total hip replacement takes longer than a standard total hip replacement and has a slightly higher complication rate. The prosthesis may also not last as long as a primary hip replacement. Surgery is usually performed through the same incision but may need some extension.

Specifically regarding revision total hip replacement risks include the following:

Deep vein thrombosis and pulmonary embolus: You are given medication (injections) to thin your blood and reduce the risk of these complications. Other measures include Thrombo Embolism Deterrent (TED) stockings.

Infection: Superficial wound infections may occur early on and deeper infections can occur at a later stage. The incidence of infection is slightly higher than with a primary hip replacement. You are given antibiotics before the operation and for the first two days to help prevent infections from happening. Very rarely, if a joint has a deep infection that cannot be controlled with antibiotic therapy, the joint requires removal and a second joint re-implanted at a later stage.

Leg length discrepancy: It is not unusual for there to be about 1cm leg length discrepancy following a Revision Hip replacement. This is usually easily tolerated. The reason there may be a discrepancy is to ensure that the hip joint is appropriately tensioned so that it does not dislocate. Initially you may think that you have a longer leg but this is often due to muscle contracture which over time will loosen up and your leg lengths will even out.

Hip dislocation: Provided the components are placed correctly and the appropriate post-operative precaution measures adhered to, it is unlikely that the hip will dislocate. This risk is, however, higher than with a primary hip replacement.

Fractured femur: Rarely the femoral bone may fracture at the time of surgery and this is usually treated immediately. It is also uncommon to fracture following a total hip replacement unless you have been involved in a bad accident.

Loosening of the prosthesis: As mentioned, over time the prosthesis may loosen if the bone does not grow into it sufficiently or if the bearing surface wears out to produce cysts around the prosthesis, leading to loosening. Should a prosthesis loosen, then it can sometimes be revised. If only the bearing surface wears out, then usually only the bearing surface requires revision, which is a much smaller operation.

Damage to nerves and vessels: It is unusual to damage any major nerves or vessels following a hip replacement. Very rarely in hips that have been dislocated for many years, a nerve palsy may occur if when the hip replacement is done the nerve joint is stretched.

Haematoma: Occasionally bleeding may occur around the hip joint following the operation and this may require drainage.

Scarring: Some patients tend to scar more than others and it may be that the scar that you have will be quite thickened (keloid).

Long-term swelling: Occasionally the operated leg may remain a little swollen for a number of months but in general this tends to resolve.

Trochanteric bursitis: Occasionally following hip replacement surgery one can experience inflammation at the side of the hip joint which usually settles with either a cortisone injection or anti-inflammatories.

Joint stiffness: Very rarely extra bone can form around your hip joint, which will cause it to stiffen up again (heterotopic ossification). This is usually painless but may cause some stiffness.

General advice after hip replacement surgery:

1. One should have regular checks with an x-ray for as long as your surgeon feels necessary.
2. If one has any major bowel, bladder or dental surgery, antibiotic cover should be given prior to the surgery.
3. Metal prostheses can activate security alarms at airports.

Valuables should not be brought into the hospital. If patients have to bring in valuable items they should ask a nurse to store them safely and request a receipt for the items. You may not be able to have the valuable items returned if the time of discharge from hospital is out of hours.

We are sorry but the Trust cannot accept responsibility for loss or damage to items not given for safe keeping.

You can get further information on all sorts of health issues through NHS interactive available through Sky TV or online at: <http://www.nhsdirect.nhs.uk/>

For Health advice and out of hours GP service please call the NHS 111 service on: 111

We Value Your Views On Our Service

If you wish to comment on the care which you, your relative or friend has received, we will be pleased to hear from you. Please speak to the person in charge of the ward, clinic or service in the first instance or ask them to contact the Quality Team. If you wish to contact them directly, telephone on 534850.

Alternatively you may prefer to write to:

Chief Executive
Isle Of Wight NHS Trust
St Mary's Hospital
Newport
Isle of Wight
PO30 5TG

You can also share any concerns you have about our services with the Care Quality Commission (CQC) on 03000 61 61 61 or at enquires@cqc.org.uk

All NHS sites are no smoking areas.

If you would like help and advice to stop smoking please call: Freephone 0800 169 0 169 to talk to the NHS Smoking Helpline.

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