Midlands Orthopaedic Centre

Trauma & Orthopaedics

Hemiarthroplasty (half hip replacement)

Patient Information Leaflet

NHS
The Dudley Group
NHS Foundation Trust

Introduction

This leaflet is about an operation called a half hip replacement. It gives information about the procedure and the benefits and risks of it.

What is a half hip replacement operation?

The hip joint is a ball and socket joint. It is a very important joint as it allows a great deal of movement but is also weight-bearing.

Your hip is broken (see figure 1) and your surgeons recommend that it is replaced. The operation is known medically as a hip hemiarthroplasty. In this operation, the ball is replaced but the cup (socket) remains your own bone. This is why it is called a 'hemi' (meaning a half) hip operation (see figure 2).

This is different to a total hip replacement. This is a similar operation in which the socket (cup) is replaced as well.

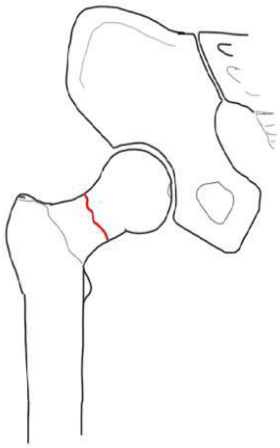

Figure 1 shows a broken hip

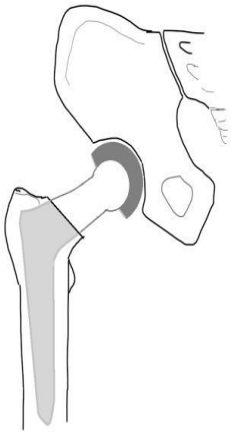

Figure 2 shows a half hip replacement

What are the benefits of the operation?

The aim of performing this operation is to allow you to get walking again as soon as possible, and to relieve the pain felt when the fractured bone ends rub against each other. Studies have shown that getting up and mobile as soon as possible after this type of injury is beneficial to recovery and helps to avoid complications of the injury, such as pressure sores and chest infection.

We aim to treat this type of injury within 36 hours of admission to hospital. Sometimes this is not possible and this can be due patients taking blood-thinning medication or having other medical problems which mean it is safer to wait.

What are the risks?

As with all procedures, this carries some risks and complications.

Common risks (two to five people out of every 100 may get these)

Blood clots - A deep vein thrombosis (DVT) is a blood clot in a vein. If you have a blood clot, you will usually get red, painful and swollen legs.

Although not a problem themselves, a DVT can pass in the bloodstream and be deposited in the lungs. This is known as a pulmonary embolism (PE). This is a very serious condition which affects your breathing. For more information, see section ‘Rare risks’.

Your doctors may give you medication through a needle to try and limit the risk of DVTs from forming. Some centres will also ask you to wear stockings on your legs, while others may use foot pumps to keep blood circulating around the leg. Starting to walk and getting moving is one of the best ways to prevent blood clots from forming.

Bleeding - This is usually only a small amount and can be stopped in the operation. However, large amounts of bleeding may need a blood transfusion or iron tablets. Rarely, the bleeding may form a blood clot or large bruise within the wound which may become painful and require an operation to remove it.

Pain - Your hip will be sore after the operation. If you are in pain, it is important to tell staff so that you can have painkilling medicines. Pain will improve with time. Rarely, pain will be a long term problem.

Altered leg length -The leg which has been operated on may appear shorter or longer than the other. Rarely, this requires a further operation to correct the difference, or shoe implants.

Joint dislocation - If this occurs, the joint can usually be put back into place without the need for surgery. Sometimes this is not possible, and an operation is required, followed by application of a hip brace. Rarely, if the hip keeps dislocating, a revision operation may be necessary.

Less common risks (about one to two people out of every 100 will get these)

Infection - We will give you antibiotics just before and after the operation. The procedure will also be performed in sterile conditions in an operating theatre with sterile equipment. Despite this there are still infections.

If you get an infection, the wound site may become red, hot and painful. There may also be a discharge of fluid or pus. This is usually treated with antibiotics, but an operation to wash out the joint may be necessary. In rare cases, the implants may be need to be removed.

Rare (less than one person out of every 100 will get these)

Altered wound healing - The wound may become red, thickened and painful especially in Afro-Caribbean people. This is known medically as a keloid scar. Massaging the scar with cream when it has healed may help.

Nerve damage - Efforts are made to prevent this; however, damage to the nerves around the hip is a risk. This may cause temporary or permanent altered sensation along the leg. In particular, there may be damage to the sciatic nerve. This may cause temporary or permanent weakness or altered sensation of the leg.

Bone damage - The thigh bone may be broken when the implant (metal replacement) is put in. This may need to be fixed, either at the time or during a later operation.

Blood vessel damage - The blood vessels around the hip may be damaged. This may require further surgery by the vascular surgeons.

Pulmonary embolism (PE) - A PE is a consequence of a DVT. It is a blood clot that spreads to the lungs and can make breathing very difficult. A PE can be fatal.

Death - This rare complication that can occur from any of the above complications.

What are the alternatives?

There may be other options to fix your broken hip. However, your surgeon's experience indicates to them a half hip replacement is the best option. There are other options to a half hip replacement you can consider – you should discuss these with your surgeon.

What happens before the operation?

Your surgeon will visit you before the operation. If you have any questions, you can ask them during this visit. The surgeon will mark your leg with a marker pen. This is part of routine safety checks to make sure the correct leg is operated on.

We will give you an anaesthetic in the operating theatre. This may be a general anaesthetic (where you will be asleep) and/or a regional block (where you are awake but the area to be operated is completely numbed). This may be an injection into the spine. Please discuss this and the risks with the anaesthetist. If you have any allergies, please also tell them.

You will lie on the opposite side to the one being operated on. We will clean your skin with antiseptic fluid and wrap clean towels around your hip.

What happens during the operation?

The surgeon will make a cut (incision) using a surgical knife (scalpel). The exact location of the incision depends on your surgeon's technique. The length of the incision also depends upon the surgeon and your break. It is normally a slightly curved incision on the side of the upper leg which often curves towards the buttock.

A cut is made through the fat and muscles which lie in the way of the hip bones. The top of the thigh bone (femur) which forms the neck and ball will be cut away. A replacement stem

and ball can then be placed in the remaining thigh bone using a special type of bone cement.

The hip is then checked finally on the operating table and once satisfied, the surgeon will repair the capsule of the hip joint and the muscles.

The skin can finally be closed. Some surgeons use stitches, while others prefer metal clips (skin staples). Both methods are equally successful and come down to surgeon preference. If clips are used, these can be removed by nursing staff around two weeks after the operation, once the skin is healing.

Please be aware that a surgeon other than the consultant, but with adequate training or supervision, may perform your operation.

What happens after the operation?

We will encourage you to start walking as soon as possible with the aid of the therapy team. This will normally be the day after the procedure.

You will have blood tests the day after surgery. Sometimes people will require a blood transfusion either on the ward or in theatre. You may be prescribed intravenous fluids (a drip) by one of the doctors on the team in order to ensure you are well hydrated before, after and during the operation.

You will have an X-ray of the hip after surgery to make sure the half hip replacement is in a good position.

Having a hip fracture will impact on your mobility (how you can move around). This can sometimes cause the blood in the legs to return to the heart less quickly, as it is normally pumped up through the circulation with the help of walking. For this reason, everyone who has a hip fracture is treated with blood-thinning medication for around four weeks. In this hospital, we normally use something called low-molecular-weight heparin which is injected just under the skin on a daily basis.

How will I feel after the operation?

When you wake up, you will feel sore around the hip. This is normal.

The nurses will monitor your pain – you may feel weak after the operation but we do not want you to be in severe pain. Nursing staff will assess your pain and give you strong pain relief. Painkillers will be given either through an infusion pump (a drip) or by patient controlled analgesia (this means you can control your own pain relief).

How long will it take me to recover?

This is a serious injury but it is something that we see a great deal of as orthopaedic surgeons. There are over 70,000 people in the UK each year who suffer a broken hip. Different people will need different amounts of time in hospital after the procedure. Normally people can leave hospital (be discharged) when they are classed as medically fit by the doctors and they have had appropriate assessments from therapy.
Following assessments from therapy, we will discuss discharge options with you, based on your individual needs. It may be necessary for the occupational therapist to provide you with some equipment, or offer advice to help you on discharge.

What should I do when I leave hospital?

We will give you after care advice based on your individual needs.

This leaflet can be downloaded or printed from:

http://dudleygroup.nhs.uk/patients-and-visitors/patient-information-leaflets/

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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