



**Spire Healthcare**

## **Treatment summary**

### **Hip replacement and resurfacing surgery**

#### **What's involved?**

The hip is a ball and socket joint. The 'ball' is formed by the top of the thigh bone (femur), which fits into a 'socket' (acetabulum), which is part of the pelvis.

During a total hip replacement, the top of the femur is removed and a replacement ball on a stem is inserted into the centre of the thigh bone. A plastic or metal cup is frequently used to replace the socket.

Hip resurfacing is an alternative to total hip replacement. During resurfacing, the surfaces of the two bones that form the hip joint are replaced with metal components.

Both operations are usually done under general anaesthesia, which means that you will be asleep during the operation.

However, for some patients, epidural or spinal anaesthesia is preferable. This completely blocks the feeling in your legs but you stay awake. Your surgeon and anaesthetist will discuss with you which type of anaesthesia is most suitable in your case.

You will be in hospital until you are able to walk safely with the aid of sticks or crutches. This will probably be three to five days after your operation.

An artificial joint (or metal components used during resurfacing) will usually last for at least ten years, after which it may need to be replaced. Your surgeon will explain the benefits and risks of hip replacement and resurfacing surgery and will also discuss which procedure is most suitable for you.

## About the operation

During a hip replacement or resurfacing, a single cut (usually 15 to 30cm long) is made along the hip and thigh. When the joint has been replaced or resurfaced, the cut is closed with stitches or clips. The operation usually takes up to two hours.

Following your operation, a physiotherapist will visit you every day to guide you through exercises to help you recover. You will be encouraged to move your new hip from the first day.

After surgery, your hip is likely to be sore for several weeks. You may feel some temporary pain and swelling in the knee and you may have a swollen ankle for up to three months. Your bowels may take a while to return to normal. You may also have difficulty passing urine on the first day or so. A catheter (a thin tube) may be inserted into the bladder to help urine flow.

Hip replacement and resurfacing are generally safe surgical procedures. For most people, the benefits in terms of improved mobility and less discomfort are greater than the disadvantages. However, all surgery carries an element of risk.

Some of the complications specific to hip replacement and resurfacing surgery are listed here:

- infection of the wound or joint. Antibiotics are given during and after surgery to help prevent this.
- for up to six weeks afterwards, there is a higher risk of developing a blood clot (DVT) in the veins in the leg. This clot can break off and cause a blockage in the lungs. It's usually treatable, but it can be a life-threatening condition. Compression stockings, intermittent compression pumps and blood-thinning injections are used to help prevent DVT.

- occasionally, small cracks in the bone result in a hip fracture during the operation. This can be treated but may slow down your recovery.
- damage to the nerves controlling the leg. This is usually mild and temporary.
- the operated leg may be a slightly different length. Sometimes a raised shoe on the shorter side is necessary.
- the new joint may dislocate following a hip replacement. This is most likely to happen immediately after the operation and you may need surgery to treat this.

The chance of complications depends on the exact type of operation you are having and other factors such as your general health. Ask your surgeon to explain how any risks apply to you.

**To find out more about having hip replacement or resurfacing surgery in a Spire Healthcare hospital, please contact your local Spire hospital.**



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