

## Introduction

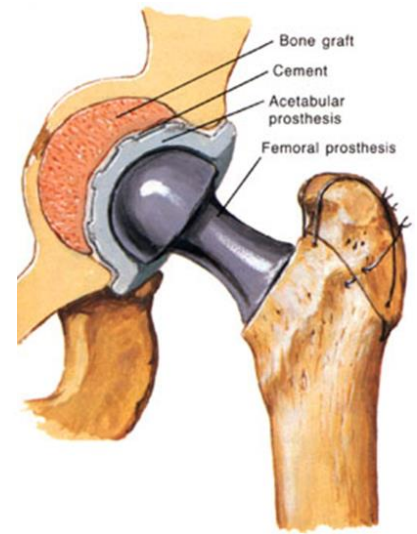
Total hip replacement consists of acetabulum cup, ball head and femoral stem. They are usually made of metal alloy, polyethylene or ceramic.

## Indication

1. Avascular necrosis.
2. Arthritis (Degeneration, Rheumatoid or others).
3. Fracture (Femoral head or neck).

## The Operation / Procedure

1. Excise damaged joint.
2. Insert and fix up the artificial joint.



## Preoperative Preparation

1. Admit 1 day before or on same day of this “elective” operation.
2. Anesthetic assessment before operation. Inform your doctors about drug allergy, regular medications or other medical conditions. Look for and treat any infection of the teeth, urinary tract, respiratory tract and skin infection of the feet. You must tell your doctor about these as early as possible.
3. Keep fast for 6 to 8 hours before operation.
4. Empty bladder and change to operation clothes before transfer to operating room.
5. Pre-medication, antibiotic prophylaxis intravenous line may be required.

## Postoperative Instruction

### A. General

1. Mild throat discomfort or pain because of intubation.
2. Mild discomfort or pain over the operation site. Inform nurse or doctor if pain severe.
3. Nausea or vomiting are common; inform nurses if symptoms severe
4. Inform nurses if more analgesics are required.

### B. Wound care

1. Follow medical professionals’ instructions to prevent dislocation.
2. Deep breathing exercise to prevent lung complication.
3. Exercises of toes and ankles of both lower limbs to prevent venous thrombosis.
4. Start walking exercise when pain improves.
5. Stitches or skin clips (if present) will be taken off around 10-14 days.
6. The drainage tube will be removed by doctor when drainage decreases, but patient may go home with the drainage tube.
7. Extra-procedures or treatment may be required if complications arise.

### C. Diet

Resume diet, usually 4 hours after anesthesia, and when taking sips of water well.

## Common Risks and Complications (not all possible complications are listed)

### A. Anesthesia related complications

1. Cardiovascular: myocardial infarction or ischemia, stroke, deep vein thrombosis, pulmonary embolism, etc.
2. Respiratory: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease.
3. Allergic reaction and shock.
4. Toxicity of local anesthetic may result in serious complication although rare.

### B. Procedure related complications

1. Infection.
2. Bleeding, hematoma, healing problem, scarring.
3. Joint dislocation.
4. Fracture, nerve damage, blood vessels damage leading to paralysis or loss of limb.
5. Leg length difference.
6. Wear and loosening.

## Alternative Treatment

Conservative treatment including analgesics, modify daily activities, using walking aid for pain relief

## Things to take note after discharge

1. Avoid crossing of legs or excessive hip flexion to prevent dislocation.
2. Contact your doctor or a nearby Accident & Emergency Department if you find increasing discharge, pain and or redness around the wound.
3. Take analgesics prescribed by your doctor if required.
4. Resume daily activity gradually.

## Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.

## Reference

Hospital Authority: "Total hip replacement" (2021)

Smart Patient: [http://www.ekg.org.hk/pilic/public/O&T\\_PILIC/O&T\\_TotalHipReplace\\_0005\\_eng.pdf](http://www.ekg.org.hk/pilic/public/O&T_PILIC/O&T_TotalHipReplace_0005_eng.pdf) (12-07-2023)