

Procedure Information Sheet - Total Hip Replacement

Introduction

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

Indications

1. Osteonecrosis.
2. Degeneration arthritis, rheumatoid arthritis, or other arthritis.
3. Femoral head or neck fracture.
4. Others.

Procedure

1. The operation is performed under general /regional anaesthesia.
2. Excise damaged joint.
3. Insert and fix up the artificial joint.

Pre-operative preparation

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complication.
2. Optimization of pre-existing medical conditions, e.g. heart disease, hypertension, diabetes mellitus, anaemia, asthma etc.
3. Keep fast for 6-8 hours before operation.

Possible risks and complications

A. In general

- Heart attack, chest disease, deep vein thrombosis, pulmonary embolism etc. It can be fatal if severe.

B. Specific complications

- Revision of surgery.
- Infection.
- Bleeding, haematoma, healing problem, scarring.
- Joint dislocation/subluxation.
- Fracture, nerve damage, blood vessels damage leading to paralysis or loss of limb.
- Leg length difference, leading to limping.
- Wear and loosening.
- Circulatory collapse: related to bone cement implantation syndrome/embolization.

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Possible additional procedure

Extra-procedures or treatments may be required if complications arise:

- Deterioration or pre-existing disease leading to worsening of symptoms.
- Catheterization of bladder may be performed.

Post-operative information

A. Hospital 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.

B. Home care after discharge

1. Avoid excessive hip flexion and crossing the leg to prevent dislocation.
2. Please contact your doctor or go back to hospital if excessive bleeding, collapse, severe pain or signs of infection at your wound site such as redness, swelling or fever (body temperature above 38°C or 100°F) occurs.
3. Follow up on schedule as instructed by your doctor.

Alternative treatment

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

Remark

The above mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or individual differently. Please contact your physician for further enquiry.

Reference: http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Name: _____

Pt No.: _____ Case No.: _____

Sex/Age: _____ Unit Bed No: _____

Case Reg Date & Time: _____

Attn Dr: _____

Patient / Relative Signature: _____

Patient / Relative Name: _____

Relationship (if any): _____

Date: _____