

Hip Replacement Risks & Complications

There are risks associated with any anaesthetic or surgical procedure and some which are specifically associated with having a hip replacement.

General Risks and Complications:

1) *Nausea and vomiting*

The anaesthetic drugs can make you feel sick. We do our best to control this with anti-emetic medication.

2) *Paralytic ileus*

Sometimes the bowel doesn't work properly for a few days after an operation and this will make you feel bloated and uncomfortable. This may require treatment while it settles down.

3) *Constipation*

The pain-killing medication will often make people constipated. We will be giving you laxatives, etc., to try and avoid this

4) *Cardiac complications*

The stress of the surgery can cause cardiac problems (heart attack, etc.). This is very rare and we do our best to minimise this. It is important that if you have a cardiac history you let us know. This will be checked when you come to the pre-assessment clinic.

5) *Stroke*

This is very rare, but can occur with any surgical procedure.

6) *Chest infection*

It is important to do breathing exercises after surgery, to keep the lungs expanded. Chest infections sometimes occur and require treatment with physiotherapy and antibiotics.

7) Urinary retention

We often fit people with a urinary catheter. This will be discussed with you in advance of surgery. If you don't have a catheter there is a risk that you won't be able to pass water properly after the operation. This is painful and requires treatment with a catheter.

8) Urinary infection

Whether or not you have a catheter there is a risk of infection, which requires treatment with antibiotics.

Risks specific to hip replacement:

1) Fatality

There is a very small risk of life threatening complications, as a result of cardiac events, stroke, or a pulmonary embolism (clot on the lung). The latest data suggests the overall risk is about 1 in 300.

2) Bleeding

There is always bleeding when you replace the hip/knee. With modern techniques it is rare for patients to need a blood transfusion, but you will be asked to consent to have a blood transfusion in case we have problems with excessive bleeding.

3) Infection

Our results show that infection occurs in less than 1% of our patients. With careful surgery in a clean hospital, antibiotics and careful wound closure we aim to minimise infection as much as we can. If infection happens it can be very serious, because if the infection gets into your new joint, we can't treat it with antibiotics and we may have to remove the joint and start again, with a lengthy period of antibiotics. This is very major surgery and the long-term results will not be as good as they would have been if the infection hadn't occurred. **If you do have problems with your wound which don't settle down quickly we should review you earlier than planned in the clinic.**

4) Blood clots

Deep vein thrombosis (DVT) means a clot on the veins in the leg and this can occur after any surgery on the lower limb. These do not usually cause long-term problems, but can cause a pulmonary embolism (PE), which can be very serious. If you get a clot you may require treatment with blood thinning drugs for a few weeks. The risk of a DVT is about 5%, but these are often asymptomatic. The risk of a PE is about 0.5% and this will cause breathlessness and breathing difficulties. We do all we can to prevent blood clots; you wear special stockings, sometimes we use special pumps on the lower leg to encourage blood flow and you are given blood thinning injections or tablets for 28 days after the operation. **If you do have excessive swelling in the leg or breathing difficulties, you should seek medical attention.**

5) Leg length

Following surgery there may be a small difference in your leg lengths. If this does occur, it will generally be much less than a centimetre and can be managed with an insole or raise on the shoe if necessary. In more complex cases getting the length right can be more difficult and is not always possible. This would be discussed with you in the clinic prior to surgery. If you need both hips replacing, sometimes the first side we operate on will be longer, but we can usually equalise the length when we do the second side.

6) Dislocation

Dislocation most often occurs in the first few weeks after surgery. The ball and socket parts of the joint come apart, usually as a result of twisting movements and this is very painful. You need to be a bit careful over this period. The physiotherapist will make sure you know what to do to minimise the risk. Our results show that the risk of dislocation in straightforward hip replacements is well under 1%. If your hip does dislocate, you would have to come back into hospital for the hip to be put back into joint under an anaesthetic.

7) Nerve injury

The nerves supplying your leg are near to the hip joint and can be stretched or bruised during surgery. If this happens you may have some altered sensation and weakness or paralysis in your leg, usually your ankle and foot. Although this is usually very short-term, in extremely rare cases it can lead to permanent

weakness at the ankle and foot (foot drop). The risk of a serious nerve injury is about 1 in 300.

8) Blood vessel damage

The main blood vessels supplying your leg are very close to the hip. Damage to these structures is extremely rare, but is very serious, resulting in excessive bleeding and interruption of the blood supply to the leg. This requires emergency repair of the blood vessels to deal with it.

9) Fracture

Fracture of the bones very rarely occurs during a hip/knee replacement. This will usually be seen and dealt with during the operation, but does make the surgery more complex and may mean a different post-operative rehabilitation. Occasionally a fracture is only seen on the X-ray taken after the operation. This may require another operation to deal with it, or alterations to the post-operative regime.

10) Persistent symptoms

Hip replacements do not come with a 'written guarantee'. Normally this is a life-transforming operation and well over 90% of patients are delighted. Sometimes, however, patients can have some on-going symptoms. Some people find the side of the hip remains sore. Occasionally, extra bone can form around the joint, which causes discomfort and stiffness. The tendons around the joint can get inflamed and this can cause discomfort, often in the groin.

11) Long-term failure

Artificial joints are likely to eventually wear out, causing recurrent pain and the need for the operation to be re-done (revision). The available data suggests that the type of joint we plan to use has a very good chance of lasting at least 20 years.

[For more information or to arrange a consultation, please contact my PA Adriana Espinel-Prada:](#)

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