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Patient Information Sheet - Hip Replacement/Resurfacing: Risks

This sheet lists the complications of hip surgery which Dr Marel has discussed with you. Please read it carefully before your surgery, if there are any questions or areas which you feel need to be discussed further, this can be done in consultation prior to surgery.

Hip replacement is overwhelmingly a very successful operation, success rates being about 95%. Most people can expect a complication free recovery however about 5% of patients will have some complication, about half that rate being serious complications.

The most serious complications are complications of anaesthesia including heart attack, pneumonia, stroke or death. Post-operative blood clot in the leg or the chest is a possible complication. The operative wound itself may become infected or the skin could have healing problems.

Specific complications of total hip replacement include possible damage to arteries and nerves, the femoral or pelvic bone may be broken at the time of surgery, usually this is then fixed at the time of surgery. The leg may be slightly shortened or (more commonly) slightly lengthened, this could result in the need to wear a built up shoe. It is important to leave the hip as stable as possible to stop possible dislocation of the hip and sometimes this means that the leg has to be lengthened slightly, sometimes it is not possible to be absolutely accurate with leg length determination during the operation. Dislocation of the hip is possible, the risk is greatest in the first six weeks, Dr Marel and the physiotherapists will discuss the important aspects of safety and posture of the leg, sitting, etc. to avoid dislocation.

The long term risks are of late infection via the bloodstream, it is important to have antibiotic coverage if there is any risk of bacterial infection from any source spreading all around the body, this may occur with an infected leg ulcer or a dental abscess for example, most doctors now are well aware of this problem and will give antibiotics once they know the patient has a hip replacement. It is not relevant for coughs or colds or virus or flu. The hip replacement itself may wear out in time, indeed all hip replacements wear out after some time. Dr Marel keeps all joint replacements under review with xrays every few years even when things are going well, in this way early signs of the joint wearing out can be observed and action taken early rather than late.

It is not possible to list all potential complications as many rare events can take place infrequently. Listed above are the most important and the most common complications, precautions are taken and there are procedures in place to minimise these wherever possible.