

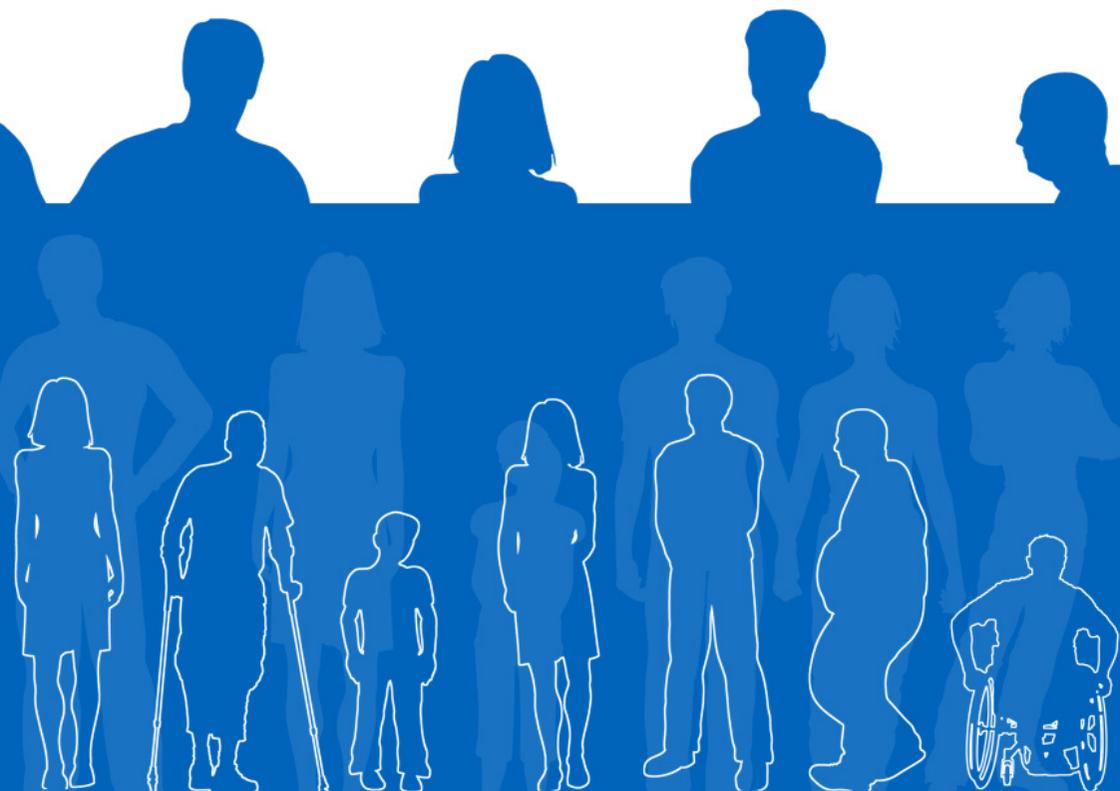


Royal National Orthopaedic Hospital



NHS Trust

# A Patient's Guide to Revision Hip Replacement Surgery



This leaflet provides information for patients who are on the waiting list for a revision (re-do) hip replacement.

Although you have already had surgery to your hip, you may also find the total hip replacement booklet helpful.

## Reasons for revision

- **Aseptic loosening** – wear and tear of the joint surface, partial loosening of a joint replacement, resorption (gradual breakdown) of the bone around the replacement causing the bone to become thin or cracking of the cement that holds the implants in place. Revision surgery for this type of loosening usually requires one operation. The loose implant is removed and a new one is put in.
- **Septic loosening** – the hip is loose due to infection. It is difficult to treat infections in the hip as the blood supply is reduced and the implants can make it difficult for antibiotics to get to the specific area. Therefore, the implant is removed with an antibiotic spacer inserted temporarily. The patient is treated with a minimum of six weeks antibiotics and when the infection is clear, another operation is needed to put a new implant back in the hip.

## Complications of revision hip surgery

Revision surgery can be more complex and the risks are higher than for first time surgery. The outcome is generally reported as being 80% as good as the previous joint, and can deteriorate further if the hip has been revised before.

- The surgery can be more complex and take longer. This can increase the blood loss and risk of infection.
- The tissues and muscles that have been re-opened may be weaker, increasing the risk of dislocation.
- Recovery can be slower and crutches or a frame may be needed for longer.
- The risk of getting a blood clot in the leg or the thigh may be increased.
- Due to the scar tissue from the previous surgery, the nerves may be 'stuck' down and, therefore, more likely to be damaged during surgery. This may cause numbness and reduced movement to the foot and thigh. This can take a few months to recover and, in a few cases, may be permanent.
- Bone thinning and removal of the hip implants can lead to more of the bone being removed, thereby shortening your leg. The stability of your joint and making sure it is unlikely to dislocate is a high priority. Although leg length equality is important, the length of the leg may need to be altered to maximise stability.

- Bone thinning may also lead to fractures or cracks, which may require fixation with cables, plates or bone graft. Occasionally, this requires an additional operation to fix. You may need to use crutches for up to three months.
- The life expectancy of a hip replacement is on average 10 – 15 years, so, depending on your age, further revision work may be required in the future.

## A revised hip replacement



## Anticipation of potential complications

The incidence of these potential complications is low and everything possible will be done to reduce these risks.

- We make sure you are as fit and healthy as possible before your surgery.
- Surgery takes place within a clean air environment and sterile equipment is used.
- Antibiotics are given before, during and after the operation.
- Exercises and information about reducing the risk of hip dislocation will be given to you.
- Elastic stockings and blood thinning medication will be used to reduce the risk of a blood clot and you will be encouraged to get out of bed soon after surgery.
- Specialist equipment is used to remove the hip implants and any cement, if it was previously used. If the bone left appears too thin, extra donated bone will be used to support the joint. (The NHS Blood and Transplant Tissue Services provide donor bone for these situations).
- The most appropriate joint replacement will be chosen by your surgeon, based on research and your needs.

- It may take six months for the body to compensate for a leg length difference, but it often does. If there continues to be a length issue, this may be helped by physiotherapy and/or a shoe raise. This will be reviewed at your post-operative clinic appointments.
- Normal walking may not be possible and you may always have a limp.

## Benefits from revision surgery

- Pain relief
- Increased function

## Alternative treatment

- **Conservative care** - on-going pain relief will be required and long-term antibiotic treatment will be prescribed if infection is present.
- **Surgical intervention** - the hip replacement is removed and not replaced. This is termed a 'Girdlestones' procedure. The end of the femur and the socket may 'knit' together and most people can weight bear to varying degrees and can walk with an aid. It does, however, leave the leg shorter and most patients require a shoe raise after surgery.

Surgical techniques and post-operative treatment may vary depending on which consultant is responsible for your care.

The Joint Reconstruction Unit at the Royal National Orthopaedic Hospital comprises many consultants and their teams. If you require further information, please call the switchboard on 020 8909 2300 and ask for their secretary.

If you have any comments regarding this leaflet please contact the Clinical Governance Department on 020 8909 5628.

Royal National Orthopaedic Hospital NHS Trust  
Brockley Hill  
Stanmore  
Middlesex  
HA7 4LP

[www.rnoh.nhs.uk](http://www.rnoh.nhs.uk)

10-53 RNOH © RNOH January 2011

If you need this document to be translated into another language/large print, please contact the Clinical Governance Department on 020 8909 5439.