

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No. :	

Procedure Information Sheet – Total Hip Replacement

1. Introduction

- 1.1. Patients may need hip replacement surgery when arthritis limits their everyday activities such as walking and bending, resting without pain, or moving or lifting the leg without stiffness. Hip replacement is recommended only after careful diagnosis of the joint problem.
- 1.2. Total hip replacement consists of acetabulum cup, ball head and femoral stem. They are usually made of metal alloy, polyethylene or ceramic.

2. Procedural Preparation

- 2.1. Existing disease conditions such as heart disease, diabetes mellitus, lung disease etc. will be treated and optimized before the surgery.
- 2.2. Tests may be ordered include X-Ray of hip, blood tests, Chest X-Ray and Electrocardiogram (ECG).
- 2.3. Do not take blood-thinning agents for a few days prior to the surgery.
- 2.4. Physiotherapists may educate you on muscle training and breathing exercises prior to surgery.
- 2.5. The reason of operation, procedure and possible complications will be explained by the surgeon and consent form will be signed before operation.
- 2.6. Pre-operative anesthetic assessment will be performed. The anesthetic management and its possible risks will be explained by the anesthetist with consent for anesthesia signed.
- 2.7. Inform doctor for any drug allergy, regular medications or other medical conditions.
- 2.8. Do not eat or drink for 6 to 8 hours before operation if under general anesthesia.

3. Procedure

- 3.1. The operation will be performed under general or regional anesthesia.
- 3.2. Antibiotic prophylaxis for the operation will be administered to prevent surgical infection.
- 3.3. Incision is made from the hip to lateral side of the thigh.
- 3.4. Diseased joints will be removed and replaced by artificial joint components.
- 3.5. At the end of the procedure, drain(s) may be inserted for drainage of haematoma.
- 3.6. Before going back to a general ward, you may be kept in the recovery room of the operation theatre for observation.

4. Recovery Phase

- 4.1. You will be allowed to eat and drink when your condition is stable.
- 4.2. In order to keep the new hip safe from dislocation, do not bend the hip for over 90 degrees or cross your legs.
- 4.3. Do not raise the head of bed over 60 degrees. Abduction pillow should be placed in between both legs.
- 4.4. Doctor may prescribe oral or intravenous analgesic for pain control.
- 4.5. You may suggest to wear anti-thrombolytic stocking and start leg mobilization exercise for preventing deep vein thrombosis.
- 4.6. Physiotherapy will be started later with walking and motion exercises for early recovery.
- 4.7. The drain(s), if any, will be removed when the drainage is minimal.
- 4.8. The stitches / staples will be removed after the wound heals.
- 4.9. You will be discharge within 5-6 days, or depending on your recovery progress.

5. Possible Risks and Complications

- 5.1. There are complications related to surgery in general. These include the risks associated with anesthesia, infection, damage to nerves and blood vessels, and bleeding or blood clots.
- 5.2. Infection may occur after artificial joint replacement.
- 5.3. Hip dislocation after surgery is rare.

