

# **PILGRIM HOSPITAL**

Orthopaedic Department

## **BIRMINGHAM HIP RESURFACING ARTHROPLASTY**

### **Patient Information & Exercise Folder**

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# Hip resurfacing

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This factsheet is for people who are planning to have a hip resurfacing operation, or who would like information about it.

Hip resurfacing involves replacing the diseased or damaged surfaces in the hip joint with metal implants.

Your care will be adapted to meet your individual needs and may differ from what is described here. So it's important that you follow your surgeon's advice.

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## How hip resurfacing is carried out

[A Flash plug-in is required to view this animation.](#)

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## About hip resurfacing

The hip is a ball and socket joint. Normally, the ball at the top of your thigh bone moves smoothly in the socket of your pelvis (hip) on a lining of cartilage. If the cartilage is worn away, it can make your joint painful and stiff.

Hip resurfacing (also called metal on metal hip resurfacing arthroplasty) operation can help improve mobility and reduce pain. In this operation damaged surfaces of the hip joint are removed and replaced with metal parts.

Hip resurfacing operation is recommended if you are under 55 and a healthy weight. Less bone is removed for hip resurfacing, making it easier to repeat the operation or to have a total hip joint replacement in later years. A hip resurfacing operation can help improve quality of life, however it's not suitable for everyone.

## What are the alternatives?

Surgery is usually recommended only if non-surgical treatments such as taking medicines or using physical aids, such as a walking stick, no longer help to reduce your pain or improve mobility.

Depending on how badly your hip joint is damaged, your surgeon may recommend a total hip replacement. Your surgeon will explain your options to you.

## Preparing for your operation

Your surgeon will explain how to prepare for your operation. For example, if you smoke you will be asked to stop, as smoking increases your risk of getting a wound infection and slows your recovery.

Hip resurfacing usually requires a hospital stay of about five days and it's done under general anaesthesia. This means you will be asleep during the operation. Alternatively you may have the surgery under spinal or epidural anaesthesia. This completely blocks feeling from your waist down and you stay awake during the operation.

Your surgeon will advise which type of anaesthesia is most suitable for you.

If you are having a general anaesthetic, you will be asked to follow fasting instructions. Typically you must not eat or drink for about six hours before a general anaesthetic. However, some anaesthetists allow occasional sips of water until two hours beforehand.

At the hospital your nurse may do some tests such as checking your heart rate and blood pressure, and testing your urine.

Your surgeon will usually ask you to sign a consent form. This confirms that you understand the risks, benefits and possible alternatives to the procedure and have given your permission for it to go ahead.

You will also be asked to consent to placing your name on the National Joint Register, which is used to follow up the safety, durability and effectiveness of joint replacements and implants.

You may be asked to wear compression stockings to help prevent blood clots forming in the veins in your legs. You may need to have an injection of an anti-clotting medicine called heparin as well as, or instead of, stockings.

## About the operation

Hip resurfacing usually takes two hours.

Your surgeon will make a cut over your hip and thigh and separate the ball and socket (hip joint).

The worn surfaces of the thigh bone and hip socket are carefully removed. The remaining bone is then cleaned and covered with metal surfaces.

Your surgeon will close the cut with stitches or clips and cover it with a dressing.

## What to expect afterwards

You will need to rest until the effects of the anaesthetic have passed. You may not be able to feel or move your legs for several hours after an epidural anaesthetic.

You may need pain relief to help with any discomfort as the anaesthetic wears off.

A special pillow may be placed between your legs to hold your hip joint still and stop it from dislocating.

For the first day or so, you may have an intermittent compression pump attached to special pads on your lower legs. By inflating the pads, the pump encourages healthy blood flow and helps to prevent DVT. You may also have compression stockings on your legs. These help to maintain circulation.

The day after your operation you will be allowed to move around with the help of crutches or a walking frame.

Starting from the day after your operation, a physiotherapist (a specialist in movement and mobility) will usually guide you daily through exercises designed to help your recovery.

You will stay in hospital until you are able to walk safely with the aid of sticks or crutches. This is usually about three to five days.

When you are ready to go home, you will need to arrange for someone to drive you home. You should try to have a friend or relative stay with you for the first week.

Your nurse will give you some advice about caring for your hip and a date for a follow-up appointment before you go home.

Dissolvable stitches will disappear on their own in seven to 10 days. Non-dissolvable stitches are removed a week after surgery.

## Recovering from hip resurfacing

If you need pain relief, you can take over-the-counter painkillers such as paracetamol or ibuprofen. Follow the instructions in the patient information leaflet that comes with the medicine and ask your pharmacist for advice.

The exercises recommended by your physiotherapist are a crucial part of your recovery, so it's essential that you continue to do them.

There are certain movements that you shouldn't do in the first eight weeks. For example, you shouldn't cross your legs or twist your hip inwards and outwards. Your physiotherapist will give you further advice and tips to protect your hip.

You will be able to move around your home and manage stairs. You will find some routine daily activities, such as shopping, difficult for a few weeks and will need to ask for help. You will need to use crutches for about six weeks.

You may be asked to continue wearing your compression stockings for a few weeks at home.

You can usually return to work after four to six weeks. But if your work involves a lot of standing or lifting, you may need to stay off for three months.

Follow your surgeon's advice about driving. You shouldn't drive until you are confident that you could perform an emergency stop without discomfort.

Your hip will continue to improve for at least four months.

## What are the risks?

Hip resurfacing is commonly performed and generally safe. However, in order to make an informed decision and give your consent, you need to be aware of the possible side-effects and the risk of complications of this procedure.

### Side-effects

These are the unwanted, but mostly temporary effects of a successful treatment, for example feeling sick as a result of the general anaesthetic.

Your hip joint will feel sore for several weeks and you may have some temporary pain and swelling in your knee and ankle.

### Complications

This is when problems occur during or after the operation. Most people are not affected. The possible complications of any operation include an unexpected reaction to the anaesthetic, excessive bleeding or developing a blood clot, usually in a vein in the leg (deep vein thrombosis, DVT).

Specific complications of hip resurfacing are uncommon, but can include those listed below.

- Infection of the wound or joint. Antibiotics are given during and after surgery to help prevent this.
- Joint dislocation. This is rare but you may need another surgery to correct this.
- Difference in length. Your leg may be slightly shorter or longer and you may need to wear a raised shoe on the shorter side to correct your balance.
- Hip fracture. Tiny cracks can occur in your bone while fitting the new surfaces. These usually heal, but sometimes the bone can fracture and require further surgery.
- Unstable joint. The metal surfaces may become loose and you may need further surgery to correct this.

The exact risks are specific to you and will differ for every person, so we have not included statistics here. Ask your surgeon to explain how these risks apply to you.

## Further information

- The Arthritis Research Campaign  
0870 850 5000  
[www.arc.org.uk](http://www.arc.org.uk)