



Nigel Donnachie

Consultant Hip & Knee Surgeon

HYBRID TOTAL HIP REPLACEMENT

A hip replacement may be considered when your hip joint becomes so badly worn that it causes pain which interferes significantly with your quality of life and which cannot be controlled with simple measures such as painkillers.

What does the operation involve?

The operation takes place under a general or spinal anaesthetic and takes approximately 90 minutes.

Hybrid hip replacement requires replacement of both surfaces of the hip joint. The head of the femur (thigh bone) is replaced with a metal stem and either a metal or ceramic head. The stem of the hip replacement is fixed in place with cement. The socket of the hip is replaced with an uncemented shell and either a polyethylene or ceramic liner.

What are the benefits of hip replacement surgery?

A successful hybrid hip replacement will give relief from pain in the hip and should allow sufficient movement in the hip joint for you to undertake most normal activities. The overall aim of surgery is relief of pain in the hip.

What are the possible complications?

Depending on the condition of your hip prior to surgery, a good result can be expected in approximately 95% of cases. However, some patients face a higher complication rate than others, which will reduce the chances of a good result. Your surgeon will warn you if this is the case with your hip.

The following risk factors exist for any patient undergoing total hip replacement:

- Medical risks e.g. heart attack, stroke, clots in the leg (deep vein thrombosis) or lung (pulmonary embolism)
- Infection in the wound, or in the hip joint itself
- Wear / loosening of the artificial hip
- Dislocation of the artificial hip



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- Nerve injury
- Change in the length of the leg
- Risk of ceramic fracture (where a ceramic head is used)
- Trendelenburg lurch
- Re-operation
- Death

High risk groups

There are some people who come under the category of high risk and these include people who:

- Have had multiple operations to the affected hip
- Have had previous infection within the hip
- Have inflammatory arthritis, rheumatoid arthritis or psoriasis
- Have major medical problems
- Take certain drugs such as steroids or immunosuppressant medication

What is the alternative to surgery?

Hip replacement surgery is only recommended when it is felt that non-surgical interventions such as pain killers, anti-inflammatory drugs, exercises or cortisone injections would no longer offer any significant benefit. However, ultimately the decision to undergo surgery is yours as only you know the extent to which your symptoms are affecting your day-to-day activities.



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Recovery

You will start to take a few steps on your new hip on the day of or the day after the operation. Your physiotherapist will advise you when to do this and will provide you with specific exercises to perform whilst in hospital and when you go home.

These exercises may be painful at first but they are an essential part of your post-operative recovery and if they are not performed you face a high probability that your hip replacement will not be as successful as you had hoped.

You will remain in hospital for approximately three days after surgery. You will be walking without assistance but most patients require sticks for support during the first few weeks. It is expected that you will be able to manage independently at home although you will not be able to drive for six weeks after the operation so it is helpful if you have someone available who can help with activities such as shopping at first.

You play an important part in your recovery. Whilst the physiotherapy, nursing and medical staff provide important advice and support, only you can get the hip moving.

Most patients report some immediate benefit from surgery but overall recovery can sometimes feel slow and this can be a little frustrating. The first three to four months after discharge involve a lot of hard work on your part in order to get the hip working properly. It is therefore important that you are well motivated and committed to working hard both in hospital and following discharge

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