Stephen J. Incavo MD

REVISION HIP REPLACEMENT

Presents

REVISION HIP REPLACEMENT

Multimedia Health Education

Disclaimer

This information is an educational resource only and should not be used to make a decision on Revision Hip Replacement or arthritis management. All decisions about Revision Hip Replacement and management of arthritis must be made in conjunction with your surgeon or a licensed healthcare provider.

Stephen J. Incavo MD

Orthopaedic Hip and Knee Surgeon, Houston Texas

Houston

6445 Main St.,

Suite 2500

Outpatient Center

Houston, Texas 77030

Tel: (713) 441-3569

Stephen J. Incavo MD

www.drincavo.com

MULTIMEDIA HEALTH EDUCATION MANUAL

TABLE OF CONTENTS

Your Practice Online

REVISION HIP REPLACEMENT

Multimedia Health Education

INTRODUCTION

Revision Hip Replacement means that part or all of your previous hip replacement needs to be revised. This operation varies from very minor adjustments to massive operations replacing significant amounts of bone.

Total Hip Replacement (THR) procedure replaces all or part of the hip joint with an artificial device (prosthesis) with a plastic liner in between to restore joint movement.

Stephen J. Incavo MD

Section: 1 NORMAL HIP

a. Anatomy of Hip

Pelvis

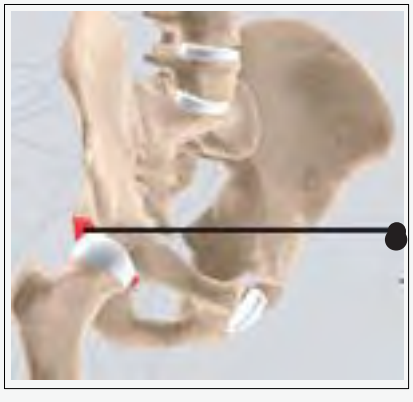
The Pelvis is a large, flattened, irregularly shaped bone, constricted in the center and expanded above and below. It consists of three parts, the ilium, ischium, and pubis.
(Refer fig. 1 to 4)

The socket (acetabulum) is situated on the outer surface of the bone and joins to the head of the femur to form the hip joint.

(Fig. 1)

(Fig. 2)

(Fig. 3)



(Fig. 4)

Why Hip Revision?

- **Pain**
  Pain is the primary reason for revision. Usually the cause is clear but not always. Hips without an obvious cause for pain, in general, do not do as well after surgery.

- **Plastic Wear**
  Plastic (polyethylene) wear .This is one of the easier revisions where only the plastic insert is changed.

- **Dislocation**
  This means the hip is popping out of place.

- **Loosening**
  Loosening of either the femoral or acetabular component. This usually presents as pain but may be asymptomatic. It is for this reason why you must have your joint followed up for life as there can be changes on X-ray that indicate that the hip should be revised despite having no symptoms.

- **Infection**
  Usually presents as pain but may present as an acute fever or a general feeling of unwell.

- **Osteolysis (bone loss)**
  This can occur due to particles being released into the hip joint which result in bone being destroyed.

- **Pain from hardware**
  e.g. cables or wires causing irritation

a. Surgical Procedure

- The surgery is performed under spinal, general or epidural anesthesia. A combination of techniques are used.
- The surgeon makes an incision along the hip exposing the hip joint. The femur (hipbone) is separated from the acetabulum (pelvic socket). (Refer Fig. 5)
- The old plastic liner and the metal socket are removed from the acetabulum. (Refer Fig. 6)
- The acetabulum may be prepared with extra bone to make up for the socket space. Sometimes wire mesh may also be necessary to hold the socket shape. (Refer Fig. 7)
- The new metal shell may be press fit or fitted with screws. Occasionally cement may be used depending on the surgeon's preference. (Refer Fig. 8)

(Fig. 5)

(Fig. 6)

(Fig. 7)

(Fig. 8)

- A plastic liner is fitted to the metal socket. (Refer Fig.9)
- The surgeon then concentrates on the femur. The damaged bone is cut.
- To remove the femoral component, the bone around the component may be cut. (Refer Fig. 10)
- The parts of the bone are cleared of any old cement.
- The new femoral component is pressed or cemented into place. (Refer Fig. 11)
- Wires may be used to hold the bone and femoral component. (Refer Fig. 12)
- Then a ball made of metal or ceramic is placed on the femoral component. This ball acts as the hip joints original ball.
- The ball and socket are fixed in place to form the new hip joint. The muscles and tendons are then approximated. Drains are usually inserted to drain excessive blood.

(Fig. 9)

(Fig. 10)

(Fig. 11)

(Fig. 12)

b. Post-op precautions

Remember this is an artificial hip and must be treated with care.

AVOID THE COMBINED MOVEMENT OF BENDING YOUR HIP AND TURNING YOUR FOOT IN. This can cause DISLOCATION.

Other precautions to avoid dislocation are

- You should sleep with a pillow between your legs for 6 weeks. (Refer Fig. 13)

- Avoid crossing your legs and bending your hip past a right angle. (Refer Fig. 14)

(Fig. 13)

(Fig. 14)

- Avoid low chairs.
  (Refer Fig. 15)
- Avoid bending over to pick things up. Grabbers are helpful as are shoe horns or slip on shoes.
  (Refer Fig. 16)
- An elevated toilet seat is helpful. (Refer Fig. 17)
- You can shower once the wound has healed.
- You can apply Vitamin E or moisturizing cream into the wound once the wound has healed.
- If you have increasing redness or swelling in the wound or temperatures over 100.5˚ you should call your doctor.
- If you are having any procedures such as dental work or any other surgery you should take antibiotics before and after to prevent infection in your new prosthesis. Consult your surgeon for details.

(Fig. 15)

(Fig. 16)

- Your hip replacement may cause a metal detector in an airport to go off.

c. Risks and complications

As with any major surgery there are potential risks involved. The decision to proceed with the surgery is made because the advantages of surgery outweigh the potential disadvantages.

It is important that you are informed of these risks before the surgery takes place.

Complications can be medical (general) or specific to the hip

Medical complications include those of the anesthetic and your general well being. Almost any medical condition can occur so this list is not complete.

(Fig. 17)

Complications include

- Allergic reactions to medications.
- Blood loss requiring transfusion with its low risk of disease transmission.
- Heart attacks, strokes, kidney failure, pneumonia, bladder infections.
- Complications from nerve blocks such as infection or nerve damage.
- Serious medical problems can lead to ongoing health concerns, prolonged hospitalization or rarely death.

Specific complications

- **Infection**
  Infection can occur with any operation. In the hip this can be superficial or deep. Infection rates are approximately 1%. If it occurs, it can be treated with antibiotics but may require further surgery. Very rarely your hip may need to be removed to eradicate infection.
- **Fractures (break) of the femur (thigh bone) or pelvis (hipbone)**
  This is also rare but can occur during or after surgery. This may prolong your recovery or require further surgery.
- **Damage to nerves or blood vessels**
  Also rare but can lead to weakness and loss of sensation in part of the leg. Damage to blood vessels may require further surgery if bleeding is ongoing.
- **Blood clots (Deep Venous Thrombosis)**
  These can form in the calf muscles and can travel to the lung (Pulmonary embolism). These can occasionally be serious and even life threatening. If you get calf pain or shortness of breath at any stage, you should notify your surgeon.

- Wound irritation
  Your scar can be sensitive or have a surrounding area of numbness. This normally decreases over time and does not lead to any problems with your new joint.

- Leg length inequality
  It is very difficult to make the leg exactly the same length as the other one. Occasionally the leg is deliberately lengthened to make the hip stable during surgery. There are some occasions when it is simply not possible to match the leg lengths. All leg length inequalities can be treated by a simple shoe raise on the shorter side.

- Wear
  All joints eventually wear out. The more active you are the quicker this will occur. In general 80-90% of hip replacements survive 15years.

- Failure to relieve pain
  Very rare but may occur, especially if some pain is coming from other areas such as the spine.

- Unsightly or thickened scar

- Pressure or bed sores

- Limp due to muscle weakness

Discuss your concerns thoroughly with your orthopaedic surgeon prior to surgery.

Although every effort has been made to explain the complications there will be complications that may not have been specifically mentioned. A good knowledge of this operation will make the stress of undertaking the operation easier for you to bear.

The decision to proceed with the surgery is made because the advantages of surgery outweigh the potential disadvantages. It is important that you are informed of these risks before the surgery.

You must not proceed until you are confident that you understand this procedure, particularly the complications.

Conclusion

We hope that you have found this information helpful. We also trust you will know that if any of the material mentioned in this booklet is confusing or hard to understand, your surgeon will be glad to address your concerns either by phone or on your next visit to the clinic.

Thank you for taking the time to read this material. We understand that this manual contains a great deal of information. We also know that the best results come from the most informed patients and those motivated to see themselves in their best condition as quickly as possible.

Surgery exists as a method of correcting a problem and improving a patient's condition which is everyone's goal. Please be assured that your surgeon and the medical team are more than willing at any time to answer any questions or to review any material before and after surgery. The best results are obtained when people are provided the right information to become informed, motivated, and confident.

Your REVISION HIP REPLACEMENT Team

Stephen J. Incavo MD

REVISION HIP REPLACEMENT

Multimedia Health Education

[ ] [ ] 2006 YOUR SURGERY DATE

- [ ] READ YOUR BOOK AND MATERIAL
- [ ] VIEW YOUR VIDEO/ CD/ DVD/ WEBSITE
- [ ] PRE-HABILITATION
- [ ] ARRANGE FOR BLOOD
- [ ] MEDICAL CHECK UP
- [ ] DENTAL CHECK UP
- [ ] ADVANCE MEDICAL DIRECTIVE
- [ ] PRE-ADMISSION TESTING
- [ ] FAMILY SUPPORT REVIEW

Physician's Name: _____ Patient's Name: _____

Physician's Signature: _____ Patient's Signature: _____

Date: _____ Date: _____