CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Hip resurfacing

Why this operation has been suggested

Dr Kieran Hirpara, a hip and knee surgeon at Mater Private Hospital Rockhampton, offers hip resurfacing to a carefully chosen group of patients. In this operation, your damaged hip surfaces are capped with metal rather than removed and replaced, so more of your own bone stays in place. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. We assess your history, examine your hip, and arrange imaging where it is needed to work out what is causing your pain.

Hip resurfacing is usually offered to younger, active people with wear-and-tear arthritis, particularly men under 55. For wear-and-tear or long-standing problems, we usually try non-operative care first, such as changing your activities or physiotherapy, and consider surgery when that has not given enough improvement. The operation aims to relieve pain and let you stay active. Most people who have this operation keep taking part in sport, with 87% continuing sporting activities afterwards. We will talk through whether it suits you and decide together.

Before the operation

Before surgery, we plan carefully using X-rays of your hip, and sometimes an MRI (a scan that shows soft tissues) or ultrasound. These scans help us choose the right implant size and position. In the days before your operation, we will give you clear instructions. You will need to stop eating and drinking seven hours beforehand. We ask for seven hours rather than a shorter time so that your operation can be brought forward if the theatre list runs early. Some medications may need to be paused, and we will tell you which ones and when. If you have other medical conditions, you may need blood tests or a review with the anaesthetist (the specialist who looks after you during surgery). On the day, bring a list of your current medications, wear comfortable clothing, and arrange for someone to drive you home.

On the day

You will arrive at the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You will meet the anaesthetist (the specialist who looks after you during surgery). This operation is done under general anaesthetic. A regional nerve block is sometimes added for post-operative pain relief; the anaesthetist

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

will discuss this with you on the day. You are then taken into the operating theatre, where the operation is performed.

You will wake up in the recovery area, where nurses monitor you while the anaesthetic wears off. Once you are stable, you either go to the ward or go home, depending on the procedure and your recovery.

What the operation involves

Hip resurfacing is different from a full hip replacement. Instead of removing the top of your thigh bone and replacing it, your surgeon shapes the worn head of the bone into a smooth dome and caps it with a metal covering. The worn socket in your pelvis is also fitted with a thin metal shell. Both parts are fixed to your own bone, so most of your hip stays where it is.

To reach the hip, your surgeon works through one cut on the outer side of your upper thigh, moving muscles aside rather than cutting through them. The damaged cartilage (the smooth lining on the bone ends) is cleared away, and the bone is prepared to fit the metal parts. The shell in the socket is pressed firmly into place so it holds on its own. The cap on the thigh bone is held with bone cement, a material that sets hard and anchors it to your bone. Your surgeon checks that the parts fit well together and move smoothly before closing the cut with stitches and a dressing.

The operation aims to keep as much of your own bone as possible. Because the top of your thigh bone is not removed, more bone remains for your body to rely on in the years ahead. This is one of the reasons the operation suits younger, active people, as covered earlier on this page.

Your surgeon will talk you through the plan for your hip before the day of surgery, based on your scans and examination. If anything about the operation is unclear, ask. It helps to know each step before you consent.

After the operation

You will wake up in the recovery area, where nurses keep a close eye on you as the anaesthetic wears off. Nurses will check your pain regularly and give you medication to keep you comfortable. Your hip will have a dressing over the cut, held in place to keep the wound clean. We leave the dressing on for about 10 days; please do not take it off before then unless we tell you to. We change or remove it when we see you. Within the first day, usually within hours of your operation, a physiotherapist will help you get up and take your first steps with a walking aid. Someone should stay with you for the first 24 hours after you get home. Your team will tell you whether you go home the same day or stay one night in hospital.

Recovery

In the first days after your operation, your hip will feel sore and the area around the cut will be swollen. This is normal and settles gradually. Pain medication keeps you comfortable in the early days, and most people need

less of it as each day passes. Rest, gentle movement, and following your physiotherapist's instructions all help ease the discomfort.

A physiotherapist will guide your recovery from the start. You will do simple exercises to build strength and keep your hip moving. You will walk with a walking aid at first, then put more weight through the leg as it feels steady. At home, you can move around and do light daily activities, but you will need to avoid bending deeply, twisting, or heavy lifting until your surgeon tells you it is safe. Sleeping on your back at first is usually more comfortable, and some people place a pillow between their knees.

Milestones come as events rather than dates. Once the swelling settles, movement feels easier. Once your surgeon clears you to drive, you can return to the road; our separate driving guide explains the rules that apply. When your surgeon is happy with your strength and movement, you can return to work and sport in stages.

Recovery varies from person to person. Your timeline may differ, and your surgeon and physiotherapist will guide you at each step.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

The most common reason for more surgery is a problem with the metal cap on your thigh bone. Sometimes the cap works loose, or the bone just below it breaks. You might notice a deep, throbbing pain in your groin or thigh that is different from your old arthritis pain, or pain that starts suddenly after a stumble. The hip may feel unstable or grind. If this happens, contact the clinic. You may need scans, and sometimes the cap is replaced.

Some people have a reaction to the metal surfaces of the implant. Tiny metal particles can wear off the bearing over time and enter the surrounding tissue or your bloodstream. This can cause pain, swelling or fluid around the hip, or a grating feeling when you move. If you notice any of these changes, bring them up at your next review so your surgeon can arrange blood tests and imaging.

Early problems tend to happen more often with this operation than with a full hip replacement, and they are linked to the surgeon's experience with the technique. Your surgeon's training and case volume matter here, and it is fair to ask about this at your consultation.

If the cap does need replacing, this is usually done by fitting a new cap or converting to a full hip replacement. Walking and day-to-day function after that surgery are generally similar to having a hip replacement in the first place.

Your own bone is preserved with this operation, which matters if more surgery is ever needed down the track. The bone left in your thigh and pelvis gives your surgeon more to work with.

The complications table on this page lists typical rates if you want the specifics.

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

When to call us

Most problems show up early, so it pays to know what to watch for. Call us if you have a fever, if the skin around your cut becomes more red or starts leaking fluid, or if your pain keeps getting worse instead of settling. Go to emergency if you have sudden severe pain, swelling in your calf, or shortness of breath. Go to emergency also if you lose feeling in your leg or cannot move it. If you notice groin pain like the deep, throbbing pain described earlier, or swelling or fluid around your hip, contact the clinic. We would rather hear from you than have you worry at home.

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au