CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Revision hip replacement

Why this operation has been suggested

Dr Kieran Hirpara, a hip and knee surgeon at Mater Private Hospital Rockhampton, recommends revision hip replacement when a previous hip replacement has stopped doing its job. A revision means replacing some or all of the parts of your original hip replacement. We usually suggest it for one of a few reasons: the parts have come loose without infection, the hip has become unstable and dislocates, or there is an infection around the implant. Loose or worn parts can also cause pain and make walking hard.

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. At your visit we take a history, examine your hip and arrange imaging if needed to work out what has gone wrong. Non-operative options such as activity change and physiotherapy are tried first where they make sense, and surgery follows when those have not given enough improvement. The aim of this operation is to relieve pain, restore function and keep your hip stable.

Before the operation

Planning starts with pictures of your hip. You will have X-rays, and sometimes an MRI (a scan that shows soft tissue) or an ultrasound. These help us see what has gone wrong and plan your operation.

In the weeks before surgery, prepare a few practical things. Stop eating seven hours before your operation. We ask for seven hours rather than six so you can be brought forward if the theatre list runs early. Your surgeon will tell you which of your usual medicines to stop and when. Bring a written list of everything you take. Arrange someone to drive you home, and wear loose, comfortable clothing on the day.

If you have other medical conditions, you may need blood tests or a review with the anaesthetist (the doctor who gives your anaesthetic). Most people do not need either.

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On the day

You arrive at the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You then meet the anaesthetist. This operation is done under general anaesthetic. A regional nerve block is sometimes added for post-operative pain relief; the anaesthetist will discuss this with you on the day.

You are taken into the operating theatre, where the operation is performed. When it is finished, you wake up in the recovery area, where nurses monitor you while the anaesthetic wears off. Once you are stable, you either move to the ward or go home, depending on the procedure and how your recovery is going.

What the operation involves

A revision hip replacement is a longer, more involved operation than your first hip replacement. Your surgeon makes a cut over the side of your hip, often reusing the scar from your first operation. The choice of approach depends on why the first replacement failed, which parts need to be removed, whether bone has been lost, and any scars from earlier operations.

Once inside, your surgeon takes out the loose or worn parts of your original replacement. Some parts may be left in place if they are firm and sitting in a good position. If bone has been lost around the implant, your surgeon may rebuild it with bone graft, using donor bone or bone taken from your own body. New parts are then fitted. Depending on the quality of your bone, they may be cemented into place or pressed tightly into the bone so new bone grows onto them. If your hip has been dislocating, your surgeon will check the new parts are lined up in a way that keeps the joint stable.

Some operations are simpler than others. If only one part needs changing and the rest is well fixed, your surgeon may just swap that piece. If the bone around the implant is badly damaged or broken, the repair can involve more rebuilding, sometimes with a shaped piece of donor bone to replace a large section of missing bone.

At the end, your surgeon closes the cut with stitches and covers it with a dressing. The dressing stays on for about 10 days.

After the operation

You will wake up in the recovery area, where nurses watch you closely while the anaesthetic wears off. Pain relief is planned for you before you leave theatre, and the nurses will keep it topped up so you stay comfortable. Your hip will be covered with a dressing. 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. Most people stand and take a few steps with a frame or crutches within a day, and the physiotherapist will show you how to move safely. 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.

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Recovery

The first days after a revision hip replacement can be uncomfortable. You will have some pain and swelling around the hip, and the skin near the cut may feel bruised. This settles gradually. Taking your pain medication as directed, resting with your leg raised and using ice packs wrapped in a towel all help. The dressing stays on for about 10 days; we change or remove it when we see you.

Most people stand and take a few steps with a frame or crutches within a day. Your physiotherapist will show you simple exercises to build strength and keep the hip moving. You will practise walking a little further each day. At home, you will need to avoid bending deeply, twisting on the operated leg or crossing your legs until your surgeon tells you it is safe. Some movements can put the new parts at risk of dislocating while the tissues heal. Sleeping on your back with a pillow between your knees is often more comfortable at first.

As the swelling settles and movement returns, you will move from a frame to crutches or a walking stick, then to walking without support. Once your surgeon clears you, you can drive again and return to your usual activities in stages. The table above shows typical timeframes for driving, work and sport.

Recovery varies between individuals. Some hips need more rebuilding than others, so your timeline may differ. Your surgeon and physiotherapist will guide you at each stage.

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.

Infection around the new parts is the most serious problem to watch for. You might notice a deep, throbbing pain that does not ease with simple painkillers, redness spreading out from the wound, or a wound that leaks fluid. Some people feel feverish or generally unwell. If you notice any of these signs, call the clinic the same day. If you feel very unwell, go to the emergency department. An infection that takes hold around an implant is harder to treat than one caught early, and it can affect your health more broadly, so it is never something to wait on.

The new hip can sometimes slip out of its socket. This is called dislocation. It usually happens suddenly, often with a movement you can feel or hear. You will have sharp pain, and the leg may look shortened or turned oddly. If this happens, go to the emergency department. The team there will put the hip back in place. Your surgeon will talk with you about what can be done to keep the hip stable if it happens more than once.

The parts can also come loose from the bone over time, without any infection. This often builds slowly. You may feel groin or thigh pain that returns months or years after things had been going well, especially when you stand up or walk. It may feel like the pain you had before your first replacement. Bring this up at your next review rather than waiting for it to worsen. Imaging at a routine visit usually shows what is going on.

If your original replacement had metal-on-metal parts, there is a separate concern. Some people react to tiny metal particles from the wearing surface. You might notice pain, swelling or a lump near the hip, or a clicking or

grinding feeling. If you have this type of implant, we keep a closer eye on you with regular check-ups and scans, so please keep to your follow-up schedule.

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

When to call us

Call us straight away if you have a fever, feel shivery or generally unwell, or notice the wound becoming more red, swollen or leaking fluid. Go to the emergency department if you feel very unwell, have sudden severe pain in the hip, or the leg looks shortened or turned oddly, which can mean the hip has dislocated. Also go to emergency if you have swelling or pain in your calf, chest pain, or shortness of breath, as these can signal a blood clot. Call us urgently if you lose feeling in the leg or cannot move it.

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