CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Total hip replacement

Why this operation has been suggested

Dr Kieran Hirpara, a hip and knee surgeon at Mater Private Hospital Rockhampton, recommends total hip replacement when hip pain is stopping you from living your normal life. This operation replaces your worn hip joint with an artificial one. It is usually offered to people whose pain has not settled with simpler treatments. We generally try non-operative care first: losing weight, pain tablets that are not opioids, changing your activities, low-impact exercise, and walking aids. If those steps have not given you enough relief, and your pain is severe enough to stop you working or managing your daily tasks, surgery becomes an option. X-rays showing wear-and-tear arthritis (also called osteoarthritis) or another destructive process in the joint support this decision. 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 needed before deciding together. Among younger patients, about 94% of implants are still working well at 10 years. The main aim is to relieve your pain and restore your function.

Before the operation

Once your surgery is booked, we will give you clear instructions to follow in the days before you come in. You will need to stop eating and drinking seven hours before your operation. We ask for a little longer than the usual six hours so we can bring you forward if the theatre list runs early. Some medications may need to be paused before surgery, and we will tell you exactly which ones apply to you. Bring a written list of everything you take, including tablets, drops and creams. Arrange for someone to drive you home afterwards, as you will not be able to drive yourself. Wear loose, comfortable clothing on the day. We will also plan your operation using X-rays of your hip, and sometimes an MRI or ultrasound scan as well. If you have other medical conditions, you may also need blood tests or a review with the anaesthetist (the specialist who gives your anaesthetic).

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On the day

You will come to the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You will meet the anaesthetist there. 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 then taken into the operating theatre, where the operation is performed.

You will wake up in the recovery area, where nurses watch over 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

Total hip replacement means removing the worn-out joint surfaces and replacing them with artificial parts. The surgeon takes away the damaged ball and socket of your hip and puts in new metal and plastic surfaces in their place. The new parts are fixed firmly to your bone so they can carry your weight.

There is more than one way to reach the hip joint, and the cut can be made at the front or the back of the hip. Your surgeon will choose the approach that suits your body and their experience. No single approach suits every patient, and the choice depends on your needs, your bone quality, and the surgeon's training.

The parts themselves are also chosen for you. Some are fixed to the bone with a special cement, and others have a coated surface that your own bone grows onto over time. The surgeon picks the type of fixation based on your age, your activity level, and the quality of your bone. The sliding surfaces between the new ball and socket are usually made from a hard plastic designed to wear down slowly over many years.

Once the new joint is in place and working smoothly, the surgeon closes the cut with stitches and covers it with a dressing. You will keep that dressing on for about 10 days, which the 'After the operation' section explains.

The whole operation usually takes about one to two hours.

After the operation

You will wake up in the recovery area, then move to the ward. Nurses will check your pain regularly and give you medication to keep you comfortable. Your hip will have a dressing over the cut, and 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. You will not need a brace or special pillow for your hip. Most people stand and take a few steps with a walking aid on the day of surgery, and the team will help you as you start moving. 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

Everyone's recovery is a little different, and your timeline may differ from others. Your surgeon and physiotherapist will guide you along the way.

In the first days and weeks, you can expect some pain and swelling around your hip. This is a normal part of healing. It usually settles gradually as the joint recovers. Pain medication will help keep you comfortable, and your care team will adjust it as needed. Gentle movement and the exercises your physiotherapist shows you will also ease stiffness and help the swelling go down.

You will start walking with a walking aid soon after surgery, and you will build up from there. Your physiotherapist will give you exercises to do at home. These help restore movement and strength in your hip. You will not need a brace or special pillow. You can move around your home as you feel able, taking care to follow any precautions your team gives you. Simple tasks like getting dressed or moving around the house will feel easier as the weeks pass.

Some people go home the same day and others stay a night or two in hospital. Either way, you will be moving and doing your exercises from early on. Once your surgeon is happy with how your hip is healing, you can return to driving and other activities step by step. Many people get back to work and their usual activities within a few months. Some return to sports they enjoy, including low-impact activities like golf. Your own recovery will depend on your health, your fitness, and how your hip responds.

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.

Sometimes a crack can happen in the bone around the new parts, either during the operation or later on. You might feel a sudden sharp pain in your hip, thigh or groin, or pain that starts after a fall or bump. If you notice new pain like this, contact the clinic straight away. If the pain is severe, go to the emergency department.

The new hip can also slip out of its socket. This is called dislocation. It usually feels like a sudden strong pain, and the leg may look shorter or turn oddly, so you cannot put weight on it. If this happens, go to the emergency department. Some hips feel loose or unstable rather than fully coming out. Mention any feeling of the hip shifting or giving way at your next review.

An infection around the new joint is uncommon but needs quick care. Watch for a deep, throbbing pain that does not ease with simple painkillers, redness that spreads out from the wound, swelling that keeps getting worse, or fluid leaking from the cut. You may feel feverish or generally unwell. Call the clinic the same day if you notice these signs. If you feel very unwell, go to the emergency department.

The artificial surfaces can wear down slowly over many years, and the bond between the new parts and your bone can loosen. This often feels like a dull ache in the groin or thigh that returns after years of relief, and it may be there when you first stand or start walking. Bring this up at your next review, as your hip may need checking with X-rays.

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

When to call us

Most problems give warning signs you can spot early. Call us if you have a fever or chills, if the skin around your wound becomes more red or starts leaking fluid, or if your pain keeps getting worse instead of easing. Call us if one calf becomes swollen or tender, and go to emergency if you become short of breath. Go to emergency if your hip suddenly gives severe pain, or your leg feels numb, looks shorter or turned oddly, and you cannot move it or put weight on it. If you feel very unwell at any point, do not wait: go to the emergency department.

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