Patient Information Guide Total Hip Replacement (Hip Arthroplasty)

Welcome

It is important for you and your family or carer to understand as much as possible about your hip replacement surgery. By knowing what to expect, you will be better prepared for your hospital stay, recovery, and return to daily activities.

This guide has been prepared for patients who are considering or scheduled for a hip replacement. It provides information on the procedure, benefits, risks, alternatives, and what to expect before, during, and after surgery.

Please also read "Patient information and support" This covers a great deal of information regarding preparation for surgery, admission, post-operative care and rehabilitation.

The aim is to ensure you are fully informed and confident in making decisions about your care. Please ask questions at any time — at clinic, before your operation, or while you are in hospital.

Understanding the Hip Joint

The hip is one of the body's largest weight-bearing joints. It is a ball-and-socket joint:

- The ball: the head of the femur (thighbone).
- The socket: the acetabulum (part of the pelvis).

A smooth layer of cartilage normally covers these surfaces, allowing pain-free movement. In arthritis or other conditions, this cartilage becomes worn or damaged, leading to pain, stiffness, and loss of mobility.

What Is a Total Hip Replacement?

A total hip replacement (hip arthroplasty) is a surgical procedure in which the damaged ball and socket of the hip joint are removed and replaced with artificial components. These may be made of metal, ceramic, or plastic and are designed to restore movement and relieve pain.

The damaged femoral head is removed and replaced with a stem and ball implant.

The acetabulum (hip socket) is reshaped and fitted with a cup component.

The cup can be cemented; an all polyethylene (plastic) and held in place with bone cement or it can be uncemented; held in place by impaction and bony ongrowth (a metal cup is inserted into the native hip socket after preparation) and a plastic liner is snapped into the metal shell to allow smooth movement.

Why Is Hip Replacement Recommended?

Hip replacement may be considered if hip pain and stiffness are significantly affecting daily activities and other treatments have not provided relief.

Common causes of hip pain include:

Osteoarthritis (most common cause)

Rheumatoid arthritis

Post-traumatic arthritis (after injury or fracture)

Osteonecrosis (loss of blood supply to the hip bone)

Childhood hip disease (leading to arthritis in later life)

Alternatives to Surgery

Before surgery, non-surgical treatments are usually tried. These may include:

- Weight loss (if overweight) to reduce strain on the joint
- Pain-relieving medications, gels, or creams
- Physiotherapy and muscle strengthening exercises
- Walking aids (sticks or frames)
- Steroid (corticosteroid) injections into the hip joint

If these measures are no longer effective, surgery may be advised.

Benefits of Hip Replacement

A total hip replacement is one of the most successful operations in modern medicine.

- Pain relief – 95% of patients report significant or complete pain relief
- Improved mobility and function – increased ability to walk, climb stairs, and carry out daily activities
- Improved quality of life – independence and activity levels restored
- Longevity of implants – over 90% last at least 20 years

Risks of Hip Replacement

Although highly successful, hip replacement is a major operation and carries risks.

General risks of surgery:

Blood clots in the legs (deep vein thrombosis, DVT) or lungs (pulmonary embolism, PE)

Chest infection

Urinary infection or retention

Constipation or confusion (from medication/anaesthetic)

Reactions to medicines

Heart attack or stroke (very rare)

Death (extremely rare)

Risks specific to hip replacement:

Infection of the wound or joint (this may require further surgery)

Dislocation (ball coming out of socket)

Difference in leg length

Nerve or blood vessel injury (rare)

Bleeding or haematoma (occasionally requiring further surgery)

Wound healing problems

Ongoing pain or stiffness

Loosening or wear of the implant over time

Fracture around the hip

The overall risk of serious complications is low, but it is important that you are aware of them before giving consent.

Recovery and Rehabilitation

Recovery is gradual. Typical stages are:

- 0–6 weeks: Pain, swelling, stiffness are common. Walking aids required. Exercises vital.
- 6–12 weeks: Pain improves, walking distance increases, daily tasks easier.
- 3–6 months: Return to most activities, still some stiffness or swelling.
- 6–12 months: Full recovery for most patients.

Long-Term Expectations

Most people can return to normal activities. You will be able to enjoy:

Walking, shopping, swimming, cycling, golf and most other activities.

If you wish to engage in high-impact activities, please discuss them during your outpatient consultation.

Around 90% of hip replacements function well at 20 years, and many last longer.

Follow-Up

You will be reviewed about 8 weeks after surgery.

X-rays may be used to check implant position.

Key Points to Remember

Hip replacement is very effective for reducing pain and improving mobility.

Risks are low but not zero — infection and blood clots are the most concerning complications. Nearly all patients recover well and enjoy long-lasting results

Recovery takes time: expect discomfort for several weeks and gradual improvement over 3–6 months. Please be guided by your physiotherapist and rehab team.

With care, most hip replacements last decades.

If you have any questions, please discuss them at your appointment. It is important that you feel informed, confident, and fully prepared for your surgery.