# **Hip Replacement Surgery**

Understanding the Risks



# Understanding the Risks of Your Hip Replacement Surgery

## Introduction

This booklet is designed to help your doctor talk to you about the most common risks you face when getting a new hip.

With a documented 90% success rate, the great majority of total hip surgeries are complication-free and result in significant pain relief and restoration of mobility<sup>1</sup>. Advances in technology and implant design are expected to contribute to longevity of the implants. However, as with any surgical procedure, there are defined, inherent risks of which you should be aware.

This booklet outlines the potential risks and complications of total joint replacement. It is not meant to replace any type of advice from your doctor.

Please read this booklet carefully and ask your doctor any questions you may have about what you read.

We wish you the best of health!

#### **Dislocation**

# Hip Implant Comes Out of Socket

## **Why This May Happen**

This may happen if you do not follow strict instructions after getting your new hip.

Dislocation is the most common complication and happens approximately 3-4% of the time.<sup>2</sup>

#### If It Happens To You

You will experience hip pain, your leg with the new hip will be shorter and you will be unable to walk.

#### **Minimizing Your Risk**

- Before lying on your side, place two pillows sideways between your legs, then turn on your side. The pillows hold your legs in proper alignment.
- Avoid sitting for more than one hour at a time without standing, stretching or taking a few steps. This includes riding in a car.
- Do not cross your legs.
- Do not sit in a reclining chair, low sofa or stool.

#### **Treatment**

See your doctor immediately.

Surgery may be necessary to correct a hip dislocation.



**Normal Implant** 



**Dislocated Implant** 

## **Thrombo-Embolic Disease**

#### **Blood Clots**

## **Why This May Happen**

Veins are kinked (bent) when the new hip is placed in your body.

Decreased mobility.

Smokers, inactive and obese individuals, and also those with family history of blood clots are at higher risk.

## If It Happens To You

#### Blood Clot in Your Leg:

You may experience leg swelling, pain, and restlessness.

#### Blood Clot in Your Lung:

You may experience difficulty breathing.

Although it is rare, you may die from such a clot.

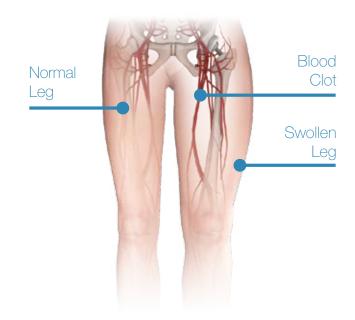
# **Minimizing Your Risk**

- Blood thinners
- Inflatable leg coverings
- Ankle pump exercises
- Maintain healthy weight
- Maintain an active lifestyle

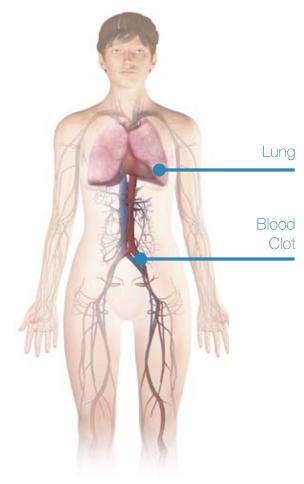
#### **Treatment**

Immediate immobilization.

Emergency treatment and hospitalization may be necessary.



A piece of clot in your leg may break off and enter your lung.



# **Leg Length Discrepancy**

# One Leg is Longer than the Other

# **Why This May Happen**

Your surgeon may increase the length of the implant to make it stable so it won't come out of place. As a result, the leg with the new hip may be longer.

## If It Happens To You

One leg may end up longer, or feel longer, than the other.

## **Minimizing Your Risk**

• Your surgeon will make every effort to ensure proper leg length, based on your size and the stability of your hip.

#### **Treatment**

Exercises to strengthen muscles.

Shoe lifts.



Normal Leg Leg with Implant (Longer Leg)

# **Neuropraxia**

# Nerve Damage

## Why This May Happen

The nerves most commonly involved are the large nerve in the back of your hip (sciatic nerve) and the large nerve in the front of your hip (femoral nerve.) Nerves can stop working when they are stressed.

- It is often needed to stretch these nerves when a hip implant is placed in your body.
- Nerves can be stressed by normal placement of instruments during surgery.
- Nerves can be injured when the length of the leg is increased.

#### If It Happens To You

#### Sciatic Nerve Damage:

You may be unable to straighten your foot at the ankle.

You may be unable to feel the top of your foot.

#### Femoral Nerve Damage:

You may be unable to straighten your leg at the knee.

You may be unable to feel the front and inside of your thigh or knee.

#### Treatment

Most nerve palsies resolve or improve over time.

In extreme cases, nerve damage may be able to be repaired by a neurovascular surgeon.





**Sciatic Nerve Damage** 



**Femoral Nerve Damage** 

#### Infection

## **Why This May Happen**

Infection can occur during surgery or post-operatively.

- Germs may get into the hip joint and cause infection of the hip implant.
- Germs may get into the skin and cause a wound infection.

The chance of this happening is greater if you have diabetes, rheumatoid arthritis or if you have frequent infections.

## If It Happens To You

#### Implant Infection:

You may have hip pain, chills, fever, and your implant may become loose.

#### Wound Infection:

Your wound may become red or painful. It may open and drain pus.

Call your doctor if you experience any of these symptoms.

#### **Minimizing Your Risk**

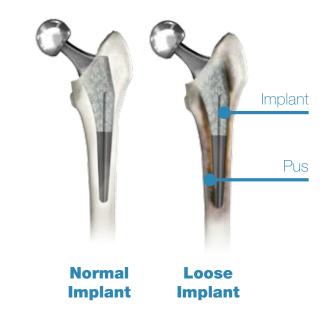
- During your surgery, antibiotics are used around the incision site.
- It is also recommended that you take preventative antibiotics after your operation for routine procedures such as dental work.

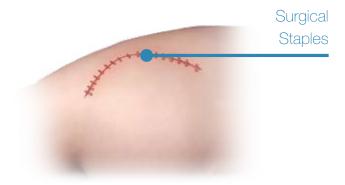
#### **Treatment**

#### **Antibiotics**

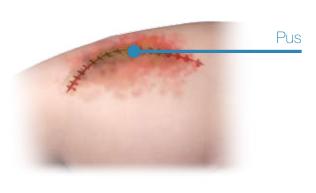
Surgery may be necessary to clean the skin wound or hip joint.

For deeper infections, there may be a possibility of revision implant surgery.





**Normal Wound Healing** 



**Infected Wound** 

#### **Fracture**

# Breaking a Bone During Surgery

# **Why This May Happen**

Some force is needed to place the implant. This may cause a break in the bone.

The chances of this happening may be higher if you have weak, soft bones.

Post-operative fractures can also occur.

## **Minimizing Your Risk**

#### Intra-operative fractures:

Your doctor will take care in implanting the device.

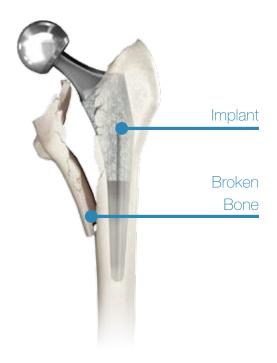
#### Post-operative fractures:

Use a cane, crutches or walker to prevent falling. Follow your doctor's post-operative instructions.

#### **Treatment**

Many intra-operative fractures can be fixed during surgery.

You may need more surgery to treat a post-operative fracture.



Fractured Thigh Bone with Implant



Normal Thigh Bone with Implant

# Other Potential Complications & Risks

#### **Implant-Related Complications**

There are also potential complications specific to the hip implants. Although infrequent, these complications can occur and include:

#### Wearing Out of the Implant

This depends on many factors including your age and activity level. Advancements in implant design have come a long way in recent years. Implants are extensively tested for strength and minimizing wear.

#### Reaction of Body to Particles

Osteolysis is an inflammatory response to particle debris in the joint. Osteolysis, or weakening of the bone surrounding the implant, can occur when the implants wear down and your body reacts to the particles. This may lead to loosening of the implants.

#### Metal Sensitivity

Metal sensitivity is extremely rare. Your doctor may test on your skin to determine if you have an allergy.

#### **Extending the Life of the Implant**

The lifetime of a joint replacement is not infinite and varies with each individual. Each patient will experience a different post-operative activity level, depending on his or her own individual clinical factors. Your doctor will help counsel you about how to best maintain your activities in order to potentially prolong the lifetime of the device. Such strategies include not engaging in high-impact activities, such as running, as well as maintaining a healthy weight.

#### **Potential Risks with Any Surgery**

Overall, the complication rate following joint replacement surgery is very low. But as with any major surgical procedure, patients who undergo total joint replacement are at risk for other complications, such as:

- Reaction to anesthesia
- Blood loss

Pneumonia

Heart attack

• Stroke

Other medical conditions could change due to the stress of the surgery and anesthesia. Your surgeon and your primary care physician would work together to control these things.

Notes	

#### References:

1. American Academy of Orthopaedic Surgeons.

2. Sanchez-Sotelo J., et al., "Hospital Cost of Dislocation After Primary Total Hip Arthroplasty," Journal of Bone and Joint Surgery. May 30 2006, pg. 290.

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