

# **INFORMATION SHEET: HIP REPLACEMENT REVISION**

## **INTRODUCTION**

In hip replacement revision surgery, the surgeon removes and replaces all or part of a previously inserted hip replacement. The surgery may also involve placement of bone graft to the bones, repair of bone or tissue about the hip, or removal of the artificial hip without replacement of new parts.

## **INDICATIONS AND GOALS FOR SURGERY**

Revision hip surgery is indicated for a number of reasons, including: pain; loosening of the artificial hip component(s) from the bone; instability of the hip (the hip “coming out of socket” or “slipping”); or infection. In other cases, the hip replacement may feel good, but the surgeon may recommend revision due to severe wearing of the artificial parts and/or loss of bone around the hip due to the wearing process.

Overall, the goal of hip revision surgery is to restore or maintain the pain-free function of the hip and restore or maintain the strength of the bones and tissue around the hip.

## **DESCRIPTION OF THE SURGICAL PROCEDURE**

During hip revision surgery, the Orthopedic Surgeon will make an incision near the hip, enter the hip and take the hip out of socket. The bones and tissue about the hip will be carefully assessed. The surgeon will check to see if the hip replacement parts are firmly fixed into the bone (stability) and check their positioning in the bone (alignment). One or more components of the artificial hip will be removed and replaced with new parts. Bone graft may be placed in bone and soft tissue (such as tendon and muscle) will be repaired as needed. Tissue and/or fluid from the hip may be tested to see if an infection is present. If these tests show that the hip is infected, or if the surgeon is highly concerned about infection, the surgeon may elect to remove the hip replacement and put a temporary “spacer” in its place instead of a new hip replacement. If this happens, the patient will likely need antibiotics for a number of weeks and will need to undergo additional surgery to have a new hip replacement put in place at a later date. The surgeon’s specific course of action will be determined at the time of surgery, based on evaluation of the joint.

## **REHABILITATION**

Rehabilitation will begin soon after surgery. The rehabilitation is often longer and more challenging when compared to the patient’s original hip replacement surgery. The patient will participate in therapy in the hospital with the goal of achieving safe transfers from the bed, short distance walking, and an early exercise program. The patient may be required to restrict the amount of weight placed on the operated leg and/or may need to wear a brace to prevent excessive hip motion. After discharge, the patient will continue with physical therapy and a home exercise program. The patient’s motivation and willingness to participate in the rehabilitation program are critical in determining final strength and walking pattern.

## **POTENTIAL BENEFITS**

The primary benefit from hip replacement revision surgery depends on the reason that surgery is required. There may be an improvement in pain or stability of the hip, improvement in the strength of the bone or a cure for an infection. As the patient progresses with rehabilitation, he/she may also note an improvement in the function of the hip and in walking pattern.

## **POTENTIAL RISKS**

Revision hip replacement surgery is considered a major surgical procedure. The overall risks related to hip revision surgery are higher than with a “first time” hip replacement due to longer surgical times, increased blood loss, and decreased strength of the bones and tissue about the hip. Serious medical risks associated with the surgery may include, and are not limited to, problems with anesthesia, heart attack, heart beat irregularities, and stroke. In very rare situations, a person may die from complications related to surgery. Other risks related to this orthopedic procedure include, but are not limited to: blood clots; pulmonary embolism; infection; dislocation; differences in leg length; angulation, rotation or fracture of bones; hematoma (blood accumulation in the hip) which may require surgical drainage; nerve injury; blood vessel injury; and numbness and scarring around the surgical incision. Blood loss can occur during or after the surgery which may require transfusion(s). The implants may need to be removed or replaced if they become loose, wear out, or if there is evidence of infection. Hip revision surgery may not alleviate hip pain, restore the function of the hip, or completely cure an infection.

## **ACHIEVING THE GOALS OF SURGERY**

The goals for hip revision surgery will vary according to reason for revision surgery. Upon full recovery, most patients have less pain. Most patients are able to walk more smoothly, have more endurance with their new hip, and are able to function more normally. A small percentage of patients have persistent discomfort and/or limp after surgery. In cases of infection, a “cure” for infection may be possible but will vary according to the type of infection present, the patient’s general health and the complexity of the surgery itself.

## **ALTERNATIVES TO SURGERY**

Alternatives to hip revision surgery will depend on the patient’s individual situation. If the hip is not loose in the bone, conservative (non surgical) measures may help control hip pain. Conservative measures include the use of anti-inflammatory and/or pain medications, weight loss, use of a cane or other assistive device, and reduction in heavy and/or pounding activities. If the hip is loose or has changed position in the bone, if the hip repeatedly comes out of socket, or if parts of the hip replacement show signs of wear there are no non-surgical measures to correct the hip problem. If the patient chooses to delay surgery in these cases, the bone and the tissue around the hip may become more seriously damaged. Future revision surgery may become more difficult and the results of surgery poorer. In the case of infection, revision surgery will be the only chance of curing the infection. In some situations, the alternative to hip revision surgery would be to seek no treatment at all.

## **CONSEQUENCES OF DECLINING CARE**

If the patient chooses not to undergo hip revision surgery his/her hip problem will likely not improve and may progress. The bone and tissue about the hip replacement may become weakened or destroyed, making future revision hip surgery much more difficult or impossible. If there is infection in the hip and the patient decides not to undergo hip revision surgery, the hip could become so badly infected that amputation of the leg may be required. An infection could also spread from the hip to the patient's blood stream and could result in death from infection.

## **MEMBERS OF THE SURGICAL TEAM**

The Orthopedic Surgeon will require the assistance of a team of experts during surgery. Physicians other than the Orthopedic Surgeon, including but not limited to Joint Reconstruction Fellows and/or Orthopedic Residents, or Physician Assistants will be performing important tasks related to surgery. These activities are in accordance with the hospital's policies and, in the case of the Residents, based on their skills set and under the supervision of the responsible Orthopedic Surgeon.

## **LONG TERM CONCERNS**

Long term complications are possible after hip revision surgery. Close follow-up is necessary to monitor for changes around the joint replacement which could threaten the strength of the bone near the joint replacement. The risk of problems related to wearing of the artificial joint surfaces increases over time. The risk of a recurring infection is also possible. Regular follow-up (every one to two years) becomes more important as the joint replacement becomes older since the risk of problems related to wearing of the artificial joint surfaces increases over time.

## **PARTICIPATION IN CARE**

The patient's participation in his/her care is critical to the success of their hip revision surgery. The patients should provide accurate and complete information about their health and any change in condition after surgery. Patients are encouraged to follow the recommendations made for their care and ask any questions they may have.