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Hip Replacement Risks & Complications

Any surgical procedure performed under a general anaesthetic involves some potential risks, but there are also specific complications associated with a hip replacement.

GENERAL RISKS AND COMPLICATIONS:

1. NAUSEA AND VOMITING
Hip replacements are performed either under a general anaesthetic or spinal anaesthetic with sedation. The anaesthetic drugs can make you feel nauseous, but we do our best to control this with anti-sickness medication.

2. PARALYTIC ILEUS
Surgery is the most common cause of paralytic ileus which is when the muscle contractions that move food through your intestines are temporarily paralysed. This is typically a temporary problem but can make you feel bloated and uncomfortable and may require treatment.

3. CONSTIPATION
Constipation is a common side-effect of surgery which can be caused by the anaesthesia used or pain medication you are prescribed. You will be given laxatives to try and avoid this complication.

4. CARDIAC COMPLICATIONS
Cardiac events after a joint replacement are rare but can include heart attack, cardiac arrest, or an irregular heartbeat. We will check your cardiac history at your surgical pre-assessment to help minimise this.

5. STROKE
A stroke is a very rare complication that can occur with any surgical procedure.

6. CHEST INFECTION
One of the most common complications after a joint replacement is a chest infection. After surgery, phlegm can build up in the lungs making it easier for a chest infection to develop. Breathing deeply or normally can keep the lungs expanded and prevent a chest infection. If one does occur, it may require treatment with physiotherapy and antibiotics.

7. URINARY RETENTION
Being unable to pass urine after surgery affects many patients and it is particularly common in older people having hip or knee replacement surgery. We will discuss with you in advance of your operation whether it is advisable to fit a urinary catheter.

8. URINARY INFECTION
Whether or not you have a urinary catheter fitted in advance of your procedure, there is a risk of infection that will require treatment with antibiotics.

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RISKS SPECIFIC TO HIP REPLACEMENT:

1. FATALITY
There is a very small risk of serious, life-threatening complications, due to a cardiac event, stroke, or a blood clot on the lung, known as a pulmonary embolism. The latest data suggests the overall risk is about 1 in 300.

2. BLEEDING
There is always some bleeding when you replace a hip or knee joint. Nowadays, it is rare for patients to require a blood transfusion, but you will be asked to consent to one in case of excessive bleeding.

3. INFECTION
Infection is rare and occurs in less than 1% of patients. We aim to minimise infection as much as possible, as this is a very serious complication if infection gets into your new joint. We may have to remove the new prosthesis and treat you with a lengthy course of intravenous antibiotics before redoing the procedure. This is major surgery, and the outcome will not be as good as it would have been if infection had not occurred.

4. BLOOD CLOTS
Deep vein thrombosis (DVT) is a clot in the veins in the leg and this can occur after lower limb surgery. These are usually manageable but can cause a pulmonary embolism (PE) which is a blood clot on the lung. This can be life-threatening.

The risk of a DVT is approximately 5% and often it will have no symptoms. The risk of a PE is about 0.5% and presents with breathlessness and breathing difficulties. We will take preventative measures such as surgical compression garments, special pumps on the lower legs to stimulate blood flow or blood-thinning medication for a few weeks.

5. LEG LENGTH
It is not uncommon after a hip replacement for there to be a minor discrepancy in leg lengths. This is rarely greater than 1cm and it can be managed with a heel raise insert.

6. DISLOCATION
If dislocation of the ball and socket parts of the joint occurs, it will usually happen in the first few weeks after your operation. You should be careful to avoid any sudden twisting movements during this time. The risk of dislocation is well under 1%, but if your hip does dislocate you will have to undergo a secondary procedure to have the ball put back into the socket under an anaesthetic.

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7. NERVE INJURY
The nerves supplying your leg are located near the hip joint so can be damaged during surgery. If this happens you may experience a change in sensation and weakness in your leg, usually your ankle and foot. Although this is usually temporary, in extremely rare cases it can lead to permanent weakness known as foot drop. The risk of a serious nerve injury is about 1 in 300.

8. BLOOD VESSEL DAMAGE
The main blood vessels supplying your leg are also very close to the hip joint. Although damage to these blood vessels is very rare, it is a serious complication which can result in excessive bleeding and an interruption of the blood supply to the leg. This will require emergency repair of the blood vessels.

9. FRACTURE
Fracture of the bones happens very rarely during a hip or knee replacement. This will usually be identified and managed within the operation, but will make the procedure more challenging and may require different post-operative rehabilitation. Occasionally, a fracture is seen on an X-ray after the operation and this may require further surgery.

10. PERSISTENT SYMPTOMS
A hip replacement is usually a highly satisfactory procedure that alleviates symptoms such as pain and loss of mobility. However, some patients can continue to experience ongoing symptoms. Occasionally, extra bone can form or inflammation of the tendons around the joint can cause discomfort and stiffness.

11. LONG-TERM FAILURE
The most recent data suggests six out of ten total hip replacements will still be in place after 25 years before requiring possible revision.

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