### Risks associated with undergoing a hip replacement

Hip replacement surgery is widely regarded as a safe operation offering very significant improvements in patients’ quality of life. There is however risks associated with this procedure that are listed below. Overall about 10% of patients have a complication, although the majority of these are minor. The risks are listed below

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| Common (occurring in 2-5% of patients) | |
| Blood clots | A DVT (deep vein thrombosis) is a blood clot in a vein. These may present as red, painful and swollen legs (usually). The risks of a DVT are greater after any surgery (and especially bone surgery). A DVT can pass in the blood stream and be deposited in the lungs (a pulmonary embolism–PE). See later. This is a very serious condition which affects your breathing.  Your doctors will give you a tablet that starts the morning after surgery and is taken for 30 days to limit this risk of DVTs forming, you will also be asked to wear compression stockings on your legs for six weeks. Starting to walk and getting moving is one of the best ways to prevent blood clots from forming. |
| Bleeding | This is usually small and can be stopped in the operation. However, large amounts of bleeding may need a blood transfusion or iron tablets.  Rarely, the bleeding may form a blood clot or large bruise within the wound which may become painful & require an operation to remove it. |
| Pain | The hip will be sore after the operation. If you are in pain, it’s important to tell staff so that medicines can be given. Pain will improve with time. Rarely, pain will be a long term problem. This may be due to altered leg length or any of the other complications listed below, or sometimes, for no obvious reason. |
| Prosthesis wear/ loosening | Modern operating techniques and new implants, mean that most hip replacements last over 15 years. In some cases, this is significantly less. The reason is often unknown. Implants can wear from overuse. The reason for loosening is also unknown. Sometimes it is secondary to infection. This may require removal of the implant and revision surgery. |
| Altered leg length: | The leg which has been operated upon, may appear shorter or longer than the other. This rarely requires a further operation to correct the difference or shoe implants |
| Joint dislocation | If this occurs, the joint can usually be put back into place without the need for surgery. Sometimes this is not possible, and an operation is required, or rarely if the hip keeps dislocating, a revision operation may be necessary |
| Less Common (1-2% of patients) | |
| Infection | You will be given antibiotics just before and after the operation and procedure will also be performed in sterile conditions (theatre) with sterile equipment. Despite this there are still infections (1 to 2½%).  The wound site may become red, hot and painful. There may also be a discharge of fluid or pus. This is usually treated with antibiotics, but an operation to washout the joint may be necessary. In rare cases, the implants may be removed and replaced at a later date. The infection can sometimes lead to sepsis (blood infection) and strong antibiotics are required. |
| Rare (less than 1% of patients) | |
| Nerve Damage | Efforts are made to prevent this, however damage to the nerves around the hip is a risk. This may cause temporary or permanent altered sensation along the leg. In particular, there may be damage to the Sciatic Nerve, this may cause temporary or permanent weakness or altered sensation of the leg. |
| Bone Damage | The thigh bone may be broken when the implant (metal replacement) is put in. This may require fixation, either at time or at a later operation. |
| Blood vessel damage | The vessels around the hip may rarely be damaged. This may require further surgery by vascular surgeons. |
| Pulmonary Embolism | A PE is a consequence of a DVT. It is a blood clot that spreads to the lungs and can make breathing very difficult. A PE can be fatal. |
| Death: | This rare complication can occur from any of the above complications. |