

Total Hip Replacement



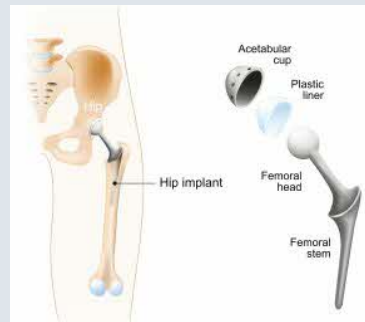
Please scan QR code for more information on NUHS Orthopaedic Surgery

The Department of Orthopaedic Surgery offers specialist medical and surgical treatments on musculoskeletal disorders, joint replacements, foot and ankle disorders, among other trauma injuries to patients. Our consultants and surgeons work closely with sports medicine physicians, physiotherapists, podiatrists and other healthcare professionals to help patients return to normal activities after surgery.

Total Hip Replacement (THR)

What is a Total Hip Replacement?

A hip replacement surgery is done to remove damaged bones and cartilage and replaced with prosthetic components. It is done to relieve a painful hip joint, thus making walking easier.



Common reasons why a Total Hip Replacement is done

- Osteoarthritis
- Rheumatoid Arthritis
- Post-traumatic Arthritis
- Avascular Necrosis
- Childhood Hip Disease
- Hip Fracture





Benefits of Surgery

1. To reduce pain

Majority of patients experience significant pain relief post-surgery.

2. To reduce stiffness

The new joint allows the joint to move smoothly and freely. It improves stiffness and mobility.

3. To increase mobility and quality of life

With a combination of reduced pain and improvement in stiffness, your overall mobility is likely to be improved. This will help you return to a more active lifestyle.

Possible Risks of Surgery

Majority of patients are satisfied with their result and gain improvements in their daily living. However, there are risks and complications which may occur.

1. Infection

As part of pre-operative measures, you will be screened for MRSA (Methicillin Resistant Staphylococcus Aureus) before your surgery to reduce the chance of infection. Your surgery may be postponed if you test positive for MRSA and may need further treatment prior to the surgery.

2. Dislocation of the Joint

Dislocation of joint post-surgery may occur if hip precautions (page 8) are not well observed during the first 12 weeks post-surgery.

3. Deep Vein Thrombosis (DVT)

Risk of blood clots are higher in lower limb operations. Look out for signs and symptoms of deep vein thrombosis such as:

- Calf pain and swelling
- Difficulty in breathing
- Chest pain
- Unusual numbness, swelling, and change of temperature of the leg

4. Pulmonary Embolism (PE)

A pulmonary embolism is a blood clot that blocks and stops blood flow to an artery in the lung. Seek treatment promptly if you experience the following:

- Shortness of breath
- Sharp chest pain
- Haemoptysis (blood in the phlegm)

5. Joint Loosening

Total hip replacements have a lifespan of 15-20 years. They are mechanical devices which will eventually wear out. Your surgeon will discuss these risks with you.

6. Unequal Leg Length

It is common for your legs to differ by a few millimeters in length after hip replacement. In most cases, the difference is less than 1cm and therefore unnoticeable, though your legs will feel slightly longer or shorter at times. This can be treated with a shoe raise.

7. Fracture

The risk of a minor fracture happening to a bone during this procedure is very low. Patients who experience such minor fractures usually require no specific treatment. If necessary, fractures will be treated during the surgery with plates or wires. All patients who undergo this procedure will go through a routine x-ray check after the surgery is completed.

8. Nerve Injury

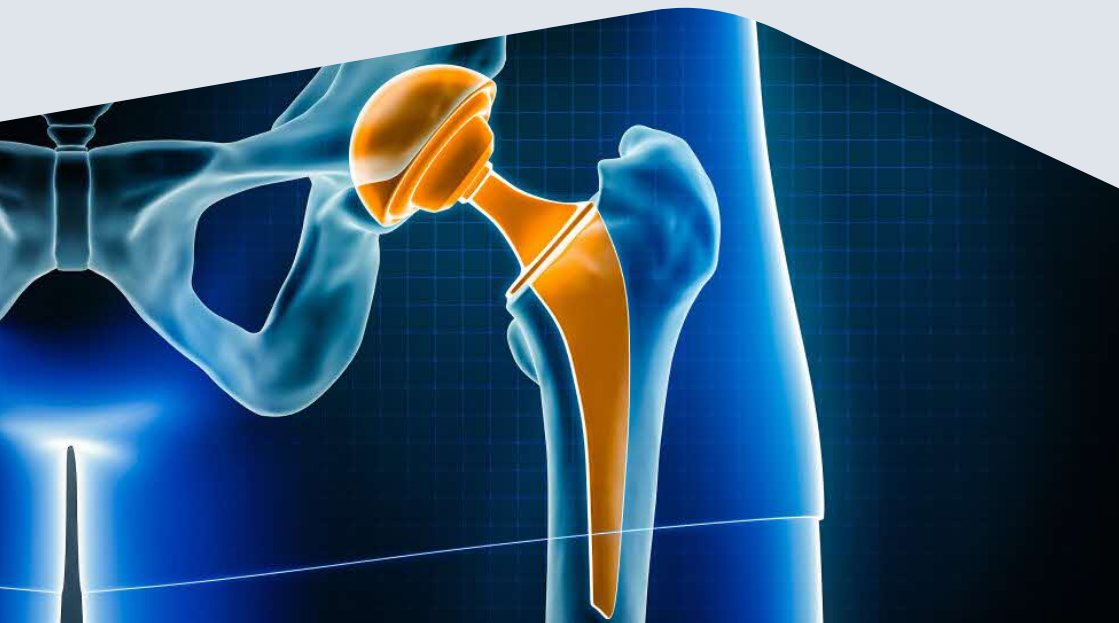
There are several nerves located around the hip that may be damaged during the surgery. The nerves typically recover after a period of time. For some, this injury may be permanent and can lead to pain, weakness, and a loss of sensation.

9. Urinary Incontinence

Depending on the type of anaesthetic you were under and your individual risk factor, a bladder catheter may be inserted during the surgery. A small amount of patients may temporarily develop urinary symptoms after, which typically resolves within a few hours.

10. Medical Complications

There is a small risk of developing medical complications following the surgery. These may include heart attack, stroke, and pneumonia. Your surgeon and anaesthetist will assess these risks with you at the time of consultation. If there are any concerns, your doctors may transfer your care to the most appropriate specialist for ongoing treatment.



Type of Anaesthesia

Before your surgery, you will be seen by the anaesthetist who will discuss your anaesthetic choices and post-operative pain relief with you. There are two anaesthetic options – Spinal Anaesthesia, or General Anaesthesia.



Spinal Anaesthesia

Most patients will be recommended to receive a spinal anaesthetic in combination with a light general anaesthetic or sedation.

The spinal anaesthesia involves a small injection of local anaesthetic between the spinal spaces of the lower part of the back around the nerves of the spinal cord. This causes a temporary numbness and heaviness from the waist down and allows the surgery to proceed without the patient feeling any pain.

This anaesthetic combination is preferred because it is safer, more effective and the full effects usually wear off very quickly following the surgery. This allows most patients to make a rapid recovery with very few side effects. It also allows the patient to start moving soon after surgery.

Due to the effect of the spinal anaesthesia, your bladder will be temporarily numbed. This can sometimes cause difficulty in passing urine after the surgery. A urine catheter might be inserted into the bladder to relieve this problem but this is temporary and only performed when necessary.

General Anaesthesia

General anaesthesia can be given to some patients but this increases the risk of post-operative nausea and vomiting. There is also an increased risk of drowsiness and giddiness after general anaesthesia which may delay you from moving soon after the operation.



The Operation

During your operation, the surgeon may inject high volumes of local anaesthetic into the tissues around the hip joint. This complements the spinal anaesthetic and helps with your pain relief after the operation, allowing you to move the hip immediately.

This technique normally provides excellent pain relief; however, you will be asked about your comfort levels regularly and will be offered extra pain relief during your hospital stay.

What to expect Post - Surgery

+ Physical Activity

- You will be asked to move around to increase blood flow and maintain circulation to the leg.
- Calf pumps will be placed post-surgery to promote blood circulation.
- Medications will be administered during your stay to relieve any pain. Some patients may require blood thinning medication to reduce the risk of blood clots.



+ Hip Precautions

After your surgery, there will be certain positions that you would need to avoid to reduce the risk of joint dislocation. This is to allow the tissue around the joint to heal.

Correct Positions:



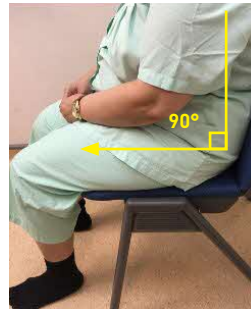
Choose a steady chair with a back rest



Hip abduction pillow may be used temporarily during your hospital stay to prevent leg crossing after surgery



Neutral leg position during standing



Sitting posture must not be less than 90°



Place pillow in between the legs during turning to prevent hip dislocation post-surgery

Wrong positions:



Avoid crossing leg when sitting



Avoid bending forward



Avoid crossing leg when standing



Avoid internally rotate leg when standing

- You may start to sit out of bed and exercise with your physiotherapist one or two days after your surgery.
- You may be discharged from the hospital in 1 to 3 days after surgery if there are no complications.
- You may opt to go for step down care in a community hospital or rehab ward after your acute stay but this is generally not necessary in most cases.
- Your primary team doctor, physiotherapy and occupational therapy will assess your fitness level before discharge.

What will happen to my stitches or staples?

Stitches and staples are usually removed within 10 to 14 days after the surgery. After which, the wound dressing will be changed. An outpatient clinic appointment will also be made.



Seek immediate advice if you experience your wound presents any of the following symptoms:



Unpleasant smell from the wound



Increasing or persistent pain at the wound site



Fever above 38°C



Redness



Wound discharge



Excessive Bleeding

Things to look out for at home



Scan the QR code for videos on Activities of Daily Living (ADLs) after total hip replacement surgery.

The following tips will be useful to help you in performing your daily activities after your surgery.

+ Dressing

Wearing your pants

- You can make use of a long handled reacher to wear your pants or underwear.
- Dress your operated leg first.
- Pull the pants up until your knee before reaching for it.
- Stand up with your walking aid or support to pull up the pants over your hips.



Putting on socks or shoes

- You can use a long handled sock aid or shoe horn to put on your sock and shoe for your operated leg.

+ Toileting

- Stretch out your operated leg forward and lower yourself to sit.
- Do not bend more than 90° at the hip when sitting down on the toilet seat.
- If the height of the toilet is too low, use a raised toilet seat or a commode.



+ Showering

- Sit down on a stable chair when showering.
- Make use of a long-handled sponge to wash your leg and foot on the operated side.



You should seek the advice of your Occupational Therapist if you have any questions related to managing your daily activities at home.

Getting in and out of a car

It is advisable to sit at the front passenger seat for extra leg room.

+ Set up the car seat

- Shift the car seat backwards.
- Recline the car seat (if able to).



+ Getting In

- Stretch out your operated leg forward and lower yourself to sit.
- Move yourself further backwards into the seat before lifting your legs in one at a time.
 - This helps to prevent you from lifting your knee higher than your hip when bringing your leg into the car.

+ Getting Out

Do the reverse when getting out of the car.



You should seek the advice of your Occupational Therapist if you have any questions related to getting in and out of a car.

+ Medical Implant Card

A medical implant card will be given to you during the follow up appointment. Bring along your medical implant card whenever you travel abroad.



National University Hospital

Permanent Medical Metal Implant

Name:
NRIC/Passport No:
Date of Issue:

The owner of this card has a permanent medical implant. This implant may activate a metal detection device.

Type of Implant Device: **RIGHT HIP IMPLANT**



Ng Teng Fong General Hospital

A member of the NUHS

Implant Card

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