

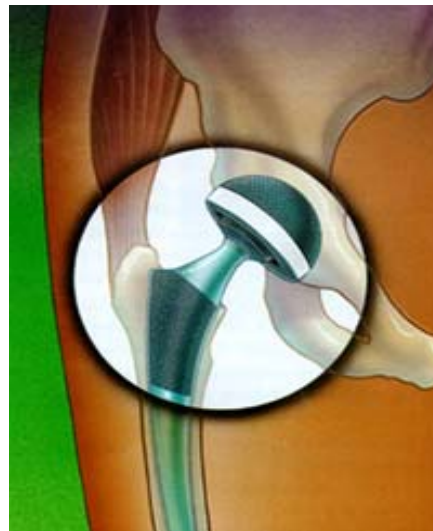
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RISKS ASSOCIATED WITH TOTAL HIP REPLACEMENT

No surgery is without risk. Tell your orthopedic surgeon about **any** medical conditions that might contribute to a potential complication. When complications occur, most are successfully treatable. Possible complications include:

Infection-Infection may occur in the wound or deep around the prosthesis. It may happen while in the hospital or after you go home. It may even occur years later. Minor infections in the wound area are generally treated with oral antibiotics. Major or deep infections may require intravenous antibiotics, more surgery and removal of the prosthesis.



Any infection in your body can spread to your joint replacement. You will be asked to take antibiotics prior to all dental work for two years after your joint replacement.

Signs of infection include: patchy redness, hot skin, drainage, and swelling at or around the incision. Fever, sweating, fatigue, and nausea may also indicate infection.

Blood Clots-Blood clots result from several factors, including your decreased mobility causing sluggish movement of the blood through your leg veins also called a Deep Venous Thrombosis (DVT). Pulmonary embolism (PE) can result from a DVT and in some cases is life-threatening. Blood clots may be suspected if intense pain and swelling develop in your calf or thigh. If this occurs, your orthopedic surgeon may consider tests that evaluate the veins of your leg (such as an ultrasound). Several measures will be used to reduce the possibility of blood clots, including:

- blood thinning medications (anticoagulants)
- elastic stockings
- exercises to increase blood flow in the leg muscles
- plastic boots that inflate with air to compress the muscles in your legs and feet

Despite the use of these preventive measures, blood clots may still occur. If you develop swelling, redness or pain in your leg following discharge from the hospital, you should contact your orthopedic surgeon.

Bleeding/Blood transfusion-Blood loss during joint replacement surgery is expected to be minimal; however, some patients may have a significant drop in blood levels requiring transfusion. Blood transfusion will be discussed with each patient if needed. The risks of HIV/Hepatitis C have diminished substantially with improved screening techniques. The doctor should be alerted ahead of time if you would refuse a transfusion for any personal or religious beliefs.

Loosening-Although a very rare complication, loosening of the prosthesis within the bone may occur after a total joint replacement. This may cause pain. If the loosening is significant, a revision of the joint replacement may be needed. New methods of adhering the prosthesis to bone should minimize this problem. Some wear can be found in all joint replacements. Excessive wear may contribute to loosening and may require revision surgery.

Dislocation-Occasionally, after total hip replacement the ball can be dislodged from the socket. In most cases, the hip can be fixed without surgery. Dislocation can be avoided by compliance with total hip dislocation precautions. (See page 7 of the After Total Hip Replacement pamphlet)

Leg length inequality – When performing a hip replacement the leg can be made longer, shorter, or exactly the same length as the opposite leg. If the leg is within 1 cm of equal, the difference is usually not noticeable to the patient. Leg length inequality can be addressed with a shoe lift or, if the other hip needs replacing, equalization occurs at the time of that surgery.

Nerve injury-Nerves in the vicinity of the total joint replacement may be damaged during the total replacement surgery, although this type of injury is rare. This is more likely to occur when the surgery involves correction of major joint deformity or lengthening of a shortened limb due to an arthritic deformity. Over time these nerve injuries often improve and may completely recover.

Heart Attack/Stroke-An EKG (heart tracing) is obtained prior to surgery to help identify potential cardiac risk. Occasionally further testing is warranted based upon the EKG findings. Stroke is largely unpredictable, but a prior history of stroke or mini-stroke (TIA) puts you at higher risk and should be brought to the attention of your orthopedist. Current hip and knee replacements are faster, involve less bleeding, stress etc. than in past decades. Anesthetic techniques also have improved and therefore diminish these risks.

Uncommon/Unforeseen risks – Falls can happen, medication errors can happen, other events can happen. You should participate in your care and safety. Be aware of your medication use, diet, and physical abilities after surgery to make sure your experience is as safe and risk free as possible.

