

MINIMALLY INVASIVE HIP REPLACEMENT

GRAHAM FORWARD
ORTHOPAEDIC SURGEON

MINIMALLY INVASIVE HIP REPLACEMENT

Hip replacement is one of the best operations in terms of relieving pain and restoring normal activity levels. Previously total hip replacement required extended surgery with prolonged hospital stay and a long recovery time.

The minimally invasive hip replacement reduces the trauma to the soft tissues and results in a speedy post-operative recovery.

Minimally invasive hip replacement requires five days stay in hospital although some people may go home after three days and some may need to stay slightly longer.

Features of Minimally Invasive Hip Replacement

Minimally invasive hip replacement requires attention to the following details before the operation, during the surgery and in the post-operative period:

- **Pre-Operative Fitness and Muscle Strengthening**

Optimal heart and lung function and muscle strength before surgery result in the best possible outcome after the surgery. In some cases it may be appropriate to attend a physiotherapy course prior to surgery to ensure that muscle tone and strength are at their best.

- **Autologous Blood Donation**

The use of your own blood at the time of minimally invasive hip replacement reduces the risks of complications and speeds up the recovery. Where appropriate it is encouraged to pre-donate two units of your own blood to the local blood bank facility. This will be stored and given to you at the time of your surgery if it is necessary.

- **Epidural and General Anaesthesia**

Most people have a light general anaesthetic in association with epidural anaesthesia. The epidural technique reduces the need for pain killing injections which may be associated with complications of their own. The use of an epidural controls pain well and enables mobilisation out of bed the morning after surgery.

• **Stopping Certain Medications**

Drugs which thin the blood need to be stopped 7 days prior to surgery. This includes aspirin, warfarin, Plavix and the anti-inflammatory group of tablets.

• **Small Skin Incision**

A small skin incision is associated with less pain and better cosmetic appearance. The skin is closed with dissolving, sub-cuticular suture which means there are no stitches or staples to remove.

• **Management of Soft Tissues**

With a less invasive approach to the hip joint there is less damage done to the underlying muscles, tendons and other soft tissues with the result that recovery is rapid. Great care is taken to protect the tissues so that the least possible insult is inflicted during the time of surgery.

• **Cement Free Prosthesis**

The use of a modern prosthesis with titanium coating means that there is no need to use cement to fix the metal to the bone. This allows less traumatic preparation of the bone surfaces. The lack of cement means that complications such as pulmonary embolus and other cardio-respiratory problems are reduced with the minimally invasive hip replacement.

• **Long Lasting Bearing Surface**

The artificial hip joint requires articulation between the replaced ball and socket joint. The use of cross linked polyethylene or a hard, ceramic on ceramic bearing surface decreases the wear of the artificial hip joint and may prolong the life of the hip replacement.

Goals of Minimally Invasive Hip Replacement

The goal of minimally invasive hip replacement is to reduce the impact of the surgery resulting in more rapid recovery from hip replacement. The risk of complications is diminished and the return to normal function may be faster. It is important to remember that the hip joint has been replaced with an artificial prosthesis, requiring precautions with the position that the new hip is put into in the first six weeks after surgery.

Complications

- 1) All the usual complications of routine hip replacement and hip resurfacing are present with minimally invasive hip replacement. These include infection which may be superficial or deep, deep venous thrombosis which may be distal or proximal and may be associated with pulmonary embolus.
- 2) During the surgery there is a risk of damage to the blood vessels and the possibility of a fracture of the bone which may require additional measures during the operation.
- 3) Subluxation or dislocation of the hip replacement, nerve damage which may be transitory or permanent, scar tenderness, localised swelling or bursitis and some difference in the length of the legs are all known, but fortunately unusual, complications of hip replacement.
- 4) The Minimally Invasive Hip Replacement minimises, but does not avoid the risks of these complications.

For your health insurance fund the item number for Hip Replacement is 49318 or 49321.

GRAHAM FORWARD

ORTHOPAEDIC SURGEON

Hip & Knee Surgery for
Arthritis & Sports Injuries

Murdoch Orthopaedic Clinic

St John of God Medical Centre
100 Murdoch Drive
Murdoch WA 6150
Telephone: **(08) 9366 1818**
Facsimile: **(08) 9366 1829**

ABN 83 059 879 917

Shenton Park

Unit 1, 219 Onslow Road
Shenton Park WA 6008
Telephone: **(08) 9388 1148**
Facsimile: **(08) 9388 1146**