

TIME TEXT FROM JON CONROY TOTAL HIP REPLACEMENT VIDEO

00:00	Hello, I'm Jon Conroy, I'm one of the Consultant Orthopaedic Surgeons at Harrogate District Foundation Trust and I'm a specialist in hip surgery. I've been trained in hip surgery over a number of years and started as a consultant here in 2006. My training has involved time abroad in Canada and Australia and I particularly interest in hip replacements and also soft tissue, sports injuries of the hip.
00:32	The reason you've been referred to an outpatient clinic here at Harrogate, is generally because you have pain around the hip area. Now, pain in the hip isn't always exactly where people think it maybe because the hip itself has a low concentration of nerve fibres, and so patients can present with symptoms in the lower spine, the side of the hip, the groin or it can refer to the knee.
01:00	So, it can be quite challenging to work out how exactly where your pain is coming from and how we treat it. You will be asked questions, such as do you have problems putting on your shoes and socks, or cutting your toenails, because this picks up some of the functional problems that you might have with osteoarthritis or pain in the hip. So, if we ask you some funny question that's the reason behind it.
01:26	For most people they will present with pain in the hip, which tends to be in the groin, radiating to the thigh and down to the knee and also noticed stiffness in hip area. So, they may have noticed a really slow onset of difficulty getting dressed and associated with this might have problems with functions such as walking upstairs, walking long distances, lifting, carrying, those kind of things
01:56	So, you will have generally been seen by your GP and maybe a musculoskeletal physiotherapist who in most cases will have excluded non-operative techniques to control your symptoms such as exercise, which we would thoroughly support. You could take anti-inflammatory such as ibuprofen, if you are able to can take anti-inflammatory drugs and have no contraindications. You may find that you have been offered a steroid injection, which can in some patients really help with the symptoms.
02:31	Steroid injections can be effective if you can have very mild arthritis and can last for long period of time, but they affected a steroid injection is very dependent on several factors and some patients find that they may not work or mainly work for 1-2 weeks. So, do discuss injection with your surgeon and if they say you're not suitable for injection it maybe because the severity of the osteoarthritis means that it would be less valuable for you.
03:02	Other things you can do before an operation is generally look after your general health. So, if you smoke consider stop smoking, if you're overweight, considering reducing your weight and try and eat healthily and make sure you get plenty of rest and sleep and generally look after yourself. If you are having an operation, you can plan to be as fit as possible before the operation and it gives you the best possible outcome for the recovery. We know that fitter, slimmer people tend to recover quicker and have less complications after surgery.
03:40	So, for patients who need to have a hip replacement they often ask me when do I know when I need a hip replacement? The crucial factor about the hip replacement is about quality-of-life operation. So, it's very rare that a surgeon will ever say to you have to have a hip operation. It's about balancing the risks and benefits of the procedure and so most patient get to a stage in the life, where the symptoms are affecting asleep, their ability to spend time with their family or interact with children, their grandchildren, they find they can't do their hobbies, they find they become socially isolated and affecting their work. You will get to the point where you will know that it's the right thing to go ahead and have surgery.
04:00	

- 04:35** Once you've made that decision it can be quite anxious time for patients because you do worry about complications and if something goes wrong, what kind of effect it can have on you. Now, looking all operations they all have risk. But having a hip operation is one of the most successful operations that we do. Generally, we would quote that 95% of people are happy with their hip replacement. So, do dwell on the positive side that 95% of people are happy afterwards, and in most cases your hip replacement will last you 20 years. So, in 80% of patients we can be confident that your hip replacement will still be functioning after 20-years.
- 05:22** The new technologies in hip replacement have allowed it to last longer and also you're able to do a lot more and activities that many patients in the past wouldn't be able to do. So, your surgeon may be happy for you to walk long distances, return to golf, return to swimming. You may be able to play competitive sports such as tennis, you should be able to play golf. I personally allow my patients to go back skiing and even light jogging. So, it really does depend on the discussion you have with your surgeon with what the happy to do. I think as a patient you can have your own ability to balance your risk more wear with your hip compared to the activities that are important to you and your life.
- 06:18** So, when you make the decision to have a hip replacement you will be anxious. The anxiety is generally related to coming into hospital into an environment you're not used to but also in the back of the mind you will have your concerns about potential risk of the surgery
- 06:35** In my practice I will give you an information booklet, which will go through the risks of the operation in detail and allow you to have a chance to read those risks in your own time and at your own leisure at home. Some of the common risks of the hip replacement are, risk of deep vein thrombosis (DVT) or pulmonary embolus (PE), there is a risk of approximately 1 in 1000 of death after a PE in hip replacement. We try and reduce those risks by putting you on anticoagulant therapy after your operation, which in this hospital tends to be injections for 28 days after your surgery.
- 07:16** The risk of infection is another major concern, and the risk of infection is quoted between 1 and 50 patients to 1 in 200 patients. If you have an infection, it can be a simple superficial infection that respond to antibiotic therapy and won't cause you a problem in the long-term. If you have a deep infection where the infection can become adherent to the implant it is possible that you will need for further procedure to remove the original hip replacement and you may require antibiotics for up to 6 weeks and you may have to have a further procedure. SO, it's a really significant risk that you should at least reflect upon before making a decision.
- 08:10** There are risk including dislocation, in the first 3 months after surgery the risk is higher than it would be after that. So, it's important that you when you first have your hip operation that you follow the instructions of your surgeon and physiotherapist just to be careful about the activities that you do immediately post-op period and to slowly increase activities for 3 to 6 months.
- 08:35** It's important you realise that no matter how well you feel, your tissues in the hip have got to have time to heal and no matter how fit or how active you are, or pain-free you are, your tissue still need at least 3 months to get solid and heal properly to reduce risk of dislocation, so please be patient with your recovery.
- 08:58** With most operations there are standard risks. Some of the standard risks may include bleeding which, in rare situations you may require blood transfusion. There's a risk of nerve injury which in small amounts of cases can be significant and leave you with ongoing pain weakness in the leg. There's a risk of fracture, if there's a fracture during the procedure that's a low risk but if it occurs, you may require fixation of the fracture during the original procedure or you may need to go back at a later date for another operation.

- 09:36** There are risks included in leg length discrepancy that people are particularly worried about. With the hip replacement it can be difficult for a surgeon to balance your hip correctly during the operation and this may be related to other factors such as the shape of your spine, your natural leg length before the operation, so some people naturally have a short of femur or tibia on one side compared to the other, and it's not until the you've had a hip replacement that increases your leg length by a small amount that can be much more noticeable for you.
- 10:17** Often, if you do have an increase in your leg length or you feel that increasing your leg length, over the following six months after hip replacement this can settle down and not be problem at all for you.
- 10:26** After a replacement you will be expected to be in hospital for a certain amount of time. Most patients admitted to surgery on the day of surgery and the morning of surgery, and we would a tempting most fit and active patients to get you home the next day after operation. Depending on any other issues that you may have, if you have other medical concerns or you have poor mobility anyway, it is possible that you will be in hospital for longer.
- 10:56** There are real benefits for getting patients up and active after the surgery and really as it reduces some of the risk of complication such as deep vein thrombosis, PE, chest complications. We know people who are active quicker from surgery tend to have a better long-term result and have a more satisfactory outcome from their surgery.
- 11:25** Most patients will have a spinal anaesthetic with associated sedation, but the choice of anaesthetic will be discussed with you by the anaesthetist on the day of surgery and if have any strong feelings about the type of anaesthetic you want, you will have that ability to discuss that with the anaesthetist. For the patients who have a spinal anaesthetic, it will take 7 hours fruit to wear off after operation, and it may not be till later in the day or potentially the next day until you able to get off the day in bed and mobilise.
- 11:59** It is important that you only get out of bed after you've informed the nurse or a physiotherapist who have come to help you get out of bed. Some patients feel quite faint or dizzy after the surgery or you may feel that your legs aren't strong enough to hold you, so please don't jump up and get out of bed unless you discuss that with the nurses or the physios on the ward first.
- 12:25** Now, after your operation it is likely that you will have some pain and the nurses will give you some pain medication and measure your pain scores and we'll try to balance your pain vs the complications or downsides of painkillers that you have. Some people can feel quite sick or nauseous, some people can feel light-headed with painkillers and so there is some fine balance with painkillers so please be patient with the nurses so that they get that balance right for you, so that you can control your pain but also don't leave you too drowsy or feeling unwell from the side effects of the painkillers.
- 13:09** Now, before you go home, we will check that you are able to walk upstairs safely. We will make sure that you are safe to go back into your home and by the time you signed off by the physio, will be confident that you are in a good position, in a safe position to return home, so please don't be worried about your ability to get home, as it will be assessed thoroughly and often it can be quite daunting for you after your operation because you think you're not going to achieve it but you'll be surprised to know how quickly you will get confidence in the first 24-hours after operation.
- 13:50** On discharge you'll be discharge with a walking frame, sticks or crutches. Most of our patients will be discharged with walking sticks and we would normally recommend that you are using walking sticks for around 6 weeks. After a period of 6-weeks, you may be in position to return to driving, be able to discard the sticks at home once safe and you will be giving guidance on this by physiotherapists.

- 14:25** So, 6-weeks stage is a major milestone after hip replacement. Not everybody will be off their sticks at that stage and not everybody will feel competent enough to drive at that stage. Please don't judge yourself by other people. Some people take a little longer than others, some people will recover really quickly and after just 3 to 4 weeks make your confident to mobilise and get around more freely.
- 14:52** The next major is a 3-month milestones. Now, 3-month milestones after hip replacement I'll be expecting the patient could start returning to activities such as golf, longer walks and be more confident about driving. I would expect the vast majority of patients to have already returned to work at this stage. You will be reviewed in the longer term in most clinics by a nurse lead clinic and you may be referred an x-ray and that will be arranged for you to come back into hospital
- 15:25** Not all surgeons would recommend that you need to come back for clinic appointment, and you may not require an x-ray, so don't be concerned if you are discharged shortly after your stay from hospital.
- 15:42** It's important that that the risks we've discussed today I will also be compiled with the risks that are written information and I would thoroughly recommend that you read this before you sign the consent form either in clinic or the day of surgery.

(End of spoken word)