PROCEDURE: The hip joint is a ball and socket joint. In some cases, the bone and the cartilage (gristle) that makes up the joint can become worn away.

Your surgeon may recommend that you undergo a procedure called a hip resurfacing. This literally replaces the surfaces (which are worn away) and keeps the majority of your own bone (unlike a total hip replacement). The idea of the resurfacing is to reduce the pain and increase the amount of movement.

The surgeon will see you before the operation and will mark your painful thigh with a felt pen. This is to make sure that the correct hip is operated on. If you have any questions about the procedure, now might be a good time to ask them.

An anaesthetic will be administered in theatres. This may be a general anaesthetic (where you will be asleep) or/and a regional block (e.g. where you are awake but the area to be operated is completely numbed) for example an injection into the spine. You must discuss this with the anaesthetist. If you have any allergies, please also tell them.

While you are in theatre, you will lie on the opposite side to the one being operated on. Your skin will be cleaned with antiseptic fluid and surgical towels (drapes) will be wrapped around the hip.

The surgeon will make a cut (incision) using a surgical knife (scalpel). The position and size of the cut depends on your surgeon’s technique.

The surface of the “cup” of the joint will be replaced by (usually) a metal joint followed by the surface of the ball (the femur). This last implant may be held into position with special bone cement or screws.

When happy, the surgeon will put the joint back into position and the wound and skin closed. Some surgeons use stitches (under or above the skin) or some use special skin staples. Both are as effective and depend upon surgeon preference. You may also wake up with a drain coming out of the wound. This is to collect any bleeding. It is quite common. When you come around you may feel sore.
You will be encouraged to start to stand and possibly start taking a few steps from the next day if the surgeon is happy with the procedure. A blood test and X-ray may be taken the day after.

***Please be aware that a surgeon other than the consultant, but with adequate training or supervision may perform the operation**

**ALTERNATIVE PROCEDURE:** there are alternatives to operations to minimise the pain and maintain mobility. These include taking painkillers (such as Ibuprofen), weight loss, physiotherapy, steroid injections and walking aids. These may not be appropriate for your case.

There are also surgical options available other than resurfacing. These include a total hip replacement. Because you are young, your surgeon may think that a hip resurfacing is more appropriate. This procedure is thought to last longer and be more appropriate for your case.

**RISKS**

As with all procedures, this carries some risks and complications.

**COMMON** (2-5%)

**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 developing a DVT are greater after any surgery (and especially bone surgery). Although not a problem themselves, a DVT can pass in the blood stream and be deposited in the lungs (a pulmonary embolism – PE) or brain. This is a very serious condition which affects your breathing. Your doctors may give you medication through a needle to try and limit this risk of DVTs from forming. Some centres will also ask you to wear stockings on your legs, while others may use foot pumps to keep blood circulating around the leg.

**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 (Haematoma).

**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 may be a chronic problem.

**LESS COMMON** (1 – 2%)

**Infection:** You may be given antibiotics just before and after the operation and the 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 prostheses may be removed and replaced at a later date. The infection can sometimes lead to sepsis (blood infection) and strong antibiotics are required.
RARE: (<1%)
Fracture near the implant: the top of the thigh bone may be broken where the peg of the implant (metal replacement) is positioned. This generally occurs within the first 6 weeks. If this occurs, the resurfaced head and neck of the thigh bone may have to be removed and replaced with a new stem and head.

Implant wear: Modern operating techniques and new implants mean the survival of the resurfacing continues to rise. However, the implants can still wear. The Cup can also become loose. Often there is no cause for this found – other times it may be from infection. A revision operation may be necessary.

Altered leg length: the leg which has been operated upon, may appear shorter or longer than the other. This may require shoe implants or rarely a further operation to correct the difference.

Altered wound healing: the wound may become red, thickened and painful (keloid scar) especially in Afro-Caribbeans and Asians.

Hip stiffness: may occur after the operation, especially if movement before & after the operation is limited. Manipulation of the joint (under general anaesthetic) may be necessary.

Joint dislocation: this is usually very rare after a hip resurface.

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. There may also be damage to the Sciatic Nerve, this may cause temporary or permanent weakness or altered sensation of the leg.

Blood vessel damage: the vessels around the hip may rarely be damaged. This may require further surgery by the vascular surgeons.

Pulmonary Embolism: (a PE) this is a blood clot in the lungs. This can make your breathing very difficult and can be fatal.

Death: this very rare risk may occur as result of the above complications.
I have read/understand the procedure, risks and complications. I have asked any questions and raised any immediate concerns I might have. I understand another surgeon other than my consultant may perform the operation (although they will have adequate training/supervision).

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure.

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

Signature…………………………………………………………

Print name………………………………………………………….

Date……../…./20…

2nd Confirmation………………………………..Date………./…./20…

NAME of SURGEON (Capital letters)……………………………….

SIGNATURE of SURGEON………………………………………….

POSITION…………………………………………………………….

DATE……../……./20……

National Joint Registry
www.njrcentre.org.uk

“I have read and comprehended the Patient Information Leaflet and consent to my personal details being submitted to the National Joint Registry in the knowledge that they will only be disclosed in the public interest or in other circumstances permitted by law. I have been assured and understand that by declining my consent my care and treatment will not be affected in any way.”

Signature……………………………………………..Date……../……./20……