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Immediate Risks of a Hip Replacement

Fracture

- **Post-operative falls cause fractures.**
 - The risk of a post-operative fracture after a fall is ~1%.
 - Be careful getting in and out of the shower.
 - Do not walk on slippery surfaces (icy sidewalks, wet floors, slippery grass).
 - Use a walker until your balance has returned to normal.
 - Walkers prevent falls.
 - Ask for help from your support person.
- **Intra-operative Fracture**
 - The risk of a fracture occurring during surgery is about ~0.25%
 - If an intra-operative fracture is recognized during surgery, Dr. Kurtz will fix it.

Dislocation

- The risk of a dislocation after anterior hip replacement is ~0.25% and ~0.5% after a posterior hip replacement.
- Posterior hip dislocations occur through flexion and internal rotation of the hip.
- Anterior hip dislocations occur through extension and external rotation of the hip.
- Spine fusion greatly increase the risk of a hip dislocation.
 - Roughly a third of normal bending motion occurs through the spine/pelvic joints and two thirds through the hip joint.
 - After a large spine fusion, 100% of bending motion occurs through the hip joint.
- Proper implant positioning, leg length, and offset can reduce the risk of dislocation.
- Larger femoral head balls and dual mobility can also reduce the risk of dislocation.

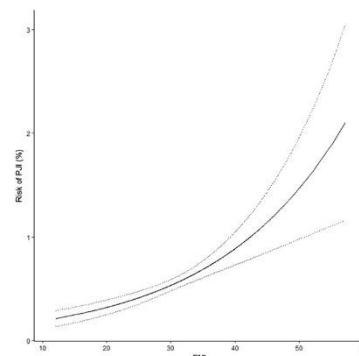
Leg Length Inequality

- The risk of a leg length inequality is ~0.5%
- Dr. Kurtz takes multiple x-rays and measurements during the surgery to make sure the patient's leg is the correct length.

- If a patient is unhappy with their leg length after surgery, the patient can wear a shoe lift or Dr. Kurtz can change the modular hip components (re-operate).

Infection

- The risk of a post-operative infection is about 0.25% for healthy patients.
- The risk of a post-operative infection is about ~3-4% for **smokers**.
- The risk of a post-operative infection is about 2-3% for poorly controlled **diabetics**.
- The risk of a post-operative infection in **obese** patients range from about 1% with a BMI of 45 to 2-3% with a BMI of 55. (*click on graph*).
- Additional material from AAOS:
 - <https://orthoinfo.org/en/diseases-conditions/joint-replacement-infection/>
 - <https://orthoinfo.org/en/treatment/preventing-infection-after-joint-replacement-surgery-video/>



Blood Clots

- Patients without a history of blood clots are asked to take aspirin for 4 weeks.
 - Low risk patients have a ~0.5% risk of a blood clot while on aspirin.
 - Low risk patients have a ~2-3% risk of a blood clot if they do not take their aspirin.
- Patients with a history of blood clots are asked to take a strong blood thinner (Xalerto, Eliquis, Coumadin, etc) for 4 weeks or longer.
 - High risk patients have a ~2-3% risk of a blood clot while on a strong blood thinner.
 - High risk patients can have a very high risk of a blood clot if they do not take their strong blood thinner. (*not advisable*)
- A blood clot is associated with calf pain, swelling and pain with ankle flexion.
- Early motion, ambulation and ankle pumps can help prevent blood clots.
- Ultrasound can be used to diagnose a blood clot.
- A blood clot can break off and move to your lungs (Pulmonary Embolus).
- Pulmonary Embolus can cause chest pain and difficulty breathing. In rare cases, pulmonary emboli can be fatal.
- Additional material from AAOS:
 - <https://orthoinfo.org/en/diseases-conditions/deep-vein-thrombosis/>
 - <https://orthoinfo.org/en/recovery/preventing-blood-clots-after-orthopaedic-surgery-video/>

Rare Immediate Risks

Nerve Injury

- Injuries to the Sciatic and Femoral nerve are exceedingly rare.

- Injury to the lateral femoral cutaneous nerve often causes a temporary skin numbness on the side of the thigh in some patients with an anterior hip replacement. This numbness does not typically bother patients and returns to normal in a few months.

Medical complication

- Although rare, sometimes the stress of having any surgery can trigger medical issues.
- Heart arrhythmias, stroke, GI bleeds, post op ileus and even death have rarely happened after some hip replacements.

Long term Risks

Implant Loosening

- Orthopedic hip implants are designed with rough surfaces (porous) to allow the bone to grow into these surfaces.
- If recurring motion occurs between the implants and the bone, then fibrous tissue may grow between the implant and bone which can prevent the bone from growing into the implant.
- If implant loosening occurs (micro motion), patients may have “startup” pain.
 - Patients with startup pain may have temporary pain with weight bearing after prolonged sitting.

Implant Wearing Out

- Modern hip replacements can last 5-6 decades, but there are no assurances that they will last that long.
- Most hip replacement prior to 2000 had standard polyethylene that would typically wear out after 1-2 decades, cause osteolysis, lead to bone resorption around the implant.
- All modern polyethylene since 2005 has been highly cross linked and does not seem to cause osteolysis.

Chronic Pain

- Hip replacements are very successful at relieving hip and groin pain, but few patients can have continued pain after their hip replacement.
- Any patient with continued hip pain more than 6 months after their surgery should have a complete work up including x-rays, infection work-up (labs), metal suppressed MRI of the hip, and/or nuclear bone scan.

Functional Problems

- Hip replacements are very successful at returning function, but few patients can have functional difficulty including limping, stiffness, difficulty putting on their shoes, difficulty with stairs, and/or weakness.

- Any patient with functional problems more than 6 months after their surgery should have a complete work up including x-rays, infection work-up (labs), metal suppressed MRI of the hip, and/or nuclear bone scan.

Abnormal Bone Formation

- Abnormal bone formation (heterotopic ossification - HO) can slowly form around a hip replacement over 1-2 years after a patient's surgery.
- The risk of HO is ~0.25% of hip replacements.
- HO is usually painless but can restrict hip motion.
- Occasionally, Dr. Kurtz will have to surgically remove the HO years after a hip replacement.

The risk percentages discussed above are Dr. Kurtz's estimates for primary hip replacements. The risks for revision hip surgeries are often double those of primary hip replacements.

Thank you for your willingness to be actively engaged in your healthcare. Dr. Kurtz and his team want all patients to be well educated, so if you have questions, please reach out and we will answer your questions. Maintaining a positive attitude and staying engaged in your recovery are the best ways to ensure a great outcome.

Best wishes for a speedy recovery,



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Hip and Knee Replacement Surgeon

Patient's Signature Page

I acknowledge that I have been given the form entitled "Dr. Kurtz's Hip Replacement Consent form" which outlines the possible risks involved in hip replacement surgery: fracture, dislocation, leg length inequality, infection, blood clots, component loosening, continued pain, bearing surface wear, limping, nerve injury, possible need for further surgery, and abnormal bone formation, and even death. I acknowledge that, even though this form describes most of the potential risks in hip replacement, other unusual complications might arise.

I voluntarily consent to hip replacement surgery and fully understand the risks and benefits.

Printed name of patient: _____

Patient's signature: _____

Date: _____

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