Total Hip Replacement

By **D. S. Endigeri***

THE ROYAL NATIONAL ORTHOPAEDIC HOSPITAL, Stanmore, England, is famous for total hip replacement, one of the best leg saving treatment. Patients who come here from all parts of the world for this treatment return with complete whole leg instead of getting amputed.

The Stanmore Total Hip Replacement is similar to the McKee Farrar Prostesis. Here is how the patients are treated at the hospital.

ADMISSION : Before admission some patients are examined at the Hip Assessment Clinic and the relevant information is prepared for computor programming.

The patient is admitted 3 or 4 days before the operation into a bed prepared as for a McKee Prostesis which is an interior sprung mattress and fracture board.

A general examination is carried out by the House Surgeon and the range of hip movements are recorded on a hip assessment chart. A consent form is signed by the patient.

Drugs prescribed are : night sedation, analgesia, pre-medication and stanmore antibiotic preparations. Blood tests are carried out—Haemoglobin and packed cell volume, erythrocyle sedimentation rate, white cell count and differentials, anti-staphylococcal litre and latex fixation test. The blood is grouped and the bottles are cross-matched.

A mid-stream specimen of urine is sent to the laboratory.

Both hips are x-rayed—antero-posterior and lateral views being taken. Cine film may be taken of the patient walking and colour slides may be taken with the hip in the following positions :

(1) Abducted ; (2) Extended ; (3) Flexed and (4) Sitting. (using a special chair with a straight back to cut the effect of lumbar lordosis on hip flexion. Skin is prepared a day before the operation. The skin is shaved (pubic region and the limb concerned).

Hibitane bath is given (100 mls. Hibitane 20% in a bath of water). An iodine skin preparation is also carried out. On the day of operotion another Hibitane bath is given and the iodine skin preparation is repeated.

PREPARATION : At 6 a.m on the day of operation the first dose of the stanmore antibiotic preparation is given. One hour before the operation the premedication is given and routine pre-operative care is carried out.

Post-operative management (metal to metal). A Hoskins beam is fitted to the bed. The Stanmore antibiotic preparation is continued 12 hourly after the operation until a total of 5 doses have been given. Redivae drains are removed 48 hours post-operatively if drainage has ceased. One specimen from a redivae drainage bottle is sent during the 48-hour period. Skin extensions and Hamilton Russell traction are applied to the leg with 4 lbs. weight. The limb is placed in neutral rotation with the hip widely abducted to prevent tension on the abductor muscles as the greater trochanter (the insertion of the abductor muscles) is detached during the operation and then wired back into position. The traction is removed after one week and the patient is left free in bed with abduction pillow for another week. Post-operative x-rays are taken. If the patient is on traction, only the anterior position is x-rayed. The sutures are removed about 12 days after the operation.

PHYSIOTHERAPHY : Passive movements to the hip joint are given. The patient is encouraged to flex actively the hip knee and to move the ankle joint and toes.

The patients are laid flat one hour after lunch to prevent hip flexion contracters. On the fifth post-operative day the dressing is reduced. If satisfactory, the wound is sprayed with clear plastic dressing and covered with the clear part of a melolin dressing.

After two weeks the patient is allowed to sit out of bed and hydrotherphy commences. Partial weight bearing on elbow crutches is commenced at three weeks and the patient is allowed to go home when walking confidently on crutches for a minimum of three months.

Post-operative management (metal to plastic). The patient returns from the operating theatre with an abduction pillow in position. Traction is not used. Redivae drains are removed at 48-hours if not draining and specimen is sent to pathology department. Post-operative x-rays are taken. Sutures are removed on the 12th day. The patient remains in bed for two full weeks. Then Physiotherapy commences. Partial weight bearing is observed in out-patient Dept at 3 months and the patient is assessed for possible transfer to walking stick.

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