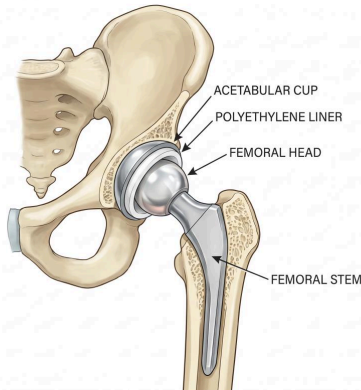


ONE-PAGE PATIENT SUMMARY

Total Hip Replacement Surgery

Piriformis-sparing posterior approach with fast recovery programme



Source booklet Figure 5: Total hip replacement components in situ — acetabular cup, polyethylene liner, femoral head and femoral stem.

Replacing a painful, damaged hip

A total hip replacement replaces worn ball-and-socket joint surfaces with prosthetic components. Mr Kenan Dehne uses a piriformis-sparing posterior approach, preserving the piriformis and repairing the capsule and lower rotators. Surgery may be considered when hip damage causes troublesome pain and loss of function despite non-operative care.

When it may be considered

- Persistent hip or groin pain may limit everyday activities.
- Night pain, stiffness and walking difficulty are common signs.
- Trouble with stairs, shoes or socks can affect function.
- X-rays, symptoms, health and personal goals inform the shared decision.
- The operation replaces the cup, liner, femoral head and femoral stem.

Your treatment pathway

1 Prepare and assess

Pre-assessment checks your health. Discuss medicines, treat dental infection, prepare your home and follow hospital instructions on fasting and skin preparation.

2 Surgery and anaesthetic

Surgery is usually under spinal anaesthesia with sedation; general anaesthesia is available if preferred. Damaged joint surfaces are replaced with a cup, liner, head and stem.

3 Protect and mobilise

Pain relief, clot prevention, wound care and physiotherapy support early standing and walking when it is safe for you.

4 Leave hospital when ready

Discharge follows safe walking with crutches, stairs if needed, oral pain control, a dry intact wound and understanding of your home exercises.

Recovery and aftercare

1 Days 0-14: early mobilisation

Mobilise with staff guidance and crutches; gradually increase walking. Keep the waterproof dressing for 10-14 days and follow prescribed exercises.

2 Weeks 2-6: progressive recovery

Build strength and walking gradually; reduce crutches only as advised. Protect healing tissues by avoiding leg crossing, hip bending beyond 90 degrees and inward twisting.

3 From week 6: return gradually

Restrictions are progressively relaxed with clinician guidance. Build activities gradually; drive only when you can safely perform an emergency stop.

Wound response and protection

A little wound ooze in the first 24-48 hours can be normal. Replace a saturated, soiled or lifting dressing with a clean waterproof dressing. Do not soak the wound until fully healed. Contact the clinical team for advice about recovery concerns.

Seek urgent help now

Contact Mr Dehne's team or attend A&E immediately for sudden severe calf pain or leg swelling; chest pain or sudden breathlessness; increasing wound redness, warmth or discharge; fever above 38°C lasting over 24 hours; a hip that feels popped out or inability to weight bear; or persistent foot numbness or weakness.

Important limitations and precautions

No operation is risk-free. Possible complications include infection, DVT or pulmonary embolism, dislocation, fracture, nerve or vessel injury, leg-length difference and later revision. Healing and recovery vary. High-impact sport is generally discouraged because it may accelerate bearing-surface wear. Follow your surgeon's and physiotherapist's individual advice.

Need advice tailored to you? This poster supports, but does not replace, individual assessment or consent.

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