NICE MTA Total hip replacement and resurfacing arthroplasty for the treatment of pain or disability resulting from end stage arthritis of the hip (Review of technology appraisal guidance 2 & 44)

Total hip replacement (THR) and hip resurfacing (HR) surgery are major orthopaedic interventions which usually have successful outcomes for patients in terms of reduction in pain and stiffness from end stage arthritis and increased physical mobility, therefore enhancing the patient's quality of life. Total hip replacement is a common procedure planned with the patient. Hip resurfacing is planned with the patient and is less common.

Patients who consent to undergo THR or HR surgery have usually tried a series of conservative measures to ease the pain and stiffness from the arthritis, such as oral analgesia and physiotherapy. If the pain and disability from arthritis is affecting the patient's quality of life, for example if the patient is unable to sleep at night due to the arthritic hip pain despite strong and regular analgesia then surgery may be considered by the Orthopaedic surgeon in partnership with the patient and family. Appropriate literature should be given to the patient and family so that they have a thorough understanding of the proposed surgery.

Patients require adequate preparation for this surgery pre-operatively and this is usually via a pre assessment clinic where the patient's physical status is evaluated by Registered nurses with orthopaedic knowledge and skills. The patient needs to be in an optimal medical and psychological condition prior to surgery so that complications can be minimised post-surgery.

The advantages of having Total hip Replacement surgery or hip resurfacing include; improved quality of life for people in terms of pain reduction/elimination and greater mobility enabling more independence.

Younger people who fulfil selected criteria for hip resurfacing surgery usually recover quickly from this surgery and return to activities of daily living in a shorter period of time than patients undergoing total hip replacement surgery. After the rehabilitation period patients are usually less dependent on others following this surgery and younger people can return to work.

The disadvantages of total hip replacement surgery and hip resurfacing are the risks related to surgery including; infection, venous thromboembolism (VTE), failure of the implant, loosening or wear of the prosthesis, bleeding, nerve damage, leg length discrepancy, dislocation, revision surgery may be required in 10-15 years for THR and this time-frame may be less for HR , death as a result of complications from surgery.

Patients undergoing a total hip replacement or hip resurfacing surgery should be cared for in an appropriate hospital environment pre, peri and post-operatively e.g. post-operative care should be on an elective orthopaedic ward with registered nurses who have been educated and trained to care for a patient receiving this surgery unless the patient requires a high dependency bed initially.

Following a THR or HR patients are mobilised as early as possible to reduce the risk of complications. Risk assessments for VTE, fluid and nutrition, pressure ulcers, pain, should be undertaken regularly and evidence-based strategies in place to reduce these risks. Fundamental nursing care includes ensuring the patient is receiving adequate hydration, nutrition, pressure ulcer prevention, pain management of surgical pain, VTE prophylaxis and health promotion. Continuous assessment of the patient is required so that any complications are detected early, reported and treated appropriately. Enhanced recovery programmes are in operation in some areas for patients undergoing a total hip replacement.

Personal statement by Mary Drozd.

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