

全髖關節置換術須知

簡介

手術目的是為減輕痛楚，增強活動能力，從而改善你的生活質素。適應症包括股骨頭缺血性壞死、退化性關節炎、類風濕性或其他關節炎及髖部骨折。

準備工作

- ◆ 需往人工關節置換術前檢查診所接受健康評估及檢查如下：
 - 驗血
 - X光檢查
 - 心電圖
 - 鼻腔拭子抗藥性金黃葡萄球菌(MRSA)檢驗
 - 如有尿道炎徵狀須作尿液分析
- ◆ 由麻醉科及骨科醫生作術前評估
- ◆ 需簽署手術同意書
- ◆ 檢查牙齒及足部
- ◆ 參加由護士、麻醉科醫生、物理治療師及職業治療師舉辦的術前講座
- ◆ 戒煙及多練習深呼吸以預防手術後肺部感染
- ◆ 注意個人衛生及保持均衡飲食

手術過程

醫生會首先切除損壞了的髖關節表面，然後把由金屬及特別塑膠造的人工關節取代並固定在骨頭上。



手術後護理

傷口及引流

- ◆ 應保持傷口敷料清潔及完整以防止細菌感染
- ◆ 某些類型手術可能插有引流管以便排出瘀血，大約一至兩天可以拆掉
- ◆ 傷口的免縫膠帶或釘，約十四天後可以拆掉



止痛方法

- ◆ 病人自控止痛機
- ◆ 口服止痛藥或止痛針

麻醉科醫生會為你選擇合適的止痛方法。



患肢的護理

- ◆ 手術後當天，外展枕會放置在病人的兩腿之間，以保持姿勢正確



- ◆ 手術當日或術後第一天，如情況合適，病人在護士或物理治療師協助下可離床站立
- ◆ 手術後第二至三天，病人可在物理治療師指導和監督下用助行器練習步行。(包括四腳架、四腳叉及拐杖等)
- ◆ 臥床期間，要多做深呼吸運動及活動四肢
- ◆ 使用扁身便盆排便

避免人工關節脫位，請緊記以下三大原則：

- ◆ 不可屈曲髖關節多於90度 (例如：蹲下或坐矮椅子)
- ◆ 不可交疊雙腳
- ◆ 不可內旋患肢

併發症

可能的併發症包括：

- ◆ 傷口感染
- ◆ 關節脫位
- ◆ 大量出血
- ◆ 長短腳
- ◆ 骨折
- ◆ 神經線受損
- ◆ 深層靜脈血栓塞
- ◆ 死亡

出院須知

- ◆ 髖關節需要經常保持姿勢正確，以防止關節脫位
- ◆ 需要繼續物理治療運動
- ◆ 如果傷口有發炎徵狀如紅腫、痛楚、滲液等，應立即求診
- ◆ 需要定時及終生覆診，以監察人工關節有否鬆動及磨損，因為這可以是沒有任何徵狀的
- ◆ 日後如果需要脫牙或進行其他手術，請預先通知醫生，因為可能需要處方抗生素預防人工關節感染


如有任何查詢，請聯絡你的主診醫生

以上資料由瑪麗醫院矯形及創傷外科提供。



瑪麗醫院
Queen Mary Hospital

全髖關節置換術須知 TOTAL HIP REPLACEMENT

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TOTAL HIP REPLACEMENT

Introduction

The aims of surgery are to relieve pain, to improve walking ability and improve quality of life. Indications for surgery include avascular necrosis of femoral head, degeneration of hip (osteoarthritis), rheumatoid arthritis or other arthritis and hip fracture.

Preparation

◆ Attend Total Joint Replacement Pre-operative Clinic for the following assessments and investigations:

- Blood test
- X-rays
- Electrocardiogram
- Nasal swab for MRSA screening
- Urinalysis if presence of urinary symptoms

◆ Pre-operative assessment by anaesthesiologist and orthopedic surgeon

◆ A written consent is required

◆ Dental and podiatry check up

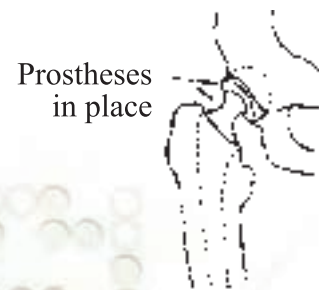
◆ Attend education class by nurse, Anaesthesiologist, Physiotherapist and Occupational therapist

◆ Quit smoking and practice deep breathing exercise to prevent post-operative chest infection

◆ Maintain good personal hygiene and a balanced diet

Procedure

The surgeon will remove the damaged joint surfaces, replace and fixed with prostheses which are made up of metal and special plastic



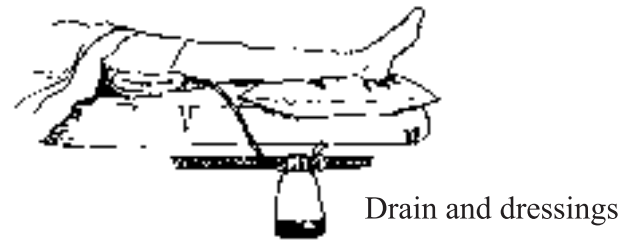
Post operative care

Wound and drain(s)

◆ Dressings must be kept clean and intact to prevent infection

◆ For certain type of operation, drainage tube will be inserted to drain any discharge. It generally will be removed in 1-2 days

◆ Sterile stripes or clips generally will be taken off on day 14

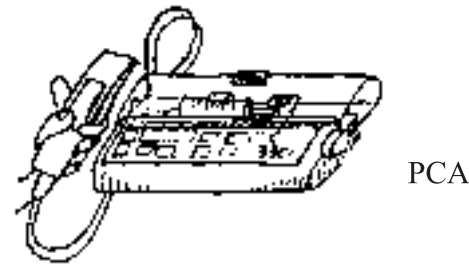


Pain relief measures

◆ Patient Controlled Analgesia (PCA)

◆ Oral analgesics or injection

Anesthesiologists will select the most appropriate pain relief measure for you



Care of operated limb

Immediate post-operative day:

◆ An abduction pillow will be strapped in-between two legs to ensure proper positioning of the limbs if indicated



◆ On operation day or post-operative day 1, patient can get out of bed to stand with assistance by nurses or physiotherapists if not contraindicated

◆ On day 2-3, patient can practice walking exercise with appropriate assistive device (walking frame, quadripod, stick etc.) under the instruction and supervision of physiotherapist

◆ Deep breathing exercise and limb mobilization exercise are encouraged while in bed

◆ Use shallow bed pan for voiding

Precautions to prevent hip dislocation

◆ Do not bend for more than 90 degree (e.g. Do not squat or sit on low chair)

◆ Do not cross leg

◆ Do not turn the operated leg inward

Complications

Possible complications include wound infection, hip dislocation, excessive bleeding, leg length discrepancy, fracture, nerve damage, deep vein thrombosis and death.

Advice on discharge

◆ Keep the hip in proper position to minimize the risk of dislocation

◆ Continue the physiotherapy exercise

◆ If the wound becomes red, swollen, painful or wet, this may signify wound infection. Please seek medical advice immediately

◆ Attend REGULAR and LIFE-LONG FOLLOW UP to monitor condition of the wear and tear of the prosthesis as it may be asymptomatic

◆ For dental or surgical procedures in future, please inform your doctors in advance as antibiotic may be required to prevent prosthetic joint infection

Should you have any queries, please consult your doctor-in-charge

Information provided by *Department of Orthopaedics and Traumatology, Queen Mary Hospital.*