



Patient Information Leaflet:

Hip resurfacing Surgery

Please read this leaflet carefully before giving consent for surgery. It is important you understand the purpose, risks, benefits, and alternatives. Feel free to ask questions at any point.

1. Indications for hip resurfacing surgery?

Hip resurfacing surgery is typically recommended for younger, active patients, usually under 65, who suffer from severe hip arthritis, osteoarthritis, or femoral head damage and have not found relief from conservative treatments. It is particularly beneficial for individuals who want to maintain a high level of activity, as the procedure preserves more bone and allows for greater mobility compared to a total hip replacement. Patients with hip dysplasia, trauma-related damage, or early degeneration may also be candidates, provided there is no significant bone loss. Hip resurfacing is ideal for those in good general health, as it delays or avoids the need for total hip replacement, offering a more conservative approach to hip joint preservation.

2. What is Birmingham Hip Resurfacing (BHR)?

Birmingham Hip Resurfacing (BHR) is a type of hip surgery designed to treat hip arthritis or damage. It involves capping the femoral head (the ball of the hip joint) with a smooth metal shell, rather than removing it entirely, as in a traditional hip replacement. The socket of the hip joint is also lined with a metal component. This procedure preserves more of the natural bone, especially in younger, more active patients, which can help maintain a greater range of motion and potentially allow for higher levels of physical activity post-surgery.

3. What are the Alternatives?

Surgery is usually considered when other treatments no longer provide relief. Alternatives include:

- Pain medications (e.g., paracetamol, anti-inflammatories)
- Physiotherapy and exercise
- Walking aids (e.g., sticks or frames)
- Weight management if applicable.
- Joint injections. This is not a standard treatment as they do not normally provide meaningful long term pain relief in the hip joints and certainly not when there is severe wear. In my practice, hip injections into the hip joint have very limited indications for example in patients who are not fit to undergo the surgery or very young patients who were born with a hip problem. It is important to point out that hip joint injections which are

performed in the operating theatre under guidance of x-ray are different from injections on the side of the hip which are given in the clinic room for a different condition referred to as bursitis. I will discuss this with you during the consultation if it is relevant to your condition. These measures may help delay the need for surgery, but they do not reverse the damage to the joint.

A traditional Total hip replacement surgery is a valid alternative and will always be discussed with you as an option when surgery is considered.

4. Anaesthetic Options

Before surgery, you will meet the anaesthetist to discuss options and advise you on the safest based on your health and preference:

- **Spinal anaesthetic (most common):** A local anaesthetic is injected into the lower back to numb you from the waist down. You may also receive sedation to help you relax.
- **General anaesthetic:** You are fully asleep for the operation.
- Nerve blocks may be used to improve post-operative pain control.

I work closely with excellent anaesthetic consultants who will ensure your experience goes as smooth as possible. Pain relief after the surgery is our priority and keeping you comfortable after such a major operation is one of our goals.

Local anaesthetic infiltration around the hip joint will help with managing your pain levels so it is not unusual to have very limited pain after.

5. Benefits of the Birmingham hip resurfacing

- Significant or total relief from hip pain
- Improved mobility and function
- Better quality of life and ability to return to daily activities
- Preservation of Bone: By only resurfacing the damaged part of the joint, this procedure preserves more of your natural bone.
- Improved Range of Motion: The procedure typically offers better flexibility, which may be particularly beneficial for younger, active patients.
- Reduced risk of dislocation: Due to the unique design of the BHR implant which benefits from a larger femoral component (the ball) it is inherently more stable than a traditional hip replacement.

6. Risks and Complications

While most hip resurfacing surgeries are successful, no surgery is without risk. Potential complications include:

- Infection (approximately 0.5%)

- Dislocation of the new joint
- Blood clots in the leg or lungs
- Nerve or blood vessel injury
- Fracture of the femoral neck during or after the surgery
- Leg length discrepancy is less common in hip resurfacing compared to total hip replacement.
- Loosening or wear of the artificial joint over time (may require revision surgery).
- Hip resurfacing implants are typically made from two precision-engineered metal alloy components. Over time, small metal particles can be released into the bloodstream due to wear. In rare cases, **the body may react to this metal debris**, which can affect the durability of the implant. This could lead to pain, soft tissue irritation, or premature implant failure—sometimes requiring revision surgery.

These concerns are specific to metal-on-metal implants. As a result, patients with these implants are monitored more closely and for a longer period, in accordance with guidance from the Medicines and Healthcare products Regulatory Agency (MHRA).

- Anaesthetic-related risks (e.g., allergic reaction, heart or breathing problems).

We take every precaution to reduce these risks, including using antibiotics, refined surgical techniques, and close monitoring before and after surgery.

7. Recovery and Aftercare

- **Hospital stay:** Most patients manage to go home the next day. Some might need an extra night of hospital stay depending on their age and social circumstances.
- **Pain control:** this usually is done with the local anaesthetic infiltration, a refined anaesthetic technique and appropriate pain killers to go home with.
- **Physiotherapy:** Starts in hospital and continues at home
- **Walking:** You will be encouraged to walk (with aids) on the same or next day after surgery. I use a muscle preserving approach which means less healing is required around the hip joint. This helps regain confidence quickly and the need for crutches might be considerably less than the usual 6 weeks.
- **Driving:** Usually most patients can drive around the 6-week mark depending on how they progress and feel.
- **Return to work:** depending on your job and your work duties returning to work could range from 4 to 12 weeks. Typically, I would advise minimum for 4 weeks to allow the wound to heal and ensure you are independently mobile without any walking aids.
- **Flying soon after surgery increases the risk of blood clots (DVT),** so timing is important.
 - Short flights (<2 hours): Usually safe after 4–6 weeks.
 - Medium and Long-haul flights: Best after 3 months.

Full recovery typically takes around 3-4 months. You will have regular follow-up appointments to check on your healing and function.

8. Wound care

Your wound will be covered with **a dressing that should remain in place and unchanged** until the wound is fully healed — usually around 12 to 14 days.

The wound will be checked either by your GP practice nurse or in a hospital clinic, depending on where you had your surgery. If you have sutures or clips, these are usually removed around the two-week mark. A small amount of spotting on the dressing is normal. However, if you notice increasing redness, discharge, or swelling — or if you're concerned — please get in touch.

You will be given clear instructions before you leave hospital.

9. Hip precautions

In the early stages of healing, it's important to avoid movements that might stress the new joint. The goal is to protect the hip while soft tissues heal and help you build good habits for long-term joint stability.

- **Avoid bending the hip beyond 90 degrees** — don't lean too far forward when sitting or getting dressed
- Don't sit on low or soft chairs or sofas where you sink down — use firm, higher seating
- Position your **knees slightly wider than your feet** when standing up — this makes it easier and safer to get up from a chair
- You may sleep on your side, but **place a thin pillow between your knees** for support

While the first 6 weeks after surgery are crucial for healing, adopting these safe habits early on helps protect your hip in the long run and supports lasting stability.

10. Understanding and Giving Consent

Before we go ahead with surgery, it is important that you feel fully informed and comfortable with the decision. This includes understanding what the operation involves, why it's being recommended, and what the risks and benefits are.

By reading this leaflet and discussing the surgery with me in clinic, I hope you feel confident that:

- You understand your condition, and that a total hip replacement is being offered to help relieve your pain and improve your mobility.
- You are aware about other treatment options, such as pain relief, physiotherapy, and injections, and understand why surgery is being recommended now.
- You know about the benefits of surgery, and also understand that there are some risks involved—as with any operation.
- You have had time to ask questions and talk things through, and you feel your concerns have been listened to and answered clearly.

- You know that no surgery can guarantee a perfect result, but every effort will be made to give you the best outcome.

Consent is not a one-off event—it's an ongoing conversation. You're free to ask more questions, request further information, or change your mind at any point up until the day of your surgery. **We are here to support you in making the decision that feels right for you.**

Further Information

If you would like more details or wish to discuss anything in this leaflet, please contact my secretary on 01902936690 to arrange an appointment.

