

Westmead Private Orthopaedic Centre

CENTRAL WEST
ORTHOPAEDICS
& SPORTS INJURIES



Dr Roger Brighton – SPECIALIST HIP & KNEE SURGEON

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Hip replacement has been called the “operation of the century” for the results achieved for patients in terms of pain relief and increased mobility. What’s more, long-term studies show implant survival at 15 years of greater than 90% and the need for revision procedures actually reducing whilst total numbers continue to rise.

Before hip replacement, many patients are very disabled and suffering severe limitation, prompting the Clinically Relevant Question:

WILL I GET BACK TO NORMAL AFTER MY HIP REPLACEMENT?

Of course, that depends on many factors including the patient’s age, general health and pre-morbid activity level, but the short answer is usually “Yes”.

Data from the Swedish Hip Register which has been collecting Patient Reported Outcome Measures (PROMs) for over a decade, shows that hip replacement patients who report low Health Related Quality of Life (HRQoL) and severe pain before operation, report post-operatively HRQoL similar to age- and sex- matched members of the general population and substantially less pain.

In a study of nearly 800 hip replacement patients in the UK, 91.9% were satisfied. The PROM they used was the Oxford Hip Score which ranges from 0 (=worst outcome) to 48 (=best outcome) and the average improvement in score was 24 points across activities measures like pain, trouble with self-care, shopping, walking and sleeping.

Hip replacement surgery is still a moderately big operation and has to be considered carefully and complications can and do occur, but it is a highly successful procedure in the majority of patients allowing them to return to many of their former activities and near-normal levels of function.



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The Australian Orthopaedic Association National Joint Replacement Registry (AOANJRR) has been collecting data on all hip replacement procedures done in this country for 15 years now. It has produced extremely useful reports, including detecting early some implants that were not performing as well as expected.

The primary measure of success has been implant survival (time to revision), enabling comparisons to be made between implant types. However, the AOANJRR is about to start a pilot of also collecting Patient Reported Outcome Measures (PROMs) which may be a more relevant and sensitive marker of clinical success.



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