Prosthetic hip dislocation

This fact sheet is for people who have presented to the emergency department with this condition.

This fact sheet provides general information. If you have specific concerns, speak to your healthcare professional for further information and advice.

What is a hip dislocation?

The hip joint is a ball and socket joint. The ball at the top of the femur (upper leg), fits into a socket in the pelvis called the acetabulum (see image below).

The ball and socket is surrounded by a soft-tissue enclosure called the joint capsule, which aids in keeping the femoral head in the acetabulum.

Up to 7% of people who have had a total hip replacement will experience a dislocation. This figure is constantly reducing due to improvements in the procedure. 50% of dislocations will occur within the first 12 months of surgery and 50% of these patients will go onto have further dislocations.

During hip replacement surgery the joint capsule is opened. This puts the hip at risk of dislocating, especially when the hip is put into challenging positions.

For people who have hip dislocations:

- if multiple dislocations occur, surgery may be necessary
- some people may feel a popping or slipping sensation in their hip prior to dislocation.
- some patients will be required to wear a Zimmer or other knee splint on their leg, which immobilises their knee.

Treatment

A closed hip reduction procedure is one of the initial treatment options for hip dislocation and may occur in the emergency department.

Post hip reduction**,** a repeat X-ray will be done to check the hip is in the correct position. Once you have recovered from the medication provided to sedate you for the reduction procedure, you may be ready to be discharged home.

It is normal for anyone to feel apprehensive when walking for the first time post hip reduction.

Your physiotherapist will help you start walking in preparation for discharge. Most patients don't require a walking aid and find that their pain has resolved. The physiotherapist will assess what is required to get you home safely.

If you are unable to start walking again, you may be admitted to hospital.

Follow up

An orthopaedic doctor should review your hip in a week or two. The emergency doctor can suggest follow up depending on your circumstances.

If needed, a physiotherapist can be organised via private or hospital services depending on your area.

Home care

- Bathroom – An over-toilet aide can elevate the seat height for the toilet to keep your hip from bending too far when sitting down.
- Furniture – Avoid having things in the bottom drawer of cupboards, this will prevent you from bending down too far.
- A grabber is a handy tool to use for picking things up off the floor.
- Sitting – Be sure that your hip is always situated above your knees.
- Use an elevated seat or fold up a rug to elevate the seat height.
- A platform under your chair or couch can help to raise the height. An occupational therapist can assess what equipment may be required.
- Car seats are often low, so be sure to check this prior to a car ride.
- When sitting don’t lean forward as your hip will bend more than 80 degrees with very little movement.
- Sleeping – When sleeping on your back, place a pillow between your legs to prevent them from crossing over or rolling inwards.
- Don’t turn your toes inwards.
- Don’t cross your legs.
- Don’t bend your operated leg more than 80 degrees.