Understanding Hip Dislocations

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. 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 advancements 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.

Know the facts

- If multiple dislocations occur surgery may be necessary
- Some people 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 immobilizes their knee.

Tips to help your recovery

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 relocation 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 relocation. A physiotherapist will help mobilise you in preparation for discharge.

Most patients don’t require a walking aid and find that their pain has resolved. Failing this you will be admitted to hospital.
Prosthetic Hip Dislocation - Posterior

Tips to help around the home

Posture:

_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. 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 greater 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.

_Hip Precautions_
- Don’t turn your toes inwards
- Don’t cross your legs
- Don’t bend your operated leg beyond 80 degrees.

Home Hints:

_Bathroom_ - An overtoilet 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 draw 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.

Instructions:

Follow up treatment

- An Orthopaedic doctor should review your hip in a week or two. The emergency doctor can suggest follow up depending on your circumstances.
- Physiotherapy can be organised via private or hospital services depending on your area.

Seeking help:

In a medical emergency go to your nearest emergency department or call 000.

Disclaimer: This health information is for general education purposes only. Always consult with your doctor or other health professional to make sure this information is right for you.