

What kinds of operations are done?

If the joint is comfortable we may recommend an operation to 'keep & clean up' the joint. We then use long-term antibiotics to keep any infection under control. This can be very successful and the original replacement can be kept in, possibly for years.

If the joint replacement is already loose we usually advise removal & replacement. This is called revision surgery. A two-stage revision involves removal of the infected joint at a first operation and then replacement with a new joint at a second operation, typically two months later. A one-stage revision involves a single operation to simultaneously remove and then replace the infected joint. Sometimes it is not possible or sensible ever to put in another joint, and the surgeon will then offer other treatments.

So what are the success rates?

We can cure infection in over 95% of cases if you have the joint removed and no replacement. If two-stage revision surgery is performed, infection can usually be cured in 80–95% of cases. If one-stage revision surgery is performed infection can typically be cured in 70–80% of cases. If an infected joint is kept in, infection can be controlled in 50–85% of cases.

How you can help the treatment plan?

If an operation is planned then it will help wound healing and reduce anaesthetic and postoperative problems if you were to stop smoking and lose weight. We will usually advise you not to take antibiotics for 1 to 2 weeks before an operation or biopsy. Before you have any operation it is always a good idea for you (and any close family or friends if you wish) to think about how you will cope at home if you are on crutches or in bed. Think especially about stairs and bathroom/toilet access. Start planning now to move furniture around or a bed downstairs. If needed we or your GP can arrange for a physiotherapist or occupational therapist to give advice.

What if I have other concerns?

If you require further information please ask the nurse or doctor looking after you.

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**Prosthetic
Joint Infection**

Introduction

In this leaflet, we discuss infections of replacement (also called prosthetic or artificial) joints. We tell you what they are, what problems they cause, and how we diagnose and treat them.

What is an infected joint replacement?

When germs grow around a joint replacement, they set up an infection in the bone next to it. We call this an infected joint replacement or prosthetic joint infection.

Are some people at special risk of infection?

Yes. Studies show that patients have an increased risk of infection if they have had previous surgery on the joint that is being replaced. Serious underlying medical problems such as diabetes or cancer may increase the risk of infection, and there may be other risk factors that we do not yet understand. There is nothing that can be done to reduce this extra risk. Some skin problems increase the chances of an infection and this is something that should be treated before a joint replacement if possible.

How does it happen?

The germs usually enter at the operation or soon afterwards. Usually they come from the patient's own skin. Rarely, germs get to the joint through the bloodstream after the operation. There may be an obvious source of infection (like a skin abscess), but often, there is not.

What can be done to prevent infection?

Antibiotics are given at the time of the operation and the surgeon uses sterile gowns, gloves and instruments. The skin is cleaned and sealed. Even the air in the operating theatre is filtered to remove germs. Even with these precautions, at least 1 in every 100 joint replacements get infected. The skin is covered in millions of germs and it is impossible to kill every single germ on the skin every time.

Is it dangerous?

Rarely, the germs get into the blood or cause abscesses around the joint. The warning signals are severe pain, high fever and being unwell with sweating, vomiting, or weakness. Fortunately this is rare.

Why are these infections such a problem?

They cause pain and loosening because the body keeps trying to destroy the germs. This constant 'battle' causes the symptoms of the infection, and causes bone to be dissolved alongside the joint replacement. This weakens the attachment of the joint replacement to the bone, so that loosening occurs.

They are hard to cure because the germs stick to the surfaces of the joint replacement and make a 'slime' to protect themselves and may go into a hibernating state. This makes it hard to kill them using your body's natural defences or even with antibiotics.

What symptoms does the infection cause?

A range of symptoms may occur and may change. Some stiffness or discomfort is common. Many say the joint was 'never right'. Some develop constant leaking from the wound (sinus). Eventually most infected joint replacements will become loose. The first few steps after a rest are often painful ('start up' pain). A fever is usually not present and blood tests may be normal.