

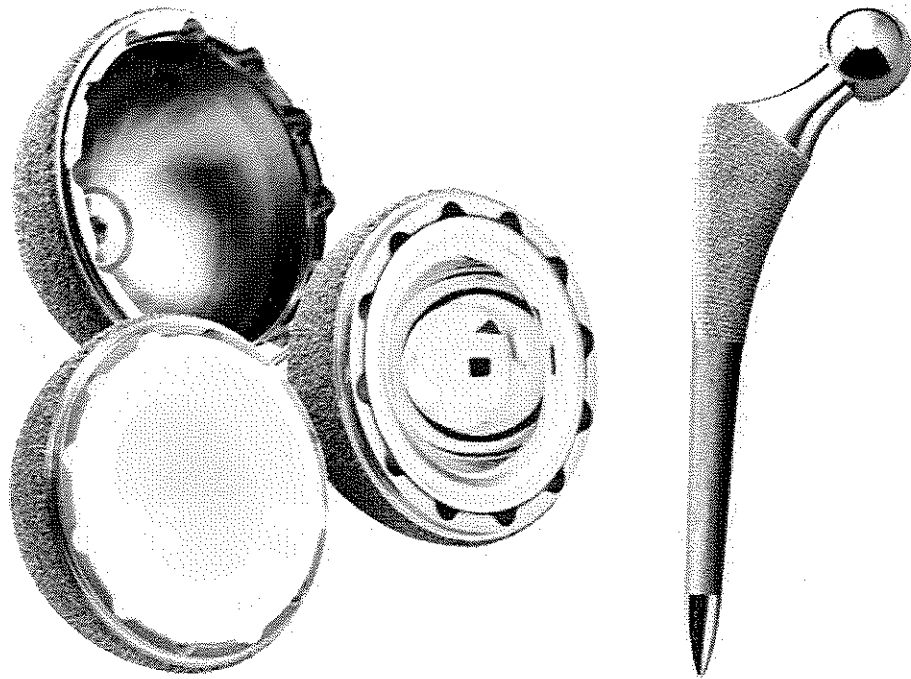
PATIENT GUIDE

TO

TOTAL HIP

REPLACEMENT

SURGERY



What is a Total Hip Replacement?

Replacing the worn out ball and socket joint of the hip with a metal stem/ball and socket. This is done to relieve the pain associated with arthritis of the hip. These components are fixed to your body with bone ingrowth or cement fixation. The type of fixation is determined by your bone quality, activity level, and weight. The procedure is done as an inpatient requiring a hospital stay of 1 to 3 days. The procedure takes approximately 60 minutes to perform. It is done through an incision which is as small as possible but large enough to allow adequate visualization for your surgery. A walker or crutches are used for approximately 1 to 2 weeks, then a cane for 1 to 2 weeks.

Issues to discuss with your surgeon?

- **Surgical Approach**

There are 3 basic approaches: Posterolateral, lateral and anterior. They all have their advantages and disadvantages.

- **Fixation**

As noted above the choice of fixation is based on many factors. Your surgeon will review which is right for you.

- **Bearing Surfaces and Head Size**

There are 3 materials available: Polyethylene, Metal and Ceramic. Several different combinations are available. They all have advantages and disadvantages and will be reviewed by your surgeon. In general a larger head (ball) will allow more motion with a lower risk of dislocation.

- **What are the results? – How long do they last?**

Obviously, results can vary, based on many factors. In general, 90%-95% of patients are happy with the outcome of their joint replacement surgery, and they return to most activities. We recommend you avoid high impact activity such as running, jumping, and lifting excessive weights. Depending on your age and activity, 90% of patients can have their total hip last at least 15 years. With newer technologies, these results may improve.

What is the Process?

- Make the decision to have surgery.
- Pick a date for your procedure.
- Pre-op medical evaluation with a primary care physician and consults as needed.
- Pre-op labs and tests within 3 weeks of surgery.
- Attend informational seminar at the Center for Joint Replacement.
- Arrange for family and/or friends to assist you after you go home from the hospital for a period of 1 to 2 weeks.

Helpful Websites

All About Arthritis

www.allaboutarthritis.com

American Academy of Orthopaedic Surgeons

www.aaos.org

(Click on Patient/Public information)

Arthritis Foundation

www.arthritis.org

National Institute of Arthritis

And Musculoskeletal and Skin Disease

www.niams.nih.gov

Valley Medical Center

www.valleymed.org

(Click on Joint Center/Barrett Blog)

DePuy Orthopaedics

www.depuyorthopaedics.com

American Association of Hip and Knee Surgeons

www.aahks.org

UNDERSTANDING THE RISKS of TOTAL HIP REPLACEMENT

As with any surgery, there are certain risks. The following are some of the more common complications of which you need to be aware and things that we do to try to prevent them.

● **INFECTION**

There is always a risk of infection with any surgery. You will receive antibiotics in surgery and several doses after surgery to reduce this risk. The risk of infection after Total Hip Replacement is approximately one percent.

● **BLOOD CLOTS**

When you have surgery on the hip, venous circulation can be impaired during the procedure and recovery. A blood thinner medication will be prescribed for you, which will help to keep your blood a little thinner than normal to minimize the risk of blood clots. We begin the first dose on the evening of surgery. Each day in the hospital, blood will be drawn to check your blood thinning level. Another thing that

will help to prevent blood clots is to elevate both feet while sitting to prevent blood pooling in the lower legs, and perform ankle-pumping exercises.

- **DISLOCATION OF THE PROSTHESIS**

There are certain positions and activities which can compromise the stability of your prosthesis, especially for the first few months. The therapist will teach you how to sit, rise from sitting, and turn from side to side safely, as well as other precautions. You will be given a sheet of written instructions regarding these precautions. These precautions vary depending on the type of incision/approach.

- **LIMB LENGTH INEQUALITY**

We make every effort to equalize your leg lengths at the time of surgery. However, at times it is necessary to lengthen your leg to gain better stability after surgery. Occasionally, this will require you to use a shoe lift on your opposite shoe.

- **NUMBNESS**

It is important to know that during surgery, trauma can occur to the nerves around the hip, resulting in weakness or numbness in the operated leg, which can be transient or permanent. Significant nerve damage is rare.

- **SEVERE COMPLICATIONS**

With any major surgery, there is a possibility that any of the above complications, as well as problems with anesthesia, could be severe enough to result in death. If there are any questions or concerns regarding these complications, please feel free to discuss them with your surgeon.

Frequently Asked Questions after Total Hip Replacement

What is the recovery time?

Everyone heals from their surgery at a different pace. In most cases, however, you will need the use of a walker or crutches for 1 to 2 weeks after your operation. You will then be allowed to advance to a cane and no support as safety, pain, confidence, balance and common sense allows. You will gradually return to normal function without any assistive devices.

What is a dislocation of the hip?

A dislocation of the hip occurs when the femoral head (ball) comes out of the acetabulum (socket). While this risk is small, typically less than 2 percent, you are given dislocation precautions to help avoid this from happening.

How long do I need to follow my dislocation precautions?

Follow your precautions for the first 8 weeks. You should avoid extreme positions of hip flexion (bending) during this time. Patients with an anterior approach do not need to limit flexion.

When can I discontinue using a raised toilet seat?

6 weeks after your operation.

Can I sleep on my side?

You may sleep on your operative side whenever you feel comfortable. You may sleep on your non-operative side with a pillow between your knees for comfort purposes, for the first few weeks.

When can I shower (get incision wet)?

Three days after your operation, if no drainage is present at the incision.

How long will I be on pain medications?

You will likely require some form of pain medication for about 4 to 8 weeks. Initially, you will be on a strong oral medication (such as a narcotic). Most people are able to wean off their strong medication after one month and are able to switch over to an over-the-counter pain medication (such as Tylenol or ibuprofen). If you are on Coumadin (warfarin), avoid taking any NSAIDs (e.g. aspirin, ibuprofen, Advil, Motrin, Aleve, Naprosyn) without first consulting your doctor. If you take aspirin for medical reasons prescribed by your primary care provider, continue to do so while on Coumadin.

Frequently Asked Questions after Total Hip Replacement continued...

I think my leg lengths are different. What should I do?

It is not uncommon to feel as though your leg lengths are different. At surgery, leg lengths are assessed very carefully, and an attempt is made to make them as equal as possible. Sometimes, the new hip has to be lengthened in order to obtain proper muscle tension (to help avoid hip dislocation). Wait three months before making any final judgments about your leg lengths. Your muscles and body take time to adjust to a new hip. A shoe lift may be prescribed for a true difference in leg lengths. In most cases, however, no treatment is necessary.

Can I use weights?

As everyone's strength varies, consult with your physical therapist before using weights. Use light weights to begin with, and gradually progress.

I am constipated. What should I do?

It is very common to have constipation postoperatively. This may be due to a variety of factors, but is especially common when taking a narcotic pain medication. A simple over-the-counter stool softener (such as Colace) is the best prevention for this problem. In rare instances, you may require a suppository or an enema.

When can I drive?

If you had surgery on your right hip, you should not drive for at least a month. After one month, you may return to driving as you feel comfortable. If you had surgery on your left hip, you may return to driving as you feel comfortable, as long as you have an automatic transmission. Be careful when getting in and out of a car, and avoid crossing your operated leg over the other one.

DO NOT DRIVE IF TAKING NARCOTICS!

When can I return to work?

This depends on your profession. Typically, if your work is primarily sedentary, you may return after approximately 3 to 4 weeks. If your work is rigorous, you may require 2 to 3 months before you can return to full duty. In some cases, more time may be necessary.

When can I travel?

You may travel as soon as you feel comfortable. It is recommended that you get up to stretch or walk at least once an hour when taking long trips. This is important to help prevent blood clots.

Frequently Asked Questions after Total Hip Replacement continued...

What activities are permitted following surgery?

You may return to most activities as tolerated, including walking, gardening, and golf. Some of the best activities to help with motion and strengthening are swimming and riding a stationary bicycle.

What activities should I avoid?

You should avoid impact activities such as running and jumping. In addition, you should avoid any activity that may put your new hip at risk for dislocation.

Can I have sex?

You should wait several weeks postoperatively before resuming sexual intercourse. Follow your hip dislocation precautions. Having your legs apart is a safe position.

Can I drink alcohol?

If you are on Coumadin, avoid alcohol intake. Otherwise, use in moderation at your own discretion. You should also **avoid alcohol, if you are taking narcotics** or other medications.

Can I go up and down stairs?

Yes. Initially, you will lead with your non-operated leg when going up stairs, and lead with your operated leg when going down stairs. You can use the phrase, "Up with the good, down with the bad" to help you remember. As your leg gets stronger, you will be able to perform stairs in a more regular pattern (about 1 month).

Can I kneel?

Yes, after 6 weeks. To kneel, touch down with your operated hip first. To arise from kneeling, use your non-operated hip first.

What should I expect for my range of motion (ROM) at 6 weeks? At 1 year?

Everyone's range of motion (ROM) varies and depends on individual factors. Your potential will be determined at the time of your surgery. In most cases, you will have enough motion to put on socks and tie your shoes. Clipping toenails may be difficult.

Do I need antibiotics before dental work or an invasive procedure?

Yes. You will be given a letter explaining this in detail in your personal planner. Avoid any dental cleaning and non-urgent procedures for 12 weeks postoperatively.

Frequently Asked Questions after Total Hip Replacement continued...

I feel depressed. Is this normal?

It is not uncommon to have feelings of depression after your replacement. This may be due to a variety of factors, such as limited mobility, discomfort, increased dependency on others, and/or medication side effects. Feelings of depression will typically fade as you begin to return to your regular activities. If your feelings of depression persist, consult your internist.

I have insomnia. Is this normal? What can I do about it?

This is a common complaint following hip replacement surgery. Nonprescription remedies such as Benadryl or melatonin may be effective. This usually resolves by 8 weeks after surgery.

How long will my total hip replacement last?

This varies from patient to patient, and is dependent on the patients weight and activity level. Studies report 15 year survivorship of 90% after total hip replacement.

When do I follow up with my surgeon?

Most patients are discharged from the hospital on the second or third postoperative day. Follow-up office visits are routinely advised for:

1. 1-2 weeks after surgery for staple removal.
2. 4-6 weeks after surgery for x-ray exam of your hip.
3. 3-6 months after surgery for exam and assessment of activities as indicated.
4. 1 year, and annually thereafter for x-ray and exam.

**Please call our office appointment desk to schedule your appointments.
425-656-5060**

I'm out of pain medication.

Refills for pain medicines may be obtained by contacting our office during business hours. It is the policy of our office that narcotic pain relievers will not be refilled or phoned in after hours or on the weekends. Prescription anti-inflammatories may be resumed 48 hours following the last Coumadin dose.

Normal things about your new hip:

- Clicking noise with hip motion.
- Skin numbness near or around your incision.
- Swelling around the hip, knee, and/or lower leg.
- Warmth around the hip.
- "Pins and needles" feeling at or near your incision.
- Dark or red incision line. This will gradually fade to lighter color.

Frequently Asked Questions after Total Hip Replacement continued...

Abnormal things about your new hip:

Call the office immediately, if you experience any of these.

- Increasing redness, particularly spreading from the incision.
- Increasing pain and swelling.
- Fevers > 101 degrees F.
- Persistent drainage from your wound.
- Calf swelling or pain, particularly associated with ankle motion.
- A sudden "giving way" of your hip with inability to bear weight.
- Ankle swelling that does not decrease or resolve overnight.
- Bleeding gums or blood in urine/stool.

Your new hip is the result of many years of research. But like any other device, its life span depends on how well you care for it. It is important that this care continues for the rest of your life.