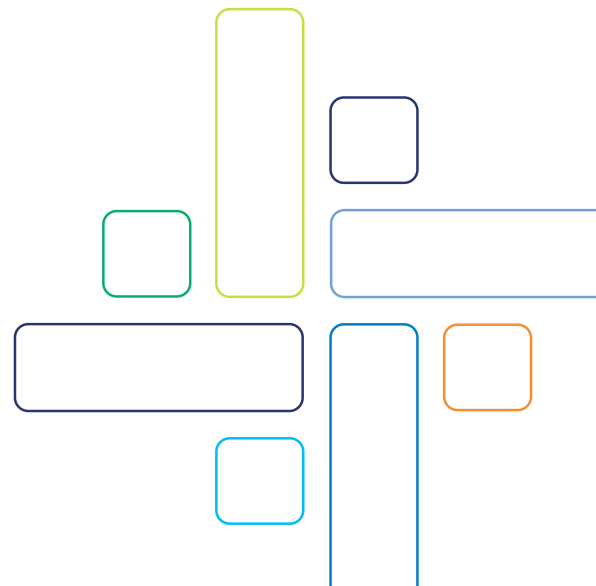


Patient Guide to Total Hip Replacement Surgery

Making the Decision:

Patients with advanced osteoarthritis of the hip, typically have tried modifying their activity, using over-the-counter or prescription anti-inflammatory medications, and attempted weight loss to improve their symptoms. As osteoarthritis is progressive, often they reach a point where they feel the increasing pain and decreasing function have resulted in their world "shrinking around them." Once this occurs, a decision to pursue surgical options is often made. If you are reading this handout, more likely than not you have had this discussion with your surgeon and are considering the options available to you.



Patient Guide to Total Hip Replacement Surgery

What is a Total Hip Replacement:

A total hip replacement involves replacing the worn-out ball and socket joint of your hip with a titanium stem onto which a ceramic ball is attached, and a titanium metal shell is placed in your bony socket into which a cross-linked polyethylene liner is placed. There are several surgical approaches to use when performing a hip replacement. At Proliance Orthopedic Associates we use a direct anterior approach for our primary hip replacements. Data has shown that the direct anterior approach is associated with a faster recovery, less pain, fewer restrictions, and a faster return to activity. This involves making an incision over the front of the hip slightly off to the side and does not involve detaching or cutting any muscles.

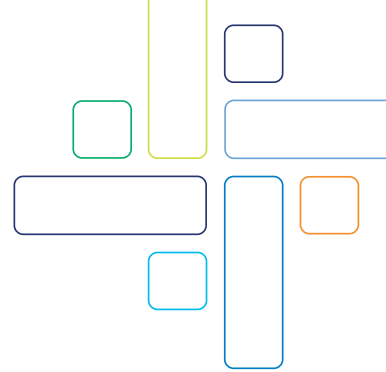
The implants are fixed to you via bone ingrowth or cementless fixation where bone grows into a roughened or porous surface on the socket and stem. These implants have shown excellent results at 23 years follow-up. The procedure takes approximately 60 to 75 minutes to perform. The majority of patients can be discharged home the same day as surgery, with the others discharged after an overnight stay in the hospital. Outpatient procedures are done primarily at our ambulatory surgery center while overnight stays are performed at the hospital. You will use a walker for approximately 1 week. You can put all of your weight on the leg, but a walker is used to avoid falling. After you wean yourself from the walker, you may wish to use a cane for approximately 1-2 weeks, depending on your pain and function.

What are the Results:

Obviously, results can vary based on many factors including patient's age, size, activity, and overall health. In general, 90% of patients are happy with the outcome of their hip replacement surgery and they return to most activities. We recommend you avoid high impact activities such as running and jumping to prolong the life expectancy of the hip replacement. Depending on your age and activity, 90% of patients will have their total hip replacement last at least 15-20 years.

What is the Process?

- Make the decision to have surgery.
- Pick a date for your procedure.
- Optimize your health and fitness for the procedure.
- Pre-op medical evaluation with our medical PA, a primary care provider and consults as needed.
- Pre-op visit with one of our orthopedic PAs
- Pre-op labs and tests within 4 weeks of surgery.
- Arrange for family and/or friends to assist you after you go home from the hospital for a period of 5-7 days.



Helpful Websites

- | | |
|---|--|
| • Proliance Orthopedic Associates | www.prolianceorthopedicassociates.com |
| • Proliance Surgery Center at Valley | www.proliancesurgerycenteratvalley.com |
| • Valley Medical Center | www.valleymed.org |
| • American Association of Hip and Knee surgeons | www.ahks.org |
| • American Academy of Orthopedic Surgeons | www.aaos.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 minimize them.

- **INFECTION**
There is always a risk of infection with any surgery, we use a multi-model approach to lower your risk. In addition, you will receive antibiotics in surgery to lower the risk. The risk of infection after Total Hip Replacement is approximately one percent. Our infection rate at POA is lower than the national average.
- **BLOOD CLOTS**
When you have surgery on the hip, circulation is 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 risks of blood clots. If you are at low risk for blood clots, we will use aspirin to thin your blood for 4 weeks. If you are at higher risk for blood clots, a formal blood thinner will be used for approximately 4 weeks.
- **DISLOCATION OF THE PROSTHESIS**
Dislocations of the hip can occur in 1-2% of posterior approach hip replacements, It is far less common with Anterior Approach hip replacements.
- **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**
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 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. In general patients are 50% recovered at 6 weeks, 80% recovered at 12 weeks while strength and endurance improve for 12 months after surgery.

How long will I be on pain medications?

You will likely require some form of pain medication for about 2-4 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 2 weeks and are able to switch to an over-the-counter pain medication (such as Tylenol or ibuprofen). If you are on prescribed blood thinner, avoid taking any NSAIDs (e.g. aspirin, ibuprofen, Advil, Motrin, Aleve, Naprosyn) without first consulting your doctor.

When can I drive?

If you had surgery on your right hip, you should not drive for at least 3 weeks. After that, you may return to driving as you feel comfortable. If you had surgery on your left hip, you may return to driving as soon as you feel comfortable, and not taking narcotic pain medication. Be careful when getting in and out of a car.

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.

What activities are permitted following surgery?

You may return to most activities as tolerated, including walking, gardening, hiking, cycling, golf, tennis, and skiing. 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 high impact activities such as running long distances and jumping from a height.

