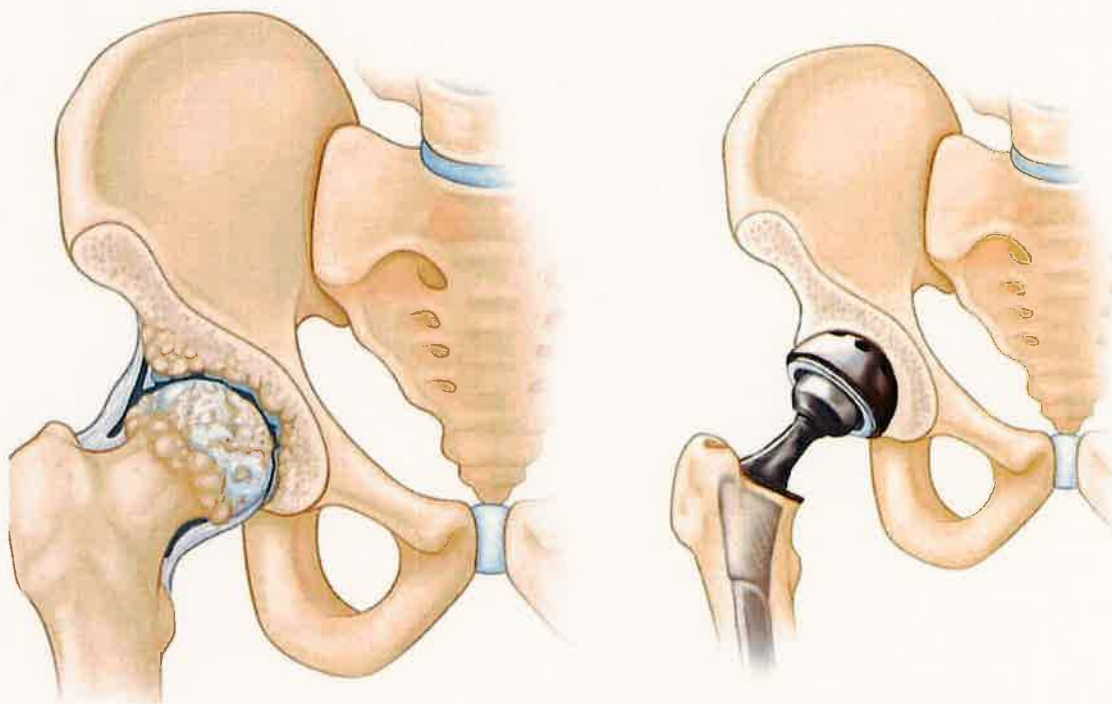


The Guide to your Total Hip Replacement (Arthroplasty)



Reasons for Hip Replacement:

Total hip replacement is only considered when you have tried and failed more conservative treatments, yet you continue to have significant pain, stiffness, or problems with the function of your hip.

Total hip replacement may be performed on adults with a deteriorated hip. However, the replacement parts can break down over time, and healthcare providers generally recommend delaying hip replacement until it is absolutely necessary.

Pre Surgery Steps to optimize your outcome:

There is evidence that taking certain steps before hip replacement can improve a person's results while also helping avoid complications related to the surgery. This is sometimes called "preoperative optimization." Key components include quitting smoking (if you smoke), careful diabetes management if you have diabetes, weight

loss if needed (typically with a goal body mass index [BMI] of less than 40), deep vein thrombosis (DVT) risk assessment, and addressing any other health conditions you have. There is also evidence that preoperative physical therapy can also improve postoperative results.

Total Hip Replacement Procedure:

Total hip replacement is performed in an operating room after you are given general or regional (epidural or spinal) anesthesia. The surgical approach used will be determined by your surgeon and is typically a single incision along the posterior (rear), lateral (side), or anterior (front) aspect of the hip.

After Surgery:

Management — After surgery, you will be given pain medication through your intravenous (IV) line or by mouth. You will also be given an antibiotic to prevent infection in your IV. Extended antibiotics beyond 24 hours are not typically recommended following routine hip replacement.

Most people are also given a medication to help prevent blood clots in the legs. Compression stockings may also be recommended.

Rehabilitation — Physical therapy (PT) is an important part of the recovery process. Most people are able to stand and even walk, with the help of a physical therapist, within the first 24 hours.

Your length of stay in the hospital will depend upon a number of factors, including pain control, demonstration of safe mobility, and medical stability. After your surgery, you will work with a physical therapist to develop an exercise and rehabilitation program. With less invasive surgical techniques and evolving protocols for pain management, an increasing number of hip replacements are being done as "outpatient" procedures, meaning you can go home the same day. In some situations, it isn't safe to go home immediately, and you will need to stay in the hospital or go to a nursing facility for rehabilitation.

You will continue your therapy until you are able to independently perform daily activities. The rehabilitation program generally includes exercises to stretch and strengthen the muscles surrounding the hip joint, as well as training in activities of daily life (ie: stair climbing, bending, walking). The goal of the rehabilitation is to regain strength and motion.

After several weeks of recovery, you will be encouraged to return to an active lifestyle. Most people can resume their normal activities within weeks to months.

With newer surgical techniques, recovery time may be reduced. Continued improvement may be seen up to 12 months following surgery. While high-impact sports such as running and contact sports are not usually recommended after hip replacement, you can typically participate in most other low-impact activities like walking, cycling, and swimming.

With modern implants and bearing surfaces, it is now anticipated that most hip replacements will last well beyond the previous expectation of 10 to 15 years. Most people are very satisfied with their outcome, reporting minimal to no pain and significantly improved function and quality of life.

Total Hip Replacement Complications.

Serious complications after hip replacement surgery are not common and can be minimized by choosing a surgeon who is experienced and performs the procedure frequently. In addition, choosing a hospital that specializes in caring for joint replacement patients before, during, and after surgery can also minimize complications.

Complications can occur during surgery, in the immediate postoperative period, or many years after surgery. It is important to understand these potential risks before deciding to undergo hip replacement. For most people, the benefits of reduced pain and improved function outweigh the small risk of complications.

The following are some of the complications that can occur during or after hip replacement surgery.

***Blood clots** — People who undergo hip replacement are at increased risk for developing blood clots after surgery. Only about 1 percent of people will develop a blood clot in the leg (deep vein thrombosis) or lungs (pulmonary embolism) with appropriate preventive treatments, such as early and frequent mobilization (moving around).

***Infection** — Infection following hip replacement is uncommon (between 0.4 and 1.5 percent of cases). Prevention protocols that include preoperative weight loss for patients with obesity, smoking cessation, methicillin-resistant *Staphylococcus aureus* (MRSA) screening, skin preparation/washing, and routine antibiotics (during the first 24 hours only) can all help to minimize the risk of infection.

***Dislocation** — Dislocation of the artificial hip joint can occur if the ball becomes dislodged from the socket. Dislocation occurs in less than 2 percent of cases. In most cases, the joint can be put back into place by a doctor while the person is sedated. To minimize the risk of dislocation, some people may be given specific precautions related to the motion of the hip. The need for precautions depends upon how your surgery is performed and should be discussed with your surgeon.

***Loosening** — Loosening of the joint implant is most often caused by wear of the prosthetic components. It is the most common long-term problem associated with total hip replacement, although the number of people who develop loosening is decreasing as prosthetic materials and surfaces have been greatly improved.

***Breakage** — Breakage of the implant itself can occur as a result of wear and tear of the prosthesis, often over the course of years. Older implants are more likely to break, while newer prostheses are stronger and more durable. This is a rare occurrence, with less than 0.5 percent of people experiencing breakage.

***Change in leg length** — Before, during, and after hip replacement surgery, a surgeon carefully measures the length of your legs in an attempt to make them equal length. However, in rare cases, the procedure results in one leg being slightly longer than the other. Some people with a significant difference in leg length find that wearing a lift in one shoe is helpful.

Additional Information to be aware of:

- After joint replacement you will be required to take an antibiotic prior to all dental procedures.
- It is NOT recommended to have any dental procedures until you are 90 days post op. Once you are 90 days postop and you have a dental appointment, please call this office and we will send the antibiotic to your pharmacy.
- You should NOT submerge your surgical site in any form of water for at least 6 weeks from surgery. This would include pools, oceans and hot tubs. Your incision should be completely healed and all scabs gone before doing so. Showering is acceptable. Running water over the incision is fine. Putting your incision underwater increases your risk of infection.
- We do NOT suggest taking any long trips via airplane or car until you are 6 weeks post op. Failing to do so increases your chances of a blood clot or pulmonary embolism.
- Home health will be ordered for you for the first 2 weeks after surgery. If your insurance allows, and we find a vendor who accepts your insurance, a nurse will visit 1-2 times a week to change bandages, and a physical therapist will come 1-2 times as well to assist you with your exercises. You will be expected to do the exercise on your own on the days the therapist is no longer coming to the home.