



When is it Time to Think About Surgery?

You may need hip replacement surgery if you are experiencing pain or loss of motion in your hip joint. These symptoms may be caused by degenerative arthritis (osteoarthritis), rheumatoid arthritis, or avascular necrosis. Hip arthritis can be caused by injury to the joint, long-term steroid use, alcoholism or systemic diseases. When pain interferes with daily activities such as walking, climbing stairs or getting out of a chair, it's usually time to consider having surgery.

About the Surgery

Total hip replacement involves replacing damaged cartilage in your hip joint with smooth artificial surfaces. This is done by replacing the upper end of the thigh bone (femur) with a metal ball, and resurfacing the hip socket in the pelvic bone with a metal shell and liner. A 4" incision is made on the outside of the hip, which is closed with staples or sutures.

The anterior approach for total hip replacement is a tissue-sparing alternative to traditional hip replacement surgery that provides the potential for less pain, faster recovery, and improved mobility because the muscle tissues are spared during the surgical procedure. The technique allows the surgeon to

work between your muscles and tissues without detaching them from either the hip or thighbones – sparing the tissue from trauma.

Keeping the muscles intact may also help to prevent dislocations. The surgeon uses one small incision on the front (anterior) of your hip as opposed to the side or back. Since the incision is in front, you'll avoid pain of sitting on the incision site.

Preparing for Surgery

You should be examined by your family doctor to ensure you are healthy enough for the planned surgery. You will be encouraged to stop smoking before surgery to prevent lung complications or delayed healing. Pre-admission testing (lab work, EKG, chest x-ray) and attendance at a "joint camp" will also be scheduled to further help you prepare for surgery. Anti-inflammatory medications, aspirin, and blood thinning medications should be discontinued one week before your surgery. These medications affect your blood clotting factors and could increase your risk of blood loss during surgery.

You will be given a prescription for a blood thinner such as Coumadin to take before surgery, or Xeralto or Lovenox to take after surgery, in order to prevent blood clots during the healing process.



What to Expect After Surgery

You will wake up in the recovery room after surgery with an IV for antibiotics and fluid replacement that will be continued for 24-48 hours. You may receive medication through an IV-regulated pump to control your pain. Depending on your doctor, you may also have a urinary catheter for 24 hours and compression stockings or a compression pump on your legs.

Physical therapy will begin the day after your surgery and you will be instructed on how to walk with the use of a walker. You may also be allowed to bear weight as tolerated on the affected hip. There are no specific range of motion limitations with anterior approach total hip arthroplasty.

Complications and Risks of Surgery

Blood clots: You are encouraged to get up and move frequently as well as take your prescription blood thinner to help prevent clotting. Symptoms of clotting include pain, swelling or redness of your calf or thigh and shortness of breath. Call the office immediately if you develop any of these symptoms.

Infection: Infection is rare, but can occur following surgery. You are at higher risk of infection if you have diabetes, rheumatoid arthritis, chronic liver or kidney disease, or if you are taking steroids. Symptoms include fever or chills, drainage, redness, a foul smell or increased pain at the surgical site. Call the office immediately if any of these symptoms occur.

Blood loss: It is possible that you will need a blood transfusion following surgery. Your doctor will evaluate you daily to determine if there is a need for a transfusion.

Hip dislocation: It's rare, but a dislocation may occur. This happens when your new "ball socket" is no longer in your hip joint. If you feel you have dislocated your hip and are not able to walk, you must go to the emergency room to have a doctor move the hip back into place.

Nerve damage: Damage to your surrounding hip nerves is rare, but can occur. Symptoms include the inability to lift your affected foot, numbness or tingling of the leg. Although these symptoms get better over time and may go away completely, you should still be evaluated by your doctor.

Anesthesia complications: Respiratory failure, shock, cardiac arrest, and death are always possible during surgery. Patients with long-term liver, kidney, heart or lung disease are at a higher risk.

Bone fracture: Although it is rare, a fracture could occur during surgery while fixating the femur implant. If a fracture occurs during your surgery, the doctor will correct the problem with additional cabling and the use of a longer implant. If you develop thigh pain after surgery, alert your doctor so further x-rays can be done to rule out a fracture.

Difference in leg length: When your implant is attached, it may leave you with a small difference in leg lengths. This can be corrected with shoe inserts if this difference persists over six months.

Pneumonia: Lung congestion is possible while you are recovering from surgery and are not as active. Coughing and deep breathing are encouraged to help you expand your lungs and clear any congestion.

Constipation: Bowel movements slow down with less activity and the use of pain medications. You will be encouraged to use stool softeners after you are discharged to promote regular bowel movements and prevent constipation.

Urinary tract infection: Infection to your urinary tract can occur if you have a catheter in place following surgery. Symptoms include burning and frequent urination, as well as blood in your urine. Fever and weakness may also occur. Report any of these signs to your doctor. This type of infection is a major source of joint infection and should be treated with antibiotics quickly.

Recovery Period

The average recovery period for hip replacement is 2-3 months. Most patients are back to work in 2 months if their job is sedentary, and 3 months if they have a labor-intensive job. Exercise such as running, skiing, or contact sports are discouraged following hip replacement surgery. Activities like swimming, walking and biking are encouraged to promote hip strength and overall fitness.

Treating and Preventing Infection

Notify your family doctor if you develop any suspected infection so you can be placed on an antibiotic to prevent the spread of infection to your hip joint. Infections such as ear infections, ingrown toenails, bladder infections, sinus infections, and sore throats should be reported immediately. Make sure your doctors know you have had a joint replacement so you can be pre-medicated with an antibiotic before any dental work, or bladder/bowel surgery.