

Explanation of Diagnosis and Procedure

Whether you have just begun exploring treatment options or have already decided with your orthopedic surgeon to undergo hip replacement surgery, this information will help you understand the benefits and limitations of total hip replacement. This article describes how a normal hip works, the causes of hip pain, what to expect from hip replacement surgery, and what exercises and activities will help restore your mobility and strength and enable you to return to everyday activities.

If your hip has been damaged by arthritis, a fracture or other conditions, common activities such as walking or getting in and out of a chair may be painful and difficult. Your hip may be stiff, and it may be hard to put on your shoes and socks. You may even feel uncomfortable while resting.

If medications, changes in your everyday activities, and the use of walking aids such as a cane are not helpful, you may want to consider hip replacement surgery. By replacing your diseased hip joint with an artificial joint, hip replacement surgery can relieve your pain, increase motion, and help you get back to enjoying normal, everyday activities.

First performed in 1960, hip replacement surgery is one of the most important surgical advances of the last century. Since 1960, improvements in joint replacement surgical techniques and technology have greatly increased the effectiveness of total hip replacement. Today, more than 193,000 total hip replacements are performed each year in the United States. Similar surgical procedures are performed on other joints, including the knee, shoulder, and elbow. One option your surgeon may recommend for you is an anterior-approach total hip arthroplasty. This type of surgery is a technique in which you approach the hip joint from the front instead of the side or back, which has been done more traditionally in the past.

Early studies show that this may allow for quicker, less painful recovery and more rapid return to normal activities. Less invasive and small incision total hip replacement surgery is a rapidly evolving area.

Your orthopedic surgeon can talk to you about his or her experience with the anterior approach to total hip replacement surgery and the possible risks and benefits. The AAOS and the American Association of Hip and Knee Surgeons have developed information for patients about less invasive hip replacement surgery.

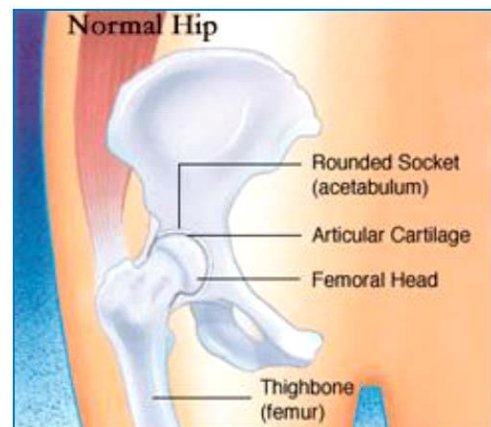
Anatomy

The hip is one of the body's largest weight-bearing joints. It consists of two main parts: a ball (femoral head) at the top of your thighbone (femur) that fits into a rounded socket (acetabulum) in your pelvis. Bands of tissue called ligaments (hip capsule) connect the ball to the socket and provide stability to the joint.

The bone surfaces of the ball and socket have a smooth durable cover of articular cartilage that cushions the ends of the bones and enables them to move easily.

A thin, smooth tissue called synovial membrane covers all remaining surfaces of the hip joint. In a healthy hip, this membrane makes a small amount of fluid that lubricates and almost eliminates friction in your hip joint.

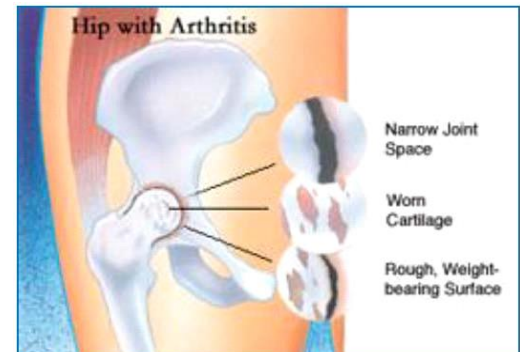
Normally, all of these parts of your hip work in harmony, allowing you to move easily and without pain.



Common Causes of Hip Pain and Loss of Hip Mobility

The most common cause of chronic hip pain and disability is arthritis. Osteoarthritis, rheumatoid arthritis, and traumatic arthritis are the most common forms of this disease.

- **Osteoarthritis** usually occurs in people 50 years of age and older and often individuals with a family history of arthritis. It may be caused or accelerated by subtle irregularities in how the hip developed. In this form of the disease, the articular cartilage cushioning the bones of the hip wears away. The bones then rub against each other, causing hip pain and stiffness.
- **Rheumatoid arthritis** is an autoimmune disease in which the synovial membrane becomes inflamed, produces too much synovial fluid, and damages the articular cartilage, leading to pain and stiffness.
- **Traumatic arthritis** can follow a serious hip injury or fracture. A hip fracture can cause a condition known as osteonecrosis. The articular cartilage becomes damaged and, over time, causes hip pain and stiffness.



Is Hip Replacement Surgery for You?

Whether to have hip replacement surgery should be a cooperative decision made by you, your family, your primary care doctor, and your orthopedic surgeon. The process of making this decision typically begins with a referral by your doctor to an orthopedic surgeon for an initial evaluation.

Although many patients who undergo hip replacement surgery are 60 to 80 years of age, orthopedic surgeons evaluate patients individually. Recommendations for surgery are based on the extent of your pain, disability, and general health status-not solely on age.

- You may benefit from hip replacement surgery if:
- Hip pain limits your everyday activities such as walking or bending.
- Hip pain continues while resting, either day or night.
- Stiffness in a hip limits your ability to move or lift your leg.
- You have little pain relief from anti-inflammatory drugs or glucosamine sulfate.
- You have harmful or unpleasant side effects from your hip medications.
- Other treatments such as physical therapy or the use of a gait aid such as a cane do not relieve hip pain.

The Orthopedic Evaluation

Your orthopedic surgeon will review the results of your evaluation with you and discuss whether anterior hip replacement surgery is the best method to relieve your pain and improve your mobility. Other treatment options such as medications, physical therapy, or other types of surgery also may be considered. Your orthopedic surgeon will explain the potential risks and complications of hip replacement surgery, including those related to the surgery itself and those that can occur over time after your surgery. The orthopedic evaluation will typically include:

- A medical history, in which your orthopedic surgeon gathers information about your general health and asks questions about the extent of your hip pain and how it affects your ability to perform every day activities.
- A physical examination to assess hip mobility, strength, and alignment.
- X-rays (radiographs) to determine the extent of damage or deformity in your hip.

- Occasionally, blood tests or other tests such as MRI (magnetic resonance imaging or bone scanning may be needed to determine the condition of the bone and soft tissues of your hip.

What to Expect from Hip Replacement Surgery

An important factor in deciding whether to have hip replacement surgery understands what the procedure can and cannot do.

Most people who undergo hip replacement surgery experience a dramatic reduction of hip pain and a significant improvement in their ability to perform the common activities of daily living. However, hip replacement surgery will not enable you to do more than you could before your hip problem developed.

Following surgery, you will be advised to avoid certain activities, including jogging and high-impact sports, for the rest of your life.

Even with normal use and activities, an artificial joint (prosthesis) develops some wear over time. If you participate in high-impact activities or are overweight, this wear may accelerate and cause the prosthesis to loosen and become painful.

Preparing for Surgery

Medical Evaluation

If you decide to have hip replacement surgery, you may be asked to have a complete physical examination by your primary care doctor before your surgical procedure. This is needed to assess your health and identify conditions that can interfere with your surgery or recovery.

Tests

Several tests may be needed to help plan your surgery: blood and urine samples may be tested and a cardiogram and chest x-rays (radiographs) may be obtained.

Medications

Tell your orthopedic surgeon about the medications you are taking. Your orthopedist or your primary care doctor will advise you which medications you should stop or can continue taking before surgery.

Weight Loss

If you are overweight, your doctor may ask you to lose some weight before surgery to minimize the stress on your new hip and possibly decrease the risks of surgery.

Dental Evaluation

Although infections after hip replacement are not common, an infection can occur if bacteria enter your bloodstream. Because bacteria can enter the bloodstream during dental procedures, you should consider getting treatment for significant dental diseases (including tooth extractions and periodontal work) before your hip replacement surgery. Routine cleaning of your teeth should be delayed for several weeks after surgery.

Urinary Evaluation

Individuals with a history of recent or frequent urinary infections and older men with prostate disease should consider a urological evaluation before surgery.

Social Planning

Although you will be able to walk with crutches or a walker soon after surgery, you will need some help for several weeks with such tasks as cooking, shopping, bathing, and laundry. If you live alone, your orthopedic surgeon's office, a social worker, or a discharge planner at the hospital can help you make advance arrangements to have someone assist you at your home. A short stay in an extended-care facility during your recovery after surgery also may be arranged.

Home Planning

The following is a list of home modifications that will make your return home easier during your recovery:

- Securely fastened safety bars or handrails in your shower or bath
- Secure handrails along all stairways
- A stable chair for your early recovery with a firm seat cushion (that allows your knees to remain lower than your hips), a firm back, and two arms
- A raised toilet seat
- A stable shower bench or chair for bathing
- A long-handled sponge and shower hose
- A dressing stick, a sock aid, and a long-handled shoe horn for putting on and taking off shoes and socks without excessively bending your new hip
- A 'reacher' that will allow you to grab objects without excessive bending of your hips
- Firm pillows for your chairs, sofas, and car that enable you to sit with your knees lower than your hips
- Removal of all loose carpets and electrical cords from the areas where you walk in your home

The Night before Surgery

Do's and Don'ts

- Do take a shower the night before surgery; lightly scrub your affected knee and entire leg with the **chlorhexidine scrub** that can be purchased at your local pharmacy. Wash the rest of your body with anti-microbial soap and water. Do not apply any lotion or ointments to the skin on your affected leg.
- Do eat a light meal the night before surgery.
- Do pack a hospital bag with your necessities such as your personal care items, non-skid slippers, a comfortable robe, and an outfit to wear home. A jogging suit, sweat pants, or loose-fitting slacks would be most suitable. It's also a good idea to bring some reading material or activities to do during your hospital stay.
- Do bring all of your medications in their bottles to show your nurse.
- Do remove all nail polish.
- Do bring your walker to the hospital before discharge to trial with the therapist.
- Do NOT shave the area of surgery. If necessary, your surgeon will take care of it in the operating room.
- Do NOT eat or drink anything after midnight. When you arise in the morning, you may take your morning medications with a small sip of water.

- Do NOT bring any jewelry, cash, credit cards, or important items with you to the hospital. It is best these stay safe at home.
- Do NOT take your own medications in the hospital unless specifically told to do so.

Your Surgery

You will most likely be admitted to the hospital on the day of your surgery. Prior to admission, a member of the anesthesia team will evaluate you. The most common types of anesthesia for hip replacement surgery are general anesthesia (which puts you to sleep throughout the procedure and uses a machine to help you breathe) or spinal anesthesia (which allows you to breathe on your own but anesthetizes your body from the waist down). The anesthesia team will discuss these choices with you and help you decide which type of anesthesia is best for you. The surgical procedure takes a few hours. Your orthopedic surgeon will remove the damaged cartilage and bone and then position new metal, plastic, or ceramic joint surfaces to restore the alignment and function of your hip.

Many different types of designs and materials are currently used in artificial hip joints. All of them consist of two basic components: the ball component (made of a highly polished strong metal or ceramic material) and the socket component (a durable cup made of plastic, ceramic or metal, which may have an outer metal shell).

An un-cemented prosthesis has been developed and is used most often in younger, more active patients with strong bone. The prosthesis may be coated with textured metal or a special bone-like substance, which allows bone to grow into the prosthesis.

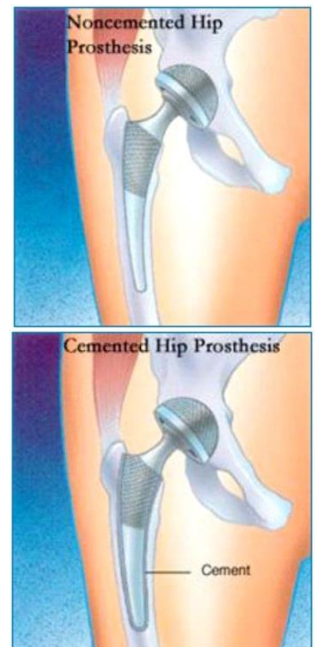
Special surgical cement may be used to fill the gap between the prosthesis and remaining natural bone to secure the artificial joint.

A combination of a cemented stem and an un-cemented socket may be used. Your orthopedic surgeon will choose the type of prosthesis that best meets your needs.

After surgery, you will be moved to the recovery room where you will remain for 1 to 2 hours while your recovery from anesthesia is monitored. After you awaken fully, you will be taken to your hospital room.

Care after Surgery

Many people will participate in your care after surgery. There is direct communication between all providers including your surgeon and their staff, the medical doctors, nurses, therapist, and the case manager. If you have any concerns or questions at any time, please discuss these with any of your healthcare providers who will then address it appropriately.



Pain Management

After surgery, it is normal to have pain or discomfort. Inform your nurse if you are uncomfortable and they can administer appropriate medications. You may be asked to rate your pain on a scale of 1-10, with 10 being the worst pain ever. If your pain is not being relieved with the ordered medications, your surgeon should be notified. The goal is to control your pain so that you can begin aggressive therapy immediately after surgery and start on the road to recovery.

If you are not nauseated after surgery, you will be able to start on oral pain medications immediately. Otherwise, you may receive intravenous medications. By postoperative day one, we would like to have your pain managed by oral pain medications. With new surgical techniques including smaller incisions, less invasive surgery, and local anesthesia, patients have less postoperative pain that can be treated with lower dose pain medications. This allows you to feel less groggy and be more active with therapy.

Antibiotics

Antibiotics will be administered through your IV before and after surgery. Usually patients will receive antibiotics for the first 24 hours after surgery. Antibiotics are important to reduce your risk of infection after surgery.

Diet

Once you are alert and feeling well, you may begin taking oral liquids such as ice chips and water. If you tolerate this without nausea, you can order a light meal the night of surgery or the following day. It is important to advance your diet slowly. If you do become nauseated or vomit, you should stop eating and notify your nurse who can administer medications to relieve this. Restart with liquids once you are feeling better. You must tolerate a regular diet before you leave the hospital.

Breathing

After surgery, it is important to exercise your lungs. You will be given an incentive spirometer upon arrival to the hospital floor and instructed on its use. Take a slow, deep breath in, hold it for a few seconds and then breathe out. You should feel your lungs expanding. The spirometer will help you monitor the volume of air you are taking in. Work on increasing this volume daily. It is important to exercise your lungs frequently throughout the day. You will be encouraged to use your incentive spirometer 10 times every hour that you are awake.

Circulation

It is important to promote circulation after any surgery, especially after orthopedic surgery. This will help decrease your chance of forming a blood clot. Immediately after surgery you will have a surgical dressing on your operative leg and a support stocking (TED hose) on your non-operative leg. On postoperative day two, your surgical dressing will be removed, and your new dressing held in place by a TED hose. You should wear your support stockings (TED hose) throughout your hospital stay and for the following six weeks. Another circulatory aid is a compression device, which will also be used after surgery. The sequential compression device (SCD) is a sleeve that wraps around your lower leg, routinely inflating to promote circulation. When you are resting in bed, the SCD should be used. If you experience discomfort, tingling or numbness, you should notify your nurse immediately.



A blood thinner will also be started after surgery to reduce your risk of blood clots. Starting the evening of surgery, you will be started on Aspirin. This will continue while you are in the hospital. You will be discharged from the hospital on either 325 mg of aspirin twice a day, depending on your other medical conditions and your risk of blood clots. These medications are continued for six weeks, or until you have returned to an active lifestyle.

An easy way to help prevent blood clots is to increase your circulation with activity. Work on your exercises a minimum of three times a day and walk regularly after surgery. It is important to remain as active as possible. This is also good for your overall health.

Activity

The evening of surgery, the nursing staff will help you get out of bed and up in a chair. They will discuss activities you can do on your own to encourage motion and promote circulation. The physical therapist will also see you the evening after surgery and help you ambulate. You will be fitted for an appropriate gait aid such as a walker or cane to assist you during recovery. If you have these items at home, please bring them to the hospital.

What to Expect after Surgery

Complications

The complication rate following hip replacement surgery is low. Serious complications, such as joint infection, occur in fewer than 2% of patients. Major medical complications, such as heart attack or stroke, occur even less frequently. However, chronic illnesses may increase the potential for complications. Although uncommon, when these complications occur, they can prolong or limit full recovery. Other risks include dislocation of the hip, injury to the nerve and blood vessels, and need for revision surgery. Some patients may notice a slight change in limb length. Blood clots in the leg veins or pelvis are the most common complications of hip replacement surgery. Your orthopedic surgeon may prescribe one or more measures to prevent blood clots from forming in your leg veins or, if they do form, measures to prevent them from becoming symptomatic. These measures may include special support hose, inflatable leg coverings, ankle pump exercises, and blood thinners.

Recovery

The success of your surgery will depend in large measure on how well you follow your orthopedic surgeon's instructions regarding home care during the first few weeks after surgery.

Wound Care

You will have stitches or staples running along your wound or a suture beneath your skin. The stitches or staples will be removed approximately 2 weeks after surgery.

Avoid getting the wound wet until it has thoroughly sealed and dried. A bandage may be placed over the wound to prevent irritation from clothing or support stockings.

Diet

Some loss of appetite is common for several weeks after surgery. A balanced diet, often with an iron supplement, is important to promote proper tissue healing and restore muscle strength. Be sure to drink plenty of fluids.

Activity

Exercise is a critical component of home care, particularly during the first few weeks after surgery. You should be able to resume most normal light activities of daily living within 3 to 6 weeks following surgery. Some discomfort with activity and at night is common for several weeks.

Your activity program should include:

- A graduated walking program, initially in your home and later outside
- A walking program to slowly increase your mobility and endurance
- Resuming other normal household activities
- Resuming sitting, standing, and walking up and down stairs
- Specific exercises several times a day to restore movement
- Specific exercises several times a day to strengthen your hip joint
- You may wish to have a physical therapist help you at home

Avoiding Problems After Surgery

Blood Clot Prevention

Follow your orthopedic surgeon's instructions carefully to minimize the potential risk of blood clots, which can occur during the first several weeks of your recovery.

Warning Signs

Warning signs of possible blood clots include:

- Pain in your calf and leg that is unrelated to your incision
- Tenderness or redness of your calf
- Swelling of your thigh, calf, ankle, or foot
- Warning signs that a blood clot has traveled to your lung include:
Shortness of breath
Chest pain, particularly with breathing

Notify your doctor immediately if you develop any of these signs.

Preventing Infection

The most common causes of infection following hip replacement surgery are from bacteria that enter the bloodstream during dental procedures, urinary tract infections, or skin infections. These bacteria can lodge around your prosthesis. Following your surgery, you may need to take antibiotics prior to dental work, including dental cleanings, or any surgical procedure that could allow bacteria to enter your bloodstream. For many people with joint replacements and normal immune systems, the American Academy of Orthopedic Surgeons (AAOS) recommends antibiotic prophylaxis before dental work.

- Warning signs of a possible hip replacement infection are:
- Persistent fever (higher than 100°F orally)
- Shaking chills
- Increasing redness, tenderness, or swelling of the hip wound
- Drainage from the hip wound
- Increasing hip pain with both activity and rest

Notify your doctor immediately if you develop any of these signs.

Avoiding Falls

A fall during the first few weeks after surgery can damage your new hip and may result in a need for more surgery. Stairs are a particular hazard until your hip is strong and mobile. You should use a cane, crutches, a walker, or handrails or have someone help you until you improve your balance, flexibility, and strength. Your orthopedic surgeon and physical therapist will help you decide which assistive aides will be required following surgery, and when those aides can safely be discontinued.

How Your New Hip Is Different

You may feel some numbness in the skin around your incision. You also may feel some stiffness, particularly with excessive bending. These differences often diminish with time, and most patients find these are minor compared with the pain and limited function they experienced prior to surgery.

Your new hip may activate metal detectors required for security in airports and some buildings. Tell the security agent about your hip replacement if the alarm is activated. You may ask your orthopedic surgeon for a card confirming that you have an artificial hip.

After surgery, make sure you also:

- Participate in a regular light exercise program to maintain proper strength and mobility of your new hip.
- Take special precautions to avoid falls and injuries. Individuals who have undergone hip replacement surgery and experience a fracture may require more surgery.
- Notify your dentist that you have had a hip replacement. You will need to take antibiotics before any dental procedure. Information for your surgeon regarding the use of antibiotics is available from the AAOS.
- See your orthopedic surgeon periodically for routine follow-up examinations and x-rays (radiographs), even if your hip replacement seems to be doing fine.

Questions

The CORE Institute is dedicated to your outcome. If any questions or concerns arise, please call The CORE Institute at 1.866.974.2673.