

TOTAL HIP REPLACEMENT

Introduction

Total hip replacement involves the removal of the arthritic hip joint and is replaced with a device made out of metal and either ceramic or plastic. The operation generally takes approximately one hour.

Prior to Surgery

Prior to a total hip replacement, it is a good idea to see your medical doctor and be evaluated and cleared for surgery. Your internist, cardiologist, pulmonologist, or whatever medical doctor that knows you best can do this. It is wise to see your physician as expeditiously as possible because your doctor may want to do some testing and you do not want this to interfere with your surgery.

It is a good idea to lose weight if possible prior to surgery. The lighter you are going in, the easier it will be. It is a good idea to get stronger prior to surgery. Simple leg exercises like side leg raises, donkey kicks, and riding an exercise bike accomplish quite a bit it when done with some intensity. I suggest 300 side leg raises once daily and 20 minutes of cardiovascular exercise for 3 weeks prior to surgery.

Do not eat or drink for approximately 12 hours prior to your surgery. If you have medicines that you normally take in the morning, you can take them with a tiny sip of water. If you are not allergic to sulfa drugs, you will also be required to take two Celebrex tablets early in the morning on the day of surgery.

Do not take aspirin 10-14 days prior to surgery. You should stop drugs like Plavix 7-10 days prior to surgery unless instructed by your cardiologist. Do not take anti-inflammatories medicines like Advil, Motrin, Aleve, Lodine, Relafin or similar drugs for 10 days prior to surgery. Blood thinners like Coumadin should be stopped 5 or more days prior to surgery. Xarelto should be stopped 4-5 days prior to surgery.

It is preferable to do this procedure under a spinal anesthetic. Patients with spinal anesthetic tend to lose slightly less blood during the procedure, have a slightly lower risk of blood clots, and most importantly, less nausea after surgery. If you receive a general anesthetic and are severely nauseated after surgery, you will not be able to get up and walk on the day of surgery.

With a spinal anesthetic, you will also be sedated so that you will not know what going on during the procedure. Most people fear spinal anesthesia because they assume that it will be painful. It rarely is. Also, many people are afraid of severe headaches; with modern techniques, this is rarely a problem.

After Surgery

My hope is that you will walk within a couple of hours after the operation. This is important because if you are up and moving around, you lower the risk of blood clots. You get back on your feet and on your way back to your normal life rapidly. If you can get up and move around,

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you will spend less time in the hospital. Less time in the hospital means less exposure to all the bugs, infections and all the other inconveniences of an institutional setting. Therefore, we want you up and walking on the day of the surgery, and a spinal anesthetic accomplishes that best.

In addition to walking as soon as possible after surgery, you will also work with the physical therapist on how to get in and out of bed and climb stairs. You will work with an occupational therapist on how to take care of yourself. The goal of this aggressive therapy is to get you home as soon as possible. The hip may pop apart, or dislocate, if you do not move carefully. For six weeks, there is a heightened risk of dislocation and that is why you will be taught hip precautions to prevent this from happening.

I prefer that my patients go home instead of going to an inpatient rehabilitation facility after surgery. Inpatient rehab facilities are institutions where people sometimes need to go if they are incapable of safely caring for themselves at home after surgery. Unfortunately, it has been shown that should you go to an inpatient facility, you are at greater risk for infection, and probably at greater risk for blood clots. If you go home, you will do more for yourself, get up and move more frequently and are not exposed to the sicknesses of other patients that you encounter in a rehab facility.

Infections can occur any time the skin is cut for surgery. With total joint replacements, infections are particularly serious because to eradicate any infection, the joint usually has to be removed. Therefore, prevention of infection is critical. The less time you spend in an institution, the less likely you are to get an infection.

When you are at home, **do not** handle the wound. Typically, a waterproof dressing is applied in the operating room. This can get wet in the shower as soon as you get home. However, you should not touch the dressing, scrub it or rub it dry. Pat it dry and try not to handle the bandage.

The increased risks of blood clots exist for as long as six weeks after your operation. It is important to keep moving. Do as much for yourself as possible. When you are lying in bed, wiggle your toes, move your ankle, bend your knees, and generally move around frequently. Staying in one position for a prolonged period of time, (except when sleeping) is to be avoided.

When the incision is done through a posterior approach, you will be instructed to use a pillow between your legs while you are sleeping. You can turn on your side with this pillow between your legs as long there is another pillow in front of you to prevent you rolling onto your abdomen. You will be encouraged to avoid low chairs. It is good to remember to keep your legs apart and toes pointed out when you arise from a chair or when you sit down.

If your hip is put in through an anterior approach, you will not sleep with a pillow between your legs. You do not have to be as attentive to keeping your legs apart and your toes pointed out. You can sit in lower chairs. However, you should still avoid putting your hip into extreme positions. Particularly arching your back, as you might when lying in bed and twisting to answer the phone or turn off an alarm clock should be avoided.

In summary, a total hip replacement is a serious operation that has very great potential benefits for you. For an excellent result to occur, you need a good operation, you need to avoid complications, and you need to work as hard as you can on your own behalf. If these factors are tended to, there is an excellent chance that you will be happy with the results.

POST OPERATIVE INSTRUCTIONS TOTAL HIP REPLACEMENT

Medications

You will take blood thinners for approximately 5-6 weeks after the operation. Most patients will receive a prescription for Lovenox prior to going to the hospital. You will take one shot a day for four days beginning the first complete day that you are home. When this is completed, you will take one 81 mg aspirin twice daily for approximately one month.

If you normally take Coumadin regularly, you will resume this and skip the Lovenox and aspirin. You will take the Coumadin as normally prescribed by the ordering doctor.

Likewise, if you typically take Xaralto or other blood thinners, you will be instructed to take those medications as per your routine after surgery.

For pain relief, you will be given a prescription for Celebrex for approximately two weeks. You will take one pill in the morning and one in the evening. You will not receive this drug if you are allergic to sulfa drugs.

I recommend that you take extra strength Tylenol, 2 pills four times/day during the post operative period.

Narcotic pain medicine will also be prescribed. Typically, I ask patients to take Oxycodone 5 mg tablets 1-2 every 4 hrs. if needed for pain. Occasionally, I prescribe a drug called Oxycontin for nighttime use. This drug stays in the system for 12 hours. So if prescribed, you should take it in the evening approximately 12 hours prior to the time you expect to awaken the following morning. On occasion Dilaudid will be prescribed. If so, you will receive that prescription instead of Oxycodone.

Please avoid taking nonsteroidal anti-inflammatory medicine other than Celebrex for six weeks after surgery. Medications like Advil and Aleve can slow down the ingrowth of bone into the prosthesis and therefore cause problems with long term stability of your prosthesis. Celebrex can have the same effect, and that is why you will only receive a prescription for two weeks of this medication.

Constipation is a frequent problem after surgery. You should routinely take a stool softener such as Colace to make it "easy" to go. A laxative like Milk of Magnesia or Dulcolax tablets can stimulate you "to go".

Activities

You should walk frequently, but for short distances. If you overdo the vigor of any one period of exercise, you may find that your leg becomes sore and swollen and therefore, you will be unable to exercise for hours. Immobility is to be avoided as it encourages the formation of blood clots and also tends to make you weak. Therefore, exert yourself frequently but do not overdo the vigor of your activities.

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You will use crutches, a walker, or a cane as required by your ability to weight bear. When you feel secure, you can switch to using no assistive device. Your physical therapist will help guide you in this transition. There are no arbitrary periods of time that you must use any of these assistive devices.

To regain your strength, walk frequently for short distances. In addition, do 200-300 side leg lifts daily.

If you have had a posterior approach for your operation, you will sleep with a pillow between your legs for the first six weeks. This helps prevent hip dislocation.

If you have had an anterior approach for your operation, you can sleep without the pillow between your legs, but I would encourage you not to sleep on your stomach.

Hip precautions apply to posterior hip operations primarily. To summarize, if you had a posterior incision, try to avoid bending at the waist more than 90 degrees while bringing your legs together or turning your foot towards the midline. Keep your legs apart and toes out when changing position.

If you have had an anterior approach, avoid arching your back and sleeping on your stomach.

You can leave your house for short trips as soon as you are able. You can drive your car as soon as you are mobile enough to get in and out of the car easily, without disobeying hip precautions and you must be off narcotic pain medications. I strongly suggest that you practice driving in an empty parking lot before you take it to the street.

Wound Care

The dressing applied in the operating room is usually impermeable to water. Therefore you can get it wet. **DO NOT REMOVE THIS BANDAGE.** I will remove the dressings in the office at your post operative visit. Underneath this bandage, your wound is glued together. That glue is also impermeable to water. The less you handle the bandage and the wound the better off you are.

Post Operative Appointments

Make an appointment to see me between 12-14 days after surgery. If you have any problems or questions, do not hesitate to call the office at 973-538-2334, extension 593. If there is a question or a problem during the day, it is best to call sooner rather than later in the day. There are no silly questions.