

Total hip replacement

Preoperative discussion/Postoperative instructions

WNY Knee and Orthopedic Surgery PC

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Procedure

A total hip replacement is an elective procedure performed only after all conservative treatments, including medication, physical therapy, and injections, have been exhausted. Osteoarthritis is a condition where the protective cartilage surface on the bone completely wears away with underlying bone changes. There are multiple reasons why osteoarthritis develops including age, wear-and-tear, previous injury or surgery and obesity. The surgery is performed as an inpatient in the hospital. This is done under general anesthesia. The procedure takes approximately 2 hours with risks that are described below. The hip replacement involves removal of the diseased hip and replacement with a cobalt chrome and/or titanium prosthesis. You will receive postoperative pain medication usually through patient-controlled anesthesia (PCA) and oral pain medication. You will receive physical therapy during your hospital stay to learn early range of motion exercises and hip precautions to follow for 6 weeks post-operatively to prevent dislocation of your hip replacement. Your hospital stay is approximately 3 days. After discharge, you can either go home or to a rehabilitation facility of your choice. We recommend you visited in rehabilitation facilities in the area and you could elect, once your surgery date has been set, to be preregistered at that facility. If the decision for inpatient rehabilitation is decided last minute, the hospital discharge coordinator can still find a location for you although this may not be a location of your choice based on availability. After discharge, you will then begin either in-home physical therapy or our preference is to begin outpatient physical therapy with an established therapist.

Risks of surgery

This is an elective procedure done only when all conservative measures have failed. There are significant surgical risks for any surgical procedure.

- **Anesthesia:** Includes risks of heart attack, stroke and death. These risks increased with patients with significant medical problems and with increased age.
- **Infection:** 1-3%. You will be given antibiotics prior to surgery in the operating room and postoperatively. The procedure is done in a sterile operating room with ultimate attention to preventing infection. If infection should occur, this may require repeat surgery and intravenous antibiotics.
- **Blood clots:** 1-5%. You will be treated with blood thinners for a total of 6 weeks postoperatively. Lovenox is given once a day for 3 weeks postoperative. Then a 325 mg aspirin daily for 3 weeks. This is the general treatment but may give her based on possible underlying medical issues. If you have problems taking these medications, this should be addressed with us prior to your surgery. In addition, he will have compression stockings in foot pumps along with early mobilization to diminish this risk. Signs and symptoms of a blood clot include calf pain, calf swelling, calf redness and warmth and shortness of breath. This should be brought to a provider's attention either in the hospital were calling our office at any time at 839-5858 or 508-8252.
- **Limited longevity of the prosthesis:** You should be able to expect 20+ years of life expectancy from a total hip replacement. We generally use Depuy hip replacement systems.
- **Dislocation:** 1-3%. Physical therapy will teach you hip precautions to follow for 6-8 weeks postoperative which helped to prevent dislocations of your hip replacement. You will also be required to use an abduction pillow between her knees while laying flat in bed for 6 weeks postoperatively.
- **Leg length discrepancy:** Less than 5%. Occasionally it is necessary to make the leg length slightly longer to improve stability. This is usually not significant and can be treated with heel lifts in the other shoe if needed.
- **Neurovascular injury:** Less than 1%. This may require further surgery or result in long-term disability.

Pre-operative planning

- Preoperative medical clearance will be obtained through your primary care physician. This will involve a visit to their office, obtaining appropriate labs, chest x-ray and EKG. We recommend if you have underlying cardiac conditions, you make an appointment with your cardiologist once a surgery date has been set. They may need to proceed with additional testing.
- Discontinuation of blood thinners is done prior to surgery. Generally, this involves discontinuation of Coumadin 3 days before surgery, Plavix/aspirin 7 days before surgery. We recommend he discuss this with your primary care physician or cardiologist in case bridging medication is necessary.
- Arranging postoperative rehabilitation was described in the above paragraph.

Postoperative instructions

Discharge from the hospital usually occurs on postoperative day 3 as discussed above. Discharge to home or rehabilitation was discussed above as well. You will be able to put all of your weight on the leg although you will likely require a walker or crutches initially for the first few weeks. You will also need a raised toilet seat for 4-6 weeks postoperatively.

Motion You will need to work independently to improve your motion. We will also have you do physical therapy 2-3 visits per week to improve your range of motion. We offer physical therapy in our Williamsville office at 839-5858 and in Orchard Park office at 508-8252. It is imperative that you perform home exercises daily. You will also be required to follow hip precautions for 6-8 weeks to prevent hip dislocation postoperatively. These were addressed in greater detail in the above

Blood clot prevention You will be on blood thinners for 6 weeks postoperatively. This includes Lovenox injections daily for 3 weeks postoperative followed by a 325 mg aspirin daily for an additional 3 weeks. Perform ankle pumps 30 times per hour while awake for 2 weeks to minimize risks for blood clots. It is normal to have some leg and calf swelling but significant swelling or calf pain requires immediate attention. Swelling usually can be controlled by ice throughout the day and by elevating your legs above your heart several times per day. In addition, you should continue the compression stockings that were provided to you in the hospital for 3 weeks after surgery.

Medications You will continue your normal preoperative medications as well as pain medication. You will be given a prescription for narcotic medication postoperatively.

Incision You have staples in your incision which will need to be removed at 2 weeks either by our physical therapist or at the rehabilitation facility. We can remove these in the office as well if necessary. A dry dressing should be applied daily until the incision is dry. He may shower after 3 days, but no swimming or pool therapy for 6 weeks. No creams or lotions should be applied to the incision, but can be used to the surrounding skin after the incision has healed. Concerning symptoms include fevers over 100, chills, excessive warmth and redness around the incision and significant drainage/pus.

General Any acute problems need to be evaluated in the emergency room including chest pain or shortness of breath. Medical problems need to be addressed by your primary care physician. Issues surrounding your surgery should be brought to our attention immediately including problems with your incision. You will not be able to drive for approximately 6 weeks depending on the operative side. You will need antibiotics prior to dental work for 2 years after surgery or lifetime if you are diabetic or have other medical issues. Routine dental cleaning should wait until 3 months after surgery. Antibiotics can be obtained by calling our office or your dentist for prescription a few days before your dental appointment.