

Total Hip Replacement Surgery

Dr. Brooker

PLEASE: Bring all of these papers with you when you come to the hospital for surgery.

Your nurses and physical therapists will review them with you, and add information specific for YOU and your special needs.

Total Hip Replacement

Your hip pain and stiffness can be caused by a number of different hip problems.

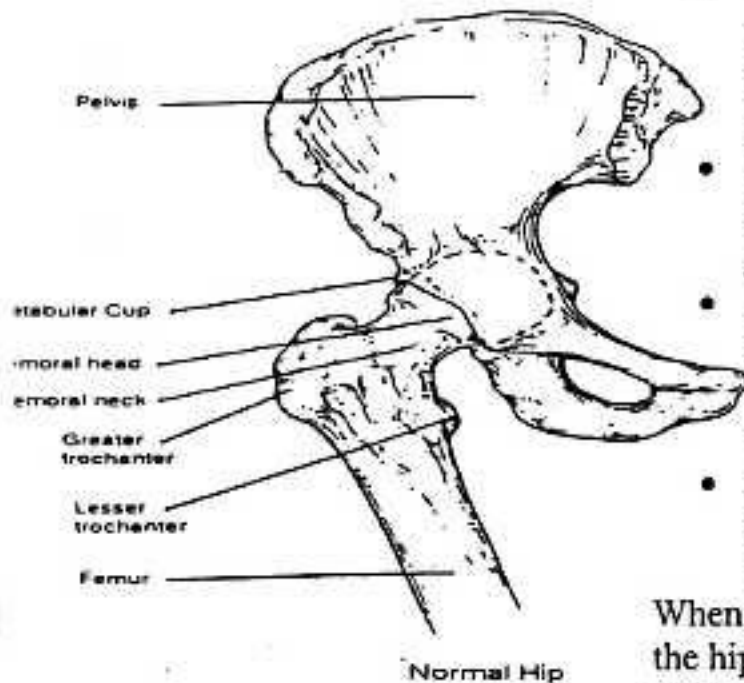
- **Osteoarthritis** is a wearing away of the smooth cartilage, which covers the joint surface. This causes your hip bones to rub together painfully.
- **Rheumatoid arthritis** is an inflammatory process that destroys the cartilage in the joint.
- **Avascular necrosis** is a condition in which the blood supply to the hip bones is disrupted, causing their supporting surface to die.
- **An injury** that you have had in the past may also cause you to have increased hip pain and loss of motion.

When your cartilage has worn away, the bones of the hip joint grind together causing mechanical pain, injury to the cartilage of the joint and inflammation of the joint lining. Pain, stiffness and inflammation in the hip are not normal, nor is it a natural process of aging.

There is no medication or treatment that will regenerate the cartilage of the bone. Your hip joint will never get better; it will not stay the same, it will continue to deteriorate with time. Arthritis medicines and exercise may decrease your symptoms, but when your pain and stiffness no longer respond to these measures you will need a hip replacement.

Total hip replacement is a safe and reliable method of replacing the painful parts of your hip with an artificial hip joint (prosthesis). The femoral head is replaced with a metal ball attached to a stem that fits down into the marrow space of the femur (thigh bone) for stability. A metal-backed plastic cup is implanted into the pelvis (hip) to replace the worn out socket. The metal used is titanium and the plastic is extremely durable wear-resistant polyethylene.

The hip prosthesis is designed to enable the joint to move in the same way as a normal joint with smooth surfaces, therefore providing painfree movement. The hip replacement Dr. Brooker uses is the most advanced design which enhances bone growth into the prosthesis, locking the implant into place and ensuring a tight,



Total Hip Replacement Risks and Benefits of Surgery

In addition to the risks of anesthesia, which can even cause death, the most common risks and complications of total hip surgery are:

Blood clots: The most common complication is blood clots in the legs. Exercises, compressive hose along with compressive calf pumps and blood thinners are used to prevent these clots. Despite these precautions, blood clots may still occur. However, they are not usually dangerous if recognized and appropriately treated. There is a rare chance that a blood clot could dislodge and travel to the lungs (pulmonary embolism). This is a treatable condition, but is potentially a serious problem and very rarely could result in death.

Infection: The risk of infection in first time hip replacement is about 3% nationwide. Before surgery you will be given an intravenous antibiotic to prevent infection. Any bacterial infection elsewhere in your body will increase your risk of infection and should therefore be treated before surgery.

Dislocation: If hip precautions are not carefully followed for six weeks after surgery, dislocation can occur. Until scar tissue forms around the joint and muscle strength returns, the hip is more likely to come out of socket because it is held in place only by muscle tension. Dislocations are extremely rare after this time.

Leg length inequality: Some leg length difference may be unavoidable. Sometimes the leg will be deliberately lengthened in order to stabilize the hip or improve muscle function. When the leg is more than an inch shorter to begin with, it may be impossible to equalize the legs for fear of damaging nerves. Shoe lifts may be necessary if the difference is more than half an inch. In most cases, Dr. Brooker is able to maintain functionally equal leg length.

Artery or nerve damage: This is a very rare complication. A damaged blood vessel can usually be repaired surgically. If the nerves of the leg are injured, they usually recover in time.

Hematoma: Rarely people may continue to bleed several days after surgery. If this occurs and causes a large collection of blood to accumulate, the wound would need to be reopened under anesthesia to let the blood out.

Total Joint Replacement Pre-Operative Instructions

General Information: Each person is an individual and may not conform exactly to each of these guidelines.

1. If you develop a medical problem, (cold, flu, tooth infection, etc.) within 1 week of surgery, contact the doctor's office. It may not be safe to proceed with the scheduled surgery until you are well.

2. **If you donate your own blood:**

- You should start taking iron replacement after your first donation. Ask your pharmacist for 325 mg ferrous sulfate or ferrous gluconate and take it twice a day. You do not need a prescription.

Iron may be constipating for some people, and you may need a stool softener. If the iron irritates your stomach or causes diarrhea that lasts 4 days, stop the iron.

- Call Coffee Memorial Blood Bank to donate your own blood. Some helpful hints!
 - You may start 42 days prior to surgery. That's how long red blood cells remain alive and useful to you.
 - You may donate as often as every 7 days.
 - You must complete your donation at least 7 days prior to surgery.
 - Usually people donate 2 – 3 units of blood.
 - Eat and drink plenty of fluids prior to donating each unit. It is also recommended that you bring someone with you.
 - There is no direct cost to you. The hospital accepts the cost and includes it in your total hospital charges. Therefore, the cost should be covered by your insurance.

3. On _____ (14 days prior to surgery), you **MUST**:

- Stop taking all medicines that thin your blood. These medicines include Plavix, Ticlid, Persantine (Dipyridamole), Trental, aspirin, any medication containing aspirin, and all arthritis medicines (for example: Motrin, Aleve, Naprosyn, Daypro, Voltaren, Vioxx, or Celebrex).

The use of these drugs increases bleeding during the operation and the risk of bleeding after the operation. *If you are taking Coumadin, stop it 5 days before surgery.*

You may take Tylenol (acetaminophen) for pain.

- **STOP SMOKING**>Studies have shown that this will greatly decrease the chance of pneumonia and other respiratory complications after surgery.



4. Come to the hospital and report to Registration. *If you came for your pre-admission visit, go directly to the Day Surgery Unit to prepare for and wait for surgery.* We cannot give you an exact time for your surgery, as it is impossible to maintain a rigid schedule in the operating room.
5. Private rooms are limited. Medical condition will take preference over a patient request. However, we will do everything possible to accommodate your needs/requests.
6. Before your surgery, you will be taken to the Holding area. There you will meet your anesthesiologist and discuss the type of anesthesia you will receive.
7. Unless you have a history of multiple back surgeries, severe spinal arthritis or certain types of heart problems, our recommendation for total joint replacement is epidural anesthesia. Epidural anesthesia is currently used for deliveries and removes pain while still allowing you to move.
8. A small catheter is placed in your back just outside the spinal canal. Anesthetic is placed in the catheter during the surgery and often up to 48 hours after surgery, thereby eliminating the need for strong narcotics. This technique is safe and associated with fewer complications than general anesthesia. Obviously, if you are unable or reluctant to have an epidural, other anesthetics are available.
9. Before surgery, a Foley catheter will be placed in your bladder and will remain for 2 days after surgery.
10. Your family will be given your belongings to take to your room. They will then wait in the surgical waiting room while you are in surgery.
11. Note any questions you wish to ask your doctor, anesthesiologist or nurse the morning of surgery.

After Surgery

Day of surgery: This is a day of rest for you.

- Pain medications: You need to notify your nurse when you start to feel discomfort so he/she can provide assistance. If you wait until your pain is severe, it is much more difficult to control. If you have an epidural catheter, your pain medication will be managed by the anesthesia pain management team in cooperation with your nurses.
- You will have a pillow placed between your legs to help you keep your legs in the correct position to keep from dislocating your hip.
- You will be wearing white support (TED) hose and a pneumatic compressive wrap on your lower legs or feet. You will feel a gentle squeeze from the wrap as a machine intermittently pumps air into the plastic stockings, slowly inflating them. This helps prevent blood clots after surgery; and, we want you to keep them on whenever you are in bed.
- When in bed, you will also be encouraged to bend and straighten your ankles frequently to help prevent blood clots.
- You will have an IV, a catheter in your bladder, a heart monitor and oxygen.

Day 1 after surgery:

- A physical therapist will visit twice a day and begin to teach you exercises, have you sit in a chair and walk in your room with a walker or crutches.

Day 2 after surgery:

- Your surgical dressing will be changed. You may then take a shower and let the water run over your incision.
- The epidural catheter, IV PCA, bladder catheter, oxygen and heart monitor, if you have them, are usually removed.
- PT will continue with your exercises and walking, increasing your distance and endurance.

Day 3-4 after surgery:

- You will be discharged home if you, your therapist and Dr. Brooker feel you are safe walking with a walker or cane and can manage at home.
- If you are not ready to go home, you will be transferred to a skilled nursing unit (SNU). At the SNU, you will wear your own clothing. Bring comfortable clothing like jogging suits, sneakers, t-shirts, slacks or shorts. When you are able to dress and bathe yourself and walk safely with a walker, you will be discharged home.
- If you choose to go to IHS, transportation will be provided for you. BSA does not provide transportation to their facility; however, most insurances will cover ambulance transfer after a total hip replacement.