

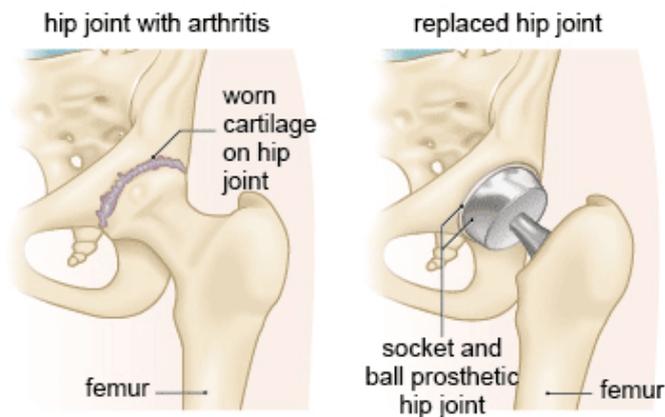
Physicians SA
&
Surgeons SA

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HIP REPLACEMENT PATIENT INFORMATION SHEET

ABOUT HIP REPLACEMENT

Your hip is a ball and socket joint. Normally, the ball at the top of your thigh bone (femur) moves smoothly in the socket of your pelvis (hip) on a lining of cartilage. The cartilage stops the bones from rubbing together. If the cartilage is worn away, the underlying bone is exposed and your joint becomes painful and stiff. As a result walking and moving around becomes painful. A new hip joint can help to improve your mobility and reduce pain.



A hip with arthritis and a hip with a replaced joint

TYPES OF ARTIFICIAL HIP

Artificial hip parts can be made of metal, ceramic or plastic. Hip joints can be fixed in place using a special substance called 'bone cement'. Alternatively, they may be designed so that your own bone grows onto the metal. These 'uncemented' hips can be coated with a type of bone mineral (hydroxyapatite) or can be made from a material that has lots of tiny holes (porous coating). This encourages your bone to grow into the artificial joint and fix it in place.

WHAT ARE THE ALTERNATIVES TO HIP REPLACEMENT?

Surgery is usually recommended only if non-surgical treatments, such as taking painkillers (eg paracetamol) or anti-inflammatories (eg ibuprofen), or using physical aids like a walking stick, no longer help to reduce your pain or improve mobility. Hip resurfacing may be a better option for people with stronger bones. In this operation the surfaces of the ball and socket are covered with metal caps.

PREPARING FOR YOUR OPERATION

When you meet the surgeon carrying out your procedure to discuss your care, the details may differ from what is described here as it will be designed to meet your individual needs. Your surgeon will explain how to prepare for your operation. For example, if you smoke you will be asked to stop, as smoking increases your risk of getting a chest and wound infection, which can slow your recovery.

They may also have to temporarily stop some of your other medications or change them until your surgery is complete (eg your pain killers may be replaced with ones that do not interfere with the anti-blood clotting drugs that may be given to you for the surgery). You will also be given antibiotics at the time of surgery and for a short period after it to prevent infections. The operation is usually done under general anaesthesia. This means you will be asleep during the operation. Alternatively you may have the surgery under spinal or epidural anaesthesia. This completely blocks feeling from below your waist and you stay awake during the operation. Your surgeon will advise you which type of anaesthesia is most suitable for you. Often people have a combination; they are asleep during the surgery but have the spinal/epidural anaesthetic as well to ease any pain immediately after the surgery.

“Cure Sometimes, Treat Often, Comfort Always”

If you're having a general anaesthetic, you will be asked to follow fasting instructions. This means not eating or drinking, typically for about six hours beforehand. However, it's important to follow your anaesthetist's advice. At the hospital, the nurse may check your heart rate and blood pressure, test your urine and blood, and arrange for x-rays of your knee and/or chest also to check your general health. Your surgeon will discuss with you what will happen before, during and after your procedure, and any pain you might have. This is your opportunity to understand what will happen, and you can help yourself by preparing questions to ask about the risks, benefits and any alternatives to the procedure. This will help you to be informed, so you can give your consent for the procedure to go ahead, which you may be asked to do by signing a consent form. You may also be asked to give your consent to have your name on the National Joint Replacement Register, which is used to follow up the safety, durability and effectiveness of joint replacements and implants. You may be asked to wear a compression stocking on the unaffected leg to help prevent blood clots forming in your veins (deep vein thrombosis, DVT) during the operation. You may need to have an injection of an anti-clotting medicine called heparin as well as, or instead of, stockings.

ABOUT THE OPERATION

A hip replacement usually takes around two hours. Your surgeon will make a cut (20 to 30 cm long) over your hip and thigh and then separate the ball and socket (hip joint). They will remove the damaged ball at the top end of your thigh bone (the femoral head) and replace it with an artificial ball. The artificial ball is attached to a stem, which will be inserted into your thigh bone to anchor the ball in place. Your surgeon will then hollow out the hip socket to make a shallow cup and insert an artificial socket into it. The two halves of the hip joint will then be put back together (the ball is put into the socket). Your surgeon will close the skin cut with stitches or clips and cover it with a dressing.

ACTIVITIES AFTER HIP REPLACEMENT

After having a hip replacement, you may expect your lifestyle to be a lot like how it was before surgery—but without the pain. In many ways, you are right, but returning to your everyday activities will take time. Being an active participant in the healing process can help you get there sooner and ensure a more successful outcome. Even though you will be able to resume most activities, you may have to change the way you do them. For example, you may have to learn new ways of bending down that keep your new hip safe. The suggestions you find here will help you enjoy your new hip while you safely resume your daily routines.

HOSPITAL DISCHARGE

Your hospital stay will typically last from 1 to 4 days, depending on the speed of your recovery. Before you are discharged from the hospital, you will need to accomplish several goals, such as:

- Getting in and out of bed by yourself.
- Having acceptable pain control.
- Being able to eat, drink, and use the bathroom.
- Walking with an assistive device (a cane, walker, or crutches) on a level surface and being able to climb up and down two or three stairs.
- Being able to perform the prescribed home exercises.
- Understanding any hip precautions you may have been given to prevent injury and ensure proper healing.

If you are not yet able to accomplish these goals, it may be unsafe for you to go directly home after discharge. If this is the case, you may be temporarily transferred to a rehabilitation or skilled nursing center. When you are discharged, your healthcare team will provide you with information to support your recovery at home. Although the complication rate after total hip replacement is low, when complications occur they can prolong or limit full recovery. Hospital staff will discuss possible complications, and review with you the warning signs of an infection or a blood clot.

Warning Signs of Infection

- Persistent fever (higher than 100 degrees)
- Shaking chills
- Increasing redness, tenderness or swelling of your wound
- Drainage from your wound
- Increasing pain with both activity and rest

Warning Signs of a Blood Clot

- Pain in your leg or calf unrelated to your incision
- Tenderness or redness above or below your knee
- Severe swelling of your thigh, calf, ankle or foot

In very rare cases, a blood clot may travel to your lungs and become life threatening. Signs that a blood clot has travelled to your lungs include:

- Shortness of breath
- Sudden onset of chest pain
- Localized chest pain with coughing

Notify your doctor immediately if you develop any of the above signs.

RECOVERY AT HOME

You will need some help at home for anywhere from several days to several weeks after discharge. Before your surgery, arrange for a friend, family member or caregiver to provide help at home.

Preparing Your Home

The following tips can help make your return home more comfortable, and can be addressed before your surgery.

Place items that you use frequently within easy reach:



- Rearrange furniture so you can maneuver with a cane, walker, or crutches. You may temporarily change rooms (make the living room your bedroom, for example) to minimize the use of stairs.
- Place items you use frequently (phone, remote control, glasses, pitcher and glass, reading material and medications, for example) within easy reach so you do not have to reach up or bend down.
- Remove any throw rugs or area rugs that could cause you to slip. Securely fasten electrical cords around the perimeter of the room.
- Get a good chair—one that is firm and has a higher-than-average seat. This type of chair is safer and more comfortable than a low, soft-cushioned chair.
- Install a shower chair, gripping bar, and raised toilet seat in the bathroom.
- Use assistive devices such as a long-handled shoehorn, a long-handled sponge, and a grabbing tool or reacher to avoid bending over too far.

Wound Care

During your recovery at home, follow these guidelines to take care of your wound and help prevent infection:

- Keep the wound area clean and dry. A dressing will be applied in the hospital and should be changed as often as necessary. Ask for instructions on how to change the dressing before you leave the hospital.
- Follow your doctor's instructions on how long to wait before you shower or bathe.
- Notify your doctor immediately if the wound appears red or begins to drain. This could be a sign of infection.

Swelling

Expect mild to moderate swelling for 3 to 6 months after surgery. To reduce swelling, elevate your leg slightly and apply ice. Wearing compression stockings may also help reduce swelling. Notify your doctor if you experience new or severe swelling, since this may be the warning sign of a blood clot.

Medication

Take all medications as directed by your doctor. Home medications may include narcotic and non-narcotic pain pills, oral or injectable blood thinners, stool softeners, and anti-nausea medications. Be sure to talk with your doctor about all your medications—even over-the-counter drugs, supplements, and vitamins. Your doctor will tell you which over-the-counter medicines are safe to take while using prescription pain medication. It is especially important to prevent any bacterial infections from developing in your artificial joint. Your doctor may advise you to take antibiotics whenever there is the increased possibility of a bacterial infection, such as when you have dental work performed. Be sure to talk to your doctor before you have any dental work done and notify your dentist that you have had a hip replacement. You may also wish to carry a medical alert card so that, if an emergency arises, medical personnel will know that you have an artificial joint.

Diet

By the time you go home from the hospital, you should be eating a normal diet. Your doctor may recommend that you take iron and vitamin supplements. You also may be advised to avoid supplements that include vitamin K and foods rich in vitamin K if you are taking certain blood thinner medications, such as warfarin (Coumadin). Foods rich in vitamin K include broccoli, cauliflower, brussel sprouts, liver, green beans, garbanzo beans, lentils, soybeans, soybean oil, spinach, kale, lettuce, turnip greens, cabbage, and onions. Continue to drink plenty of fluids, but try to limit coffee intake and avoid alcohol. You should continue to watch your weight to avoid putting more stress on the joint.

RESUMING NORMAL ACTIVITIES

Once you get home, you should stay active. The key is to not do too much, too soon. While you can expect some good days and some bad days, you should notice a gradual improvement over time. Generally, the following guidelines will apply:

Weight Bearing

Follow your doctor's specific instructions about the use of a cane, walker, or crutches and when you can put weight on the leg. Full weight bearing may be allowed immediately or may be delayed by several weeks depending on the type of hip replacement you have undergone and your doctor's instructions.

Driving

In most cases, it is safe to resume driving when you are no longer taking narcotic pain medication, and when your strength and reflexes have returned to a more normal state. Your doctor will help you determine when it is safe to resume driving.

Sexual Activity

Please consult your doctor about how soon you can safely resume sexual activity. Depending on your condition, you may be able to resume sexual activity within several weeks after surgery.

Sleeping Positions

Depending on your surgery, your doctor may ask you to avoid certain sleeping positions or to sleep with a pillow between your legs for a length of time. Ask your doctor which sleeping positions are safest and most appropriate for you.

Return to Work

Depending on the type of activities you do on the job and the speed of your recovery, it may be several weeks before you are able to return to work. Your doctor will advise you when it is safe to resume your normal work activities.

SPORTS AND EXERCISE

Continue to do the exercises prescribed by your physical therapist for at least 2 months after surgery. In some cases, your doctor may recommend riding a stationary bicycle to help maintain muscle tone and keep your hip flexible. As soon as your doctor gives you the go-ahead, you can return to many of the sports activities you enjoyed before your hip replacement:

- Walk as much as you would like, but remember that walking is no substitute for the exercises prescribed by your doctor and physical therapist.
- Swimming is an excellent low-impact activity after a total hip replacement; you can begin as soon as the sutures have been removed and the wound is healed.
- In general, lower impact fitness activities such as golfing, bicycling, and light tennis, put less stress on your hip joint and are preferable over high-impact activities such as jogging, racquetball and skiing.

AIR TRAVEL

Pressure changes and immobility may cause your hip joint to swell, especially if it is just healing. Ask your doctor before you travel on an airplane. When going through security, be aware that the sensitivity of metal detectors varies and your artificial joint may cause an alarm. Tell the screener about your artificial joint before going through the metal detector. You may also wish to carry a medical alert card to show the airport screener.

DOS AND DON'TS TO PROTECT YOUR NEW HIP

Dos and don'ts (precautions) vary depending on your doctor's surgical technique. Your doctor and physical therapist will provide you with a list of dos and don'ts to remember with your new hip. These precautions will help to prevent the new joint from dislocating and ensure proper healing. Here are some of the most common precautions:

The Don'ts

- Don't cross your legs at the knees for at least 6 to 8 weeks.
- Don't bring your knee up higher than your hip.
- Don't lean forward while sitting or as you sit down.
- Don't try to pick up something on the floor while you are sitting.
- Don't turn your feet excessively inward or outward when you bend down.
- Don't reach down to pull up blankets when lying in bed.
- Don't bend at the waist beyond 90 degrees.

The Dos

- Do keep the leg facing forward.
- Do keep the affected leg in front as you sit or stand.
- Do use a high kitchen or barstool in the kitchen.
- Do kneel on the knee on the operated leg (the bad side).
- Do use ice to reduce pain and swelling, but remember that ice will diminish sensation. Don't apply ice directly to the skin; use an ice pack or wrap it in a damp towel.
- Do apply heat before exercising to assist with range of motion. Use a heating pad or hot, damp towel for 15 to 20 minutes.
- Do cut back on your exercises if your muscles begin to ache, but don't stop doing them!

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