Hip Replacement Surgery

Improving Function
Replacing a Damaged Hip Joint

Living with a worn or injured hip joint can be painful and frustrating. You may find yourself doing less and less. Over time, even simple things, such as walking through a grocery store or getting up from a chair, may cause you pain. But you don’t have to live this way. In many cases, an orthopaedic surgeon (a doctor who treats bone and joint problems) can replace your problem hip joint. For most people, having a total hip replacement means a return to pain-free movement. Read on to learn what hip replacement means for you.

A Problem Hip
No matter what age you are, a hip problem may keep you from activities you enjoy. Pain and stiffness may even limit the daily tasks you can do. Problems with the hip joint tend to build up over time. Your hip pain may be caused by any of the following:

- A hip fracture that did not heal properly
- A chronic illness, such as rheumatoid arthritis
- Wear and tear from years of constant use
Surgery Can Help
You don’t have to live with hip pain for the rest of your life. Total hip replacement surgery almost always reduces joint pain. During this surgery, your problem hip joint is replaced with an artificial joint (called a prosthesis). This surgery can bring real benefits to people of all ages.

Benefits of Hip Replacement
After a total hip replacement, you can look forward to moving more easily. Most people gain all of the benefits listed below. Total hip replacement surgery almost always:

- Stops or greatly reduces hip pain. Even the pain from surgery should go away within weeks.
- Increases leg strength. Without hip pain, you’ll be able to use your legs more. This will build up your muscles.
- Improves quality of life by allowing you to do daily tasks and low-impact activities in greater comfort.
- Provides years of easier movement. Most total hip replacements last for many years.
How the Hip Works

The hip joint is one of the body’s largest weight-bearing joints. It is a ball-and-socket joint. This helps the hip remain stable even during twisting and extreme ranges of motion. A healthy hip joint allows you to walk, squat, and turn without pain. But when a hip joint is damaged, it is likely to hurt when you move. Sometimes just standing still may cause pain.

A Healthy Hip

The hip joint is formed where the rounded head of the thighbone joins the pelvis. The joint surfaces are covered by cartilage and powered by large muscles. When all of the parts listed below are healthy, a hip should move easily.

- **Cartilage** is a layer of smooth soft tissue. It covers the ball of the thighbone, and lines the socket that the thighbone fits into. Healthy cartilage absorbs stress and allows the ball to glide easily in the socket.
- **Muscles** power the hip and leg for movement.
- **Tendons** attach the muscles to the bones.
A Damaged Hip

When one or more parts of the hip are damaged, movement is difficult and painful. Over time, cartilage starts to crack or wear away. When this happens, the bones making up the joint rub together. Stiffness and pain occur when the ball starts to grind in the socket. Any of the problems below may lead to joint damage.

**Osteoarthritis**
As time goes by, normal wear and tear can add up. Cartilage may begin to crack (**osteoarthritis**). As the bones rub together, they become rough and pitted. This wears down the socket.

**Inflammatory Arthritis**
A chronic disease, such as rheumatoid arthritis or gout, can cause swelling and heat (**inflammation**) in the joint lining. As the disease progresses, cartilage may be worn away and the joint may become painful.

**Fracture**
A bad fall or blow to the hip can break (**fracture**) the bone. If the broken bone does not heal properly, the joint may slowly wear down.

**Necrosis**
A bad injury or long-term use of alcohol or steroids can reduce blood supply to the bone. If the bone dies (**necrosis**), the joint will decay.
Is Surgery Right for You?

Your doctor may have tried to reduce your hip pain with physical therapy and medications. You may even have learned to walk with a cane. But if this didn’t help enough or didn’t meet the needs of your lifestyle, total joint replacement might be right for you. To find out, your surgeon will evaluate your hip joint. You’ll have a full physical exam and x-rays. When forming a treatment plan, your surgeon thinks about how surgery can best benefit you over your lifetime.

Your Medical History
Your surgeon will ask you about past medical problems. Be sure to mention any infections you have. He or she is likely to ask where your hip hurts and what makes the pain worse. Also tell your surgeon about other joint problems or any injuries to your hip or leg. If surgery is likely, be sure to mention any past problems with anesthesia or bleeding.

Your Physical Exam
Your surgeon will fully examine your hip. The joint will be tested for strength and range of motion. Your surgeon may also watch you walk. He or she will be looking for any problems in the way you move. You may also be checked for other conditions, such as a pinched nerve, which could cause pain in or near the hip.

The range of motion in your hip joint will be tested. Your surgeon wants to know how far the joint moves, where movement gets stiff, and when you feel pain.
**X-rays**

X-rays will be taken to provide an image of your hip joint. An x-ray may show changes in the size and shape of the joint. A buildup of bone (bone spur), a cyst, or pitting in the bone may also show up. These problems often form where cartilage has worn away. X-rays can also help your surgeon plan your hip replacement. They may show the extent of damage to the hip. This helps your surgeon determine the type of prosthesis to use.

**Your Treatment Plan**

Your surgeon uses the results of your exam and x-rays to form a treatment plan that is right for you. Depending on your age and the amount of damage to your hip, surgery may offer the best answer to your problem. A total hip replacement lasts many years, and it can often be repeated if the first prosthesis wears out. But if you are still fairly young, your surgeon may suggest delaying surgery. In this case, medications or changes in lifestyle may help control your symptoms until the time is right for joint replacement.

**Your New Hip**

A hip prosthesis is not the same as a healthy body joint, but it does work well. It has the same parts (ball and socket) as your body’s hip joint.
Getting Ready for Surgery

Take steps ahead of time to make recovery easier. Make a few simple changes around the house. Also, arrange for someone to help you for a couple of weeks after your hip replacement. Before surgery, your surgeon may talk with you about ways to manage blood loss. You may also be told to see your primary care doctor and your dentist. Treating health and dental problems now may improve healing after a joint replacement. If you’re a smoker, do your best to stop or cut down.

Prepare at Home
Make life easier. Reduce the amount of reaching and stair climbing you’ll have to do. Try these tips:

- **Stock up** on canned and frozen foods. Store all supplies between waist and shoulder level.
- **Prepare** a room on the main living level if you usually sleep upstairs. Or set things up so you have to go upstairs only once a day.
- **Pick up** clutter and remove throw rugs. Tape down electrical cords.

Use Special Equipment
Special equipment may help you have a safer and easier recovery. If pre-op training is offered, try using the devices before surgery. Some of the most helpful equipment is listed below.

- An elevated toilet seat
- A shower seat
- Handrails and grab bars to help you steady yourself, especially when getting in and out of the tub
- A grasping device to pull on socks and shoes

Put items you use often within easy reach. You will want to avoid using a stool or bending over.

Have a raised toilet seat put in. This will protect your hip joint, so using the bathroom will be safer.

Practice using devices such as a long-handled grasper. Now is a good time to learn this skill.
Managing Blood Loss
During major surgery, significant blood loss can occur. This can cause the body’s red blood cell level to drop below a healthy range. Blood management can help prepare your body for surgery and recovery. There are three main ways to manage blood loss.

- You may be able to donate your own blood before surgery. Then you can receive your banked blood as needed.
- You may receive blood donated by another person. This blood is screened to rule out disease.
- A drug called epoetin alfa can be given before surgery. This drug stimulates the body to produce red blood cells. Its use sometimes reduces the need for transfusion.

See Your Doctor
Your primary care doctor makes sure that you’re in shape for surgery:
- You are likely to have lab or blood tests. You also may have an ECG (electrocardiogram). A chest x-ray may also be taken.
- Your doctor will talk with you about health problems, such as diabetes and high blood pressure, which need to be controlled before surgery.
- Work with your doctor to clear up any infections before surgery. Doing so helps ensure a better recovery.
- For your best recovery, you’ll be told how to take care of yourself ahead of time. Maintain proper nutrition and reduce alcohol intake.
- If you smoke, quit before surgery. This may improve healing and reduce complications after joint replacement.

Discuss Your Medications
Tell your surgeon about all of the medications you take. This includes herbs and supplements, as well as prescription and over-the-counter medications. Some medications don’t go well with anesthesia. Others, such as aspirin, blood thinners, and ibuprofen, increase bleeding. To avoid problems during surgery, you may need to stop taking certain medications before hip replacement.

Finish Dental Work
Have any tooth or gum problems treated before surgery. Also, finish any dental work that may be under way. If you don’t, germs in your mouth could enter the bloodstream and infect the new joint. This could delay your recovery. In an extreme case, infection in the new joint might mean the prosthesis would have to be removed.
Your Hip Replacement Surgery

You will most likely arrive at the hospital on the morning of surgery. In many cases, pre-op tests are done days or even weeks ahead of time. Follow all of your surgeon’s instructions on preparing for surgery. When you arrive, you’ll be given forms to fill out. You may also talk with the anesthesiologist (the doctor who gives the anesthesia), if you haven’t done so already. It’s normal to feel a little nervous. But rest assured: This is a common surgery that tends to have good results.

Preparing for Surgery
You will be told when to stop eating and drinking before surgery. If you take daily medications, especially blood thinners, ask your doctor if you should still take them the morning of surgery. At the hospital your temperature, pulse, respiration, and blood pressure will be checked. An IV (intravenous) line may be started to provide medications and fluids needed during surgery.

Risks and Complications
As with any surgery, hip replacement has possible risks and complications. These include the following:
- Reaction to the anesthesia
- Blood clots
- Infection
- Dislocation of the joint or loosening of the prosthesis
- Damage to nearby blood vessels, bones, or nerves
- Thigh pain

The anesthesiologist or nurse anesthetist may meet with you before surgery.
The Surgical Procedure
When the surgical team is ready, you’ll be taken to the operating room. There you’ll be given anesthesia. The anesthesia will help you sleep through surgery, or it will make you numb from the waist down. Then an incision is made, giving the surgeon access to your hip joint. The damaged ball is removed, and the socket is prepared to hold the prosthesis. After the new joint is in place, the incision is closed with staples or stitches.

Preparing the Bone
The ball is cut from the thighbone, and the surface of the old socket is smoothed. Then the new socket is put into the pelvis. The socket is usually press-fit and may be held in place with screws or cement. A press-fit prosthesis has tiny pores on its surface that your bone will grow into.

Joining the New Parts
The new hip stem is inserted into the head of your thighbone. After the stem is secure in the thighbone, the new ball and socket are joined. The stem of the prosthesis may be held with cement or press-fit. Your surgeon will choose the method that is best for you.

In the Recovery Room
After surgery you’ll be sent to the recovery room, also called the PACU (postanesthesia care unit). Your condition will be watched closely, and you’ll be given pain medications. You may have a catheter (small tube) in your bladder and a drain in your hip. To keep your new joint stable, a foam wedge or pillows may be placed between your legs. In some cases, a brace is used.
Your Hospital Stay

You will be moved to your room when you are awake. By then your family or a friend will be able to join you. You can expect to feel some pain. To gain the best pain relief, answer honestly when you are asked how much you hurt.

In Your Hospital Room
You’ll be watched closely on the day of surgery. Any or all of the equipment below may be provided for your safety and comfort.

- **A foam wedge**, a brace, or pillows may be used to keep your new hip in place during early healing.
- **A bar** (trapeze) may be hanging over the bed. Use it to help lift your body when you change positions.
- **Special stockings** may be used to reduce the risk of blood clots. You may also be given medication to help prevent clots.

Managing Pain
At first you may feel pain, even with medication. This is normal. But if your pain is not reduced at all, be sure to tell the nurse. Pain medication may be injected into a muscle or delivered by IV into the bloodstream.

You’re in Control with PCA
PCA (patient-controlled analgesia) allows you to control your own pain medication. When you push a button, pain medication is pumped through an IV line. PCA pumps can provide a steady level of pain relief. And with their built-in safety features, you can be assured that you will not get too much medication.

Using a special machine (called an incentive spirometer) can help keep your lungs free of fluid after surgery.
Protecting Your Hip

During your hospital stay, you’ll learn how to move in ways that protect your new hip. These are called movement precautions. Your precautions depend on the type of surgery used to repair your hip. Follow all the guidelines you’re given.

Learn to Move Safely

Until it is fully healed, an artificial hip has a limited safe range of motion. This means it can’t bend and turn as much as a natural hip. At first, some movements will put too much strain on your new joint. Your therapist will teach you how to stay within your new hip’s safe range of motion. Ask how long you should follow the precautions listed below.

Sitting Precautions

To keep your hips above your knees, sit in chairs with high, firm seats. Avoid low sofas or chairs. And remember: Avoid crossing the operated leg over the other leg. Always keep your thighs apart.

Flexion Precaution

Don’t bend over so your upper body is lower than your waist. Keep this in mind when standing and sitting.

Rotation Precaution

Don’t turn your operated leg inward in a pigeon-toed stance. Keep this in mind when standing and lying down.
Once you have been shown how to protect your hip, you will learn the skills needed to return to normal life. You’ll be taught how to walk, sit, and dress. To make moving easier, ask for pain medications before each training session.

**Getting Up and Moving Again**
You may begin to stand and walk within hours after surgery. If an IV and catheter are still in place, using the walker may be a little tricky. But don’t worry. A physical therapist will help you. You will be taught how much weight, if any, to put on your new joint. With practice, you’ll soon be able to walk with just the aid of a walker.

**Sitting and Dressing**
To protect your new hip, an occupational-therapist or physical therapist will teach you safer ways of doing daily tasks. Use the following tips when sitting, dressing, or using stairs.

- **To sit**, back up until the edge of the chair touches your leg. Then, using the armrests to support your weight, lower yourself into the seat. Always keep your operated leg out in front.
- **To pull on socks and shoes**, use a long-handled device, such as a grasper or hook. Try this with slip-on shoes first.
- **To wash your feet and legs**, use a long-handled sponge and a shower hose.
- **To use stairs**, step up first with your good leg. Then bring your operated leg up to meet it. When going down, step down first with your operated leg.
Your Home Recovery

Whether you’re recovering at home or in a rehabilitation facility, you need to protect your new hip. Sit and move the way you were taught in the hospital. Be sure to see your surgeon for scheduled follow-up visits, and return to activity slowly. A total hip replacement is major surgery, so don’t be surprised if it takes a few months before you feel really good.

See Your Surgeon
Post-op visits allow your surgeon to make sure your hip is healing well. Stitches or staples are often taken out about 2 weeks after surgery.

Call your surgeon if you have any of the symptoms listed below:

- An increase in hip pain
- Pain or swelling in a calf or leg
- Unusual redness, heat, or drainage at the incision site
- Trouble breathing or chest pains
- Fever over 101°F (38.3°C)

Returning to Activity
Practice walking daily. Try to do more each week. Start by getting your own glass of water. If the weather is good, walk to the corner to mail a letter. Keep at it — that’s the main thing.

If you are ready to have sex, ask the office nurse or your surgeon about positions that are safe for your hip. You can likely return to having sex after the incision heals and you regain some hip movement.

Maintaining Your New Joint
An infection in your body could harm the new joint. Talk with your surgeon before scheduling medical or dental procedures. You may need to take antibiotics to prevent infection. To check joint stability over time, you may have x-rays every year or two.
Your Surgical List

Use a list such as the one below to help remind you what to do before and after your hip replacement. Always tell a dentist or doctor that you have an artificial joint. To prevent infection, you may need to take antibiotics before medical or dental procedures. Also, be sure to keep walking. Get back on your feet and enjoy daily living. That’s why you had surgery in the first place!

Before Surgery
- See your primary care doctor.
- Finish any dental work.
- Ask about your blood management options.
- Stop taking aspirin or ibuprofen as directed before surgery.
- Stop taking any prescriptions as instructed by your doctor.
- Follow your surgeon’s orders on when to stop eating and drinking before surgery.

After Surgery
- Schedule your first post-op visit as advised.
- Keep your incision dry until all stitches or staples are removed.
- Call your doctor if you have any signs or symptoms of an infection.
- Complete your physical therapy program. It will help you walk normally again.
- Return to work only when your doctor feels you are ready.
- Ask your doctor if there are any activities you should avoid.

This product is not intended as a substitute for professional medical care. Only your doctor can diagnose and treat a medical problem.

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