

TOTAL HIP REPLACEMENT

A Patient's Guide to Hip Surgery

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. This booklet will help you learn what hip replacement means for you. It can also help answer questions you may have.

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 bad injury that did not heal properly
- A chronic illness
- 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). Surgery can't make you young again, but it can bring real benefits.

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

A hip joint is formed where the rounded head of the thighbone joins the pelvis. The joint is covered with slippery tissue 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 becomes stiff. 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 stiffen.

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 medications and physical therapy. You may even have learned to walk with a cane. But if this didn't help enough, 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 may start by asking you about any past medical problems. He or she is likely to ask where your hip hurts and what make the pain worse. Tell your surgeon about any other joint problems or any injuries to your hip or leg. If surgery seems 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 pinched nerve, which could cause pain in or near the hip.

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 also help your surgeon plan your hip replacement. He or she may use x-rays to decide exactly where in the bone to place the prosthesis.

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 last 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.

Getting Ready for Surgery

Before surgery, you can take steps to make life easier during recovery. Make a few simple changes around the house, and arrange for someone to help you for a couple of weeks after surgery. Talk with your surgeon about whether you should donate your own blood for surgery. You should also see your primary care doctor and your dentist. Treating health and dental problems ahead of time may improve healing after joint replacement. If you're a smoker, do your best to stop or cut down. Your surgery risks and recovery rate will improve.

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 steady yourself, especially when getting in and out of the tub
- A grasping device to pull on socks and shoes.

Donating Your Own Blood

Blood lost during surgery may need to be replaced. Donating your own blood ahead of time is often best. There is less risk of a reaction to the blood this way. If necessary, blood can be provided by a blood bank. This blood is always screened to rule out disease.

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) to find out what type of anesthesia is best for you. A chest x-ray may also be taken. Your doctor will talk with you about any health problems, such as diabetes and high blood pressure, that need to be treated before surgery.

Discuss Your Medications

Tell your surgeon about all of the medications you take, both over-the-counter and prescription. This is important. Some medications don't mix well with anesthesia. Others – aspirin, ibuprofen, and blood thinners, for example – increase bleeding. To avoid problems during surgery, you may need to stop taking certain medications before hip replacement.

Finish Dental Work

Have tooth or gum problems treated before your 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, an 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 the surgery. At the hospital your temperature, pulse, respiration, and blood pressure will be checked. An IV (intravenous) line may be started to provide fluids and medications needed during surgery.

Risks and Complications

As with any surgery, total hip replacement has possible risks and complications. These include the following:

- Reaction to the anesthesia
- Blood clots
- Infection
- Dislocation of the joint
- Damage to nearby blood vessels, bones, or nerves
- Thigh pain

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 down the side of your hip. 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 thigh bone. 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.

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. During your hospital stay, you'll learn how to protect your new hip while doing daily activities.

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 or pillows may be placed between your legs. This is to help 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.

Protect Your New Hip

Until it heals, your hip will have a limited range of motion. To protect your new joint, keep your knees level with or below your hips when you sit.

Avoid Risky Movements

At first some movements will put too much strain on your new hip joint. This could cause the ball to slip from its socket. A physical therapist will teach you which movements to avoid. A few of the most risky ones are described below. You may also work with an occupational therapist. An occupational therapist may help you find ways to limit the amount of bending you have to do.

- Don't let your knee cross the midline of your body. Instead, sit with both feet on the floor, with your knees 6 inches apart.
- Don't plant your foot and rotate your new hip inward. Instead, turn both your feet and your body.
- Don't bend all the way over from the waist. Instead, use a device such as a long-handled grasper to reach down.

Your Hospital Recovery: Up and Moving

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.

Walking Again

You may begin to stand and walk within hours after surgery. An IV and catheter are likely to still be in place, so 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. Don't be surprised if you feel a little stiff at first.

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.

When to Call the Surgeon

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

Returning to Activity

Practice walking every day. 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. A total hip replacement is major surgery, so don't be surprised if it takes a few months before you feel really good.

Returning to Sex

After your incision heals and you regain some hip movement, you may be ready to have sex. Talk with your surgeon or the office nurse if you have any questions about safe positions during sex.