

## Total Hip Replacement

### Procedure Guide and Patient Instructions

#### Pre-Admission Clinic

You will be required to attend a pre admission clinic.

At the clinic you will be told about the admission process and have the following test performed

**Blood tests** - You will have simple blood tests to make sure your blood count is normal and you have no other major medical problems.

Your blood will also be tested for HIV and hepatitis.

**ECG** - A cardiograph of your heart will be taken to make sure

you have no underlying cardiac problems.

**X-rays** - You may require new X-rays of the knee and a chest X-ray.

**Urine sample** - This is required to make sure you do not have a urinary tract infection.

## Pre-operative Instructions

### Medications

- Cease aspirin and anti-inflammatory medications (e.g. voltaren, feldene) 10 days prior to surgery as they can cause bleeding
- Cease any naturopathic or herbal medications 10 days before surgery as these can also cause bleeding
- Patients taking blood thinners or those with diabetes will have special instructions but in general you should stop taking aspirin, Plavix (clopidogrel) and warfarin 5-10 days prior to surgery.
- Continue with all other medications unless otherwise specified

### Home Preparation

1. Arrange for someone to help out with everyday tasks like cooking, shopping and laundry
2. Put items that you use often within easy reach before surgery

so you won't have to reach and bend as often

3. Remove all loose carpets and tape down electrical cords to avoid falls. Make sure you have a stable chair with a firm seat cushion, a firm back and two arms

4. Make sure your shower or bath is safe and easy to get in and out of. Handrails, non slip mats and suitable stools to sit on are helpful for personal safety and comfort

## The Procedure

- The anaesthetist will see you before the surgery. They will discuss with you then if they are going to do a spinal, epidural or general anaesthetic.
- When you are in the operating theatre you will be set up for surgery which means placing you on your side.
- You most likely will have a urinary catheter put in your bladder.
- Special instruments are used to make very accurate cuts in the bone to fit the prosthesis.
- Trial components are put in first to make sure everything fits properly.
- Special care is taken to ensure the hip is stable and the length of the leg is the same as the other side if possible.
- The real components are then inserted with or without cement.
- Drains are usually inserted.

- The wound is then carefully closed.
- A dressing is applied and you are taken to recovery.

## After the Operation

- You will have a drip with fluids and antibiotics running into the vein, an indwelling urinary catheter draining the bladder of urine and a drain in the hip wound draining blood from the operation site.
- Pain medicine will be given by the drip using self-administered system (PCA) or intra-muscular injection. A triangular pillow is kept between your legs whilst in bed to prevent dislocation of the hip.
- Calf compressors are applied to decrease clots forming in the legs. Heel Protectors are used to avoid pressure ulcers.
- Within 48 hours after surgery, all the tubes will be removed and you will start to bear weight on your new hip with the physiotherapist, who will work with you until discharge.
- You will be encouraged to be full weight-bearing on the hip and to progress to a walking stick as soon as possible.

- Most patients stay in hospital between 5-10 days.
- Blood will be taken 24 and 72 hours after the operation to check your haemoglobin and blood chemicals.



## Recovery

- You will be in hospital until you can manage at home.
- After hospital, you will need to continue your physiotherapy.
- When you leave hospital you will probably still require tablets for pain. Wean your medications down to paracetamol as soon as possible.
- You lose 60 to 80 percent of your pain by six weeks and 95 percent of your pain by twelve weeks.

## Instructions On Discharge From Hospital

Wound - Wash normally. Avoid excessive sunlight exposure, as this may burn the scar. Topical lotions such as Vitamin E or Sorbolene are useful to soften surrounding skin.

Compression stockings should be worn until the first post op visit. It is usually not necessary to wear them at night, but more

when you are upright. The stockings can be washed.

Crutches or walking stick should be used at all times out of doors until first post op visit. Low dose aspirin (half aspirin per day) should be taken for 1 year after surgery to improve circulation, prevent late clots and help reduce swelling. This can be continued for life!

Sleep on back for 1 month if possible. Otherwise sleep on unoperated side with pillow between legs. After 1 month, sleep on side with pillow between legs for 1 month.

Drive after 6 weeks.

Work when you are able to travel and sit comfortably. If you have a standing job, you will need 2 months off.

Exercise regularly each day for 2 months. This may be formal hydrotherapy or regular swimming, walking or an exercise bike.

Avoid low chairs and crossing your legs for 1 year, and preferably for life!

Sexual intercourse can recommence once you are at home. It is recommended that you take a passive role, laying on your back only, for 2 months.

It is important that you contact me if you have any concerns whatsoever about your operation and progress.