



Anterior Total Hip Arthroplasty – Patient Guide & Common Questions

Introduction:

This handout is a general guide to common indications for anterior total hip arthroplasty, what to expect when undergoing the procedure, risks, and general recovery information. This is not a comprehensive guide, however, and any questions or concerns should be addressed directly with the surgeon.

How is a Hip Arthroplasty performed?

- In a total hip arthroplasty (total hip replacement), the damaged bone and cartilage is removed and replaced with a prosthetic device.
- The damaged femoral head is removed and replaced with a metal stem that is placed into the hollow center of the femur.
- A metal or ceramic ball is placed on the upper part of the stem. This ball replaces the damaged femoral head that was removed.
- The damaged cartilage surface of the socket (acetabulum) is removed and replaced with a metal socket (held in place by screws or cement).
- A plastic or ceramic spacer is inserted between the new ball and the socket to allow for a smooth gliding surface.

Is a Total Hip Replacement right for me?

- The decision to undergo a total hip replacement should be made cooperatively by you, your family, your primary care physician and your orthopedic surgeon.
- There are no absolute age or weight restrictions for total hip replacements.
- Recommendation for surgery is based on each patient's level of pain and disability as assessed by an orthopedic surgeon
- There are several reasons why your doctor may recommend a total hip replacement:
 - o Hip pain that limits everyday activities, such as walking or bending
 - o Hip pain that continues while resting, either day or night
 - o Stiffness in a hip that limits the ability to move or lift the leg
 - o Inadequate pain relief from anti-inflammatory drugs, physical therapy, or walking supports.
- The most common cause of chronic hip pain and disability is arthritis, which can include osteoarthritis, rheumatoid arthritis, and traumatic arthritis.
- TALK WITH YOUR DOCTOR. Your orthopedic surgeon will review the results of your evaluation with you and discuss whether a hip replacement is the best method to relieve your pain and improve mobility.
- Never hesitate to ask your orthopedic surgeon any questions when you do not understand or are unsure of something.

As you prepare for your hip replacement, your orthopedic surgeon may ask you to:

- o Have a physical examination by your primary care physician
- o Take several tests, such as blood or urine, EKG, and chest x-rays



- Adjust your current medications prior to surgery
- Lose weight prior to surgery to minimize stress on new hip and possibly decrease surgery risks
- Have dental evaluation (because bacteria can enter bloodstream during dental procedures, all major dental procedures (tooth extraction or periodontal work) should be done prior to hip surgery.

The Procedure:

- The surgical procedure takes a few hours. Your orthopedic surgeon will remove the damaged cartilage and bone, and then position new metal, plastic, or ceramic implants to restore the alignment and function of your hip.
- After surgery, you will be moved to a recovery room, where you will remain for several hours while your recovery from the anesthesia is monitored. When you wake up, you will be taken to your hospital/surgical center recovery room.
- You will most likely stay in the hospital/surgical center for a few days

After Surgery:

- After your surgery, you will most likely feel some pain, but your nurses/surgeon will provide medication to make you feel as comfortable as possible. Talk with your surgeon if post-operative pain becomes a problem.
- Walking and light activity are important to recovery. Most patients that undergo a total hip replacement begin standing/walking with the help of a walking support and a physical therapist the day after surgery, but not in all cases. You will have a physical therapist that will teach you specific exercises to strengthen your hip and restore movement for walking and other normal daily activities.
- It is common for patients to have shallow breathing post-operatively (due to effects of anesthesia, pain medication, increased time spent in bed). This shallow breathing can lead to a partial collapse of the lungs (“atelectasis”) that makes patients susceptible to pneumonia. To prevent this, your nurse may provide a simple breathing apparatus (“spirometer) to encourage you to take deep breaths.
- You will have stitches or staples running along your wound, and they will be removed at your post-operative office visit 2 weeks after surgery. Avoid getting the wound wet until it has sealed and dried. You may continue to bandage the wound to prevent irritation from clothing/support stockings.
- Some loss of appetite is common for several week after surgery. It is important to promote proper tissue healing and restore muscle strength, so be sure to have a balanced diet, often with an iron supplement. Drink plenty of fluids.
- Exercise is crucial to home care, particularly during the first few weeks after surgery. You should be able to resume normal light activities of daily living within 3 to 6 weeks following surgery. Some discomfort with activity and at night is common for several weeks.
- Activity should include:
 - Graduated walking program
 - Resuming normal household activities



- Specific exercises as recommended by your surgeon and/or physical therapist

Possible complications can include:

- Infection
- Blood clots
- Leg-length inequality
- Dislocation
- Loosening and Implant Wear
- Other complications (nerve and blood vessel injury, bleeding, fracture, stiffness)

Precautions:

- It is very important to prevent infection. Following surgery, patients with certain risk factors may need to take antibiotics prior to any dental or medical work before any surgical procedure that could allow bacteria to enter your bloodstream.
- Warning signs of an infection include:
 - Persistent fever (higher than 100 degrees Fahrenheit orally)
 - Shaking chills
 - Increasing redness, tenderness, or swelling of the hip wound
 - Drainage from the hip wound
 - Increasing hip pain with both activity and rest
- It is very important to avoid falling. A fall during the first few weeks after surgery can damage your new hip and may result in a need for more surgery. You should use a cane, crutches, a walker, or handrails when using stairs, or have someone help you, until you improve your balance, strength and flexibility.
- You may be asked to take special precautions when sitting, bending, or sleeping in order to assure proper recovery and prevent dislocation of the prosthesis. Precautions vary patient to patient, and your surgeon/physical therapist will discuss any specific precautions with you prior to hospital/surgical center discharge.
- Follow your orthopedic surgeon's directions carefully to reduce the risk of a blood clot during first several weeks of your recovery. Notify your doctor immediately if you develop:
 - Pain in your calf and leg that is unrelated to your incision
 - Tenderness or redness of your calf
 - New or increasing swelling of your thigh, calf, ankle or foot
 - Sudden shortness of breath
 - Sudden onset of chest pain
 - Localized chest pain with coughing

Protecting the life of your Hip:

- In order to protect your hip replacement and extend the life of your hip implant, your surgeon may recommend the following:
 - Participate in a regular light exercise program to maintain proper strength and mobility of the new hip
 - Take special precautions to avoid falls and injuries.



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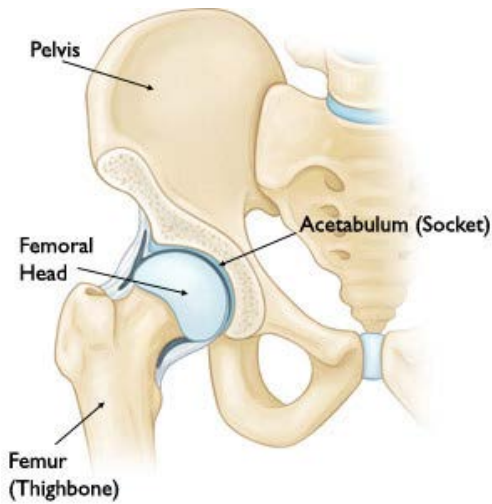


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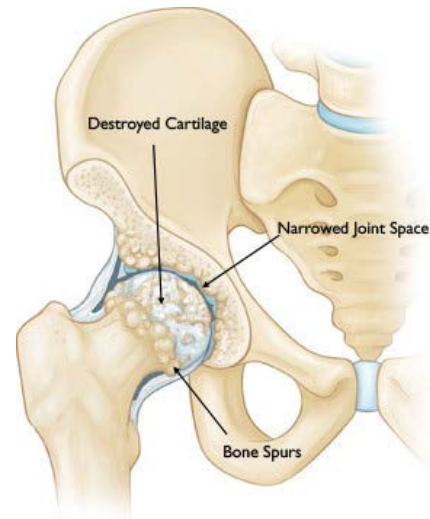
- Make sure your dentist knows you have a hip replacement, and speak with your surgeon about whether you need antibiotics prior to dental procedures
- See your orthopedic surgeon periodically for routine follow-up examinations and x-rays, even if your hip replacement seems to be doing fine

Never hesitate to call our office with any questions or concerns – 512.476.2830

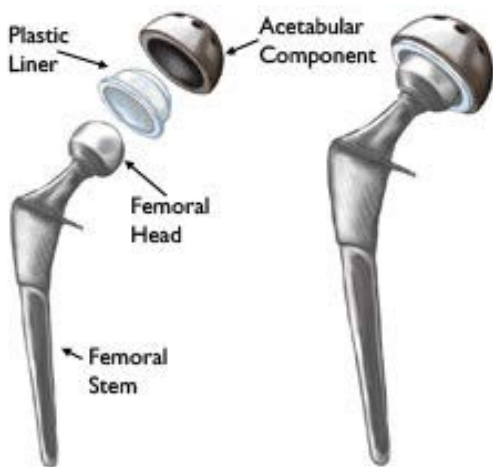
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Normal hip anatomy

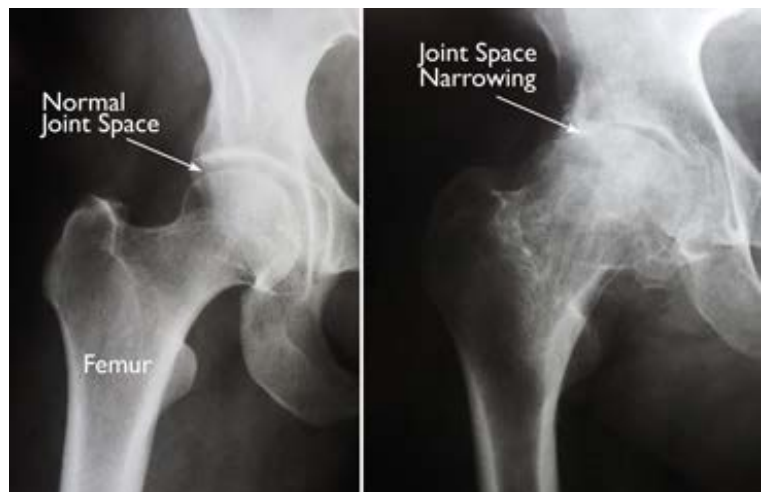


A hip with osteoarthritis



(Left) The individual components of a total hip replacement. (Center) The components merged into an implant. (Right) The implant as it fits into the hip.

(Left) In this x-ray of a normal hip, the space between the ball and socket indicates healthy cartilage. (Right) This x-ray of an arthritic hip shows severe loss of joint space.





(Left) A standard non-cemented femoral component. (Center) A close-up of this component showing the porous surface for bone ingrowth.



(Left) The acetabular component shows the plastic (polyethylene) liner inside the metal shell. (Right) The porous surface of this acetabular component allows for bone ingrowth. The holes around the cup are used if screws are needed to hold the cup in place.



X-rays before and after total hip replacement.