

Hip Replacement – Patient information

INTRODUCTION

Hip replacement (arthroplasty) surgery is a common procedure. It involves cutting away worn out bone and cartilage and replacing those articulating surfaces with a combination of metallic or ceramic implants and highly specialized plastic (polyethylene). The procedure takes approximately 90 minutes and is performed under general anaesthetic or spinal anaesthetic with sedation. It is therefore important to ensure you have nothing to eat or drink 6 hours prior to the anaesthetic.

You will be quite sore for a week and uncomfortable for a month, so full time work is not possible before this time. You may be able to work from home, or light duties earlier than this, although a longer period off work is advised if able. The advice given here covers general advice for routine hip replacement, I will inform you on or before the day of surgery if your rehabilitation needs to differ in any way.

AFTER YOUR SURGERY

Once fully awake, the nurses will give you a cup of tea or coffee and a meal if required. A physiotherapist will then help you out of bed and assess your walking. Taking full weight through your new hip is safe, however your muscles and wound need time to recover so you will be advised to use crutches for a few weeks until they are no longer needed. You can go home once your pain is controlled with oral tablets and you can safely get yourself to the bathroom and back with crutches. The majority of patients go home after 2-3 nights in hospital, however referral to a rehabilitation facility can be made if more physiotherapy is needed.

You will have a white “opside” dressings over the incision which you should leave alone. This is removed when I review the wound at your post-op appointment. The opside dressings are water-resistant but not waterproof. They will keep the wound dry if water splashes over them, but they will float off if you immerse them in water. The safest way to wash is therefore from a basin. Once the dressings are removed after 2 weeks you can shower normally, although care is needed getting in and out of the shower. If the opside dressings start to peel off, purchase a large waterproof plaster from your local pharmacy and stick it over the top but do not remove the original dressings if possible.

By 4 weeks you should be walking independently and may be able to drive a car. You may drive a car once you are able to use the pedals safely and perform an emergency stop. It is your responsibility to make this decision. The exact timing will depend on which side is operated on, the type of car (high 4WD vs low sedan) and whether it has an automatic gearbox.

CARE OF THE HIP

For the first few weeks following surgery, you should focus primarily on trying to walk normally. Pain and stiffness are often quite minimal after hip replacement (when compared to knee replacement). Regardless, simple measures can help:

- **Rest:** You should try to stay at home for the first 2 weeks after your surgery. During this time, walking is recommended, but much of the time should be spent resting. Most people are able to mobilise without crutches within the home after a few weeks but keep them with you for longer walks outside or if prolonged standing is required.
- **Ice:** If swollen, place ice directly onto the wound every 2 hours for approximately 10 minutes. The best form of ice pack is a bag of frozen peas – these conform to the shape of the hip and retain their low temperature

better than commercially available ice packs. If you have delicate skin or the ice is too cold for you, then wrap the peas in a tea towel. This can be ceased once the swelling has settled.

- **Hip precautions:** Historically, hip replacements were very unstable, so extreme measures were often recommended until the surrounding scar had time to mature. This has been improved with modern implants (with larger ball and socket bearings) and with modern techniques (tendons are often left intact or repaired during the operation) so that the dislocation rate after routine hip replacement is now less than 1%. Hip precautions after routine modern hip replacement are therefore minimal in that simultaneous hip internal rotation and flexion should be avoided for 4 weeks. Your physio will reinforce this and show you the safe way to put on shoes/socks and get out of bed/chairs.

If you can tolerate anti-inflammatories such as ibuprofen (Nurofen) or diclofenac (Voltaren), taking these regularly for a few days following surgery can also help reduce the swelling. If you experience symptoms of heartburn or stomach ache, stop this medication.

It is not necessary to perform any vigorous hip exercises in the first weeks after surgery. Focus initially on reducing the swelling and regaining normal walking gait. Your requirement for formal physiotherapy will be discussed at your post-op follow-up appointment.

POSSIBLE COMPLICATIONS OF HIP REPLACEMENT

Arthroplasty surgery is safe but all surgical procedures involve a degree of risk. Notable complications include:

Infection: This is very rare but can damage the hip permanently if it is not treated quickly. If you experience a fever or increasing hip pain and swelling after surgery, contact me or attend your local hospital Emergency department immediately. Please do not start antibiotics without seeing me first, as often the hip is simply swollen but not infected.

Deep vein thrombosis (DVT): Small blood clots below the knee are quite common but rarely cause problems. However, blood clots in the thigh or pelvis are much more likely to spread to the lungs, which can become a serious complication (PE or pulmonary embolus). The overall risk of these clots with modern arthroplasty techniques and early postop mobilisation is quite low, although the incidence is higher in those with a past history or family history of clots. Medication to thin the blood can decrease the risk of clot formation but must be balanced against the increased risk of bleeding and wound complications. For most patients I feel the best balance is early mobilisation, and daily Aspirin 100mg for 5 weeks following the surgery. If you are much higher risk, I will prescribe alternative medication. Early mobilisation is very important to minimise clots as it pumps the stagnant blood around your leg, so we will have you moving your ankle, lifting your leg, and walking as soon as able after the surgery.

Dislocation: As discussed above, this is very rare after routine modern hip replacement (<1%). If you have a fall and your hip dislocates it will have to be reduced (put back in) under anaesthetic and precautions needed until the scar matures.

Persistent pain: Arthroplasty surgery is major surgery, and certainly you will have discomfort in the scar for some weeks after the surgery. Most people feel quite good at 2 weeks then much improved by 1 month. About this time, most people feel their hip pain is better than it was before the surgery. If not, don't be alarmed as the hip and muscles will continue to improve for about a year following the operation.

Finally, if you have any questions with regards to your surgery or post-operative rehabilitation, please feel free to contact my secretary, on (07) 5455 9465.