

## ANTERIOR HIP REPLACEMENT: PREPARING FOR SURGERY

### **Hip Replacement**

**Hip replacement is one of the most successful surgeries in the world. More than 400,000 hip replacements are performed every year in the United States. There have been many advances in the materials and techniques of hip replacement that make it an even more successful and durable procedure. When conservative treatment options have failed and you continue to have significant pain and disability from your hip, then hip replacement can be a good option to restore your function and reduce your pain.**

### **Non-Surgical Management**

**Before having surgery, many patients will try conservative measures. Anti-inflammatory medications like Aleve or Ibuprofen can give some relief. There are also prescription anti-inflammatories that may be prescribed. Hip injections using a steroid such as cortisone may be utilized to give more focused pain relief. These injections may be less helpful in more severe arthritis. Lastly, physical therapy can be used to strengthen the muscles around the hip to offload the stress the hip is feeling. Weight loss can be one of the most effective treatment options.**

### **Preoperative Testing**

**Before having surgery you will be seen by your primary care provider or another doctor arranged by our office to help ensure that you can safely undergo surgery. Testing will often involve an EKG and basic lab work as well as a comprehensive history and physical exam to ensure that you do not have any major medical issues that would make it more difficult to undergo surgery.**

### **Joint Class**

**Everyone undergoing surgery at the hospital will attend a joint class where the nurses and educators will go over in detail what to expect before, during, and after surgery.**

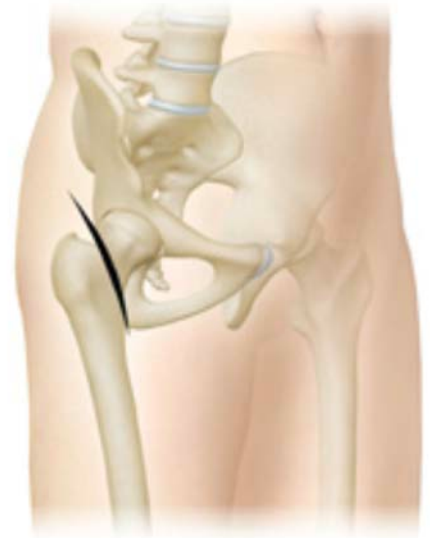
### **Surgery**

**The surgery itself takes less than an hour. The time spent in the operating room is close to 2 hours. Anterior approach hip replacement involves an incision on the front of the thigh that is about 4-6 inches long. X-ray is used during surgery to make sure the implants are put in in the right position and your legs are the same length.**

**If you have questions or concerns, please call Dr. Robertson's staff**

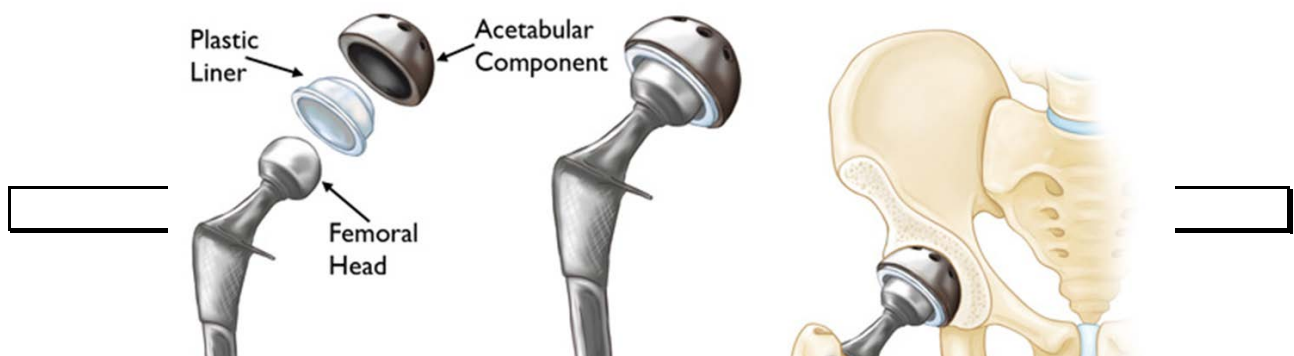
### **Why Anterior?**

***There are a few reasons why I choose to do hip replacements from the anterior approach. Anterior approach is where the hip surgery is done from the front of the hip rather than posterior which is done from the back, or lateral from the side. This approach allows for the hip to be accessed by going between muscles rather than cutting through them. Studies have shown that patients who have an anterior approach hip replacement are able to walk more in the first few weeks after surgery and have less pain. The risk of your hip popping out of socket is probably lower with an anterior approach hip as well. Most hip replacements do well if the surgery is done efficiently and the implants are put in the correct position.***



### **Implants**

***Implants that are used today are typically made of some sort of titanium. The bearing surface of your hip is a highly durable plastic and a ball made of toughened ceramic. The titanium implants have a special surface on them that allows your bone to grow into them. Patients often want to know how long their hip implants will last. Unfortunately, we don't know the answer yet. Around 1999 we made a pretty significant change to the plastic used. Prior to that time the implants were lasting between 15-20 years. Implants that have been in for almost 20 years now have shown very little wear at all. We can confidently say the implants should last 20 years. 30 years or more is very likely but we will closely watch the implants to track their durability over time.***



**Anesthesia**

**Most patients will have a spinal anesthetic. This involves having numbing medicine placed by an anesthesiologist that will give you complete pain relief in your lower extremities. This is helpful because you will not require a breathing tube and you will not require narcotics and other medications during surgery that can make you drowsy for a long time. Don't worry - you will be given some lighter medications to allow you to comfortably take a nap and not be aware of all of the commotion of the operating room (similar to medications that they give during colonoscopy).**

**Post Operative Expectations**

**Depending on how healthy you are, how well you get around, and how much help you have at home, you can go home on the same day as your surgery. Many patients will go home the day after surgery. Very rarely will you have to stay more than 1 night in the hospital. This is usually for patients who have medical problems or are so weak that they have a hard time getting around on their own.**

**Most patients will use a walker for a week or two as they get more comfortable walking on their new hip. You will transition to a cane or crutch for a week or two. Physical therapy is arranged but most patients don't need much therapy. Walking is the best exercise after hip replacement and special stretches and exercises aren't required.**

**Recovery after joint replacement takes a full year, however 90% of your recovery will happen in the first 3-4 months. When you are fully recovered from your hip replacement there will be no restrictions on your activity and you can resume any and all activities that you wish.**

**Complications**

**All surgeries have possible complications. These complications are rare and we will do everything to help ensure they don't happen to you. Below are some of the more significant complications that can occur.**

**Infection**

**Infections in joint replacements are catastrophic problems. They often require multiple surgeries and weeks of IV antibiotics to get rid of. This is why it is very important to make sure that you are healthy before surgery and take good care of your incision after surgery. The overall risk of an infection is around 0.2%.**

**Dislocation**

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***Dislocations are when the hip joint comes out of socket. Having surgery makes you at risk for this. Anterior approach can reduce this risk as well as using x-ray to ensure the implants are in the correct position.***

***Blood clots***

***Major surgery on the lower extremity puts you at risk for blood clots. The risk of blood clots is higher in some patients, particularly those who have a clotting disorder or history of blood clot in the past. We will put you on a blood thinner for a month after surgery. Based on your risk factors it may be as little as just an aspirin twice per day or it may be something stronger. Being as mobile as you can after surgery will help reduce this risk.***

***Leg length discrepancy***

***Sometimes hip surgery results in one leg being longer than the other. Using x-ray during surgery makes this less likely to happen. Even if your legs are exactly the same length, you will often feel like the leg you had surgery on is longer for up to 6 weeks because it has been contracted and stiff for so long.***

***Nerve or vascular injury***

***Any time you have surgery, the surgeon does everything possible to avoid damaging nerves and blood vessels that are near the surgical site. One small skin nerve that gives sensation to the outside part of your upper thigh is often unavoidably stretched during surgery. Many patients after anterior hip replacement will have a small area on their outer thigh which is numb. Over the course of a year that numb spot gets very small and is often not noticeable or bothersome as it is not in a part of your body that is very sensitive.***

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