

## **TOTAL HIP ARTHROPLASTY (REPLACEMENT)**

A total hip arthroplasty (THA) is a surgical procedure to remove the arthritic hip joint and replace it with an artificial ball and socket to improve pain and function.

### **PURPOSE OF A TOTAL HIP ARTHROPLASTY:**

- This procedure should be used when you have tried all other treatments and your hip pain is too painful to carry out the activities of your daily life with ease.
- Some other common treatment options to try prior to a hip replacement include:
  - Use of pain-relieving medications (acetaminophen/Tylenol) and anti-inflammatory medication (ibuprofen/Advil/Motrin, aspirin, naproxen/Aleve, meloxicam/Mobic, celecoxib/Celebrex)
  - Injections into the hip to relieve the inflammation
  - Altering your activities, including things like squatting and heavy lifting, or using a cane/walker to reduce stress on the hip

### **PREPARING FOR A TOTAL HIP ARTHROPLASTY:**

- If you plan to return home following your procedure:
  - Make modifications to your home in order to ensure your safety, such as:
    - Construct ramps over stairs
    - Set up a living quarters (usually the living room) on the main floor. Some people find sleeping in a recliner/lift chair for the first weeks following surgery easier than sleeping in a bed
    - Add a toilet riser to your toilet seat
    - Add bars or handrails to stairs or bathrooms
    - Remove area rugs, cords/wires, and furniture to make a clear walking path
  - Prepare meals that can easily be reheated
  - Talk with friends and family to determine who can be with you in the weeks following surgery. **THIS IS NOT OPTIONAL.** You will need assistance following surgery.
- Attend your pre-op appointment approximately 2 weeks before your surgery date. Your post op caregiver must be present during this visit. At this time you will:
  - Attend a pre-operative informative physical therapy appointment with New West PT
  - Watch an informative video about hip replacements and ask any further questions you may have
  - Have a CT scan completed at Kearney Regional Medical Center to obtain measurements used during your surgery
- If you plan to go to a care facility following your procedure, talk with your insurance company about coverage for this and their necessary requirements. You will also need to talk to your Primary Care Provider to assist in setting up arrangements.
- If you are a smoker, you need to stop about 6-8 weeks before surgery, as smoking causes issues with healing post-operatively and puts you at higher risk of complications during your surgery.

- You will need to meet with your primary care provider to have a full history and physical before your surgery to make sure you are healthy enough to undergo surgery. If you have a heart history, you will also need to meet with your cardiologist.
- One week before surgery stop all NSAIDs (ibuprofen, Aleve, Advil, etc.) and blood thinners (Coumadin, Eliquis, Plavix, etc.)
  - Please discuss this with your primary care provider or your cardiologist during your pre-op exam
- The hospital will call you one to two days prior to your surgery date to go through pre-admission questions and give you an arrival time
- On the night before surgery eat a light meal before bed, but **DO NOT** eat or drink anything after midnight on the day of your procedure (this includes water, coffee, tea, mints, chewing gum, etc.)

### **WHAT TO EXPECT THE DAY OF SURGERY:**

- Please arrive at your designated time and check in at the front desk. A pre-op nurse will take you to the pre-op holding area where they will place an IV and get you ready for surgery.
- An anesthesia provider will meet with you to discuss options for anesthesia during surgery. If you are spending the night in the hospital, we recommend using a spinal anesthetic with sedation. If you are going home on the same day as your procedure, you will be given a general anesthetic.
  - Spinal anesthesia: the anesthesia provider will place a needle in your back to inject medication that will make you numb from the waist to the toes, and then give you medication that will allow you to sleep through your procedure (if they are unable to place the spinal block, or you choose not to have one placed, you will be put under general anesthesia)
- Once you have been prepped in the pre-op holding area, you will be taken to the operating room where a team will prepare you for surgery
  - The anesthesia provider will perform your agreed-upon anesthesia
  - You will be positioned on your side with your operative hip facing up. Please alert the team if you have any issues laying on your side.
  - Your leg will be prepped with a chlorhexidine prep
- An incision will be made on your outer thigh to expose the joint (about 10-12 inches long). There will also be one small incision made to the front of the hip (just above groin) to place a guide used during the procedure. The ball portion of your thigh bone will be removed and the lining of your socket will be resurfaced. A metal implant will be placed into your thigh bone and a new ball will be attached to the implant. A new cup with a liner will be placed in the socket. Once complete, the hip joint will be closed with many layers of suture, the skin will be closed with a specialized adhesive mesh and Dermabond (skin glue), and a sterile dressing will be applied.

### **WHAT TO EXPECT AFTER THE PROCEDURE:**

- You will be taken to the PACU area where nurses will help you wake up.
- If you are spending the night in the hospital:

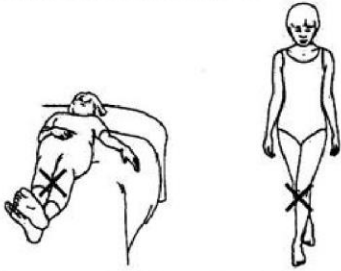
- Once you are awake and comfortable, you will be taken to your hospital room where you can meet your family.
- Physical therapy will work with you on the night of surgery to walk with a walker, and will work with you on exercises the following day.
- Occupational therapy will meet with you to help you shower and dress, and provide tips on how to do these things safely at home.
- Most patients are able to discharge home the next day, but if you are struggling with pain or activity, we will keep you as long as needed.
- If you are going home on the same day as your procedure, you will be discharged home after you are awake and your pain is well controlled. You will meet with a physical therapist prior to discharge.

### **THE BELOW WILL OUTLINE POST-OPERATIVE INSTRUCTIONS:**

#### **ACTIVITY:**

- You can bear all of your weight on the operative leg with the assistance of a walker and then wean to a cane as your strength improves. If you have trouble bearing weight or are struggling with your home activities we will have you work with a physical therapist.
- You will need to adhere to the posterior hip precautions for 3 months (12 weeks) following surgery to make sure that you do not dislocate your new joint.
  - Do not bend your hip more than 90 degrees.
  - Do not let your operative leg cross the midline of your body (do not sit with your legs crossed)
  - Do not twist or rotate your new operative leg
  - Avoid sleeping/laying on your operative side
    - Use 2 pillows between your legs when lying on your non-operative side
  - Avoid sitting in low chairs or prolonged sitting
  - Do not bend past 90 degrees when getting out of a chair or off the toilet
    - It will be easier if the chair has an armrest so that you can use upper body to assist with standing
  - When getting in a car, turn with your back to the car, support yourself with a hand on the door frame and sit on the edge of the seat, then slide backwards and swinging both legs into the car together
    - Reverse this when getting out of the car.

**Hip Precautions: No Adduction**



Keep legs apart at all times. Do not cross legs whether standing, sitting, or lying down. Use a pillow to keep legs apart in bed.

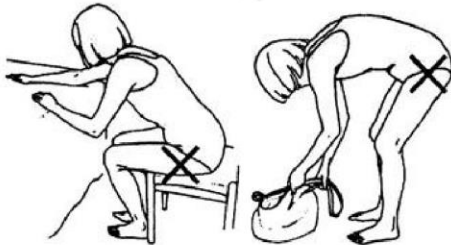
**Hip Precautions: Sitting**

Do not sit on low or soft seats as this forces bending at hips and rolling inward at knees.



Avoid recliners, rocking chairs and low stools.

**Hip Precautions: Limit Hip Flexion**



Do not bend forward at hips past 100 degrees while standing, sitting or lying down.

**Hip Precautions: Limit Lifting Leg**

Do not prop or lift leg up past 100 degrees at affected hip.



Some activities such as cutting toenails or shaving legs will require assistance from others.

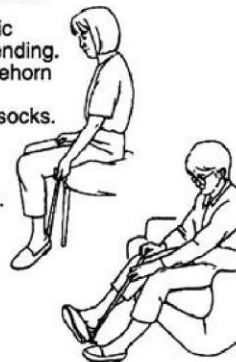


**Dressing: Shoes & Socks**

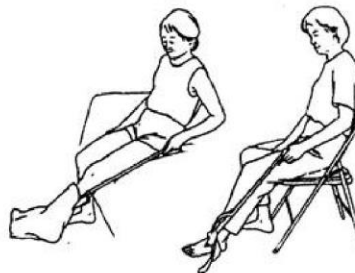
Step-in shoes or elastic shoelaces eliminate bending. Use long-handled shoehorn to don shoes. Use a sock aid to don socks.

May use a reacher or dressing stick to help take off socks & shoes.

**Special Precautions:**  
-Do not bend affected hip past 100 degrees.  
-Avoid crossing legs.  
-Do not twist affected leg inward.



**Dressing: Limited Hip Flexion**



Always use long-handled devices for self care. Keep reachers handy to pick up dropped items.

### **DRESSING (BANDAGES):**

- A sterile dressing will be applied in the operating room. Please do not remove this dressing. It is waterproof, but please cover the dressing while showering for added protection.
  - If you notice your dressing is becoming loose, or if you have significant drainage through your dressing, please contact our New West Sports Medicine & Orthopaedic Surgery, at (308) 865-2570.
- Continue to wear your thigh-high TED hose over the dressing until your follow up appointment. If a TED hose was placed on the non-operative leg during your hospital stay, you can remove that once you are home.

### **DEEP VEIN THROMBOSIS (DVT):**

- Prophylactic Medication:
  - If you did not routinely take a blood thinner prior to surgery you will be sent home with a prescription for a medication to thin your blood and help prevent clot formation.
  - If you routinely take a blood thinner, please resume that per medication discharge instructions. You do not need an additional medication unless otherwise instructed by your doctor.
- Continue use of your thigh-high TED hose on the operative extremity daily until your follow-up appointment. These will improve swelling and reduce your risk of blood clot.
- Notify our office at 308-865-2570 and report to the nearest medical facility if you have persistent calf pain or if you experience shortness of breath, as these may be signs of a DVT or a pulmonary embolism (PE).

### **MEDICATIONS:**

- Commonly prescribed pain medications include:
  - Oxycontin (oxycodone ER)
    - Strong pain reliever that you take before bedtime for 3 nights
  - Dilaudid (hydromorphone)
    - Strong pain reliever that you take as you feel your pain begin to worsen
    - May need to be used routinely 1-2 days following surgery
    - Cannot be taken any sooner than every 4 hours
    - Spread the doses out as soon as possible
  - Ultram (tramadol)
    - Milder pain medication that you can take every 4-6 hours
    - Begin taking it routinely in the first few days post-op to stay on top of pain, but then increase the time between doses as soon as possible
  - Tylenol (acetaminophen)
    - Prescription for 650mg Tylenol that you take every 6 hours around the clock for the first week after surgery
    - Never exceed 4,000mg of acetaminophen from all sources in a 24-hour period

- Commonly prescribed medication to reduce muscle spasms include:
  - Valium (diazepam)
    - Used in conjunction with pain medication if you are experiencing cramps in the thigh or calf
    - Can be used every 8 hours as needed, but it is most often used around therapy appointments and before sleep
- PAIN MEDICATIONS AND MUSCLE RELAXERS WILL ONLY BE PRESCRIBED FOR SIX WEEKS FOLLOWING SURGERY, EXCEPT IN EXTENUATING CIRCUMSTANCES
- Blood clot prevention medications include:
  - Aspirin
    - Prescription for 325mg
    - Take two times/day
  - Eliquis
    - Take two times/day for 2 weeks
- An Antibiotics is used only if you are at a higher-than-average risk of infection:
  - Keflex (cephalexin)
    - Take two times/day for 1 week
  - Cleocin (clindamycin)
    - Take three times/day for 1 week
  - Bactrim (sulfamethoxazole/trimethoprim)
    - Take two times/day for 1 week
- Nausea medication:
  - Zofran (ondansetron)
    - Can be used every 6-8 hours as needed
- Constipation medication:
  - Colace
    - Take three times/day for 3 weeks or for as long as you are taking prescription pain medication
- If you experience new-onset itching or a rash while taking these medications, contact our office for instructions.
- If you experience swelling of your face/tongue while using these medications, report to the nearest ER or call 911.
- Do not drive a vehicle, operate heavy machinery/appliances, make important decisions, or sign legal documents while taking these prescription pain medications. Do not drink alcohol while taking these medications.
- Prescription pain medications are potentially addictive. We encourage you to wean from the prescription medications to over the counter Tylenol as soon as your pain allows.

## **WHAT TO EXPECT WITH FOLLOW-UP APPOINTMENTS:**

- Appointments at New West Sports Medicine & Orthopaedic Surgery:
  - Your first 3 post-operative appointments will be scheduled during your pre-op visit and will occur at 2 weeks post-op, 6 weeks post-op, and 12 weeks post-op
- Appointment with your Primary Care Physician:
  - This appointment should be scheduled 5-7 days after surgery and is often scheduled by the hospital at the time of discharge. If you do not receive an appointment, please contact your PCP directly.
  - This will address any non-orthopedic issues that can arise following anesthesia, such as rashes, urinary symptoms, or respiratory symptoms.
- If you have any concerns prior to your follow-up, please contact New West Sports Medicine & Orthopaedic Surgery at 308-865-2570.
- Contact New West Sports Medicine & Orthopaedic Surgery immediately if you run a fever of 100.4 degrees or higher, if you have significant redness and/or warmth around the hip, or if there is any concern for infection of the hip.
- Appointments with your Dental Provider:
  - Please wait 2 months before returning to the dentist for regular cleanings
  - If you have a dental emergency, please see the dentist as soon as possible
  - You will need antibiotics before all dental visits
  - The antibiotics need be taken 1 hour prior to your dental appointment
  - Please contact our office prior to first dental appointment and we will prescribe the medication to your pharmacy

## **IF YOU HAVE QUESTIONS OR CONCERNS AFTER YOUR PROCEDURE:**

- If you have any questions or concerns, including questions about your post-operative instructions, medications, or your level of pain, please contact the New West Sports Medicine & Orthopaedic Surgery office at (308) 865-2570.
- If you have any emergency situations, such as shortness of breath or chest pain, please go directly to your nearest emergency department