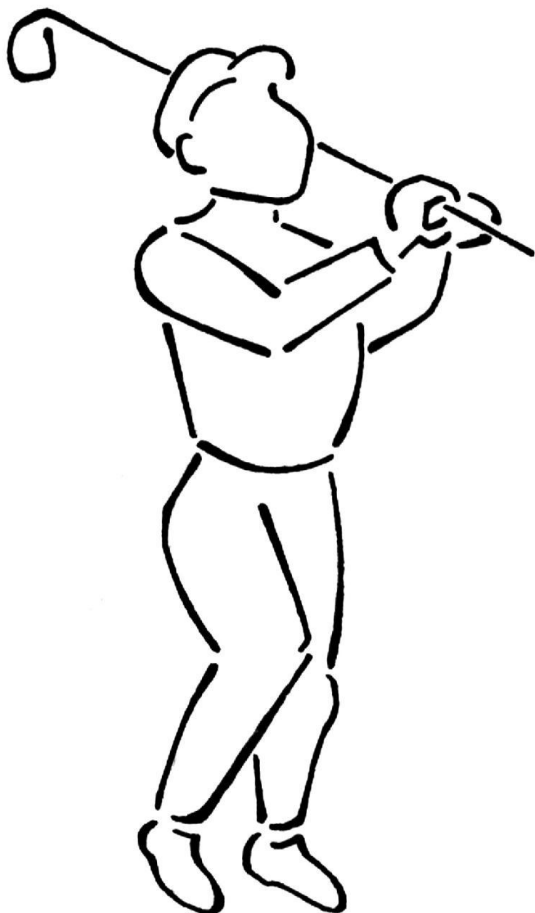
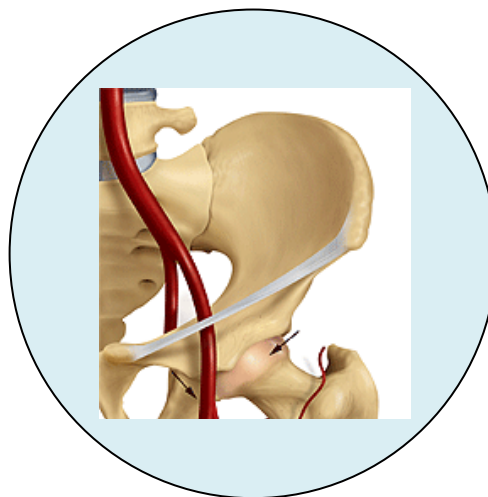


Total Hip Replacement



Learn About:

- ✓ Hip Anatomy
- ✓ Hip Arthritis
- ✓ Non-Surgical Alternatives to Surgery
- ✓ Total Hip Replacement
- ✓ Hip Rehabilitation After Surgery
- ✓ Frequently asked questions
- ✓ Do's and Don't's

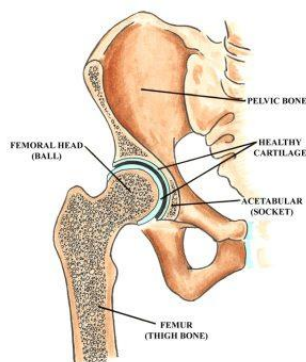


Hip Anatomy

The hip is one of the body's largest weight-bearing joints. It consists of two main parts: a ball (femoral head) at the top of your thighbone (femur) that fits into a rounded socket (acetabulum) in your pelvis. Bands of tissue called ligaments (hip capsule) connect the ball to the socket and provide stability to the joint. The hip joint is designed for both mobility and stability, allowing the entire lower extremity to move in three planes of motion. The hip provides an important shock absorption function to the torso and upper body as well as stability during standing and other weight-bearing activities.

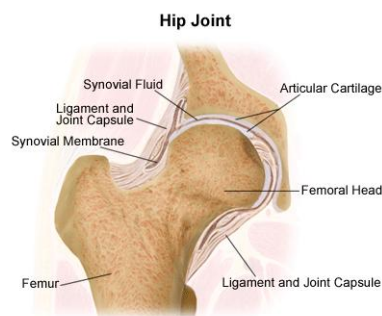
The Bones

The **femur**, commonly called the thigh bone and is the longest bone in the body, connects to the pelvis at the hip joint. The head of the femur, shaped like a ball, fits tightly into the acetabulum, forming the ball and socket joint of the hip, allowing the leg to move forward and backward, side-to-side, and rotate right and left.

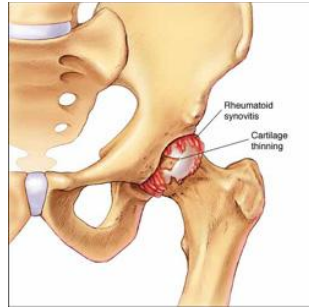


Cartilage, Ligaments and Muscles

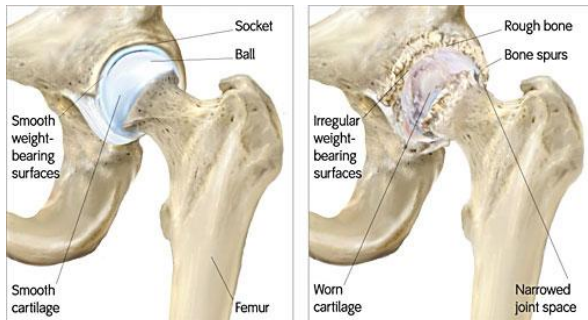
Cartilage cushions the bones during weight-bearing activities and allows the joint to rotate smoothly. **Ligaments** connect the femur to the pelvis and are essential for stability, keeping the hip from moving outside of its normal planes of movement. **Muscles** have dual responsibilities. They provide power for the hip to move in all directions, as well as stabilize the lower extremity during standing, walking or other weight-bearing activities.



Hip Arthritis



Hip arthritis is a **degenerative condition** that affects the hip joint, and often leads to a significant impairment in the quality of life. The ability to walk, work and live pain free can be adversely affected.



Osteoarthritis of the hip is a condition commonly referred to as “wear and tear” arthritis. The degenerative process may accelerate in persons with a previous hip injury, but in many cases occurs when the hip simply wears out. Osteoarthritis of the hip is the most common cause for total hip replacement surgery.

Rheumatoid arthritis is a chronic inflammatory disease that results in joint pain, stiffness and swelling. The disease process leads to severe, at times rapid, deterioration of multiple joints, resulting in severe pain and loss of function.

Traumatic arthritis can follow a serious hip injury or fracture. A hip fracture can cause a condition known as osteonecrosis. The articular cartilage becomes damaged and, over time, causes hip pain and stiffness.

Non-Surgical Alternatives

Before considering total hip replacement surgery, you and your surgeon may try various non-surgical, conservative measures to relieve the pain and inflammation in your hip. An exercise program may be instituted to improve the strength and flexibility of the hip and other lower extremity joints; lifestyle and activity modifications, such as weight-loss, avoiding activities involving long periods of standing or walking, and the use of a cane may be undertaken in an attempt to minimize activities that are associated with hip pain; and various medications such as anti-inflammatory drugs and/or nutritional supplements (Glucosamine and Chondroitin Sulfate) to reduce pain and inflammation may be considered.

If medications, changes in your everyday activities, and the use of walking aids such as a cane are not helpful, you may want to consider hip replacement surgery. By replacing your diseased hip joint with an artificial joint, hip replacement surgery can relieve your pain, increase motion, and help you get back to enjoying normal, everyday activities. Whether to have hip replacement surgery should be a cooperative decision made by you, your family, your primary care doctor, and your orthopedic surgeon. The process of making this decision typically begins with a referral by your doctor to an orthopedic surgeon for an initial evaluation.

You may benefit from hip replacement surgery if:

- Hip pain limits your everyday activities such as walking or bending.
- Hip pain continues while resting, either day or night.
- Stiffness in a hip limits your ability to move or lift your leg.
- You have little pain relief from anti-inflammatory drugs or glucosamine sulfate.
- You have harmful or unpleasant side effects from your hip medications.
- Other treatments such as physical therapy or the use of a gait aid such as a cane do not relieve hip pain.

The Evaluation

Your surgeon will ask for a complete history of the affected area. This is followed by a physical examination to assess hip mobility, strength, and alignment. Additional diagnostic tests may be ordered which may include x-rays to determine the extent of damage or deformity in your hip and magnetic resonance imaging (MRI) may be needed to determine the condition of the bone and soft tissues of your hip.

Preparing for the Procedure

Your hospital or surgery center will contact you with specific details about your appointment. You will likely be asked to arrive at the hospital an hour or two before your surgery. Do not eat or drink anything after midnight the night before your surgery. You will most likely be admitted to the hospital on the day of your surgery. Be prepared by bringing clothing such as undergarments, socks; and footwear.

Prior to admission, a member of the anesthesia team will evaluate you. The most common types of anesthesia for hip replacement surgery are general anesthesia.

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 joint surfaces to restore the alignment and function of your hip. Your orthopedic surgeon will choose the type of prosthesis that best meets your needs.

After surgery, you will be moved to the recovery room where you will remain for 1 to 2 hours while your recovery from anesthesia is monitored. After you awaken fully, you will be taken to your hospital room

Your Stay in the Hospital

You will usually stay in the hospital for a few days. After surgery, you will feel pain in your hip. Pain medication will be given to make you as comfortable as possible. To avoid lung congestion after surgery, you will be asked to breathe deeply and cough frequently. Walking and light activity are important to your recovery and will begin the day of or the day after your surgery. Most patients who undergo total hip replacement begin standing and walking with the help of a walking support and a physical therapist the day after surgery.

Beginning Your Recovery

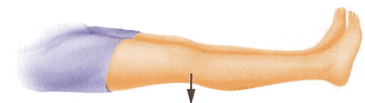
Your recovery program usually begins the day after surgery. The physical therapist will begin as early as 1-2 days after surgery. They will teach you some simple exercises to be done in bed that will strengthen the muscles in the hip and lower extremity. The success of your surgery will depend in large measure on how well you follow your orthopedic surgeon's instructions regarding home care during the first few weeks after surgery. You will have stitches or staples running along your wound or a suture beneath your skin. The stitches or staples will be removed approximately 3 weeks after surgery. Avoid getting the wound wet until it has thoroughly sealed and dried. A bandage may be placed over the wound to prevent irritation from clothing or support stockings.

Home Care

While at home, you will continue to walk with an assistive device unless directed by your surgeon to discontinue use. You must also remember to strictly follow the hip precautions and weight-bearing instructions during the first few months following surgery. It is recommended that you do not drive unless you have been approved by your doctor.

Exercise and Therapy

In addition to exercises done with the therapist, you should continue to work on the hip exercises in your free time. It is also important to continue to walk on a regular basis to further strengthen your hip muscles. An exercise and walking program helps to enhance your recovery from surgery and helps make activities of daily living easier to manage.



Tighten the muscles in both your thighs, pushing your knees down firmly into the bed

Potential postoperative problems with a total hip replacement include:

- Infection
- Blood clots
- Pneumonia
- Hip dislocation

Frequently Asked Questions

How long will my new hip last, and can a second replacement be done?

Most hips last more than 10-15 years. However, there is no guarantee, and 5-10 percent may not last that long. A second replacement may be necessary.

Why do hip replacements fail?

The most common reason for failure is loosening of the artificial ball where it is secured in the femur, or loosening of the socket. Wearing of the plastic spacer may also result in the need for revision.

When will I be able to get out of bed?

Your surgeon may request that you get out of bed the day of your surgery. The next morning you will get up, sit in a chair or recliner and walk with a walker with help from the staff.

Will I need help at home?

Yes. You will need assistance the first several days or weeks after surgery, depending on your progress.

When can I return to work?

Deep tissue healing time takes approximately 6-8 weeks. Discuss when you can safely return to work with your doctor.

Pointers

When recuperating from total hip replacement surgery, you should remember these simple pointers.

DON'T	DO
<ul style="list-style-type: none">✓ Attempt high impact activities.✓ Bend your hips more than a 90-degree angle✓ Turn your feet excessively inward or outward✓ Cross your legs	<ul style="list-style-type: none">✓ Use a pillow between your legs at night when sleeping until you are advised otherwise by your surgeon✓ Take special precautions to avoid falls and injuries✓ Notify your dentist that you have had a hip replacement