TOTAL HIP ARTHROPLASTY

Frequently Asked Questions

Stephen J. Fox, M.D. Jeffrey W. Wiley, M.D. Jennifer L. John, PA-C

Total hip arthroplasty is a major event in every patient's life. Understandably, patients and their family have questions and concerns relating to the surgery itself as well as to their recovery process. We have tried to inform our patients about their procedures and recovery with our preoperative office discussions, as well as encouraging patients to attend a preoperative teaching class at the hospital. In order to further supplement this, we have adapted the following list of questions that patients and their families often raise with us, before, during, and after their surgery.

It should be noted that what follows is generalized information, and patients should always contact their physician with any particular questions or concerns.

I. PREOPERATIVE QUESTIONS:

Question: *What is the chance for success ?*

Answer: In our practice, we define success by the ability to answer "yes" to the following three questions:

- Are you glad you had the operation.
- Did it fulfill your expectations.
- Would you do it again.

Approximately 97% of patients at one year answered yes to all three questions.

Question: *What is the recovery time?*

Answer: Everyone heals from surgery at a different pace. It is difficult to compare yourself with others, as individual situations lead some patients to recovery faster than other; however, in general, patients will use a walker or crutches while in the hospital. These devices are typically for balance, and patients may weight-bear as their comfort allows. It is our experience that as patients comfort, confidence, and strength allows, they may progress to a cane. Similarly, when patient's comfort, confidence and strength allows, they progress off of the cane. Typically, patients may progress to a cane at 2-3 weeks. By 4-6 weeks' time, many patients are not requiring any external supports. It may take up to 3 months to return to normal function and patients continue to improve, as far as their comfort, mobility, and function for up to a year after their surgery.

Question: *Will I go to a rehabilitation facility or home?*

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Answer: It depends. Many people are able to go home after their operation; however, you may go to a rehabilitation facility in order to gain the skills you need to safely return home. Many factors will be considered in this decision. These factors include the availability of having friends or family to assist you at home, a safe home environment, postoperative functional status as determined by a physical therapist in the hospital, and overall evaluation by your hospital team.

Question: *When can I drive?*

Answer: This varies from patient to patient depending upon one's comfort and confidence. Typically, patients may drive when they are using a cane comfortably and not taking narcotics. Do not drive if you are taking narcotics. Some surgeons do not allow the patient to drive until after they have been seen in the office at 4-6 weeks after surgery. Check with your surgeon.

Question: *When can I travel?*

Answer: You may travel as soon as you feel comfortable; however, we typically recommend patients avoid significant travel until their initial post-operative visit with their surgeon. It is recommended that you get up to stretch or walk at least once an hour when taking long trips. This is important to help prevent blood clots. It is our recommendation that if you are embarking on a long trip within the first three months following the surgery that you take one 325mg Aspirin twice daily beginning 2 days prior to your trip and completing this regimen 2 days following your trip. You may want to contact your primary care physician should you have a history of stomach ulcers or allergies. Patients may find an aisle seat or bulkhead seat more preferable.

Question: *When can I return to work?*

Answer: It depends on your profession. If a patient has a sedentary or desk job, they may return to work in approximately 3-6 weeks. If your work is more labor intensive, patients may require up to 3 months before they can return to full duty. In some cases, more or less time is necessary.

Question: *What activities are permitted following surgery?*

Answer: You may return to most activities as tolerated including: walking, gardening, golfing, and mild hiking. Some of the best activities to help with motion and strengthening are swimming and using a stationary bicycle. Other activities typically enjoyed are fitness machines such as an elliptical machine or Nordic Track gliding machine. High impact activities such as running, jumping, and open field sporting activities as well as singles tennis, squash or racquetball should be avoided.

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Snow skiing is frequently enjoyed by patients who have a significant prior experience with skiing. It should be noted, however, that downhill skiing does pose a risk. The risk comes not from the act of skiing itself, but rather from potential injury due to a serious fall or collision with another skier. Patients should avoid black diamond slopes and moguls. If you do wish to return to skiing, be aware of the risks and ski only under good conditions. We typically recommend patients "sit out" the initial season following their surgery. It is ill-advised to take up skiing after surgery if you have had little experience with it previously.

Question: *How long will my hip surgery last?*

Answer: This varies from patient to patient. For each year following your hip replacement, you have a 1% chance of requiring additional surgery. For example, at 10 years postoperatively, there is a 90% success rate without the need for further surgery. However, with continued improvements in the technology of the articulating surfaces, it is hoped that durability will continue to improve.

Question: *What medication should I stop prior to surgery?*

Answer: Ibuprofen and Aleve should be stopped 7 days prior to surgery. Aspirin (1 a day), Celebrex, and Mobic do not need to be stopped prior to surgery.

Question: *Is there a role for "MIS" (minimally invasive surgery/minimal incision surgery)?*

Answer: It is true that today's incisions for total hip replacement are typically shorter than in the past. We find patients are recovering faster than previously due to a variety of factors including patient motivation, physical therapy advances and improvements in peri-operative pain control. Further information regarding MIS surgery is best obtained from the American Association of Hip and Knee Surgeons Position Statement on MIS surgery. Please see the enclosed link to this position statement for further information regarding this - *http://www.aahks.org/pdf/MIS_Patients.pdf*

Question: *Is there a role for computer assisted surgery?*

Answer: This is developing technology that is in its infancy, and perhaps may someday improve on an already very successful procedure. Currently, computer assisted surgery has many technical issues that limit its application in hip surgery. For an unbiased summary of computer assisted surgery we refer you to the American Association of Hip and Knee Surgeons Position Statement on computer assisted surgery. Please see the following link for further information - *http://www.aahks.org/pdf/CAOSpositionstatement.pdf.*

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II. <u>PERIOPERATIVE QUESTIONS</u> (Questions that frequently arise while patients are hospitalized).

Question: *When can I shower or get the incision wet?*

Answer: If your dressing has been unstained for a 24-hour period and there is no drainage, then you can shower. You should avoid immersing your incision under water. When drying the incision, pat the incision dry, do not rub it.

Question: *When can I immerse my hip totally such as in a bathtub or swimming pool?*

Answer: Your hip can be totally immersed 4 weeks after surgery.

Question: *How long do I need a bandage on my incision.?*

Answer: A bandage is applied for approximately one week and changed daily to a new dry sterile dressing. Sometimes its use is continued to prevent irritation from clothing.

Question: *When will my sutures or staples be removed?*

Answer: Sutures are removed approximately 2 weeks after surgery. This may be done by a visiting nurse if you are at home, or by the rehabilitation staff if you are in a rehabilitation facility. Sometimes sutures dissolve and do not have to be removed.

III. <u>PERIOPERATIVE QUESTIONS</u> (Questions frequently arising when patients have been discharged from the hospital).

Question: *How long will I be on pain medication?*

Answer: It is not unusual to require some form of pain medication for approximately 6-12 weeks. Initially, the medication will be strong such as a narcotic. Most people are able to discontinue the strong pain medication after approximately 4-6 weeks and switch to an over-the-counter medication such as acetaminophen or ibuprofen.

Question: *How long will I be on a blood thinner?*

Answer: Various options, including pills and injections are available to thin your blood and help prevent blood clots. Your surgeon will chose a therapy based on your medical history and possibly on tests done before you leave the hospital.

Question: *Can I drink alcohol during my recovery?*

Answer: If you are taking Warfarin (Coumadin), a blood thinner, you should avoid alcohol intake because alcohol modifies the effect of this medication. You should also

avoid alcohol if you are taking narcotics. Beyond this, you can use alcohol in moderation at your own discretion.

Question: *What are good and bad positions for my hip during recovery?*

Answer: You should avoid flexing the hip past 90 degrees, avoid rotating the hip more than 35-40 degrees in either direction, and avoid crossing the midline of your body with the affected leg for 12 weeks following your surgery in order to limit the possibility of dislocation.

Question: *Should I apply ice or heat?*

Answer: Initially, ice is most helpful to keep down swelling. After several weeks you may also try using heat and choose what works best for you.

Question: *How long should I wear compression stockings?*

Answer: Recommendations may vary from surgeon to surgeon. After you are home, you may try going without the stockings and see whether or not your ankles or feet tend to swell. If they do, wear the stockings during the day until the swelling returns to what was normal before surgery.

Question: *Can I go up and down stairs?*

Answer: Yes. Initially, you will lead with your un-operated leg when going up stairs, and with your operated leg when coming down. As your muscles get stronger and your motion improves, you will be able to perform stairs in a more normal fashion, usually in about one month. A good rule of thumb to remember when deciding which leg to lead with is “up with the good, down with the bad.”

Question: *Will I need physical therapy.?*

Answer: Formal physical therapy doesn’t play as significant a role in hip replacements as in knee replacements. A visiting nurse may visit you 2-3 times /week and review some simple strengthening exercises with you. However stretching and range of motion exercises are typically avoided. Specifically, patients should avoid hip flexion of more than 90 degrees and rotation of more than 35-40 degrees in either direction as well as avoid crossing the midline of the body for approximately 12 weeks. We find the best therapy for our patients initially to be walking. Your surgeon may recommend formal physical therapy on an outpatient basis following your initial post-operative visit.

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Question: *When can I resume sexual intercourse?*

Answer: As soon as your are comfortable taking care to avoid hip flexion of more than 90 degrees and rotation of the leg more than 35-40 degrees in either direction.

IV. POSTOPERATIVE CONCERNS.

Question: *I feel depressed. Is this normal?*

Answer: It is not uncommon to have feelings of depression after hip replacement surgery. This may be due to a variety of factors such as limited mobility, discomfort, increased dependency on others, and medication side effects. Feelings of depression will typically fade as you begin to return to regular activities. If your feelings of depression persist, consult your primary care physician.

Question: *I have insomnia. Is this normal, and what can I do about it?*

Answer: Insomnia is a very common complaint following hip replacement surgery. Over-the-counter remedies such as Benadryl, melatonin, Tylenol pm or another over-the-counter sleep aid may be effective. If this continues to be a problem, prescription medication may be necessary.

Question: *I am constipated. What should I do?*

Answer: It is very common to have constipation after surgery. This is due to a number of factors and is aggravated by the need to take narcotic pain medication. A simple over-the-counter stool softeners (such as Colace) is the best prevention for this problem. In rare cases, you may require a suppository or enema.

V. POSTOPERATIVE CONCERNS (LONG TERM)

Question: *How much range of motion do I need.?*

Answer: Most patients note an improvement in the range of motion of their hip following hip replacement. However some patients may always have some difficulty with certain movements such as shoe and sock application and foot care due to the long standing contractures of the soft tissues about the hip. Initially patients should avoid hip flexion of 90 degrees or more, hip rotation of more than 35-40 degrees, and crossing the body's midline with the affected leg for approximately 12 weeks in order to avoid a dislocation of the hip joint. Do not force a body position past a feeling of stiffness. This feeling of stiffness often improves over the course of a year.

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Question: *I think my leg feels longer now. Is this possible?*

Answer: Most patients have a sense that the operated leg feels longer early in their recovery and this may initially feel awkward. This is due to the fact that the affected leg is usually shorter than the unaffected leg prior to surgery. Arthritis is the process of the protective cartilage covering wearing away from the bone. As the cartilage in the hip joint is destroyed, this results in the leg becoming shorter. Eventually, patients become accustomed to their "new anatomy" following surgery, and do not have any long lasting sense of a leg length discrepancy. Occasionally, some patients choose to wear a small shim in a shoe. At times, the leg is intentionally lengthened at the time of surgery in order to tighten the surrounding soft tissues of the hip and prevent/limit the risk of dislocation. In the majority of cases your leg length will essentially be unchanged.

Question: How long will I limp?

Answer: It varies from patient to patient and typically improves over the course of a year. Most patients limp prior to surgery. As one's strength, conditioning and endurance improve the limp lessens. Some patients will always have some degree of a limp. Larger patients may tend to limp for a longer period of time.

Question: *Can I use weights when I exercise?*

Answer: Generally, weights are not used for the first 2 months after surgery. As you progress with your physical therapy program, your physical therapist may recommend the use of weights. These should be limited to light weights progressing from 1 lb. to a maximum of 5 lb.

Question: *Will I set off the security monitors at the airport? Do I need a doctor's letter?*

Answer: You will probably set off the alarm as you progress through the security checkpoint. Be proactive and inform the security personnel that you have had a hip replacement and will most likely set off the alarm. Wear clothing that will allow you to show them your hip incision without difficulty. We do provide patients with a card that identifies them as having a hip replacement; however, patients will usually be screened by security as well.

Question: *Do I need antibiotics before having dental work or any other invasive medical procedure?*

Answer: Yes. This is in order to limit the possibility of an infection occurring in the hip d/t bacteria in our mouths getting into the bloodstream and traveling to the hip joint. Typically patients take 2 grams of amoxicillin or cefazolin 1 hour prior to dental work. Patients with a penicillin allergy often take clindamycin 600mg 1 hour prior to dental work. You will be given a card that describes this in the mail. Avoid any dental cleaning

and other non-urgent procedures for approximately 3 months following hip replacement surgery.

Question: *Can I return to downhill skiing?*

Answer: Downhill skiing poses a risk. If patients have a significant prior skiing experience prior to their hip surgery, they may resume downhill skiing though we typically recommend patients "sit out" the initial season following their surgery. For who have not had experience with downhill skiing, it is inadvisable for patients to begin skiing.

The risk from skiing comes not from the act of skiing itself, but rather from potential injury due to a serious fall or collision with another skier. Avoid skiing black diamond slopes and moguls. If you ski, be aware of the risks and ski only under good conditions.

Question: *When do I need to follow-up with my surgeon?*

Answer: Follow-up appointments are usually made postoperatively at 4-6 weeks after surgery followed by yearly and then every other year visits. These appointments are necessary to monitor the fixation of the prosthesis and evaluate the potential wearing out of the plastic articulation.

Question: *My hip makes an intermittent clicking or bumping noise. Is this normal?*

Answer: Yes. This is normal as the metal ball is contacting the plastic or metal liner. The weight of the leg may slightly distract the ball from the socket during the swing phase of gait leading to this sensation. This is not a harmful situation and some patients do experience this.

Question: *Why does the skin around my hip feel numb?*

Answer: This is a normal and expected finding. The sensory nerves are interrupted with the incision and this results in an area of numbness around the hip. Often, this improves over the course of one year, but may always feel somewhat different.

Question: *What should I be worried about?*

Answer: There are issues that are abnormal and require a call to the physician. These include:

- Increasing redness about the wound.
- Increasing pain and swelling, though it is normal to have increasing swelling following activity. It is also normal for the operated hip to feel warmer than the un-operated hip.

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- A temperature of more than 101.0 as well as drainage from the incision should prompt a call to the physician.
- Leg or foot pain and swelling that does not resolve with overnight elevation and use of compression stockings as well as bleeding gums or blood in ones stool or urine should prompt a call to the physician's office.

At this time, we are using Johnson & Johnson Depuy Total Hip System.

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