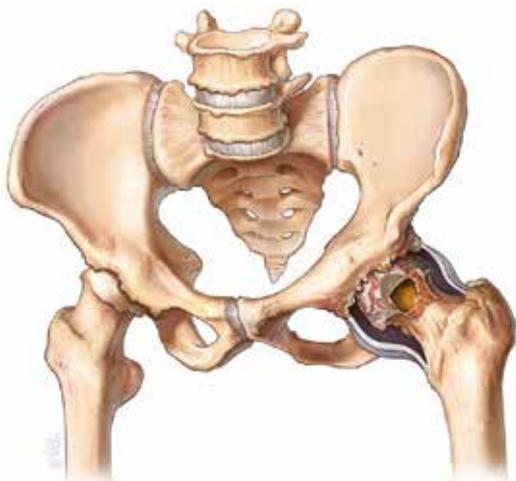


Total Hip Replacement

The operation of a total hip replacement is a well established, long lasting procedure for relieving the pain involved with hip arthritis. This type of surgery has been used effectively now for over 40 years and remains the treatment of choice to achieve an excellent quality of life for sufferers of hip arthritis.



(Left Hip Arthritis)

THE PROCEDURE

ANAESTHETIC

The type of anaesthetic that is used for the procedure will vary according to each patient's co-existent medical conditions and also your wishes. Our group of anaesthetists are all competent in both general and regional (spinal) anaesthetics and will discuss with you prior to the procedure the benefits and risks of each technique.

SURGERY

Through an incision approximately 12-15cm long centred over the side of the hip and curving gently towards the buttock, the hip joint can be entered with minimal trauma to the surrounding muscles. The hip is dislocated and the femur bone is cut through its neck to expose both the pelvic and leg sides of the joint. Depending upon the quality of the bone and the age of the patient either a cemented or cementless component is fixed to the pelvis and similarly to the femur. The ball and socket mechanism of the joint

is then reconstructed with either a metal on plastic (polyethylene) articulation or ceramic on ceramic articulation. Computer navigation may be used to ensure that the leg length obtained is correct and the orientation of the components is optimal to provide for maximum range of motion of the new hip.



(Left total hip Replacement post-operative X-ray)

Following the surgery you will be able to mobilize fully weight bearing on the hip the day after the procedure. You will be aided by the physiotherapist and nursing staff and taught how to safely use a frame initially and then graduate onto crutches.

Your hospital stay will be between 5-7 days and depending upon your home supports and progress, you will either be discharged home directly or to a rehabilitation facility for a further 7-10 days.

Most people will be able to dispense with their crutches approximately 4-6 weeks following the surgery. During this time period you should sleep flat on your back, not cross your legs and use a seat raise for the toilet. These precautions will be emphasised by the physiotherapist during your hospital stay and an occupational therapy assessment of your home may be required prior to discharge.



AFTER DISCHARGE

Driving the car is not allowed for 6 weeks following the surgery and car travel as a passenger should be minimised during this period. These restrictions minimise the chance of the hip dislocating whilst the muscles and soft tissues around your hip heal.

At 6 weeks following the procedure you will be reviewed by your surgeon. Most patients are then given the all clear to return to recreational walking, swimming, cycling, golf, tennis, bowls, gymnasium workouts and other recreational pursuits as desired. It is not advised that you undertake running or jumping activities following a hip replacement.

FREQUENTLY ASKED QUESTIONS

What are the risks involved with the procedure?

There are general risks associated with any surgery, these are those of the anaesthetic (please speak to your anaesthetist prior to the operation), bleeding, blood clots (deep vein thrombosis (DVT) and pulmonary embolization (PE)), infection and vascular injury. Specific to the surgery are the risks of dislocation of the hip prosthesis, leg length inequality, fracture of the pelvis or femur, wear and loosening of the implants, audible 'squeaking' of the articulating components (ceramics), nerve injury.

When can I return to work?

Most people should be able to return to work at 3 months post-surgery. This may be extended if you perform a job involving heavy manual labour.

When can I resume sexual activity?

Sexual intercourse can safely be undertaken 6 weeks following the surgery.

How long do I need to keep taking pain-killing medicine for?

When you leave the hospital you will be given tablet analgesia for pain. You should take this for as long as you have pain when walking or at night. Most people are able to cease analgesics by 4 weeks following the surgery.

Do I need to do physiotherapy when I go home?

You will be given a sheet of exercises from the physiotherapist when you leave the hospital. You should do these exercises as instructed. You do not need to visit a physiotherapist once discharged. Following the 6-week review with your surgeon it may be recommended you commence a hydrotherapy program.

These notes have been prepared by orthopaedic surgeons at OrthoSport Victoria. They are general overviews and information aimed for use by their specific patients and reflects their views, opinions and recommendations. This does not constitute medical advice. The contents are provided for information and education purposes only and not for the purpose of rendering medical advice. Please seek the advice of your specific surgeon or other health care provider with any questions regarding medical conditions and treatment.

