

A patient's Guide to a Total Hip Arthroplasty

“The operation of the century”



You have been indicated for a Total Hip Replacement

Why do I need a Total Hip Replacement?

- Most common reasons why you have been indicated for this surgery.
 - Osteoarthritis
 - This is when the joint breaks down over time.
 - Most commonly caused by Femoral Acetabular Impingement or FAI
 - End-stage Congenital Hip Dysplasia
 - Avascular Necrosis
 - This occurs when the hip has a “heart attack” or loses blood flow to the femoral head (the ball)
 - Hip Fractures
 - most common in older population after a fall

Osteoarthritis of the hip

Normal hip Xray



Arthritic Hip Xray



Approaches for a Total hip Arthroplasty

Direct Anterior

Traditional total hip replacements have been made through a side incision or back of the hip incision. Direct anterior approach involves a 3-4 inch incision at the front of the hip that allows the muscles to be moved without having to detach tendons to replace the worn ball and socket. By not removing tendons, the hip can be more stable so post-op hip precautions can be minimized.



Mini-Posterior

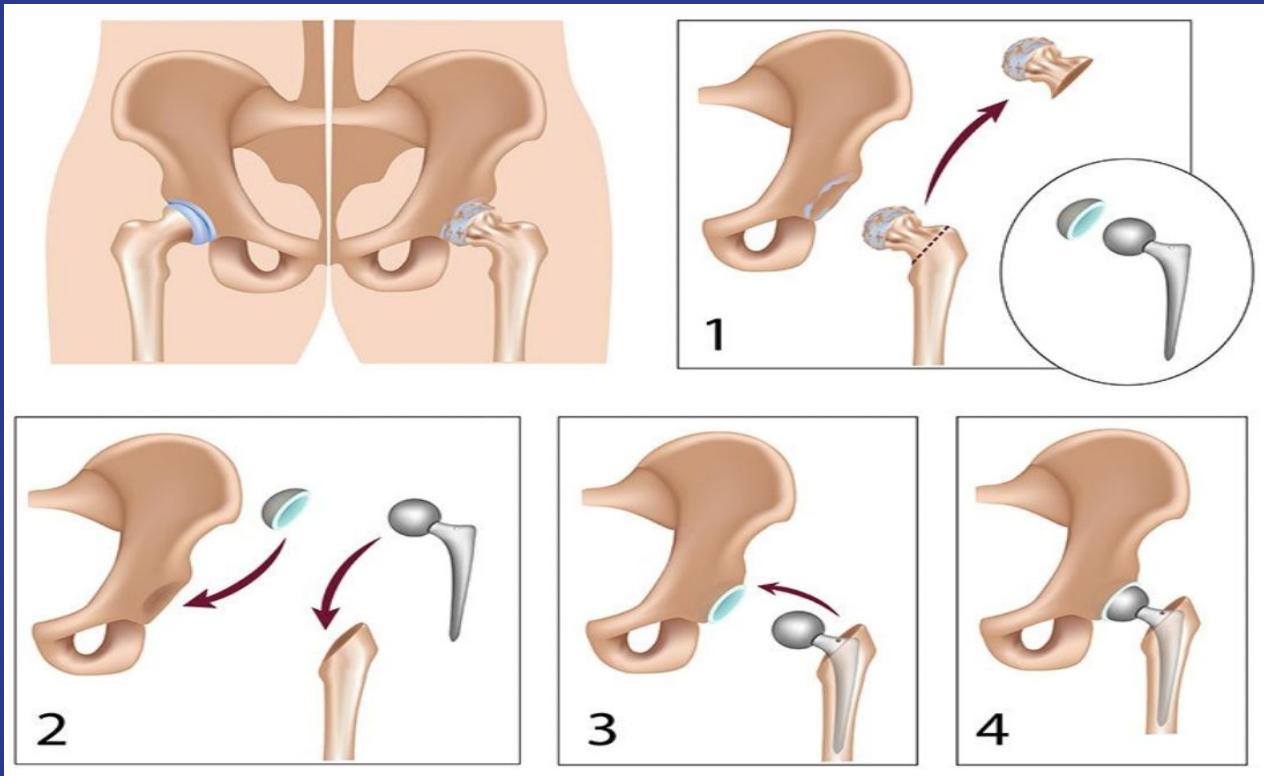
The mini-posterior hip replacement offers as small as an incision as the direct anterior hip approach, roughly around 3-4 inches. The difference is this approach is done through the posterior or back of the hip. The approach is an advancement of the traditional posterior approach, but unlike the traditional posterior approach, Dr. Swann does not have to cut abductor muscles which are used to provide hip stability. Both approaches offer excellent results, Dr. Swann will work with you to decide which approach will be best for you and your new hip!

Risks of Surgery

Risks of Joint Replacement:

- Infection (<1%)
 - Most worrisome complication after a Total Hip Replacement
- Bleeding requiring transfusions
 - Risk is very low unless you are anemic (low blood count) prior to surgery.
- Blood clots
 - Risk is present with any operation of the legs.
 - May cause death in extremely rare cases (1/10,000) if blood clots travels from legs up to the lungs and blocks flow to the heart (pulmonary embolus)
 - Will be placed on aspirin 2x day for 1 month after surgery to minimize this risk. If you are at a higher risk for blood clots, you may be placed on a different type of medication for blood clot prevention.
- Stiffness
- Leg Length Discrepancy
- Fractures
- Dislocation
 - This is very rare, however this can occur with any approach that is used for Total Hip Replacement.
- Hardware Failure/Loosening
 - Very rare for this occur, but this is why you have to follow the precautions and restrictions for 3 months after a hip replacement

The Procedure



X-rays after the surgery



Surgery Logistics

Scheduling

- You will hear from our surgery scheduler within 1 week of your visit today. If not, please contact the surgery scheduler listed in the contact sheet you were given in your new patient packet.
- Usually this surgery will take place on a Wednesday or Friday.
- Dr. Swann will determine if you are a candidate for a surgery center versus a hospital.
- If you are wanting this done sooner than the available dates, we do have an option which we will discuss at the end of this presentation.

Surgery Logistics

Pre-op clearance

- Once you have your surgery scheduled, you will need to get a clearance and a work up from a medical doctor.
 - This could be with your primary care physician or could be done with the hospital who have medical doctors ensure that all medical problems are optimized before your surgery.
- Speciality clearances
 - Some patients may need to see a specialist such as a cardiologist, nephrologist, pulmonologist, etc. before surgery as well. This is on a case to case basis
- All of this will need to be done within 1 month of your surgery date. Preferably 2 weeks before your surgery date.

Surgery Logistics

What would prevent me from
having a Total Hip Replacement?

- Some patients may have comorbid conditions or lifestyle choices that may prevent them from having surgery. If this is the case, we need to make some adjustments to ensure you are safe before proceeding with surgery.
 - Uncontrolled Diabetes.
 - Smoking
 - Illicit drug use
 - Significant medical problems which would be too dangerous to proceed with surgery.
 - BMI over 45

Surgery Logistics

Pre-op appointment with Caleb
Jennings, PA-C

- During this visit, Caleb will go over your lab testing and your clearance letters to ensure everything is safe to proceed.
- He will also go over the medications you will be prescribed for surgery as well as send the medications in to your pharmacy.
- You will sign and go over the operative consent.
- He will make sure you understand what medications you can and cannot take the day of surgery as well.
- This will be the last step before we proceed with surgery and is essential to ensure everything is in place so we do not have any last minute cancellations.
- Before this visit, you must read the "Total Hip Replacement Protocol" located on our website coloradokneeandhip.com

Day of Surgery

Morning of surgery and arrival

- Your surgery time and check-in will be given to you closer to the day. Usually within 1 week.
- You will be given a drink by the hospital to drink 4 hours prior to your surgery.
 - If you do not get this drink, you will want to drink 10 oz of gatorade 4 hours before the surgery.
 - This helps with recovery.
 - Diabetics will not receive this.
- When you wake up in the morning, you will take your permitted medications with a sip of water.
- Nothing to eat after midnight the night of your surgery.

Day of Surgery

- Check in
- Nursing staff will start an IV access
- Anesthesiologist will meet with you and explain the process.
- You will meet with Caleb or Dr. Swann.
- Dr. Swann will site mark you and sign the consent.

Day of Surgery

Anesthesia

- Spinal Anesthetic
 - This is the safest and preferred method for Surgery.
 - It allows you to be numb from the hip down and not have to be intubated with a tube.
 - You will be taking a nap during the surgery.
- Anesthetic Block
 - The anesthesiologist will place a specialized block called a Quadratus Lumborum block to help with pain control for approximately 48 hours after the surgery.

Day of Surgery

After the surgery

- Once your surgery is complete, Dr. Swann will have the nurse call and tell your family that surgery went well and if they have any questions for him.
 - If they do, please ask these questions because we will be operating on other patients throughout the day. If we have time, we will come and check on you in PACU while you are recovering.
- You will recover in the Post Anesthesia Care Unit (PACU)
 - Once your legs start to wake up, you will then get up with Physical Therapy
- Therapy will show you exercises and how to use a walker and be safe at discharge.
- 95% of patients will discharge the same day of surgery after a Total Hip Replacement.

Recovery

Acute Phase of Recovery

- The first few days are painful after any surgery. The pain should get better daily.
 - Most patients are off of narcotics or do not take them after the first 3-5 days.
- You will have Home Health Care come into your house and work with you with PT for 2 weeks.
- You will then follow up with Caleb at the 2 week mark for an incision check.
- The most important thing during the first 2 weeks is swelling, pain control and making sure you are walking.

Recovery

Physical Therapy

- Most patients after a hip replacement will do well with minimal physical therapy. We will go over specific exercises that you should do at your 2 week post op visit.
- Some patients will need more formal physical therapy which will be set up at the 2 week post op appointment.
- Caleb will determine if you will need this or not.

Recovery

Sub-acute recovery phase

- 2 -12 week period
 - During this time, you will continue to work on your exercises and strengthening. Walking is the most important exercise during this phase.
- We have a lot of patients that want to do too much because they are doing so well.
 - We emphasize taking it easy during this time because the parts have to grow into your body which takes approximately 3 months.
 - If you do too much, the parts can loosen up and you could need another surgery.

Recovery

When can I get back to activity?

- Normal activity is okay to start as tolerated such as walking, riding an exercise bike, going to the grocery store, etc.
- Golfing
 - Due to the twisting action of golfing, you will not be permitted to perform a full swing for 3 months
- Driving
 - If you had surgery on the right side, we can not allow you to drive for 8 weeks.
 - If you had surgery on the left side, usually you will be able to drive around the 3-4 weeks time.
 - You must be off of all narcotic pain medications and feel safe to do so.

Patient Testimonial

Direct Anterior Total Hip
Replacement

Direct Anterior Total Hip
Replacement

Concierge Program

- Dr. Swann's surgery schedule can be extremely busy. We understand that some patients want to have surgery sooner rather than later.
- For this reason, Dr. Swann has developed a concierge program where you will get to pick a date sooner than what is available.
- Benefits:
 - Direct communication with Dr. Swann via personal cell phone to communicate any questions or concerns.
 - Appointments will be with Dr. Swann personally. You may see Caleb if Dr. Swann's out of the office which is rare.
 - Improved access to surgery times and availability.
 - Discounted pricing on services that are not covered by insurance.

Questions

We hope you have enjoyed this presentation and we look forward to helping you get back to doing the things you love.