TOTAL HIP REPLACEMENT

THE JOINT REPLACEMENT CENTER
AT PINNACLE ORTHOPAEDICS
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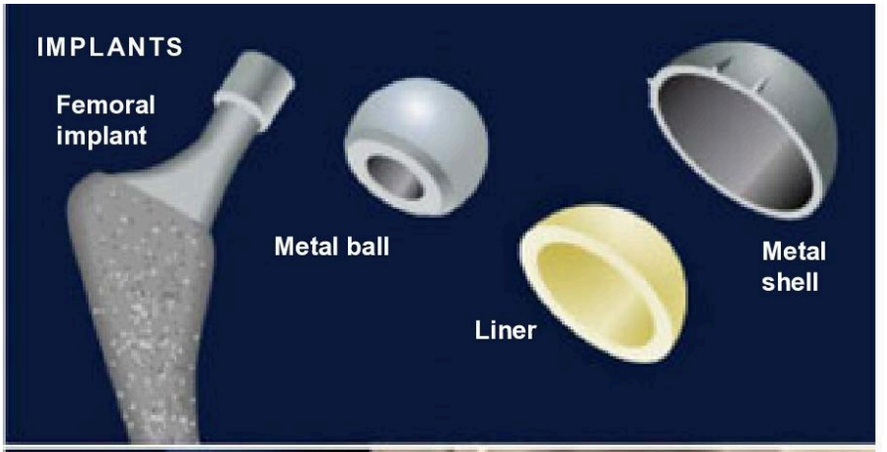
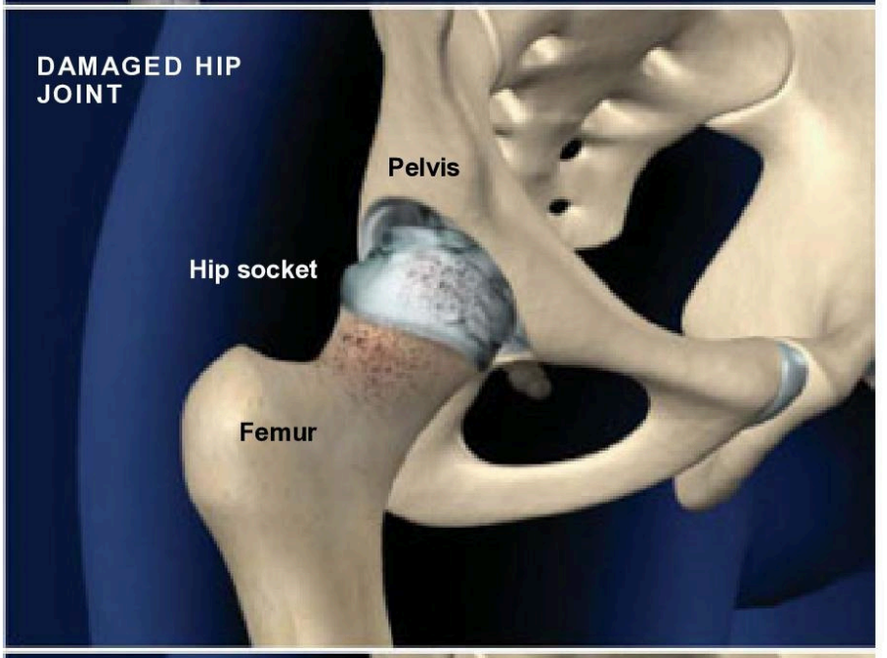
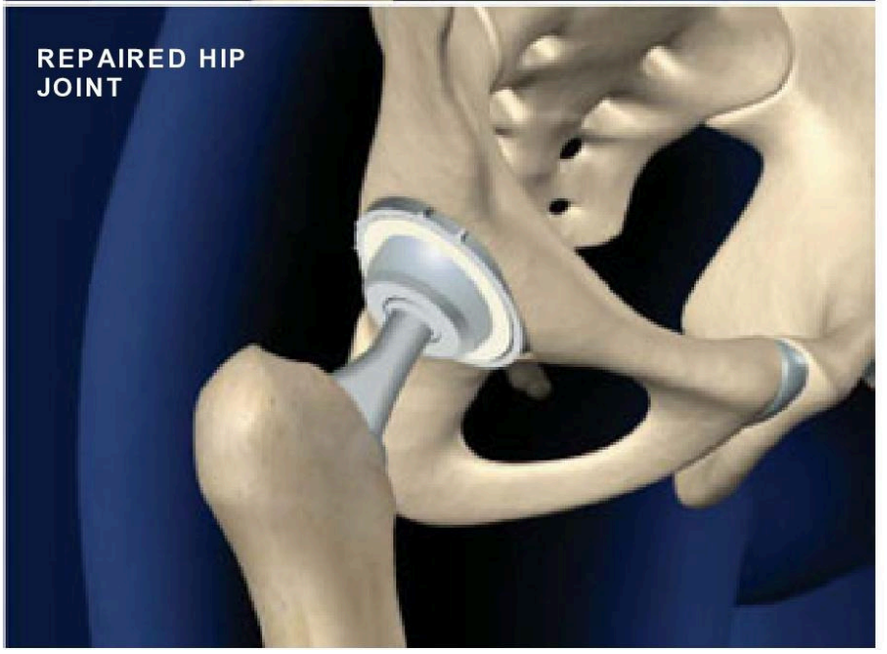
See the Video







Overview
This surgery replaces diseased and damaged portions of the hip with implants designed to restore function to the hip joint. The surgeon uses an incision on the anterolateral part of the hip, instead of a more traditional incision on the side or back of the joint.

The Anterior Approach
The anterior incision allows the surgeon to work between the major muscles of the hip instead of cutting through them or detaching them from the hip or femur. By preserving muscle tissue, the anterior approach may minimize recovery time.

Damaged Bone Removed
After the femur is separated from the hip socket, the damaged ball is removed.

Hip Socket Cleaned
Damaged cartilage and bone are removed from the hip socket.

Metal Shell Inserted
A metal shell is pressed into the hip socket. The shell may be held in place with bone cement or screws.

Liner Inserted
A plastic liner is locked into the metal shell, and the artificial socket is complete.

Femur Prepared
The surgeon now focuses on the femur implant. First, the end of the femur is hollowed out.

Implant Inserted
The metal implant is placed into the top of the femur. Bone cement may be used.

Ball Attached
A ceramic ball component is attached to the stem.

End of Procedure
The new ball and socket components are joined to form the new hip joint.

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TOTAL HIP REPLACEMENT DISCHARGE INSTRUCTIONS

Hip Precautions:

Anterior Approach (Most Common)

- Avoid Positions that cause pain or discomfort

What to expect post-operatively:

- Decrease in energy level. Your body is using a lot of energy to heal.
- Get plenty of rest and eat well (please consider the nutrition program in this booklet)

Activity:

- Get up and move around every hour
- Avoid sitting in overly soft chairs
- Some swelling and stiffness is to be expected

Sleeping:

- It's OK to take short naps during the day

Driving:

- No driving until you have been cleared by your physician to drive
- Do not drive while taking narcotic pain medications or muscle relaxants
- You may be a passenger in a car

Walking: Walking is one of your BEST exercises

- You are encouraged to get out and walk. Be aware of slanted driveways, gravel and uneven surfaces
- Gradually increase your walking distance each day
- Listen to your body; allow comfort to be your guide
- You will progress from a walker to a cane, and then to no assistive device depending on progress, balance and safety
- Do not pivot on surgical leg

Sitting:

- Place a pillow in your chair when you sit. You always want your hips higher than your knees
- When sitting, sit with feet flat on the floor

Stairs:

- Climb as needed, but avoid making too many trips up and down stairs

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ALL TOTALS Hygiene/Incision Care:

- Always wash hands prior to touching incision
- **Do not** allow pets to lick or be near incision until completely healed
- If an Aquacel®, PICO®, or Mepilex® dressing was used you may shower and get the dressing wet, it is waterproof. These dressings stay in place for 7 days and then are removed.
- Once the dressing is removed you may get your incision wet in the shower. Be sure to verify specific dressing instructions, as this sometimes varies from patient to patient.
- If you were approved for the Medflow collagen dressing - please follow the instructions provided in the shipment
- **Do not** take a bath or soak the incision in water until cleared by your provider
- During your shower allow the water to run over your incision and gently wash with soap and water once daily
- Pat the incision dry and apply a new, clean bandage while there is still drainage from the incision
- If not using the collagen dressing - you can discontinue the bandage and leave incision open to air if there is no drainage (after a minimum of 7 days)
- You may have a special type of glue sealing your incision. Do not scrub off. Glue will gradually begin to fall off on its own
- No lotions, ointments or peroxide on the incision unless otherwise specified
- Wear loose fitting clothes over your incision area to avoid irritation

Returning to Work:

- Your physician will instruct when you can return to work at your follow-up visit

Diet and Constipation:

- You may return to your regular diet as soon as you feel like it
- Drink plenty of fluids to stay hydrated. 6-8 glasses of liquid (water, juice) per day
- Eat a diet high in fiber (whole grains and fresh fruits and vegetables)
- Pain medications may make you constipated. Use a stool softener such as Colace 100mg 2 times a day as needed until bowels are regular again. ICall your physician if constipation persist

Medications and Pain Control:

- Resume your regular medications unless otherwise advised
- May apply ice to knee for 20-30 minutes each hour as needed for pain
- Do not use ice right before a therapy session as it tightens up your muscles, but you may use after your therapy session
- You will be provided with appropriate pain medications. Please follow the prescription instructions on the bottle
- Your pain should gradually decrease at which time you may switch to Tylenol or no pain medication at all
- Do not take pain medication on an empty stomach
- Do not drink alcohol while on pain medication

Call your physician's office at ANY time if you have problems such as:

- Fever over 101.5 degrees that persists over 6 hours
- Experiencing side effects from the medications prescribed, such as itching, nausea, vomiting or burning in your stomach
- A substantial increase in pain uncontrolled with pain medication prescribed Increased
- redness or swelling of the incision
- Persistent or increasing drainage from the incision
- Drainage from the incision that has an odor or is tan, yellow or green in color and thick in consistency
- Separation of incision
- If no bowel movement after the use of laxatives, lack of flatulence, abdominal bloating, diarrhea, excessive belching, nausea, and/or vomiting

Go directly to the nearest ER or call 9-1-1 if you:

- Become short of breath Have chest pain
- Cough up blood
- Have unexplained anxiety with breathing

Follow-up Appointment:

- Follow-up with your physician/Provider in 2 weeks.
- If your follow-up appointment has not already been made, please call for appointment.
- Follow-up with your primary care physician if instructed