

# Hip replacement

## FREQUENTLY ASKED QUESTIONS

People facing joint replacement surgery typically ask the same questions. However, if you have questions that are not covered in this section, please ask your surgeon or the joint care team. We are here to help.

### What is arthritis and how does it affect my hip?

Arthritis is an inflammation of the joint that is usually accompanied by pain, swelling, and stiffness. In the hip, the ball (femoral head) at the top of the thigh bone fits into a cuplike area (socket) located at the bottom of the pelvis or hip. A healthy hip normally has a layer of gelatin like material, cartilage, located between the ball and socket. The cartilage allows the ball to move smoothly inside the socket when you change positions.

Over time, the cartilage begins to wear away. With little or no cartilage to serve as a cushion, the nerve endings surrounding the ball and socket become irritated. Bone-on-bone contact is responsible for the pain, swelling and stiffness that are associated with arthritis.

### What is a total hip replacement?

The term total hip replacement is misleading. The hip is not totally removed, to be replaced by a new hip. Rather, the femoral head is removed and replaced with a metal ball. Likewise, the worn socket (acetabulum) at the base of the pelvis is reshaped and a cuplike implant is inserted. Bone-on-bone contact is eliminated and so is the bone-on-bone pain.

### What is the prosthesis?

The artificial ball and socket are referred to as the prosthesis or implant. There are several different types of prostheses. Some are made totally of metal, with plastic liners in the socket while others may incorporate ceramic components. Your surgeon will determine which type of prosthesis is most suitable for you.

### Is it possible to have both hips done at the same time?

It is possible, but very rare, to have both of your hips done at the same time. This is called a bilateral total joint replacement.

Unilateral joint replacement (one hip at a time) is normally recommended. During the recuperation process it will be easier to walk and exercise if only one hip is undergoing the healing process. Usually, the second hip can be scheduled within three to four months of the original surgery. This will allow the first hip ample time to heal.

### What is the difference between a cemented or uncemented prosthesis?

When using the cemented technique, a prosthesis (artificial hip socket) with a smooth finish is cemented or glued into place. In the non-cemented technique, a prosthesis with a porous coating is placed directly into the bone. It is held in place by the elasticity of the bone tissue and by basic friction between the bone and the prosthesis. Over time, new bone will grow and attach to the porous coating anchoring the prosthesis firmly into place.

### Which is better—cemented or non-cemented prosthesis?

The answer to this question is different for different people. Because each person's condition is unique, the doctor and you must weigh the advantages and disadvantages.

Cemented replacements are more frequently used for less active people and people with weaker bones or osteoporosis. non-cemented replacements are more frequently used for more active people. Studies show that cemented and non-cemented prostheses have comparable rates of success.

## **What is the success rate for total hip replacements?**

Approximately 90% – 95% of patients report good to excellent results in terms of pain relief. Most people are able to significantly increase their activity and mobility and return to the low impact activities they participated in prior to the onset of arthritis pain.

## **Am I too old for this surgery?**

Your overall health is more of a determining factor than your age. Prior to the surgery, you will be asked to see your family doctor to assess any health risks. All measures will be taken to prepare you for a successful surgical outcome.

## **How long will my new hip last?**

There are no guarantees on how long your new hip will last. Various factors such as weight, activity type, activity level, etc. can affect the usable life of your new hip prosthesis. Current studies indicate that the average hip prosthesis lasts for 15 to 20 years. With new materials and procedures, this expectation may change.

## **Will I need to have my hip replaced again in the future?**

Some people have a hip replacement that lasts their entire lives; other people need to have the procedure repeated. If the bone does not bond properly to the first replacement, the prosthesis becomes unstable and needs to be replaced. If the plastic spacer that cushions the joint becomes extremely worn, this may also require replacing.

## **Are there major risks associated with this type of surgery?**

All surgeries carry a certain amount of risk. However, because of our proactive approach in preventing possible complications, most of our joint patients are just fine and are ready to leave the hospital in a few days.

We take special care to safeguard you from infection following surgery. You will be given antibiotics both before and after the surgery. To further minimize the risk of infection, we have streamlined the surgical procedure to take less time. The less time your wound is open, the less chance of infection. We will also provide you with a special soap to bath with prior to surgery. The soap is antibacterial and helps in preventing infections.

Following surgery, blood clots can become a problem. You may be given medication to reduce the risk of blood clots forming. Your surgeon may prescribe an anticoagulant. Getting you up and walking soon after surgery is another way to reduce the risk of blood clot.

## **How long does hip replacement surgery take?**

The surgery itself takes about one to two hours. After the surgery you will be monitored closely in a special unit called Post Anesthesia Care Unit (PACU) until the anesthesia wears off. Once you are awake and stable, you will be transferred to a hospital room where trained staff will assist in your care.

## **Who will be doing the surgery?**

Your orthopedic surgeon will be performing your surgery. Usually an assistant will help during the procedure. You may be billed separately for this assistant's services.

You will meet with anesthesia before surgery and they will discuss what anesthesia is best for you based upon your medical condition. Feel free to discuss any concerns/questions you may have with them.

## **What will my scar look like?**

There are several different techniques used for hip replacement surgery. The type of technique used will determine the number, location and length of the scar(s). The traditional approach is to make an incision running lengthwise over the side of the hip. Minimally invasive surgeries (MIS) are becoming more popular. Special instruments are used that allow the surgeon to replace the hip joint through one or two smaller incisions. Your surgeon will discuss which type of surgery is best for you. There may be some numbness around the scar after it is healed. This is perfectly normal and should not cause any concern. The numbness usually disappears over time.

## **Other than the scar, will my joint be any different?**

Normally the new hip joint feels completely natural. However, some people may notice that the leg with the new hip seems slightly longer than it was before. Years of slow degeneration or breakdown of the hip joint may have caused a shortening effect. This process can be so slow that your body will just

learn to compensate for the difference. Once the joint components are replaced, the leg feels longer. In other instances, the surgeon will intentionally lengthen the leg at the joint during the surgery. This is done to prevent the joint from dislocating or popping out of the socket. As time passes, the increased leg length becomes less noticeable. Sometimes a small lift placed inside the opposing shoe is needed to correct the length difference. Consult your surgeon if you encounter this problem.

A few patients report aching in the thigh when standing or weight bearing. Normally this aching will disappear after a few months and the hip is pain free, so patients are ready to resume an activity lifestyle once again.

### **Will I be in a lot of pain?**

Our joint center specializes in joint replacement surgeries. As such, we have considerable experience in caring for patients after surgery and know how to keep our patients comfortable. You can expect a certain level of pain. Your pain medication will ease your pain, but not completely relieve it.

### **Will I need a private nurse after surgery?**

There will be no need for a private nurse. The staff is trained to care for joint replacement patients. They will assist in your care and ensure your discharge needs are met.

### **Will I need a blood transfusion after surgery?**

Blood transfusion is rare following joint replacement surgery, but does occur. This may be related to your medical history. Your doctor will explain if a blood transfusion is necessary.

### **How soon can I get up out of bed after surgery?**

On the day of your surgery, you may get up and begin your therapy or sit in a chair. Your care team will advise you when it is safe to get up. Early the next morning, you will be up and dressed to start the day's activity. Usually, most patients will be walking with a walker or crutches.

### **How long will I be in the hospital?**

Joint replacement length of stay is individual to each patient. Before you are discharged you must reach certain goals with your therapy. You will be instructed about these goals and how to achieve them by the nursing and physical therapy staff.

### **Will I need a walker, crutches or cane?**

Everyone begins with a front wheeled walker. This device provides a smooth steady gait and provides stability. Your doctor or therapist will tell you when it is safe to walk independently.

### **Can I go directly home or do I have to go to a nursing home/rehab center?**

Most patients will be able to return home upon discharge from the hospital. Occasionally, some patients may need a short stay in a rehabilitation facility, but this is the exception rather than the rule. Your care team will be monitoring your progress on a daily basis and will determine if further rehabilitation is needed.

### **Will I need help at home during the first week?**

Although you will be well on your way to recovery when you leave the hospital or rehabilitation facility, do arrange to have someone stay with you at least for the first few days. Be sure to alert the joint care team if you live alone.

To make the transition to home easier, plan ahead. Prior to coming to the hospital, take care of such things as getting prescriptions filled, changing the beds, doing the laundry, general housework, arranging for someone to cut the grass, walk the dog, stocking up on groceries, etc. Your job after surgery is to focus on your recovering, not household tasks.

### **Will I need physical therapy when I go home?**

Your surgeon will determine whether you need therapy.

The need for more physical therapy, after discharge, will be based on your individual progress. To a large extent, your progress will be determined by how much effort you put into your exercise routines. Instructions for your pre- and post-op exercises are included in this book.

## Why should I exercise before surgery?

The better the condition your muscles are in prior to the surgery, the easier and faster your recuperation is expected to be. It is important to learn the exercises and be comfortable with them prior to the surgery so that you can continue them once you return home. Starting the exercises now will build muscle tone and pave the way to a quick recovery.

Begin doing the exercises immediately. Your new joint will be happy that you did.

## After leaving the hospital, when do I need to see my surgeon again?

You will be given specific instructions as to the follow-up schedule at the time of discharge from the hospital.

## Are there any activities that I should avoid initially?

You will be instructed by your joint care team to avoid specific positions of the joint called hip precautions that could lead to dislocation (example, crossing your legs). Avoid high impact activities, such as jogging, singles tennis, basketball, downhill skiing, football, etc. Consult your surgeon prior to participating in any high impact or injury-prone sports. These precautions are temporary and your doctor will advise when you can return to normal activities.

## Are any activities better than others?

Exercise is very important to the entire body to maintain health. It is especially beneficial for your new joint. Ask your doctor when it is safe for you to incorporate low impact activities such as golf, dancing, hiking, swimming, bowling, gardening, etc. back into your normal routine.

## When can I return to work?

The physical demands required for your job, as well as your own progress, will determine when you can return to work. Typically, people plan on taking a one month leave of absence from work. Some people with very sedentary jobs may be able to return sooner. Your surgeon will tell you when you can return to work. recovery has progressed. Regardless of your progress, you should not consider driving, especially if you are still taking prescription pain medication.

## When can I drive?

How soon you return to driving will be determined by your doctor. Another consideration is the mechanics it takes to drive your car. If you have had a left hip replaced, you may be able to drive a car with an automatic transmission in as little as four weeks depending upon your own personal progress. If your surgery was on your right hip or if you are driving a car with manual transmission requiring the use of both feet, then you may not be ready to drive for six or more weeks.

## When can I resume having sexual intercourse?

After surgery it will take time to regain your strength, as well as confidence in your new hip. Most people feel able, physically and mentally, to engage in sexual activity about four to six weeks after surgery. Although individuals vary in their healing rate, at the four to six week point, the incision, muscles and ligaments are usually sufficiently healed to consider resuming sexual activity. Talk to your surgeon if you have any questions.

## Will my medications affect my ability to engage in sexual intercourse?

Some medications can affect your performance and/or enjoyment during intercourse. Many narcotic pain relievers and cortisone medications can decrease sexual performance. Other common medication-related side effects are a decreased interest in sex, abnormal erections, vaginal dryness, and delayed orgasms.

If you sense that your medication is causing these side effects, try having sex in the morning before taking your first dose or in the evening before your last dose.

**DO NOT** adjust or stop taking your prescribed medicine without consulting your surgeon. Normally, a simple adjustment or change of medication can eliminate unwanted side effects.

## Are there any positions that should be avoided during sexual intercourse?

After total hip replacement, it is important to avoid positions that could cause your hip to pop out of place or dislocate. Carefully adhere to the following hip precautions:

- **DO NOT** bend the affected hip more than 90 degrees.
- **DO NOT** bring your knee higher than your hip.
- When lying on your back, **DO NOT** roll your affected leg towards the other leg. Keep the affected leg relatively straight, in-line with the hip.

- When lying on your side, **DO NOT** cross the affected leg over the unaffected leg.
- When lying on your side, place pillows between your legs to keep your legs parallel to each other.

Usually the most comfortable position for both males and females immediately following hip replacement is the bottom position.

Females should keep the affected leg out to the side with one or two pillows under the thigh and knee for support. Move the affected leg as little as possible.

Later in the recovery process as the hip swelling decreases and range of motion improves, you may want to experiment with other positions. Stop if you experience discomfort. In case of severe pain, **DO NOT MOVE**. Call your surgeon immediately for instructions.

### Side-lying position

- The female joint replacement patient should lie on the unaffected joint side, using at least two pillows between the legs to support the affected leg. Position the pillows to prevent the affected leg from crossing over the other leg.
- The male joint replacement patient should lie on the unaffected joint side and use his partner's legs to support his affected leg. The female partner should place at least two pillows between their legs so that the male's affected leg is positioned safely. Care should be taken not to bend the hip over 90° or let the leg cross over to the mattress.

### Top position (suggested for males)

- When assuming the top position from a back lying position, **DO NOT** roll your affected leg inward towards the other leg. Keep it straight and in-line with the hip.
- **DO NOT** bend the affected hip more than 90 degrees.
- Keep the affected leg out to the side with the toes pointed slightly outward.

### Sitting position (suggested for males)

- Place one or two pillows on the bed or chair so that the hips are higher than the knees when sitting. The hip should be bent less than 90 degrees.

- **DO NOT** allow the knee of the affected leg to raise past the level of the navel.
- Be careful when exiting the chair or bed. **DO NOT** bend the affected hip more than 90 degrees.

### What if sexual intercourse doesn't go well?

Remember, you are still in the healing process. Just like other activities that you are returning to, it may take some time to regain your former stamina. Realize that these changes to your sex life are temporary and are needed to protect your new hip joint. Just relax. You'll be back to your old self in no time.

## TRAVEL

### Will my new hip set off security sensors when traveling?

The prosthesis is made of a metal alloy and may or may not be detected when going through some security devices. Notify the Airport Security at the airport prior to flying that you have an artificial hip joint.



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