

## **Common Questions Prior to Total Hip Replacement**

Hip replacement (also known as hip arthroplasty) is an effective treatment for end stage arthritis of the hip. Common questions are answered below; feel free to call our office with additional questions.

### ***What is hip arthritis?***

Hip arthritis is a condition where the cushion between the two bones in the hip (cartilage) has worn out and deteriorated. This is most often due to slow gradual wear and tear, but can also be due to broken bones, vascular problems and infection.

### ***What is a total hip arthroplasty?***

The hip is a ball and socket joint. In a total hip replacement, the socket (medical term acetabulum) is replaced with a metal “cup” lined with an advanced plastic bearing surface. The ball portion (medical term femoral head) of the hip is replaced with a high strength metal or ceramic ball which is mounted on a stem which is placed in the femur (thigh) bone to fix it rigidly in place. In this way, the damaged surfaces are replaced while leaving the majority of the bone around the hip intact.

### ***When is it time to have a hip replacement?***

Most of the time, hip replacement is an entirely elective procedure. You may delay it for months or even years with no increased difficulty for the patient or surgeon. You should not let anyone tell you that you “need” a hip replacement, because for the most part hip arthritis is certainly not a life-threatening condition. The reason to get a hip replacement is to improve pain and function.

That being said, hip replacement is very successful relieving the pain and disability associated with hip replacement. If you have arthritis and groin pain and have either 1. pain that keeps you up at night, or 2. you have progressed to walking with a cane or have other significant disability related to your hip, it may be time to consider hip replacement.

### ***Do you use minimally invasive surgery?***

Yes, I was specifically trained in minimally invasive techniques. Fifteen years ago, hip replacement was performed using a large incision and patients stayed in the hospital for a week. Now hip replacement can be performed through smaller incisions and patients make a more rapid recovery.

However, my main focus is on building a durable reconstruction that will last for years, and we use a surgical incision length that will allow us to place your hip implants in an optimal position.

### ***Do you use a direct anterior hip approach?***

Yes, we do use direct anterior hip replacement for the majority of patients undergoing first time hip replacement. I like the direct anterior approach because it allows more accurate installation of the hip replacement parts and patients recover slightly more rapidly than with other approaches. No specific hip precautions are necessary after a direct anterior approach.

Not everyone’s hip is suitable for direct anterior hip replacement. If you have had previous hip surgery, have extensive bone deformity or have a high Body Mass Index (ratio of your weight to your height) than anterior hip replacement may not be the best option for your hip replacement.

### ***Where does the surgery happen?***

The hip is replaced in a surgical procedure with the patient under anesthesia. Regional anesthesia is usually used which provides excellent pain relief both during and after the surgery. The

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surgery takes approximately an hour to an hour and a half. Patients usually are transferred from the operating room to the recovery room and then later in the afternoon go their hospital room. All surgery is performed in operating rooms specially designed for joint replacement.

### ***How long do I stay in the hospital?***

Patients do not have any additional medical problems can leave the hospital the same day as long as someone is able to stay with them the night of surgery. Other patients usually stay in the hospital for one night following a hip replacement. During that time, we will be monitoring your vital signs and laboratory values. Most importantly, the physical therapists will be teaching you how to get around on your new hip.

Even patients who leave the same day as the surgery are evaluated by physical therapists and we make sure that patients can climb stairs, get in and out of a car, and maneuver in their simulated home environment.

### ***What is physical therapy like after a hip replacement?***

After your hip replacement, the physical therapists have an intense schedule to maximize your mobility. Patients receive both physical therapy prior to the actual hip replacement and then in the hospital after the hip replacement. Specific hip strengthening exercises are not usually required after hip replacement; and in many cases repetitive strengthening exercises can irritate the new hip. The physical therapists assure that you are safe to walk, get in and out of a car and go up and down stairs. The best hip strengthening exercise after surgery is walking at a moderate pace.

### ***Will I be in pain after hip replacement?***

Most patients experience some amount of pain after hip replacement. Spinal anesthetic is used in the vast majority of patients which allows patients to be asleep during the surgery. Most patients however do not require a breathing (endotracheal) tube. In the hospital, patients have several different medications to control pain including anti-inflammatory medications, nerve pain medications and traditional narcotic pain pills. Patients go home with all three of these medications. Most of the time patients are free of narcotic pain pills by 2-6 weeks after surgery.

Often patients are mostly pain free by eight to twelve weeks after surgery. While some patients may continue to experience some amount of pain, the vast majority of people are extremely happy with the improvement in pain compared to before the surgery.

### ***Will my legs be the same length after surgery?***

The vast majority of patients have the same leg length after the operation as before. We use several checks in the operating room to make sure this is the case. In rare cases, it is necessary to lengthen the leg with the hip replacement slightly to make the hip more stable, however this is very uncommon. Many people with severe hip arthritis feel that the leg with the arthritis is shorter than the other leg. We can correct this to a certain extent, and we should discuss it prior to your surgery.

### ***How do you prevent blood clots after surgery?***

We use several strategies to minimize the chance of a blood clot after surgery, including spinal anesthetics, calf compression devices and early mobilization. In additions hip replacement patients are placed on a blood thinner for six weeks after surgery. This blood thinner is usually aspirin unless patients have a history of blood clots.

### ***Should I donate blood prior to my hip replacement?***

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I generally discourage patients from donating their own blood prior to a hip replacement, as it does not reliably decrease your need for allogeneic blood (blood from the blood bank).

### ***Do you use the problem hip implants that I see on TV?***

Several hip implants have been recalled, and you have probably seen these in commercials on TV. These implants use an all metal ball that rubs on an all metal socket. We have never used these implants at the University of Maryland, preferring a different style of implant that have a demonstrated track record of durability.

### ***How long does a hip replacement last?***

80% of hip replacements are still functioning well for patients at 20 years after surgery. Several factors determine how long a hip replacement lasts including patient age and activity level, the type of implant used and the reason the hip was replaced. Hip replacement materials continue to improve, and we are optimistic that current designs will last longer than the ones we were using twenty years ago.