**Total Hip Replacement**

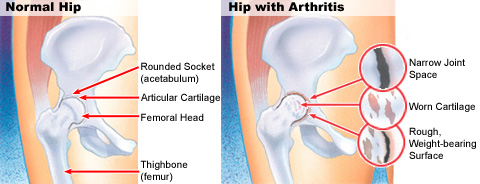
**Surgery Packet**

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**Why Am I Having A Total Hip Replacement?**

Patients who are preparing for total hip replacement typically have pain while ambulating. The pain that is coming from your hip is due to the loss of cartilage in your hip. The term *hip arthritis* refers to the loss of cartilage from the hip. Cartilage is the bearing surface for your hip. When cartilage erodes from the ends of your hip, you have bone rubbing on bone. The two areas of the hip that are affected by arthritis is your femoral head and acetabulum. Below is an illustration of a healthy and arthritic hip.



Conservative treatment for knee arthritis includes anti-inflammatory medication (e.g. Ibuprofen, Aleve, Mobic), weight loss, and physical therapy. When these conservative measures fail to relieve pain, hip replacement is definitive treatment.

**What Is Total Hip Replacement (THR)?**

Total Hip Replacement, also known as total hip arthroplasty, is surgical procedure performed to resurface the hip joint. There are multiple approach for performing total hip replacement. The two approaches that I perform are the anterior and posterior approaches. At your consultation, I will discuss which approach is appropriate for you. In the anterior approach, an incision is made over the anterior aspect of the hip, and for the posterior approach, the surgical incision is made over the side of the hip. In both procedures, I will cut the ball of the hip and replace it with metal stem and ball. I will then ream the acetabulum and insert a metal cup and plastic liner.

**What Is Robotic Total Hip Replacement (THR)?**

Robotic hip replacement involves the use of the Stryker Mako Robot. I utilize the robot in certain parts of the surgery to ream the acetabulum and place the cup for the hip replacement. By using the robot, I accurately place the components for your hip replacement every time. Prior to surgery you will need to go to the hospital to get a CT scan of your hip. This CT scan will be used for surgical planning.

**What Are Hip Precautions?**

After a total hip replacement, there is a small chance of hip dislocation. Hip precautions refer to movements that you should avoid with your hip to prevent your hip from dislocating. If you have an anterior total hip replacement, you may not extend and externally rotate your hip. If you have a posterior approach, you may not flex your hip past 90 degrees and internally rotate your hip.

**What Are The Risks Associated With Total Hip Replacement?**

The risk of total hip replacement include damage to nerves, arteries, and veins in the area of surgery. There are risks of infection, development of blood clots, dislocation, and stiffness postoperatively. With any surgical procedure, there is a risk of anesthesia which can include death.

**Going To The Dentist After Total Hip Replacement?**

I recommend no dental work for 6 months after surgery to decrease risk of infection of hip prosthesis post total hip replacement. After 6 months, whenever you visit your dentist, please let he or she know that you have a prosthetic joint and you will be given antibiotics to be taken 30 minutes to cleaning or any dental procedure. The oral cavity is well vascularized and bacteria from the mouth can travel to your joint replacement and infect it. Taking antibiotics prior to dental procedures can reduce this risk, so I always recommend taking antibiotics prior to any dental procedure.

**Can I Have an MRI after Total Hip Replacement?**

Yes.

**So, I am Scheduled for Surgery, What’s Next?**

* Preoperative tests include lab work, chest x-ray, and electrocardiogram within 30 days of surgery
* Preoperative Exam with your primary care physician within 30 days of surgery
* Preoperative Exam by myself within one to two weeks of date of surgery
* No anticoagulants, such as Plavix, Xarelto, Ibuprofen, etc, for 10 days prior to date of surgery
* Nothing to eat or drink after midnight on night prior to surgery. However, you may have your medications with a sip of water
* Prior to your surgery date, you will need to go to the hospital admitting department for preadmission
* If you feel sick or have an infection, ***please call my office at 310-644-1151***. Hip replacement is an elective procedure and cannot be done if you have an active infection.

**Day of Surgery: What Should I Expect?**

Our staff will have given you the time of your surgery, and you will need to come to the hospital approximately one and a half hours prior to surgery. You will go to the admitting department where a hospital staff member will lead you to the preoperative area. You will change into a gown and leave your valuables with your family. You will need to remove any piercings and notify hospital staff of any metallic implants that you may have. If you have a pacemaker, please let alert your nurse. A nurse will be inserting an IV. The anesthesiologist will come by and discuss with you regarding spinal anesthesia. Spinal anesthesia is another form of regional anesthesia where an anesthesiologist injects pain medication into lower back to make legs completely anesthetized for several hours while the surgery is being performed.

I will meet you in the preoperative area where I will again discuss the procedure and mark the side that is having surgery. I will confirm the site of surgery with you. Soon thereafter, you will be taken into the operating room, where the procedure will be performed.

After surgery, you will go to the recovery room where you will be monitored till the spinal anesthesia wears off. Your pain may be minimal due to the spinal anesthesia. You may even start physical therapy in the recovery room. After leaving the recovery room, you will go to your room in the hospital. The physical therapist will come by to teach you how to walk. You will work on walking on the floor at the hospital, and you will also learn how to climb stairs. I recommend working on quadriceps strengthening exercises, such as straight leg raises, while in bed. The physical therapist will make an assessment on when you can go home or if you may need additional rehabilitation at rehabilitation center.

**Postoperative Day One**

On the first day after surgery, you will be working with physical therapy. I will come by to see you and take out the drain. A phlebotomist will be by to draw blood work from you. Based on physical therapy recommendation, you may be able to go home. Prior to leaving home, you will have an ultrasound of both your legs to ensure that there is no blood clots prior to leaving the hospital. You will be discharged on Aspirin 325mg for 30 days and pain medication.

**Before The First Postoperative Appointment**

You are at home, and I have several recommendations for your postoperative activity level. You may begin walking. I do not recommend extensive walking, such as walking greater than 5-10 mins, for the first two weeks. You will either have home physical therapy or outpatient physical therapy sessions scheduled that you will attend. Wound care is important. The surgical site should be kept dry, and you should change dressings daily after applying betadine to the wound. You may have received supplies at the hospital, or you may purchase dressings at your local pharmacy. You will need Betadine, gauze, and tegaderm dressings. When inspecting your wound daily, if you have any concerns, ***please call me at 310-644-1151***.

For Robotic Hip replacement, you have another dressing on the other hip for a tracker that was placed for the robot. This dressing does not have to be changed till first postoperative appointment.

**Postoperative Instructions**

1. Wound Care: After postoperative day 2, your dressing needs to be changed. To change the dressing with sterile technique, wash your hands, wear gloves, and remove the current dressings. Apply betadine to sterile gauze. Then, cleanse wound by rubbing betadine-soaked gauze on the wound. Then, apply gauze directly over wound, and secure gauze with tape.
2. Showering: Keep the wound dry till 2 days after staples are removed. Staples will be removed 10-14 days after surgery
3. Blood thinners: You will be issued a prescription for Aspirin with your discharge medications. Please take Aspirin once daily as directed for 30 dats after surgery. The only exception to this is if you were on prior anticoagulants, such as Plavix or Xarelto. In this case, I will have you resume this anticoagulant on discharge. Under no circumstances take two anticoagulants at the same time as this can unnecessarily increase your risk of bleeding. If you have questions, do not hesitate to call me.
4. Physical therapy: If you are discharged home from the hospital, a home health physical therapist should be visiting you 3 times a week to work on knee range of motion and gait training. If the therapist has not contacted you, **please call my office**. If you have been discharged to a rehabilitation center, you should have therapy daily.
5. Postoperative Appointment: If you do not have a postoperative appointment please call my office to have one setup 10-14 days from surgery.
6. Pain Medications: After being discharged from the hospital, you will be issued a prescription for a narcotic pain medication. If you notice that your pain is not being relieved by the pain medication prescribed or you are running out of pain medication, please contact my office during business hours prior to Friday afternoon as new pain medications will not be issued after hours or during the weekend. Narcotic prescriptions cannot be refilled over the phone and will not be refilled on weekends. Our office routinely prescribes narcotic pain medication for 4-6 weeks after surgery. If you require pain medication beyond this interval you may be referred to your PCP or to the Pain Clinic for further evaluation.
7. Please call Dr. Chandran's office, your PCP or report to the ED if you have any nausea, vomiting, fever greater than 101.4, swelling, chest pain, shortness of breath, increased pain/redness/drainage from your incision sites, numbness/tingling, or any other concerning symptoms.
8. Activity: You can put as much as weight as you can tolerate on your hip. You may progress off supportive devices, such as walker, cane, etc, as tolerated and as stated by your physical therapist.
9. Postoperative swelling: After a knee replacement, both your legs can swell. This swelling can continue for several months after surgery. If the swelling is painful, please contact my office and go to the emergency room because that could be a symptom of a deep venous thrombosis.
10. Postoperative shortness of breath: If you experience shortness of breath, this could be a symptom of pulmonary embolism. Other symptoms of pulmonary embolism include rapid pulse, sweating, and chest pain that worsens with inspiration, coughing up blood, lightheadedness, feelings of apprehension. If you experience any of these symptoms call the office or go to the closest ER.