

OAKLAND ORTHOPEDIC PARTNERS

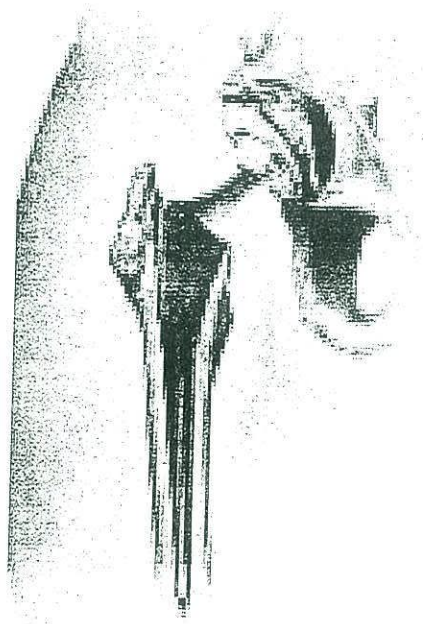
TOTAL HIP REPLACEMENT

A PATIENT GUIDE TO SURGERY

Dr. Bruce Henderson

248-334-0524

www.oaklandorthopedic.com



Provided to assist you and your family before and after surgery, this booklet contains important information to prepare for your surgery and as you heal. This is a partnership, and we will do our best to care for you.

Please carefully read this entire booklet. It will make you comfortable with the surgical experience and explain general and specific surgical risks. Should you have any questions, please call the office and one of our staff will be happy to assist you. It is our privilege to care for you.

IMPORTANT PHONE NUMBERS

Office appointments.....	248-334-0524
Surgery Dr. Henderson/.....	248-334-0524
...../Lil.....	248-858-3842
Billing / Nancy.....	248-334-0524
Office Manager/Charlotte.....	248-334-0524

If you have any questions regarding your surgery, please call the office at the above phone numbers.

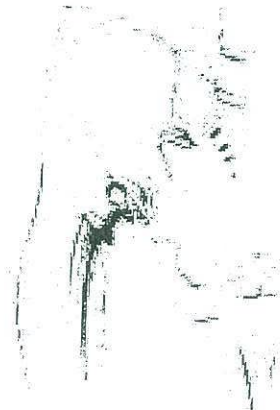
If you have any questions regarding the Joint Care Center, please call Martha at 248-294-6780.

NORMAL HIP

The hip joint consists of a socket formed by the iliac bone of the pelvis and a round ball attached to the top of the thigh bone (femur). Normally there is a thick layer of articular cartilage similar to a Teflon coating completely covering the ball and socket surfaces. The cartilage allows the joint to move smoothly and painlessly during most of our lives. Unfortunately, due to arthritis, trauma or other factors, the cartilage can wear away causing a "bone-on-bone" condition. This can be quite painful, but often these problems do temporarily respond well to medications, injections or other non-operative treatments. Another fairly common problem is that the ball itself may lose some of its blood supply causing the bone of the ball to deteriorate.

TOTAL HIP REPLACEMENT

A total hip replacement consists of a resurfacing component for the socket, combined with a new ball, which is attached to a femoral component anchored securely in the canal of the femur. The ball and socket prosthesis are made of metal with a hard plastic liner fitting inside of the socket to buffer one metal component from the other. During the surgery, the bone of the femoral canal and the iliac socket are precisely machined for a perfect fit with the prosthesis placement. The femoral component may be either cemented securely at the time of surgery or a press-fit, which is a non-cemented prosthesis. While both types of prostheses can provide excellent restoration of function of the hip, the advantage of the cemented prosthesis is that the recovery process can be hastened to allow full weight bearing status within a few days of surgery, while a non-cemented prosthesis generally requires a period of partial weight bearing status.



LONGEVITY

“How long will my hip replacement last?” The longevity of a hip replacement is dependent on many variables such as the patient’s activity level, body weight and bone density. **In general, given the optimal conditions of the above three variables, the modern prostheses have the potential of providing 20 or more years of pain free service.**

COMPLICATIONS

Complications are possible. These would include stroke, heart attacks, blood clots, anesthesia complications, infection and nerve damage. Other rare complications include calcium deposits, transfusion reactions and long term loosening. Many preventative measures are taken so that all of these problems are extremely rare.

EXPECTATIONS

The protocols of the Joint Care Center are carefully designed to address and minimize the possibility of complications. ***Most patients do extremely well with no complications or difficulty.** High personal motivation and compliance with our well structured program equal positive outcomes. Healthgrades.com documents that Saint Joseph Mercy Oakland has the lowest complication rate of any hospital in Southeastern Michigan!

RECOVERY

“ATTITUDE IS EVERYTHING”

Clearly, the most important factors in successful recovery are the patient’s attitude, motivation and efforts. A positive upbeat attitude tempered with humor and a willingness to work hard will make a major difference in your recovery.

The recovery process can be quick or somewhat slow, depending on the attitude and motivation of the patient. While the swelling and soreness will take several weeks to completely resolve, it is possible to have resumed almost all of your normal activities including walking without support, use of stairs and driving in about two weeks. Our specialized Joint Care Center will help to help you make this happen.

COACH

You will need a coach to encourage and help you in the entire process of joint replacement. Your coach can be anyone....a spouse, family member or friend. Your coach must attend the scheduled preoperative teaching class with you, and at least one or more sessions of group therapy while you are in the hospital. Your coach will continue to work with you after discharge with a full knowledge and understanding of the program of exercises that you must continue for a quick and easy recovery. **It is okay to be home alone some of the time during the day, but your coach or someone over 16 years old should be available to check on you and to stay with you for the first couple of nights after you return home.**

YOUR SURGERY EXPERIENCE

PREPARING FOR SURGERY

STARTING NOW

- **Stop smoking.** Smoking reduces circulation to the bone and soft tissues and severely impedes healing. It can lead to serious infection and blood clots. You must stop tobacco and nicotine 4 weeks prior to surgery.
- **Preoperative Vitamin Protocol:** To begin one month prior to surgery.
Ferrous Sulfate This prescription will be sent to your pharmacy and should be taken twice a day.
Vitamin C 500 mg Purchase at a vitamin store. This will be taken twice a day.
- **Stop aspirin, fish oil, ibuprofen or vitamin E or other blood thinning medications or vitamins and herbal supplements 7 days prior to surgery.** PLAVIX OR COUMADIN SHOULD BE STOPPED 5-7 days before surgery. Please clear this with your prescribing physician. Such drugs can cause increased bleeding during and after surgery.
- **Please have one non-acrylic nail on your hand available.**
- **Please remove all nail polish**
- **Medical or dental procedures including teeth cleaning should be done two weeks prior or 3 months after surgery.**

THE DAY BEFORE SURGERY

Items to pack for your hospital stay

- All of your medications in their bottles
- Insurance cards
- Durable power of attorney and living will papers
- Loose fitting and comfortable clothes including shorts and underwear
- Toiletries
- Walker

Eating and Drinking: *Do not* eat or drink anything after midnight the day of surgery. You may take your usual medication early in the morning with a sip of water.

Cleansing: The night before surgery, shower or wash with Dial or PhisoHex soap. Do not shave your knee, hip or leg area one day prior to your surgery. This will be done at the hospital.

THE MORNING OF SURGERY

- **Do not** eat or drink anything! If you take daily medication, you may take it with a sip of water early in the morning.
- You may brush your teeth, but do not swallow any water
- Please do not wear any moisturizers or makeup of any kind.
- Please do not wear any jewelry or bring any valuables
- You will need to arrive at the hospital 2 hours prior to your surgery time. You will be given a time by the St. Joseph Mercy scheduling department.
- Upon arrival at pre op, you will change into a hospital gown and the nursing staff will insert an IV and draw blood.
- After surgery, you will go to the recovery room, where you will stay for generally 2-3 hours after surgery until you are stable. We ask the family to be patient as recovery times vary from person to person.
Visitors not allowed in the recovery room.
- Pain medication will be provided either by mouth or injection. A 0-10 pain scale will be used to assess your pain. Most of the pain will be prevented by intraoperative injections into the hip or nerve blocks.
- The patient will be served a clear liquid tray as soon as they are able to tolerate a diet, which will be advanced as soon as possible.
- You will be getting out of bed and sitting in a chair the day of surgery. Physical therapy may begin also.

DISCHARGE

Symptoms to report immediately:

- **Sudden onset of increased pain at incision site**
- **Any increase or change in drainage**
- **Fever of 101 degrees or more**
- **Calf pain and/or sudden swelling of the calf**

POSTOPERATIVE APPOINTMENT

Your orthopedic surgeon will want to see you 10-14 days after surgery. Please call the office to schedule this appointment after your return home.

DRIVING

- Usually you may resume driving 2 weeks postoperatively, but **do not** drive until you are cleared by your surgeon.

HOME THERAPY

Home physical therapy will begin within 24 hours of discharge. Your progress will be monitored as you continue the recovery program you learned while in the hospital. Home physical therapy will provide you with a seamless transition to your recovery at home.

PRECAUTIONS FOLLOWING TOTAL HIP SURGERY

DO NOT

- Bend your hip at more than a right angle/ 90 degrees
- Roll your knee inward
- Cross your legs at the knee in any activity
- Sit in low chairs or couches.

DO

- Use a raised toilet seat
- Use pillows on soft chairs and on car seats

LYING DOWN

- You may sleep on your stomach if it is tolerable
- You may sleep on your back or on the affected side if you put two pillows between your knees. **Do not** sleep on your **unaffected** side.

TO SIT

- Place the affected leg slightly forward. Reach for the chair before lowering yourself. Keep your trunk as upright as possible.

TO STAND

- Move to the edge of the chair. Bend the unaffected leg under you, keeping the affected leg further out in front of you. Push with your arms from the chair to stand, then grab onto your walker.

WALKING

- **Do not pivot!** Turn by picking up your feet

ANTIBIOTICS

- **Antibiotics should always be taken prior to any invasive medical procedure or dental appointment.** This is to be a lifelong practice now that you have a joint replacement. The physician doing the procedure should prescribe the antibiotic that is most appropriate for whatever is planned.

PARTNERSHIP

It is important to recognize that you are a partner in this process and have a responsibility to follow instructions carefully. A compliant patient has the best results. Our guidelines are designed to promote the healing process and to prevent the occurrence of problems that may interfere with recovery. They are based on broad experience and are designed to give you the best opportunity for healing and long term pain free use of your new joint.

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If you have any additional questions regarding the Joint Care Center, please call Martha at 248-294-6780.

PREOPERATIVE AND POSTOPERATIVE CONDITIONING

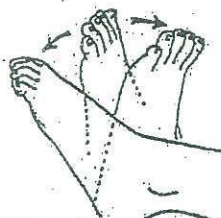
These exercises on the following pages are very important to prepare yourself for surgery. They are also done after your surgery and will be reviewed by your physical therapist. Our goal as well as yours is the best surgical result possible with a pain free joint that allows you to return to the physical activities you previously enjoyed.

Please begin these exercises now, and continue them throughout your recovery. We realize that at times they will be difficult. Remember that we are here to support and encourage you.

Please prepare your home for your return by employing safety measures and managing loose rugs, cords or anything that may be in your way.

EXERCISES

ANKLE PUMPS

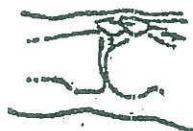
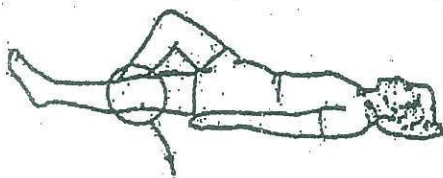


Move foot up. Hold 2-3 counts.

Move foot down. Hold 2-3 counts.

Repeat 30 times 3-5 times daily per hour while awake.. Alternate legs

QUAD SETS-KNEE EXTENSION



Lie on back.

Press leg into mat/floor, tightening muscles on front of thigh.

Hold 10 counts. *Do not* hold breath.

Repeat 10 times 4 times daily.

Alternate legs.

GLUTEAL SETS-HIP EXTENSION

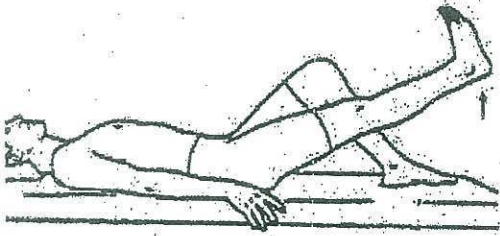


(This exercise may be done while sitting in a chair)

Squeeze buttocks together. Hold 10 counts

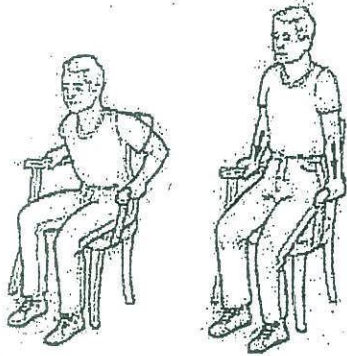
Do not hold breath. Repeat 10 times 4 times daily.

STRAIGHT LEG RAISES-KNEE EXTENSION



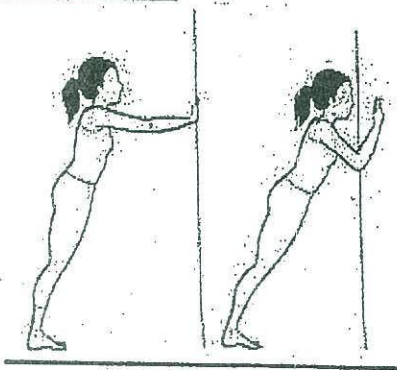
Lie on back with knee bent and foot flat.
Lift opposite leg up 12", keeping knee straight and toes pointed up.
Hold 2-3 counts. Repeat 10 times, 4 times daily. Alternate legs

ARMCHAIR PUSH UPS/ELBOW EXTENSION



In a sturdy chair, place hands on armrest. Straighten arms, rising from chair. Hold 5 counts. Repeat 10 times, 4 times daily.

WALL PUSH



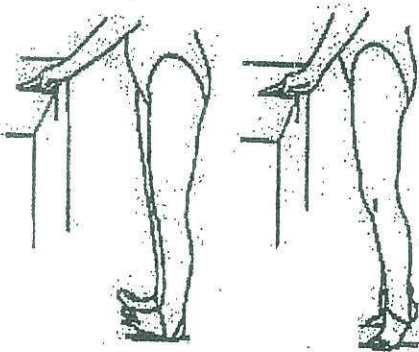
Place hands against a wall. Bend and straighten elbows, using resistance.
Repeat 10 times, 4 times daily.

KNEE EXTENSION



Sit with back against a chair. Straighten knee. Hold 10 counts. Repeat 10 times, 4 times daily. Alternate legs

TOE HEEL RAISES



Standing, hold onto a table or kitchen counter.
Rise up on toes, then rock back onto heels.
Hold 5-10 counts. Repeat 10 times, 4 times daily.