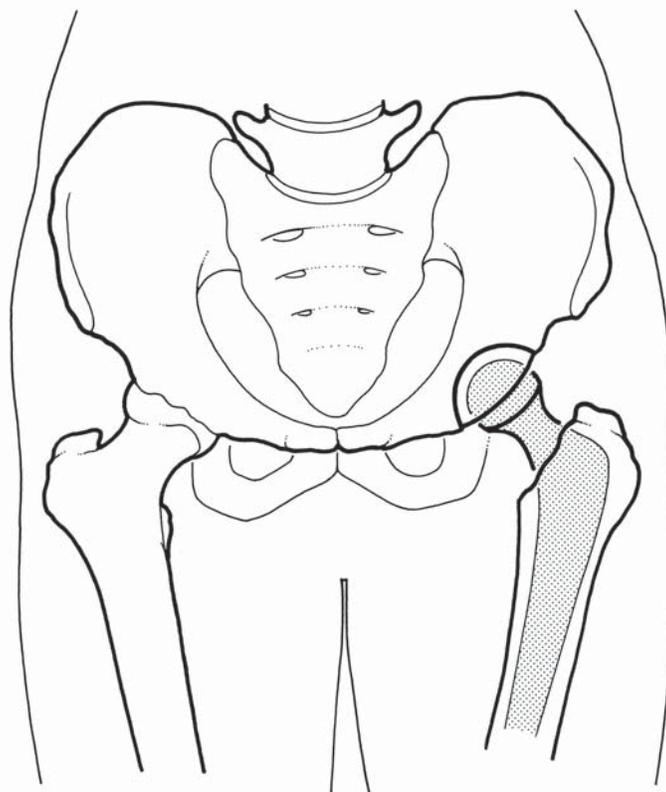




# **Your Total Hip Hip Replacement Operation**



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***Originally developed by:***

VA Medical Center  
4101 Woolworth  
Omaha, Nebraska 68105

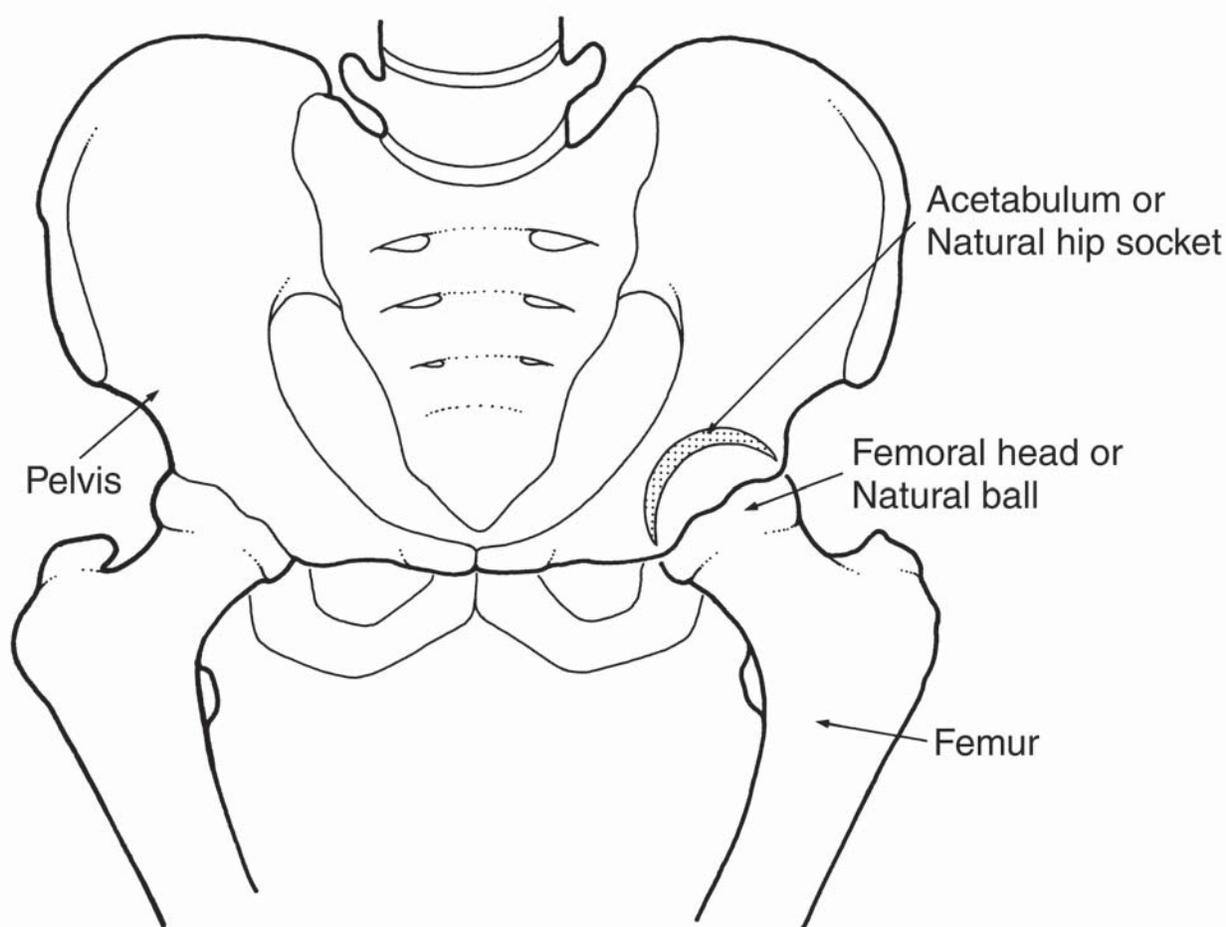
***Revised for Portland VA Medical Center by:***

Jean Moore, RN, BSN  
Barbara Jeffrey, RN, BSN  
Rose Boynton, RN, BSN  
Toni Hecksel, MS, PT  
Alan Albright, PA  
Mark Adams, PT

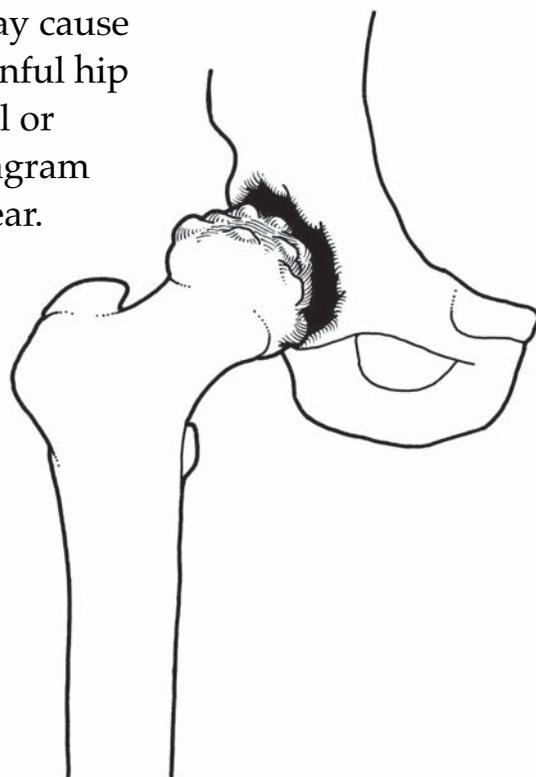
## Total Hip Replacement

This booklet is intended to help you better understand your operation and the rehabilitation process. Please remember this is general information and should not be a substitute for asking specific questions of the staff about your individual case.

Total hip replacement, **arthroplasty**, is offering many patients with hip disease the hope that they will be able to walk again and to be free of pain. In this operation both the **femoral head** and the **acetabulum** are replaced by a prosthesis.



Severe arthritis and/or injury to the hip joint may cause some people to develop an inflamed, rough, painful hip joint. Once the hip joint becomes non-functional or painful, an operation may be necessary. The diagram below indicates how this painful joint may appear.

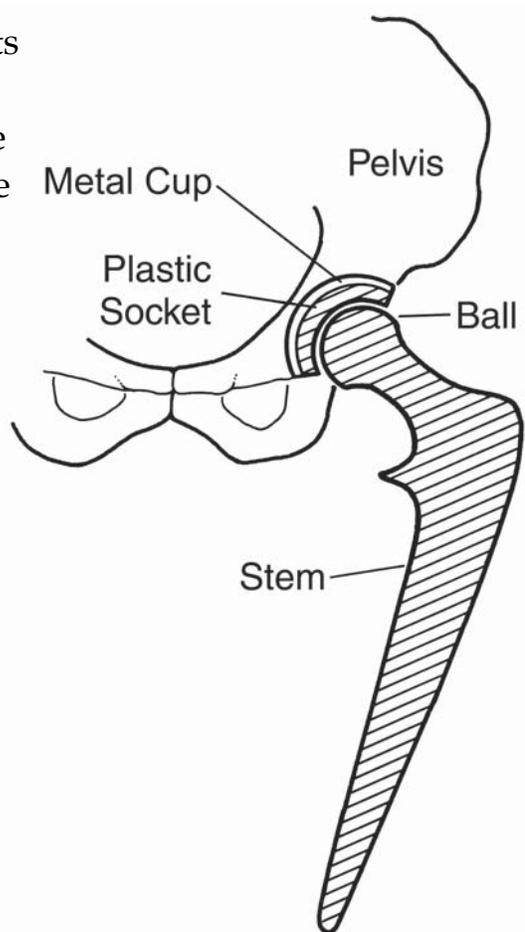


## About the New Total Hip Joint

The total hip replacement consists of two major parts or components, which are permanently placed in the body. The first of these is a white plastic cup or socket. This plastic socket is placed into your hip in the same position normally occupied by your natural socket, or **acetabulum**. The plastic socket is made of a very special plastic called “high density polyethylene”. This plastic is of a particularly good material because it wears very slowly. The plastic socket’s unique molecular structure allows motion to take place against its surface without much friction.

The second major component of the total hip implant is metal, usually either titanium or a cobalt-chromium alloy, which forms a ball and stem. At the time of your operation, the natural ball (or femoral head) will be removed. The metal stem will then be inserted into the bone so that only the highly polished metal ball protrudes. The metal ball serves as the head of the femur and fits exactly into the plastic socket. The result is a smooth moving new joint.

Acrylic cement was used to grout the hip parts to the bone for a number of years. With the improvement of fit and design of the parts we are now able to fit the components to the bone without cement in some patients. It is hoped that this will improve the life span of the artificial joint.



## Blood Transfusion

This operation does result in blood loss. Several methods to avoid the use of blood from the blood bank have been developed. These are:

1. The use of a machine called a cell saver. Blood is recovered from the operated hip, cleansed and returned to the patient.
2. **Autotransfusion.** The patient donates several units of their own blood prior to surgery. This is given back to them during and after surgery. This is used in conjunction with the cell saver.

Through autotransfusion and the cell saver, the chance of the patient needing a transfusion from another person's donated blood is unlikely.

# Personal Preparation for Hospitalization

## Driving

- Make arrangements to have a friend / family member bring you to the hospital and drive you home.  
*Do Not Drive Yourself!*
- Prepare for at least 2 months of no driving.



## Personal Belongings

- This hospital supplies pajamas, robes and gown while you are here. There is no need to bring your own unless you want to.
- Bring one set of loose fitting clothes, or “sweat suit”, with you to wear home.
- Slip-on shoes or slippers with rubber soles are also advised.



## Medications

- Bring a list of the medications you are currently taking, and the times you take them during the day.
- Do not bring your medications to the hospital. The hospital will supply these for you, and the staff will dispense them to you.



## Valuables

- When you are admitted through the Admitting Office it is advised that all valuable personal belongings (cash, jewelry, wallets) be “locked up” in Admtting for safe keeping. It is recommended that you keep no more than \$5.00 cash with you on the ward because we cannot insure its safety. Your belongings will be returned to you when you are discharged.

## About the Surgery

Most people want to know how long they will be in surgery. The time that is actually spent operating will vary from two to four hours depending upon the particular set of circumstances encountered by the surgeon. Generally, the time spent in surgery with this operation, even if it runs more than three hours, would not cause alarm to friends and family, as some hips are just naturally more complicated to work on than others.

In preparing the patient for surgery, the surgical staff will have the patient enter the operating room on a stretcher. There the patient will be transferred onto another table in the center of the room. The anesthesiologist will administer some medication at this time which will relax the patient, and the patient will “go to sleep”. The surgical site will be cleansed and draped. A rubber catheter will be placed in the patient’s bladder so the bladder can be drained during the operation, and so the surgical area will not be contaminated. The patient will have this catheter in place for at least 24-48 hours post-operatively.

The surgeon will generally make the incision on the side directly over the hip. The length of the incision will vary depending upon how much tissue is present and how deep the surgeon must go to gain adequate working space for installation of the new hip joint. After he has made the incision, the surgeon will dislocate the hip. The surgeon will then prepare the natural bony socket, or acetabulum, by enlarging and shaping it to the appropriate size to receive the plastic socket, or cup. The diseased ball, or femoral head, is then removed, and the inside of the femur is reamed out to receive the stem. When this has been done, the two implant parts are brought together to complete the total hip.

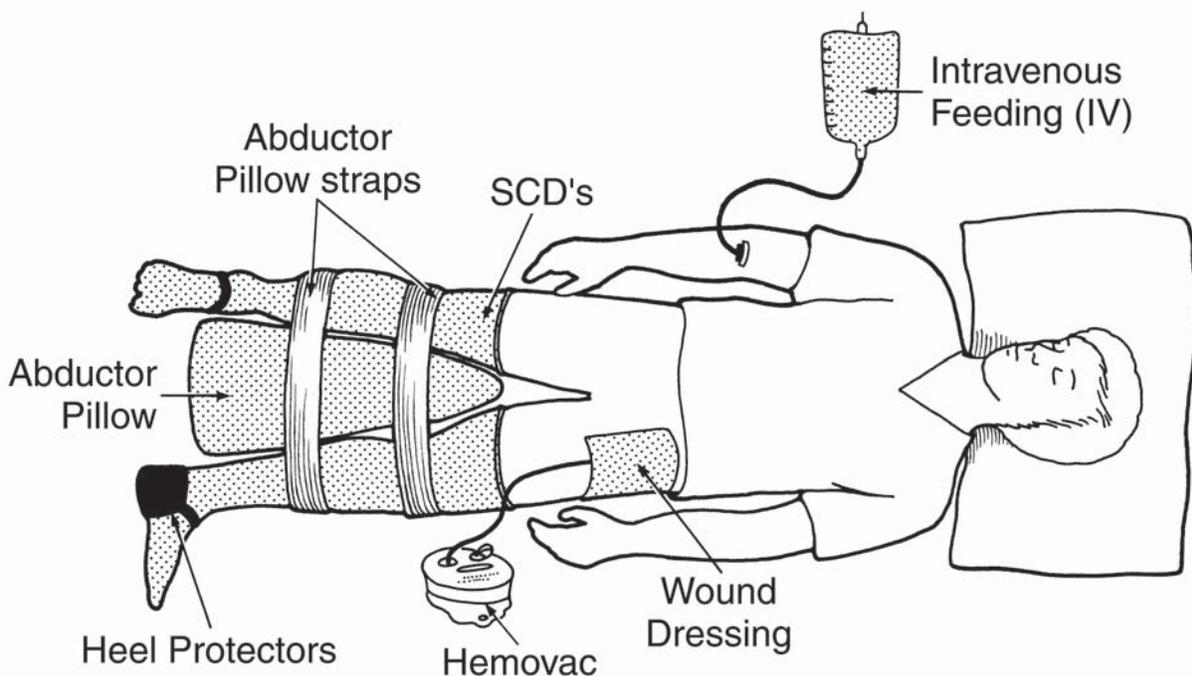
### *Hospitalization is Necessary For:*

At least 4-5 days and may vary with your age and level of physical fitness. During this time the patient is taught how to walk with crutches or a walker, how to prevent dislocating this new joint, and how to care for this wound. Full recovery takes 6-12 months.

## Post-operative Period & Instructions

After the operation you will be sent to the recovery room. You will not return to your room until later in the day. No visitors are allowed in the recovery area. Once you return to your room you will be placed in your bed. An overhead trapeze will be provided to enable you to assist the staff to position you. You will have an **intravenous (IV)** in a vein in your arm which will provide you with fluids and medications. This will likely remain for one to two days as antibiotics are given for the first 48 hours by this route.

A large bandage will be in place over your hip incision. Extending from under your bandage will be a small tube which will be connected to a small container called a **hemovac**. This hemovac collects any drainage from the operative site. It will appear bloody, and this is normal. The nurse will be checking the hemovac periodically to empty and measure its contents. The hemovac drain will be removed by the doctors when it no longer drains bloody liquid. The **bandage** is removed in three to five days. Stiches/staples are removed in 10-14 days. Occasionally the patient may go home with these in place, and they would be removed at a later time.



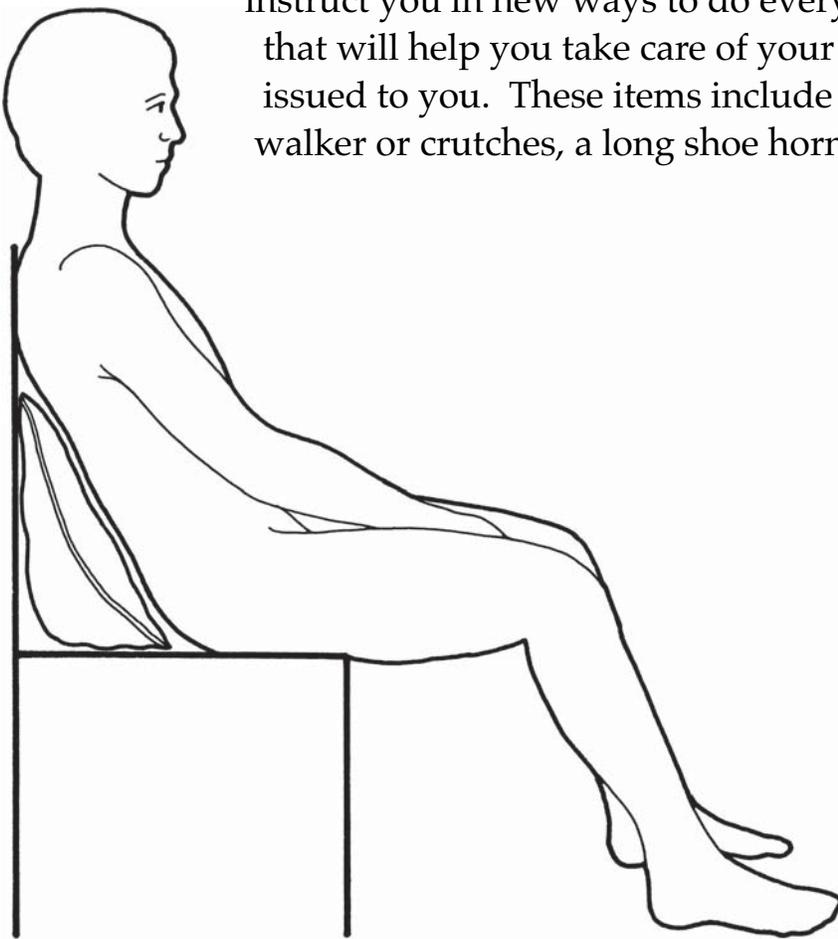
*SCD's (Sequential Compression Devices)* will be applied to both legs after surgery. These improve circulation and help prevent blood clots. There will be a large, blue, triangular pillow placed between your legs. This is an **abductor pillow**. It is used to remind you to keep your legs separated. It will remain between your legs even for turning. When you go home it will be sent with you. Both heels will have heel protectors on them. This will prevent sores from forming on your heels when you are in bed the first few days. At first the nursing staff will be turning you as frequently as every two hours. Then you will learn how to perform this safely yourself.

- Drink plenty of fluids after your operation. You will probably have a clear liquid diet after your surgery, and resume your usual diet in a day or two, depending on how you are feeling.
- During the first few days a medication for pain is given on request for incisional discomfort. The physician will order intervals in which you may receive the medication, but you should ask the nurse for it when you need it. You may experience muscle soreness as your unused muscles are re-educated.
- Your normal bowel emptying pattern will be disrupted following surgery. Narcotic pain relievers also slow down your gastrointestinal tract. A stool softener and laxatives will be available to help you resume your normal habits.

## Physical Therapy

Physical therapy (PT) will be started the day after surgery. You will be instructed on simple muscle toning exercises. The therapist will then visit you once daily during the week. Nursing staff will assist you on the weekends. You will be taught exercises, walking and ways to get in and out of bed, which will help maintain your new hip joint safely. You will be instructed to never bend the hip joint more than  $60^\circ$ . This means you must use an elevated seat on the commode, and avoid sitting on soft chairs or low couches. Even when riding in a car you must be careful not to bend the hip too far. A small pillow behind your back will help you to remember this.

No bending forward or stooping. This could cause your new hip joint to dislocate. You will be taught new ways of putting on your shoes and dressing yourself. An occupational therapist (OT) may visit you in the hospital to instruct you in new ways to do everyday tasks. Equipment that will help you take care of your hip safely at home will be issued to you. These items include an elevated toilet seat, a walker or crutches, a long shoe horn, etc.



# Total Hip Replacement Exercises

## Precautions

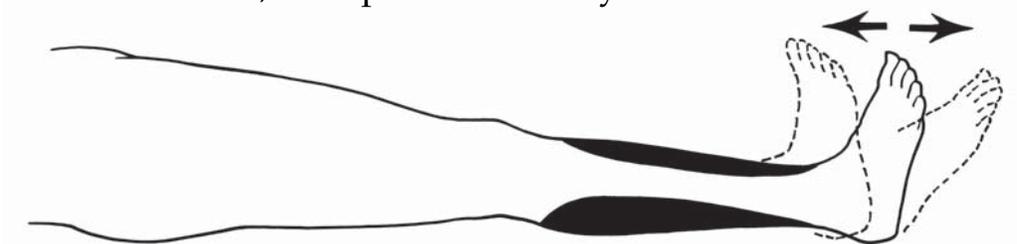
1. Do not bend hip past 60°.
2. Do not cross legs.
3. Do not let foot roll in or out.

*Do each exercise 5-10 times increasing as tolerated. Repeat 3-4 times per day.*

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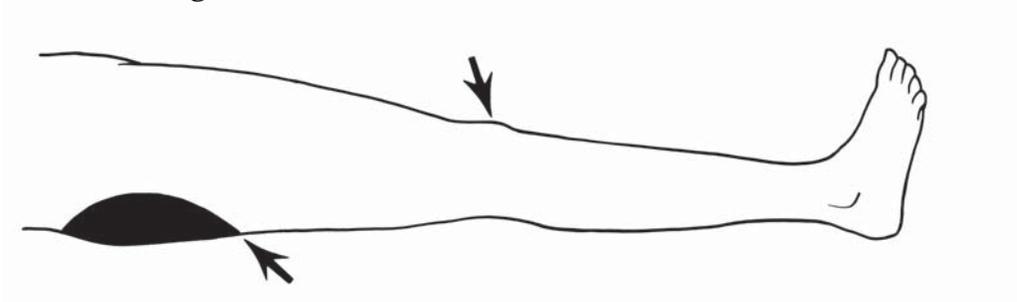
## *Ankle Pumps*

Pull foot forward towards knees, then point toes away.



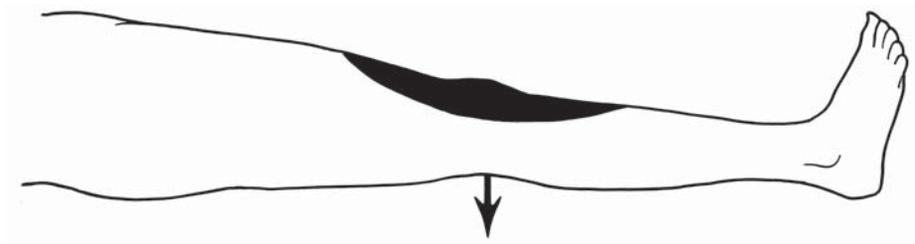
## *Gluteal Sets*

Tighten buttocks muscles together, hold for 5 seconds, relax.



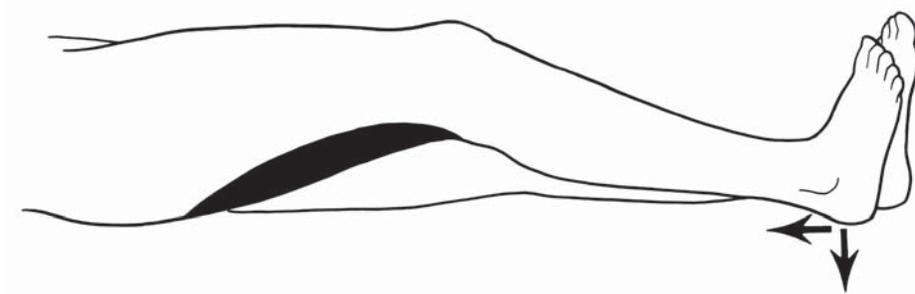
### *Quad Sets*

Push back of knee into bed using top thigh muscles. Hold 5 seconds, relax.



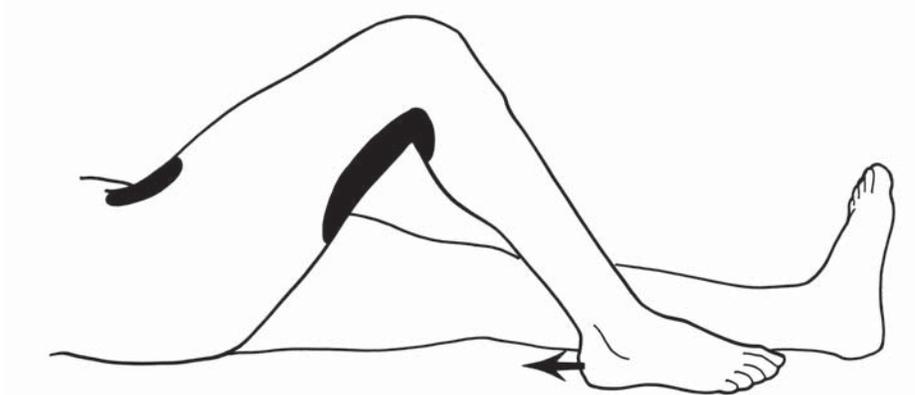
### *Hamstring Sets*

With knee slightly bent, dig heel into bed and pull towards buttocks, using bed as resistance.



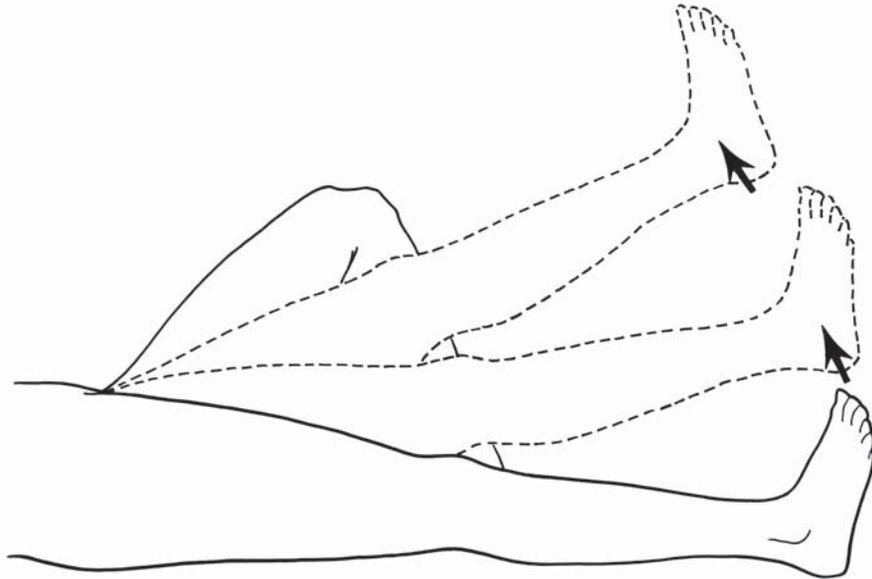
### *Heel Slides*

Slide heel towards buttocks, return to resting position.



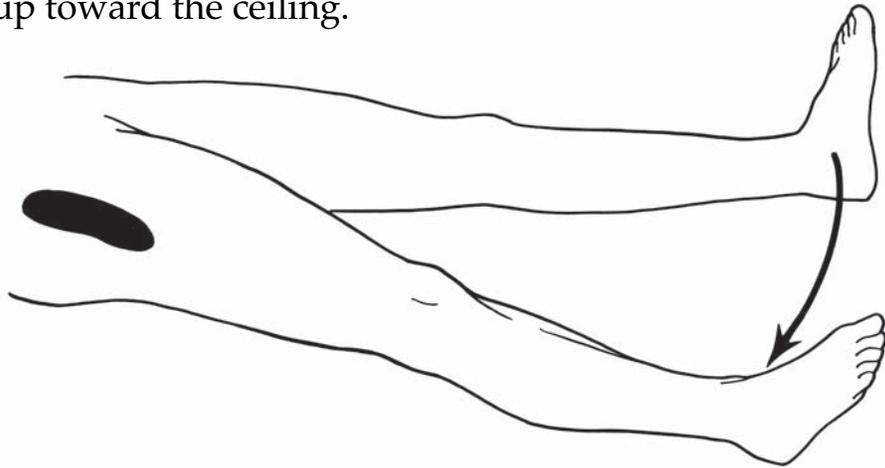
***Straight Leg Raises***

Bend opposite knee; lift the involved leg, keeping knee straight, slowly lower it back down.



***Hip Abduction***

Slide leg out to the side and back in.  
Keep toes pointed up toward the ceiling.



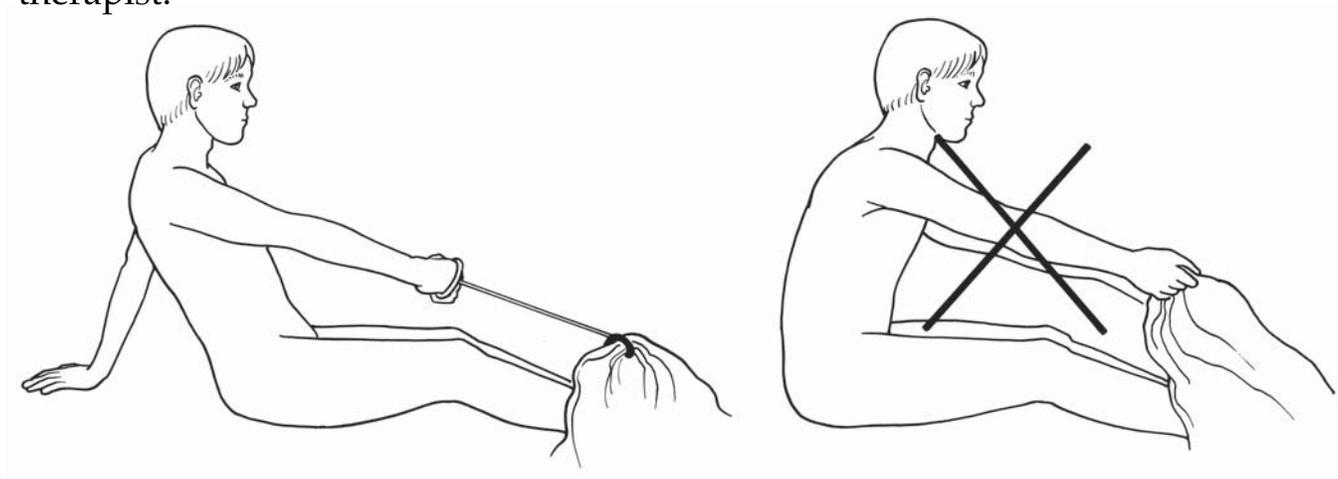
## Hospital & Home 'Rules to Live By'

*Do not* elevate the head of your own bed. The staff will elevate the head of your bed approximately 45° for meals.

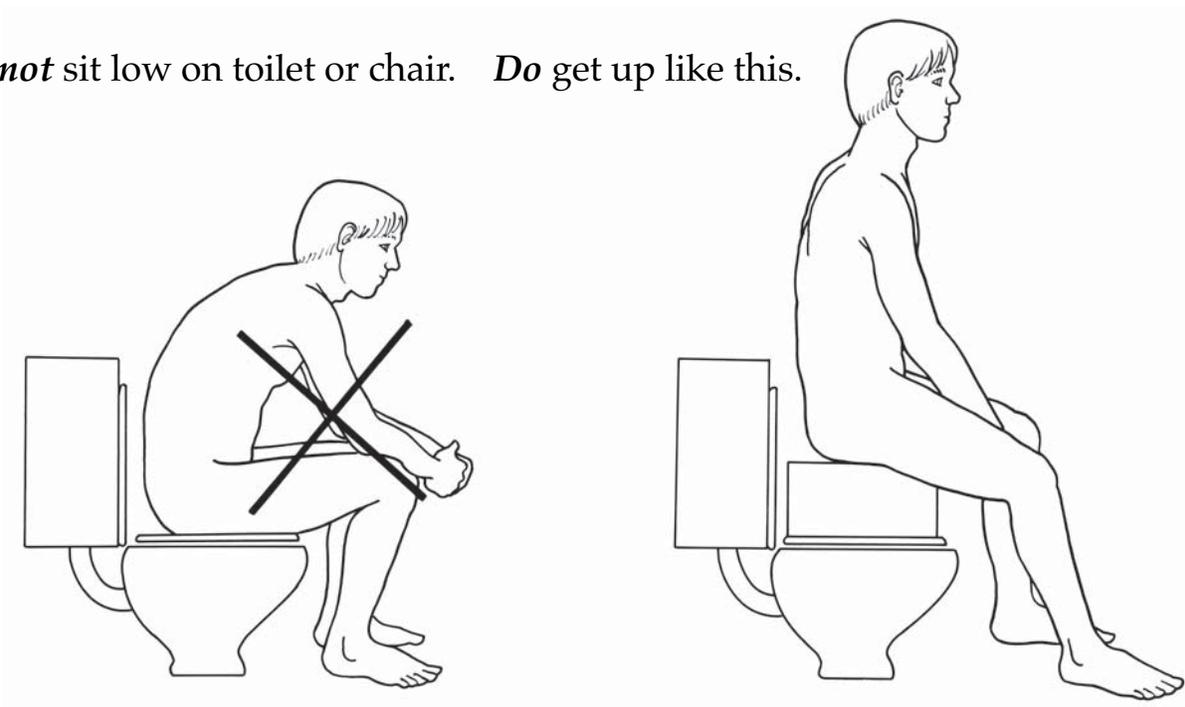
*Do not* flex your hip to more than 60° by sitting in low chairs or stooping to pick up things.

*Do* use a long handled reacher to pull up sheets or blankets or do as directed by therapist.

*Do not* pull blankets up like this.

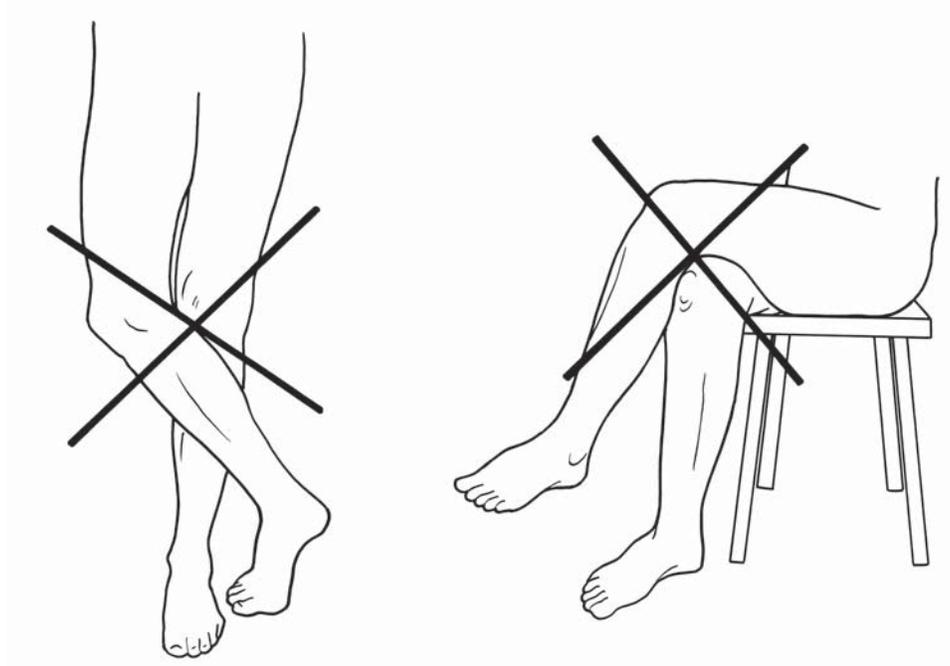


*Do not* sit low on toilet or chair. *Do* get up like this.

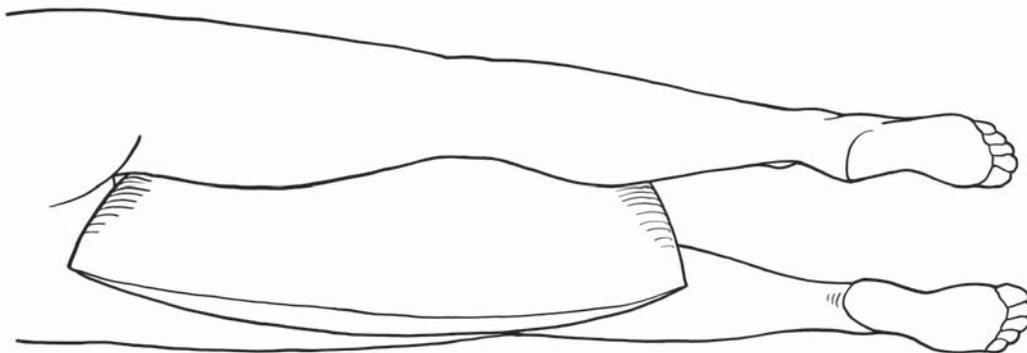


*Do* use your stocking aid and shoe horn, until at least 12 weeks after surgery, or until your doctor says you no longer need to use it.

*Do not* cross your legs, until your doctor gives you permission.



*Do not* sleep on the non-operative hip unless a pillow is placed between your knees to keep your legs separated.



*Do* remember to keep your knees lower than your hips.

*Do* sit on chairs with arms to aid your rising to a standing position.

*Do* use 2 crutches or a walker until your doctor states they are no longer necessary. Only touch-down weight bearing will be permitted for the first 6 weeks.

*Do not* use rocking, reclining or lounge chairs until your doctor gives you permission.

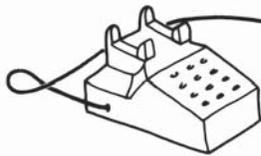
### **More Information**

- Always notify your dentist of your hip prosthesis prior to any dental treatment, as prophylactic antibiotics may be needed.
- Sexual activity positions may need to be modified for the post-op period. Discuss these concerns with the doctor, nurses or physical therapists.
- Inform other health care providers that you have had this surgery when future care is provided. Write the date so that you have it when questioned.

*Returning to work issues should be addressed by your doctor.*

## Notify Your Doctor If:

- You start running a fever at home, for any reason.
- If there are signs of possible infection:
  - Your incision becomes increasingly inflamed or reddened
  - You notice drainage from your incision or opening along your incision
  - The area around your incision is warm or hot to touch
- If your hip becomes more painful, or you notice the leg you had surgery on is suddenly shorter than your other leg.
- If you believe you have dislocated your hip due to a sudden episode of severe pain which is unlike what you have previously felt.



If you have questions please call the  
**Cascade Call Center**

Toll free 1-888-233-8305

(in house, ext. 38888)

Option 2 - Advice Nurse

