



Total Hip Evaluation Discussion Points

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RESULTS:

- 95% report excellent results
- 80% totally satisfied
 - *Patient can still get bursitis pain or muscle fatigue*

SURGERY:

- Spinal / Sedation
 - *Or General - to be discussed with the anesthesiologist*
 - *You will be sleeping but not to the point that you need a breathing tube*
- Foley Catheter
 - *Out the next morning at the latest*
- 1 ½ hour procedure
 - *Muscle sparing posterior approach*
- Up the evening of surgery
- Home when Activities of Daily Living are achieved
 - *Usually 1-2 night stay in the hospital or care suite*
- Usually using a cane for gait assistance at the time of discharge

RECOVERY:

- Physical therapy – starts immediately and continues with a home program and outpatient physical therapy visits
- Physical therapist will determine how many visits and how often
- 2 and 6 week follow up appointments
 - *2 week visit will be with TCO physician assistant to check your wound, get x-rays, and assess medications*
- Return to driving around 2-3 weeks
 - *Must be off daytime narcotic medication and ready to slam on the brakes*
- 6 weeks – Functioning well – No cane
- 3 months – inflammation recovery
 - *This is when swelling, stiffness, and soreness dissipates*

- 12 months – Neuromuscular Recovery
 - *Balance, Strength, and athleticism is optimized*

RISKS:

- Blood clot – Full Size (325 mg) Aspirin two times daily for 6 weeks.
 - *Unless you are at an increased risk for a blood clot or you are already on a chronic blood thinner*
- Infection – 0.4% - the National Average is 1%
- Dislocation – 1%
- Leg length inequality– 20% (typically in normal range 1/8” to 3/8”)
 - *The human race can have that type of difference without any consequence of back or joint problems*
 - *Pelvic tilt from muscle spasm can cause temporary leg length difference which usually dissipates with exercise*
- Fracture
 - *May necessitate temporary partial weight bearing*
- Neurovascular injury
 - *Known as a “foot drop” and it usually resolves*