

Dr. Anseth's Frequently Asked Questions about Hip Replacement

What hospital do you use?

- Abbott Northwestern Hospital

What type of anesthesia do you use?

- General anesthesia with sciatic and lumbar plexus nerve blocks
- Spinal anesthetic with lumbar plexus block
- This is a decision for the patient, Dr. Anseth and Anesthesiologist to make together before surgery

How long is the surgery?

- 1-2 Hours

What approach do you use? How long will my incision be?

- Posterior Lateral Approach.
- Once you are under anesthesia you will be positioned on your side with the hip to be replaced up. An incision is made on the outside of your hip.
- The incision will be as long as it needs to be to place the components in correctly which is usually is less than 4-5 inches in length depending on body size.

What muscles will you cut?

- Gluteal muscles are retracted and then put back after surgery.

What are the risks involved with this surgery?

- Risks include infection, blood loss, blood clots, and damages to nerves and arteries. Every precaution is taken to minimize these risks, including the use of pre and post surgery antibiotics, short term use of anticoagulants or compression devices and careful surgical technique.

What type of components do you use?

- Non-cemented type or press fit into bones and are solid by 6 weeks
- Components are made of roughened titanium stems with cobalt chromium or ceramic articulating surfaces
- It is possible that metal detectors such as those at airports may be sensitive enough to detect the implant. Please let the TSA agent know that you have had a hip replacement as you may need additional screening with a hand wand. As such it is advised that you allow for extra time in security when at airport.

What is the rate of infection?

- At Abbott Northwestern Hospital rate of infection approximately 1.30% (2012)
- The national average rate of infection is 1.50% (2012)

What can I use for pain after surgery?

- At our Joint Replacement Center we use a multimodal pain management strategy combining, Tylenol, NSAIDS, short and long acting narcotics as appropriate.
- We have pain management specialists available for difficult cases as well.

Who prescribes my medication?

- Any medication not prescribed by Dr. Anseth should continue to be prescribed by the physician who initially prescribed it for you. Dr. Anseth and his staff do not manage high blood pressure, heart disease, asthma, diabetes, and other chronic or acute medical conditions that are not orthopedic in nature. He will typically give you pain medication in the immediate post operative period and antibiotics that will be needed for prophylaxis for any dental or surgical procedures.

How long to wait after your knee replacement surgery to have dental work done?

- 3 months

Will I need to take medications to prevent blood clots? What?

- Yes you will need to be anticoagulated in an effort to decrease your risk for blood clots (DVT) after surgery
- You will have a couple of options for DVT prophylaxis.
 - CECT Active Care system. A portable sequential compression device system that you use in conjunction with aspirin for 10-14 days after surgery. (Thrombosis Prevention After Total Hip Arthroplasty: A Prospective, Randomized Trial Comparing a Mobile Compression Device with Low Molecular-Weight Heparin, C. Colwell MD, M. Froimson MD, M. Mont MD, M. Ritter MD, R. Trousdale MD, K. Buehler MD, A. Spitzer MD, T. Donaldson MD, D. Padgett MD.)
 - Coumadin for 10-14 days then aspirin for 4 weeks
 - Lovenox injections for 28 days
 - All of these options will be discussed with you prior to scheduling your surgery and the final decision depends on your preference, personal and family history of blood clots.

How long will I be in the hospital?

- You will be discharged home when you are medically stable, you pass physical therapy, and your pain is controlled. For most patients this is 2-3 days following surgery.

How long can I expect the new hip to last?

- Current studies show that 5% of hip replacement patients are reoperated on before 10 years for a variety of reasons, such as infection, loosening, or fracture. With current technology it is extremely rare for a knee replacement to “wear out”. We would expect you to have a 95% chance of being satisfied with your knee in 10 years and a 90% chance of being satisfied in 20 years. (Long-term survival analysis of total hip replacement, Birtwistle, Wilson, Porter 1996.) (Twenty-five-Year Survivorship of Two Thousand Consecutive Primary Charnley Total Hip Replacements: Factors Affecting Survivorship of Acetabular and Femoral Components, Berry, Harmsen, Cabanela, Morrey 2002.)

How soon can I take a bath or shower?

- You can shower as soon as you feel comfortable doing so. You will have a waterproof bandage that will need to stay on until your first visit to the clinic. Do not take a bath until your surgical incision is well healed.

How do you take care of your incision?

- You will have a waterproof bandage that will be put on before you leave the hospital.

What to do about post-operative constipation?

- It is very common to have constipation post-operatively. This may be due to a variety of factors but is especially common when taking narcotic pain medication. A simple over-the-counter stool softener (such as Miralax) is the best prevention for this problem. In rare instances, you may require a suppository or enema.

Will I go to a rehabilitation facility or home after a total joint replacement?

- It depends. Many people are able to go home after their total hip replacement operation. However, you may go to a rehabilitation hospital in order to gain the skills you need to safely return home. Many factors will be considered in this decision. These include availability of family or friends to assist with daily activities, home environment, safety considerations, post-operative functional status as evaluated by a physical therapist in the hospital, and overall evaluation by your hospital team.

Should I use ice or heat after total joint replacement surgery?

- Ice should be used for the first several weeks after total hip replacement surgery, particularly if you have a lot of swelling or discomfort. Once the initial swelling has decreased, you may use ice and/or heat.

I have insomnia after total hip replacement surgery. Is this normal? What can I do about it?

- Insomnia is a common complaint following hip replacement surgery. Non-prescription remedies such as Benadryl or melatonin may be effective. If insomnia continues to be a problem, medication may be prescribed for you by your primary care physician.

When can I drive a car?

- You should wait to drive a car until after your first follow up appointment after surgery.
- Do not drive while taking narcotic pain medicine because it can impair your judgment and ability to operate the car safely.
- If it is your left hip that is replaced you may start driving as soon as you are not taking narcotic pain medication during the day and walking with a cane.
- If it is your right hip it will be around 4-6 weeks before you will be able to drive.
- Do not use your involved leg to operate machinery until at least 6 weeks after surgery.

When can I return to work or hobbies?

- Discuss returning to work or hobbies with the surgeon or physician assistant.
- Ask your occupational therapist how your activity restrictions will affect your hobbies.
- Depending on the job (manual labor or sedentary work) some will get back to work in 4 weeks. Usually you will begin to go back gradually, half days for example. Normally by 8-12 weeks you can be full time and effort.

When will I be able to walk after surgery?

- You will be able to put full weight on your new hip the day of surgery. You will probably need a walker or crutches at first but should be able to progress to walking without any assistive devices, usually at 4-6 weeks after surgery. This is directed by a patient's confidence and comfort.

What are my restrictions after surgery?

- You will need to keep your knee and hip flexion around 90 degrees and do not cross your legs for 6 weeks after surgery. You will need to sleep with a pillow between your knees for that time period as well.

Is swelling of my knee, leg, foot and ankle normal?

- Yes, for three to six months. Typically swelling becomes most significant 7-10 days post op. To decrease swelling, elevate your leg and apply ice for 20 minutes at a time (3-4 times a day). If swelling is unresponsive to ice/elevation and /or associated with calf pain or shortness of breath contact Dr. Anseth's staff immediately.

What precautions should I keep in mind?

- Inform doctors and dentists of you hip replacement before having any surgery, podiatry procedures, dental work, or other tests or procedures. You may need to take antibiotics.

When do you follow up with Dr. Anseth and his team?

10-14 days Post operative: Usually with Physician Assistant

- Wound check, x-ray, removal of staples, discussion of pain management and DVT management

6 weeks post op: Usually with Surgeon or Physician Assistant

- Wound check, discussion of any problems and activities

6 months post op: usually with Surgeon or Physician Assistant

- X-ray and evaluation

1 year post op: usually with surgeon or physician assistant

- X-ray and evaluation

2 years post op: usually with surgeon or physician assistant

- X-ray and evaluation

5 years for x-ray and evaluation

Patients can always contact the clinic between visits for questions or concerns.

When should you call Dr. Anseth's office?

- Your surgical leg is cool to the touch, dusky in color, numb or if it tingles
- You develop a temperature of 101.6 degrees Fahrenheit or higher
- Your incision is red, tender, has drainage, or signs of infection: pain, swelling, redness, odor, warmth, and/or green or yellow discharge
- You develop bright red bleeding from your incision
- You have nausea and vomiting that won't stop
- You have severe pain that cannot be relieved with typical pain medication dose
- You have signs/symptoms of a stroke
- You have sudden onset of difficulty breathing at rest.

When can I resume sexual activity?

- You can resume sexual activity after 2-3 weeks.
- A firm mattress is recommended
- Be the passive partner for the first 6 weeks after surgery
- Use the missionary position or less dominant position

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How soon can I play golf?

- Okay to begin swinging a club at 6 weeks post-op. Start with putting and chipping and advance as comfortable. Most patients are playing and hitting a driver at least 3 months post op.