

# Total Hip Replacement

## MR JONATHAN SPENCER

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The aim of a total hip replacement is to reduce hip pain, improve hip function, improve overall quality of life and mobility. Overall success rate is 95%.

### What to Expect

- 3-5 days in hospital
- 2 weeks of swelling and discomfort requiring significant pain killers
- 6-12 weeks for reasonable recovery
- 6-12 months for a good to full recovery

### Possible Complications of Surgery

- Wound infection
- Deep joint infection
- Deep vein thrombosis (DVT)
- Fracture
- Nerve injury
- Component failure
- Revision surgery
- Dislocation
- Limb loss in extreme circumstances
- Heart attack
- Chest infection
- Pulmonary embolism

### Risks

- 5% chance of minor complication
- 1% chance of serious complication
- Risk of dissatisfaction with the outcome of surgery
- Extremely rare chance of death

### Post Operation Wound Care

- Keep wool and crepe bandages on for 24 hours after the operation.
- Keep wounds clean, dry and covered for 2 weeks or until the wound is completely healed. If the dressings get soaked through, they will need to be changed.
- Do not soak the incision (ie. bath or pool) until the wound is completely healed.
- Mr Spencer mainly uses dissolvable stitches.
- If you have any concerns about your wound please contact Mr Spencer's rooms.

### After your Hip Replacement: A Rehabilitation Guide

The time frames below are approximate, vary between individuals and are best guided by Mr Spencer or your Physiotherapist. Notes below in italics are guidelines intended for your Physiotherapist.

#### Weeks 0-6

- Use your walking aid for as long as you require it. This is often for the first 6 weeks after surgery. Try to walk as close to a "normal" walking pattern as possible eg. with an even step length on both sides.
- Ensure adequate pain relief.
- You can use ice for pain relief, for 10-15 minutes, 1-3 times/day. Continue to check that your skin is ok whilst using the ice.
- Ensure adequate rest during this stage.
- *Do set exercises 1-3 times/day: eg. Hip Flexion, Abduction and Extension in standing. Maintain Inner Range Quadriceps strength.*
- Where possible, the set exercises are best performed approximately half an hour after pain relief medication is taken.  
Ice can be used after performing exercises.
- Restrictions for the first 3 months:
  - Do not bend your hip up past 90 degrees (this includes when bending forward). Do not sit on low furniture.  
Use an elevated toilet and shower seat.
  - Try not to twist your hip (leg/foot) in or out.
  - Do not cross your legs or take your operated leg across the midline.

#### Weeks 6-12

- Walking (on land or in water) is a good form of exercise for your hip. Do not overdo it at this stage and listen to your body.  
Wait until the wound is 100% healed (not before 4 weeks) before immersing in a pool. Make sure you can safely enter and exit the pool.
- You are able to drive from about 6 weeks, when you feel safe and competent to do so.  
You may need to check with your insurance company to ensure that you're covered to drive.
- You may be able to return to work between 4-10 weeks, depending on your job. Please discuss this further with Mr Spencer.
- *Continue to improve your balance and the strength of your hip.*

#### Week 12+

- You are allowed to use a stationary bike if desired- initially for 5 minutes with no resistance, increase duration and then resistance gradually over time, as is comfortable. Make sure your hip does not go past 90 degrees flexion when riding.
- From 3-6 months you can resume activities such as Bowling, Gardening and Golf.
- Your mobility and strength can continue to improve for the first year.
- Avoid high impact activity such as jogging, aerobics, high intensity cycling, twisting/turning or jumping exercise.
- Maintain a normal weight for your height and body build in order to minimize wear on your prosthesis.
- *Continue to improve the strength and balance of your leg/s.*
- *Include single limb stance exercises for balance, as you are safely able to do.*