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TOTAL HIP REPLACEMENT INFORMATION

This information is to help you plan for total hip replacement surgery. It is not exhaustive, and is intended to be read in conjunction with the Australian Orthopaedic Association information sheet on Total Hip Replacement, which is available from Mr Jones.

Total hip replacement is surgery to replace a painful and arthritic hip joint with an artificial hip. While total hip replacement is major surgery, when it is performed appropriately and for the correct reasons it has excellent results. The goal of total hip replacement surgery is to give you a hip that allows you to perform your usual activities of daily living without disability. Most people with a total hip replacement are not aware of their prosthesis during day-to-day activity.

WHAT TO EXPECT BEFORE SURGERY

After the decision to perform the surgery has been made, you will be asked to have a set of blood tests, a trace of your heart rhythm (an ECG), an x-ray of your chest, and a test for infection in your urine. You may also be asked to attend a pre-admission clinic or to see a general physician. These measures ensure the surgery is as safe as possible. It is important that you have no pre-existing infections at the time of your surgery. For example, if you have a cough or cold, a tooth abscess, a urinary tract infection, or an ingrown toenail, you should delay your surgery until the infection has completely resolved.

Prior to your surgery you will be given instructions regarding admission time, fasting time, and what to do with your usual medications. Do not hesitate to call the rooms if these instructions are not clear. I will see you in the hospital prior to your surgery to confirm the surgery with you and mark the correct side. The surgery can be performed under spinal or general anaesthetic; you can discuss this with the anaesthetist, but remember that even if you have a spinal anaesthetic, you can be given medication so that you sleep through the surgery and do not hear



anything. The surgery itself takes about an hour and a half, but as time is also taken up with the anaesthetic and with waking up, it is common to be in surgery for about three hours or more.

FOLLOWING TOTAL HIP REPLACEMENT

Immediately following surgery your hip should feel reasonably comfortable. The anaesthetist will ensure you have adequate pain relief. When you are sufficiently awake and stable you will be moved to the ward. Often you are not in a single room for the first night or two after total hip replacement surgery – this so that the nursing staff can keep a closer eye on you so that your recovery is as safe and as comfortable as possible.

The day after your surgery you will have a blood test and an x-ray of the hip, and will be seen by a general physician (specialist doctor) to help avoid any complications. You will be given antibiotics for 24 hours following surgery to help prevent infection, and be given an injection of a low dose anticoagulant every day to help prevent clots in the leg. You should usually continue the low dose anticoagulant for six weeks after the surgery.

WEIGHTBEARING

Your hip replacement will be stable enough for you to put all your weight through it immediately following surgery. Initially a physiotherapist may help with this, but as you become more confident you will be able to start to mobilise independently, usually with the aid of a walking frame or crutches. You should continue to use crutches or a walking frame for as long as you and your physiotherapist feel you need to; this may be for a few weeks or even a few months.

SHOWERING

The wound will be covered with a waterproof dressing that is suitable for showering, but not for immersing in water such as a bath. If the dressing gets water underneath it, it should be changed with the help of your nurse, or your family doctor if you are at home. It is best if the initial dressing stays on until the wound is healed (about two weeks).

DRIVING

To drive safely you must be able to walk confidently without crutches, safely and confidently get into and out of a car, and be able to put sufficient force through both of your legs in order to brake in an emergency. Studies have shown that this takes a minimum of 4 – 6 weeks following surgery, and I do not recommend driving for a at least 6 weeks after total hip replacement.

POST-OPERATIVE REVIEWS

I will review you daily while you are in hospital to ensure you are recovering well. A physician will also usually see you while you are in hospital.

TWO-WEEK REVIEW: If you go straight home from hospital I will see you in the rooms two weeks after your surgery to review the wound and ensure you are continuing to do well. If you go to rehabilitation I will usually see you at the rehabilitation hospital about two weeks after your surgery. Depending on which hospital you go to for rehabilitation, however, this is not always feasible and in such cases your wound will be reviewed by the rehabilitation doctor.

SIX-WEEK REVIEW: I will see you six weeks following surgery. At this review the hip is assessed to ensure it is functioning adequately.

ONGOING REVIEWS: Most patients are seen at about six months and then again if required. Ongoing radiographic reviews are usually arranged.

RESULTS AND POSSIBLE COMPLICATIONS OF TOTAL HIP REPLACEMENT

The vast majority of people have successful total hip replacement surgery and a good outcome. Serious complications following hip arthroscopy are uncommon. Approximately 95% of total hip replacements last more than 10 years; 90% last more than 20 years. Over 90% of patients report being either satisfied or very satisfied with their total hip replacement. Nonetheless, complications can occur. Though not an exhaustive list, the most important complications are detailed in the Australian Orthopaedic Association information sheet on Total Hip Replacement (available from Mr Jones) and are documented on the consent form that is signed with Mr Jones prior to your surgery.

IMPORTANT INFORMATION ABOUT INFECTION

Every total hip replacement is at risk of infection. Overall, the risk is about 1%. Infection can occur at the time of surgery despite strict adherence to sterile technique, partly because no surgical preparation can completely eradicate the bacteria that normally live on your skin. Infection can also occur in a previously well functioning total hip replacement even years after the surgery, partly because bacteria can enter the bloodstream elsewhere in the body and lodge at the total hip replacement.

If you or if your doctor think that your hip replacement could be infected please let Mr Jones know BEFORE you take any antibiotics. Although antibiotics may be

appropriate management of a wound infection, the most effective way of managing an infected total hip replacement is to establish exactly which bacteria is causing the infection before starting any antibiotics, and surgically wash the infection out of the hip. Occasionally the hip replacement needs to be removed to cure the infection. **ANTIBIOTICS ALONE WILL NOT CURE A DEEP JOINT INFECTION.** Antibiotics can, however, reduce the number of bacteria such that it might be impossible to establish a correct diagnosis. This can make it difficult to give you the most appropriate treatment and may compromise the success of managing an infected total hip replacement.

IMPORTANT INFORMATION ABOUT DENTAL WORK AFTER JOINT REPLACEMENT SURGERY

Dental work can cause bacteria in the blood which may infect your hip replacement, even years after surgery. I do not recommend you have any major dental work done in the 12 months following total hip replacement surgery. After your total hip replacement, whenever you have any dental work done that may cause bleeding I recommend you have a short course of an appropriate antibiotic. This recommendation is for the rest of your life. Let your dentist know you have a hip replacement so that an antibiotic can be prescribed before your dental appointment. Mr Jones can arrange a prescription if required.

IMPORTANT INFORMATION ABOUT BLOOD CLOTS

Although the low dose anticoagulant you are given following total hip replacement surgery considerably reduces the risk of developing a clot in the leg (DVT) or lung (PE), a clot can still occur.

If at any time in the weeks following surgery you notice pain and swelling in either of your calf muscles, you should see a doctor urgently so that an ultrasound can be performed to exclude a clot. Rarely, a clot in the leg can break off and become a clot in the lung. If you become acutely short of breath and/or experience acute chest pain or upper back pain, even weeks following total hip replacement surgery, you should call triple-0 and go to hospital via emergency ambulance for urgent assessment and management.

IMPORTANT INFORMATION ABOUT DISLOCATION

Because a total hip replacement does not have the same ligaments in it as a normal hip, every total hip replacement is at risk of dislocation. The risk is about 1%, and is highest during the first few months following surgery while the tissues around the hip are healing. A total hip replacement that dislocates may require additional or revision surgery. The risk of dislocation can be reduced by observing the following hip precautions, especially during the first few months after surgery:

- do not cross your legs,
- do not sit on a low chair or low couch,
- do not bring the knee of your operated leg toward your non-operated shoulder,
- when seated, not reach down beside your legs – instead, keep your knees apart and reach down between your legs.