



Total Hip Arthroplasty
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The Indications:

The indications for joint replacement are **Pain** and **Loss of Function**. Joint Replacement Surgery is warranted when degeneration and destruction of the knee creates disabling pain and severely limits the functional use of the extremity. X-rays are used to confirm the degeneration and destruction of the hip but a “bad-looking” X-ray is not an indication for surgery. Doctors are supposed to treat patients and not treat X-rays. The patient’s symptoms of pain and loss of function are the indications for surgery; the X-rays only serve to help identify the diagnosis and to guide the appropriate treatment.

The Benefits:

Joint Replacement Surgery is designed to relieve or reduce your hip pain and to improve the function and performance of your hip. It is a highly successful procedure which has a >97% success rate and satisfaction rate. >90% last 20 years or longer.

The Procedure:

Total Hip Replacement is a surgical procedure in which the worn-out arthritic ends of the femur (the ball) are removed and replaced and the acetabulum (the cup) is resurfaced.

Total Hip Replacement is “*Human Carpentry*” in which the rough, arthritic, painful joint surfaces are removed and replaced with smooth-gliding metal and plastic surface components. The procedure is designed to produce a pain-free stable hip that delivers better motion and better performance than your preoperative arthritic hip.

Total Hip Replacement or **Total Hip Arthroplasty** is an implant procedure performed under general or spinal anesthesia. The operation lasts approximately two hours during which the damaged joint surfaces are resected and replaced with the metal and plastic implants.

The Risks:

As with any surgical procedure, there are risks associated with joint replacement surgery. This information is not meant to frighten or alarm you; rather, it is provided to make you better informed about the procedure. Keep in mind that **the complication rate of this procedure is extremely low (~1%) and the success rate is extremely high (>97%).**

Infection:

Whenever an incision is made in the skin, the body’s barrier to infection is violated. During **Total Hip Replacement** surgery, sterile surgical technique and special gowns are used to minimize the chance of a wound infection. Intravenous antibiotics are used before, during and after the procedure to help prevent infection as well. Minor wound infections after surgery can often be treated with local wound care and antibiotics; however, should a deep infection occur, you may require subsequent operations, which could include removal of the implants, in order to resolve the infection. The chance of a deep infection is less than one in a hundred.

Thromboembolism:

Limb manipulation during surgery and post-operative decreased activity can induce blood clots to form in the veins of your legs. Blood clot formation can cause prolonged pain and swelling. The blood clots can also break loose and travel to your lungs causing chest pain or even death. Blood thinning medications will be given to you to minimize the risk of blood clot formation. The risk of developing a blood clot is less than one in a hundred.

Mechanical Failure:

Joint Replacements are components that are manmade and implanted by people. They are occasionally subject to human imperfections. Not all hip replacements are successful for all people all of the time. Due to individual variances in human anatomy and the limitations of engineering and implanting these artificial joints, sometimes they do not function in an optimum fashion. In those instances, it may become necessary to re-operate to revise or modify the implanted components. The risk of mechanical failure or malalignment is less than one in a hundred.

Other Risks:

Other rare complications that can occur include: persistent pain, stiffness and loss of motion, swelling, scarring, bleeding, discoloration, numbness, nerve injury, fracture, skin necrosis, injury to surrounding tissues, joint instability, dislocation, leg length discrepancy, arterial injury, suture reactions and complications due to anesthesia.



The Post-Op Course:

Total Hip Replacement is an inpatient procedure. You should plan on being in the hospital for 3 or 4 days.

Physical Therapy is started on the day after the surgery and it involves transfer training and walking. You will initially train at using a walker for transfers and walking. You may later transition to using crutches or a cane.

Once you can safely perform transfers and walk well, you will be discharged from the hospital and sent home with help to continue your recovery. If you seem to need more time to regain your independence or if you do not have sufficient help at home, you will be transferred to an extended care rehabilitation center where you will continue your rehabilitation until you are safe to be discharged home.

Within two weeks, you will become very independent in your activities and you will have returned to near your preoperative functional capabilities in activities of daily living. You will continue your rehabilitation through outpatient physical therapy and a home exercise program.

After hospital discharge, you will have regular follow-up visits at my office so that I can monitor your healing and guide your rehabilitation and activity until you achieve maximum medical recovery.