Total Hip Replacement

Frequently Asked Questions

Q: How long will I be in the hospital?
A: The average hospital stay is 1-2 nights. If your medical condition requires longer, that will be accommodated. If necessary for extended care, you may be transferred to a skilled nursing facility.

Q: When will I start rehab?
A: Rehabilitation begins in the recovery room. In the recovery room, you will be expected to begin ankle pump exercises in order to enhance the circulation to your legs. You will get out of bed the day of surgery and begin to transfer and walk with a walker. You will use a walker for the first few days after surgery. Depending on the type of hip implant that is used, you may be able to put anywhere from 40 pounds of pressure to full pressure on your operative leg. The physical therapist in the hospital will teach you how to properly walk.

Q: Will rehab be inpatient or outpatient?
A: Your rehabilitation will begin immediately in the hospital while you are an inpatient. After discharge from the hospital, you will have home health ordered. A nurse and a physical therapist will visit you in your home to assist you in your care and outpatient exercising. You will see your doctor approximately 3 weeks after surgery and he will decide at that time if additional therapy is needed.

Q: When may I drive after the surgery?
A: Most people resume driving between 4 and 6 weeks after the surgery. This is dependent on the type of hip implant used and the special circumstances of your case.

Q: How long will I need to use the walker?
A: The walker is typically used for a period of 1 to 2 weeks after the surgery depending on the type of implant used and depending on the particular circumstances of your case.

Q: When may I shower?
A: You may shower as soon as the incision is sealed and there is no drainage from the incision. This may be anywhere from 3 to 7 days after the surgery. Water is not to be sprayed forcefully on the incision. You may gently wash around the incision with the special chlorhexidine soap, which is used in the cleansing prior to surgery. The visiting nurse will help you with the showering specifics.

Q: Will a nurse be visiting me at home?
A: Yes, your doctor will arrange for a visiting nurse to follow you at home. This nurse will be knowledgeable in hip replacement surgery.

Q: When will I come back to see the doctor?

A: You will be given an appointment to see the doctor approximately three weeks after surgery. If at any time you need the doctor, there is always a doctor for the practice on call. You will also be given the contact information for the visiting nurse.

Q: When may I swim?
A: You may enter the pool 24 hours after the surgical staples have been removed from your incision. Initially, we recommend that you only use a pool that has steps and a railing so that you can safely enter and exit the pool. We discourage swimming and kicking until about 4 weeks after surgery. You may, however, walk in the pool in water that is between the waist and chest depth. Walking back and forth in the pool is an excellent way to exercise your hip in a safe way.

Q: How long will it take me to completely recover from my hip replacement?
A: This is variable. Most people are 80% – 90% recuperated within 3 months of the surgery. We do see that people continue to improve after the surgery for up to 1 year afterwards. Most people are able to return to activities such as golf and bowling within approximately 2-3 months after surgery.

Q: Will my total hip be cemented or Press-fit?
A: Almost all of the hip sockets are Press-fit sockets with no cement. Depending on bone quality, patient weight, and activity requirements, the femoral component (ball) may be cemented or Press-fit. Most often the method to be used is pre-planned prior to surgery. Ultimately, the decision is made at the time of surgery depending on the bone quality and the tightness of the fit.

Q: What are some complications of a total hip replacement?
A: 1. Infection. The rate of infection in a total hip replacement is less than 1%. We use several methods to prevent infection. You will be given intravenous antibiotics immediately before and after your surgery. The surgeons and assisting personnel will wear body exhaust hood systems (space suits) during your surgery.

2. Blood clots (phlebitis). Blood clots can form in the veins after hip replacement surgery. We use several methods to prevent blood clots. Ankle pump exercises and elevation of the legs (higher than the heart) are important. In the operating room you will have a pneumatic compression stocking applied to the opposite leg during surgery and to both legs after surgery. These stockings are used throughout your stay in the hospital when you are not up and walking. You will be given a pharmacologic protection. Depending on your individual circumstances this may include aspirin, Coumadin, or heparin.

3. Pulmonary embolism. If a clot forms in the leg and breaks off and goes to the lung, this is called a pulmonary embolism. This is a serious and potentially fatal complication. There is approximately a 1 in 1,000 chance of dying from a pulmonary embolism after a hip replacement. The best means of preventing pulmonary embolism is to prevent clot formation in the leg, detect clot formation early, and treat it appropriately.

4. Dislocation. You will be instructed by your doctor, physical therapist, and nursing staff on how to protect your hip from dislocation. Any patient with a total hip replacement can dislocate their hip after surgery. Dislocation occurs when the leg is positioned so that the hip twists out of the socket. It is important that you maintain proper positioning of your leg after the surgery. There are certain positions that you should avoid, not only immediately after surgery, but also in subsequent years after the surgery. We have seen people dislocate their hips 7 or 8 years after their initial total hip replacement. If the hip does come out of the socket, it will need to be repositioned. This usually can be done with a brief intravenous anesthetic. The chance of dislocating your hip is approximately 5%.

5. Leg length difference. I make every attempt at the time of surgery to implant a hip that has a good fit, stays in the socket, and restores and maintains equal leg length. It is not always possible to make the leg lengths exactly equal. Sometimes, I have to lengthen a leg in order to make it stable. This lengthening is usually less than ½ inch. If there is a difference in leg lengths that is noticeable, we occasionally add material to the shoe on

the opposite leg in order to equalize. I do pay close attention to leg length, but if there is a choice to be made between having leg length perfectly equal and having the hip stable, I always err on the side of stability.

6. Component failure. Over time, artificial hip components can loosen or wear out. This sometimes requires a repeat operation. We are improving materials and methods of implantation; we hope that the failure rate of artificial hips will decrease.