

HIP REPLACEMENT SURGERY



262 Mountain Highway
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Tel: 03 9887 1488

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Total hip replacement is a very successful operation. It is widely regarded as being the most effectively successful operation that orthopaedic surgeons perform. In fact, the World Health Organisation has rated total hip replacement as second only to cataract surgery in terms of cost effectiveness and quality of outcome.

The most common cause of a patient requiring a hip replacement is due to osteoarthritis of the hip joint. Wear and tear (osteoarthritis) of the ball (femoral head) and socket (acetabulum) of the hip joint lead to pain, discomfort and a decreased ability to perform general daily activities.

Hip replacement involves the worn out ball and socket being replaced with a prosthetic hip joint. Mr Donohue will discuss the implants that he will use for your hip joint replacement with you in your consultation.

The following information may be of use in helping you prepare for your forthcoming hip joint replacement surgery.

Preoperative Instructions

Some patients prior to having a hip replacement will need to see a specialist physician. The physician will assess your health and determine whether you are fit to undergo surgery.

All hip joint replacement patients will be seen in the Pre-Admission Clinic at Knox Private Hospital. This is run by Knox Private Hospital and informs patients of what can be expected once they are admitted to hospital. For example: physio, other tests required, what you will need to bring into hospital, etc. When we book you in for surgery, Mr Donohue's staff request that the pre-admission clinic make an appointment with the patient to be seen in the clinic. This is a very informative and valuable session and our patients find it extremely beneficial. We encourage all joint replacement patients to attend this appointment.

Hospital Stay/Rehabilitation

You will be in hospital around 5 days and will either be discharged directly home or be transferred to a rehabilitation hospital. Not all patients need to go on to rehabilitation. Most are able to be discharged directly home. However if you elect to go to postoperative rehabilitation this does not have to be decided upon at the time of booking your surgery. Once the operation has been performed then your need for rehabilitation will be discussed with you by Mr Donohue. Once you are ready to be transferred to a rehabilitation hospital, the rehabilitation facility of your choice will be contacted and you will be transferred there once a bed becomes available for you. Generally a 1 to 2 weeks stay in rehabilitation is all that is required. At rehabilitation

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Orthopaedic Surgeon

*Specialising in hip & knee
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you will be involved in an intense physiotherapy and hydrotherapy program (once the hip wound has healed).

TED Stockings

TED, or compression stockings (a below knee heavy weight stocking), will be prescribed for you to wear for 4 weeks postoperatively. You will be shown how to put these on and off by the nursing staff in hospital and they will be put in place on both legs immediately postoperatively. These are designed to help prevent clots (DVT's) forming in your calf. These need to be kept on 24 hours a day, however can be removed for showering and washing.

Car Travel and Driving

It is preferable to keep car travel to a minimum for the first 6 weeks to avoid dislocating the hip. You are able to take short trips in the car, for example, to the doctors or physio. You are unable to drive for 6 weeks postoperatively.

Crutches and Weight Bearing

You are able to fully weight bear through the operated leg as soon as you are able. Generally, crutches are required for up to 6 weeks postoperatively, or until you see Mr Donohue for your postoperative visit.

Exercising

You will be seen by a physiotherapist after your surgery in hospital and then at rehabilitation (if you go on to a rehabilitation facility). The physio will give you some gentle exercises to perform whilst in hospital and these need to be continued at home until you see Mr Donohue at your 6 week checkup. Walking is the best exercise for the hip joint. Once the wound has healed you are able to go swimming or attend hydrotherapy.

Showering

Patients sometimes find that a stool or plastic chair in the shower is beneficial when they first go home. Soap on a rope or soap in the toe of a stocking tied to the shower tap is also helpful.

Sleeping

You must sleep on your back with a pillow between your legs for the first 6 weeks to avoid dislocation. Sexual intercourse should be avoided for the first 6 weeks.

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Gardening

Gardening should be avoided for the first 6 weeks.

Dental Work

Ensure that your dentist is aware that you have had joint replacement surgery. Major dental work, for example, root canal, will require antibiotic cover to prevent the prosthesis becoming infected.

Crossing Legs

Please do NOT cross your legs at the knees at any stage in the future.

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