CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

Total Hip Replacement

HANDBOOK

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A MESSAGE FROM YOUR SURGEON

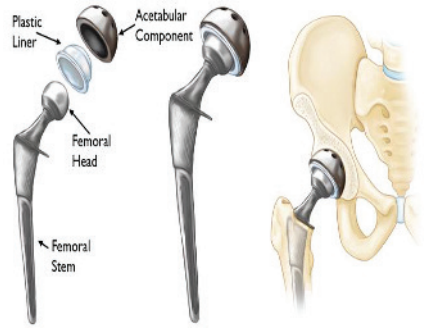
We hope that this booklet will be helpful to you as you prepare for your surgery. You are encouraged to take the booklet to the hospital to record any notes you wish to keep regarding your individual care plan.

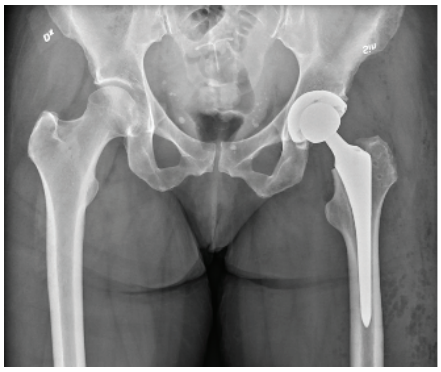
INTRODUCTION

The information in this handbook will help familiarize you with the total hip arthroplasty procedure, with information to prepare for surgery, what will occur on the day of your surgery, and what you can expect during your postoperative period. We also describe your home care after surgery. Once you and your physician have decided that hip replacement surgery is needed, you will naturally have many questions. It is important to us that all of our patients know what to expect preoperatively and postoperatively. We believe the guidelines in this booklet will help you achieve the greatest satisfaction from your hip replacement.

PRIMARY TOTAL HIP REPLACEMENT

- More than 330,000 total hip replacements are performed annually in the United States.
- Hip replacements are performed to alleviate conditions caused by osteoarthritis, rheumatoid arthritis, fractures, dislocations, congenital deformities, and other hip-related problems.
- Surgery involves replacing the damaged surfaces of the hip. The head and the neck of the femur (thigh bone) are removed and replaced with a metal or ceramic ball and stem made of titanium most often. Then, the damaged hip socket is lined with a metal "cup," also most often made of titanium. 0A plastic polyethylene liner is placed into the cup. The ball of the femoral component fits snugly into the plastic liner within the metal cup, creating a new, moveable joint.
- The immediate benefits of total hip replacements are excellent. In most uncomplicated cases, patients can expect to have reduced pain, have improved hip mobility, and have a reduced limp soon after surgery. Results are usually seen within 3-6 weeks, with full recovery in 3-6 months.
- The operation usually takes about 35-75 minutes.





RAPID RECOVERY HIP REPLACEMENT

At CONA we believe in a team concept, which will speed recovery and the ability to return to work. This team approach includes patient education, pre-surgical planning, improved anesthesia, less traumatic surgery, better pain control and faster return of function. The use of specially designed instruments allows patients to have the smallest incision possible, understanding that obesity and a patient's weight plays a large part in the length of the incision, so that a safe and effective operation can be performed.

APPROACHES TO TOTAL HIP REPLACEMENT

We use several different surgical approaches: direct anterior, superior, and posterior. Your surgeon will determine which approach is best for your hip. Most patients benefit from all offered minimally invasive approaches and go home the day of surgery form the hospital or surgery centers, or after one to two nights in the hospital if necessary. Most patients will be walking and/or moving their hip on the day of surgery and are encouraged to do so.

REVISION HIP REPLACEMENT

The revision of porous-coated components usually is necessary because of wearing out of the polyethylene liner in the cup, loosening of components, or infection. In the event of plastic wear, many cases patients may have no symptoms, and the diagnosis of a damaged joint surface is made from patients' x-rays. Revision surgery is advised in these cases to prevent further bone damage that could lead to a more complex procedure later. Although rare, other reasons for revision surgery are dislocation, loosening, infection, and fracture. For this reason, we ask our patients with well-functioning hip replacements to see us annually for 1-2 years then every 4-5 years after the initial postoperative period. This is necessary to monitor signs of wear from our long-term patients x-rays. These signs can appear gradually as the liner starts to wear.

Preparation for revision surgery is more complex than for an initial surgery. Please speak with your surgeon in regard to the details of your specific diagnosis for revision and what the procedure will entail. Regardless, any patient who needs a revision who have had their primary surgery at another institution can help us by obtaining detailed records of previous surgeries so that we know exactly what types of parts need to be replaced. In general, all revision patients will be non-weight bearing on their operative leg for 2 weeks, followed by partial weight bearing for 6-8 weeks before being allowed full weight bearing.

SURGICAL COMPLICATIONS

Hip replacement is an incredibly successful operation that allows a new lease on life: decreased pain and increased function. However, with any surgery, the possibilities of complications exist. Complications related to hip replacement specifically may include infection, hip stiffness, nerve palsies, blood-clot formation, leg length inequality, hip dislocation, or fracture of the femoral or pelvic bone during insertion of the prostheses. We hope that by making you aware of these potential problems and by discussing them openly, you will have more confidence in our expertise and ability to avoid complications.

- **DISLOCATION** - occurs when the ball at the top of the femoral component comes out of the hip socket is seen in up to 1-2% of primary total hip arthroplasty and in about 5 to 10% of revision arthroplasties. With the anterior approach, this number is reduced to less than 1% for primary hip replacement. Dislocations are treated initially without surgery, and most patients who dislocate never require further surgery. Preventative measures for dislocations and treatment for dislocations will be discussed with your surgeon and therapist should the need arise.
- **LEG LENGTH DISCREPANCY** - Due to the nature of arthritis and the loss of cartilage space, patients with arthritic hips often develop shortening of the affected leg. One of our surgical goals is to equalize leg-length as much as possible. While this is possible in more than 90% of our cases, it may not be feasible with large differences in leg lengths. Also, in a small number of patients it is possible that in order to maximize stability the operative leg actually has to be made slightly longer than the nonoperative leg.
- **NERVE INJURIES** – Occurs is less than 1% of primary and revision patients. Most individuals with such injuries recover with time, usually within 6-12 months.
- **FRACTURES** - occur during surgery in less than 1-2% of patients. In almost all of these cases, the fractures consist of very small cracks in the bone. These heal rapidly and do not interfere with the patient's normal recovery from joint replacement. If the fracture is large, it may require operative treatment and also restricted weight bearing for a longer period than that required for an uncomplicated total hip replacement.
- **INFECTION** - occurs in less than 0.5% of primary hip patients and in up to 4-5% of revision patients. If the infection is diagnosed quickly, a thorough washout of the hip may be all that is needed to cure the infection. If it develops into a chronic infection, then the implants must be removed for 2 to 6 months to allow treatment with antibiotics. After the infection is cured, new hip components may be re-implanted.
- **A DEEP VENOUS THROMBOSIS [DVT] (A BLOOD CLOT IN THE LEG).** To avoid this complication, we treat patients with blood thinners and/or Aspirin and/or pneumatic compression devices.
- Risks from anesthesia also exist and vary for different patients and types of anesthesia. Make sure your MD knows all medications (prescribed & over the counter) prior to surgery.

We encourage patients to discuss their options with the anesthesiologist on the day of surgery. We believe that well-informed patients approach the surgical procedure and postoperative experience with greater enthusiasm and less apprehension. By discussing your procedure, its risks, and benefits, as well as our techniques, alternative treatments, and expected outcomes, we hope to reassure you that we are committed to your well-being.

PREPARING FOR A HIP REPLACEMENT

YOUR JOINT REPLACEMENT TEAM

A team of professionals will help you through all phases of your surgery. This team includes your physician and his clinical staff, physical therapist, case manager, nurse practitioner, nurse, and support personnel.

SCHEDULING SURGERY

If you do not schedule surgery at the time of your office visit, our scheduling assistant, **Kim Lawson (864) 327-3504,** who will help you select a surgery date, is available to answer any questions. To allow adequate time for the necessary preparations, a surgery date is usually set well in advance of your decision to proceed with hip replacement surgery. You will initially get a date for surgery, but the time of your surgery will not be determined until the week before the surgery date. You will be informed in advance of this time and when to arrive at the hospital.

PREOPERATIVE PLANNING

Once you have a surgery date, you will need to prepare for surgery. This includes preoperative interviews, medical clearance and tests which will need to be done within thirty days of your surgery date. This will include clearance and discussion with the Joint Coordinator, (864-285-9311). We encourage you to bring someone with you to help you get to your appointments and function as your "coach" and advocate throughout the joint replacement process.

DISCHARGE PLANNING

Most patients recuperate much better at home with the help of family and friends and new research supports this; therefore, our comprehensive team promotes discharge to your home whenever possible. Your team will assist in identifying the kind of help you may need after discharge and advise you of care options, such as any medical equipment that is necessary or home care.

MEDICATIONS AND SUPPLEMENTS:

You should stop taking all over the counter supplements and herbals **10 days prior to surgery**. Many of these have known and possible unknown reactions to anesthesia and the medicines you will take during your hospital stay and post operative. Laxatives and stool softeners are OK to continue taking. If you have any questions about when to stop medications, please reach out to your primary care provider.

- Amphetamines/Stimulants such as Adderall, Concerta, Phentermine, Focalin, and Ritalin need to be stopped 14 days prior to surgery.

- DMARD's (Disease-modifying antirheumatic drugs) such as Enbrel, Humira, Orencia and Plaquenil need to be stopped 14 days prior to surgery.
- Coumadin – 48 hours prior to surgery
- Plavix – 5 days prior to surgery
- Eliquis – 5 days prior to surgery

MEDICAL CLEARANCE

All patients must be evaluated by a medical doctor prior to surgery to determine if it is safe to_ proceed. This visit will include a medical history, physical examination, and laboratory tests (blood count, chemistry profile, and urinalysis). You may also need a chest x-ray and electrocardiogram (EKG) that has been done within the past year. Additional tests may be required if you have other specific medical problems. The examination must be completed within 30 days of your surgery.

- All surgical candidates must have a Hemoglobin A1C (a test that determines your glucose levels over a few months) less than or equal to 7 and have 8 weeks of smoking cessation.
- Weight Loss may be recommended to prevent an increased risk of complications.

REDUCING THE RISK OF INFECTION

Any source of bacteria within your system must be eliminated before your surgery. Abscessed teeth and pending dental work should be taken care of prior to your hip surgery. A urinary tract infection is an additional source of contamination. Although frequency, urgency, and burning are symptoms of a urinary tract infection or prostate problems, you may have an infection without symptoms. The doctor who clears you for surgery will order a test of your urine. If an infection is found, antibiotic treatment may be required prior to your hip operation.

Our goal is to reduce the number of bacteria you carry on your skin prior to surgery. We will instruct you to use antibacterial wipes provided to you at Joint Camp for Spartanburg Surgery Center patients. If your surgery is at Mary Black Hospital, you will be provided with wipes when you attend your Joint Class/Pre-Op Testing Appointment. Because certain bacteria are carried in your nostrils, we may instruct you to use an ointment to treat these bacteria. Furthermore, the skin around your knee and entire operative extremity should be free of any open lesions such as cuts, scrapes, bug bites, etc. Please do not shave your knee/leg prior to surgery. If you have any questions, please call your Joint Coordinator at 864-285-9311.

STOPPING MEDICATIONS BEFORE SURGERY

- Patients should stop taking aspirin and other non-steroidal anti-inflammatory medicines at least ten days before surgery to avoid increased bleeding associated with these medications. You may take Tylenol for pain during this time.
- If you are taking blood thinners, such as Plavix, Coumadin or Pradaxa, these also can create bleeding problems; it is important to discuss their use with the prescribing physician to determine the dosage program that will best prepare you for surgery.
- Ten days prior to the surgery, you should also discontinue the use of most herbs/supplements: Echinacea, ephedra, feverfew, garlic, ginger, gingko biloba, ginseng, goldenseal, kava, saw palmetto, St. John's Wort, valerian, vitamin E, glucosamine chondroitin, and fish oil.

FINANCIAL ARRANGEMENTS

Carolina Orthopaedics & Neurosurgical Associates will make every effort to assist you in meeting the policy requirements of your insurance company. Our office will pre-certify your surgery and obtain insurance benefits. You will be contacted by our financial department to make appropriate payment arrangements prior to your surgery.

The CONA billing office and our staff are available to assist you with questions about reimbursement and billing procedures. Please contact Heather Elliott at 864-582-6396 ext. 7309 for assistance.

PREOPERATIVE PHYSICAL THERAPY SESSION

Because of the many months of pain and decreased physical activity you may have experienced before surgery; your muscles may be fatigued and weaker. We have found that patients potentially do better AFTER surgery if they do exercises BEFORE surgery. Joint Education/Joint camp Class Instructors will teach you strengthening exercises at the pre-operative education class. Our Durable Medical Equipment Department will discuss any special home equipment needs and safety precautions. The "coach" who will assist you after discharge is encouraged to attend this session your pre-operative class.

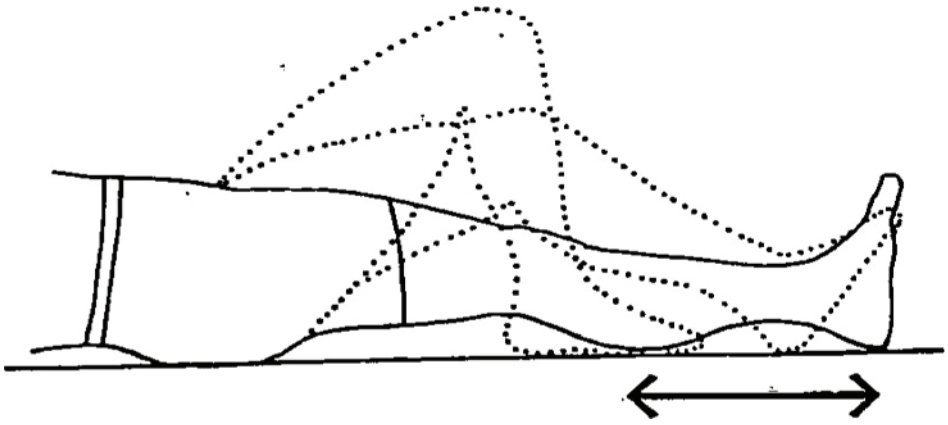
PREOPERATIVE EXERCISES

Many of the preoperative exercises that are beneficial are the same exercises that are part of your postoperative therapy program. We recommend that you work on the following exercises several times throughout the day. ***If you are unable to tolerate any of the exercises due to pain, DO NOT continue.***

Heel Slides

- Lie on back with legs straight.
- Slide heel of involved leg up to buttocks.
- Return to start position and repeat.
- Perform 10 Repetitions 2x daily

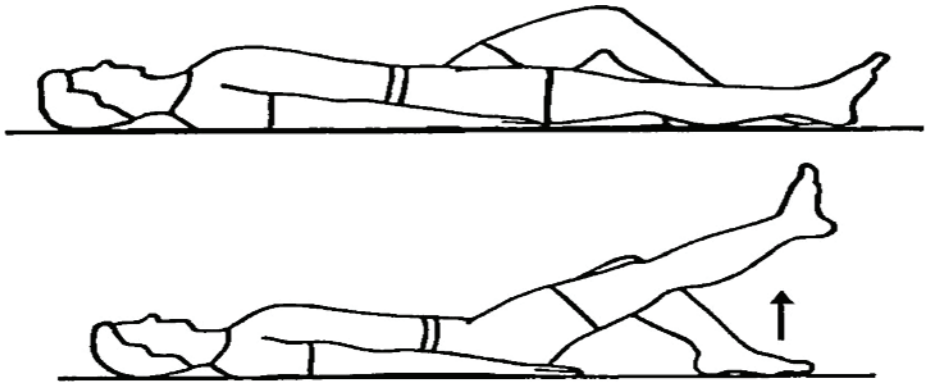
Note: Keep knee pointed straight up toward ceiling. Perform exercise in a controlled manner; do not allow leg to "flop" down.



Straight Leg Raises

- Lie on back with uninvolved knee bent as shown.
- Raise involved, straight leg up to thigh level of bent leg.
- Return to start position and repeat.
- Perform 10 Repetitions 2x daily

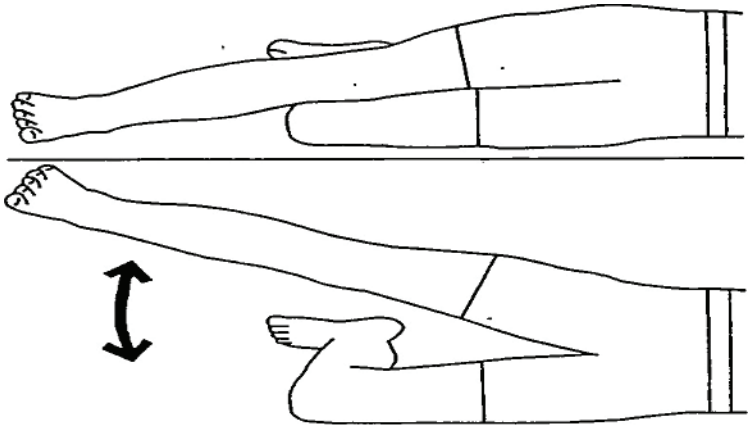
Note: Do not hold breath.



Hip Abduction — Side lying

- Lie on uninvolved side with lower knee bent for stability.
- Keep knee straight on involved leg, lifting leg upward.
- Return to start position and repeat.
- Perform 10 Repetitions 2x daily

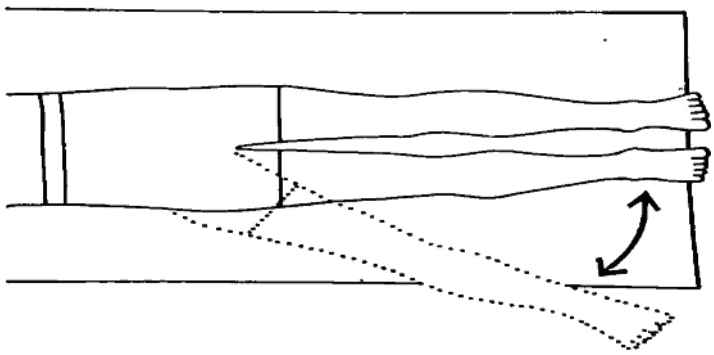
Note: Do not roll trunk forward or backward.



Hip Abduction — Supine (Lying on Back)

- Lie on back on firm surface, legs together
- Move involved leg out o side, keeping knees straight
- Return to start position and repeat.
- Perform 10 Repetitions 2x daily

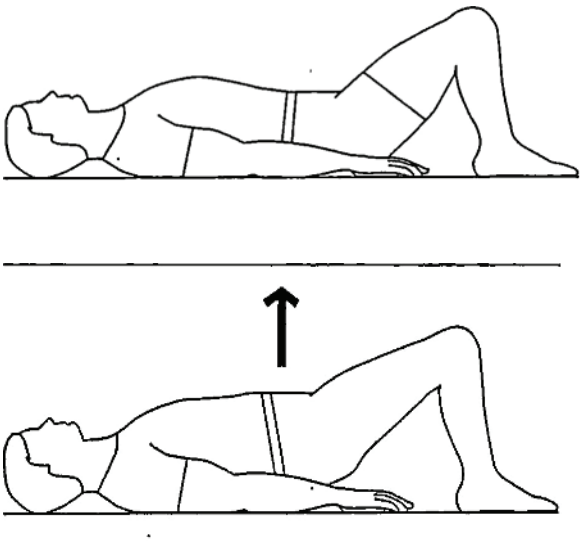
Note: Perform only if unable to get side lying position. Do not perform in both side lying and supine positions.



Bridging

- Lie on back with knees bent
- Lift Buttocks off the floor
- Return to start position and repeat.
- Perform 10 Repetitions 2x daily

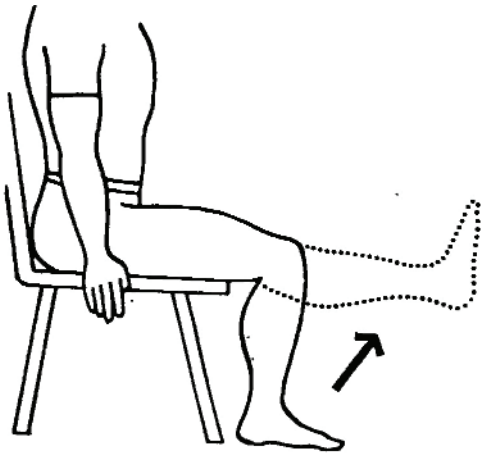
Note: Maintain Neutral Spine



Sitting Knee Extension

- Sit with legs bent
- Straighten leg at knee
- Hold for 5 seconds
- Return to start position and repeat.
- Perform 10 Repetitions 2x daily

Note: Maintain Neutral Spine



DAY OF SURGERY

REPORTING TO THE HOSPITAL OR SURGERY CENTER

On the day of surgery, you will report to the Intake or Registration Desk for the operating room. Bring your photo ID and Insurance Cards for verification. You will be escorted to an area where you will change into a hospital gown and an identification bracelet will be placed. A nurse will make sure that your medical work-up has been completed. An intravenous line (IV) will be started. You will see your surgeon and the anesthesiologist before going into the operating room.

CLOTHING

Hospital gowns are suggested during the day of surgery. You are encouraged to bring loose_fitting jogging clothes, t-shirts, pajamas, sweatpants, or shorts for the rest of your stay, so that you will be more comfortable when you are walking around. Tennis shoes, loafers, or comfortable support shoes should be worn.

ANESTHESIA

On the day of your surgery, you will meet with the anesthesiologist and anesthesia staff (nurse anesthetist) to go over your medical history and the type of anesthesia that will be utilized for the surgery. Most patients will have spinal/epidural anesthesia and will also be given medication that allows them to sleep during the procedure. This avoids the use of a breathing tube during the operation. *A spinal/epidural anesthesia is generally our preferred method of anesthesia for joint replacement surgery, however, there are some situations in which it may not be indicated, and the anesthesiologist will discuss any such situation with you. If your surgery is at the Spartanburg Surgery Center, you will have general anesthesia.*

POST-ANESTHESIA CARE UNIT (PACU)

A typical hip replacement operation takes approximately 35-75 minutes. Revision surgery often takes longer since it is more complex. After surgery, you will be moved from the operating room to the post-anesthesia care unit (PACU), often referred to as the recovery room, where the nurses will monitor your vital signs and oversee your recovery from anesthesia. Your stay in the PACU lasts approximately 1-2 hours, depending on your recovery from anesthesia. If you are scheduled to go home the same day of your surgery, Physical Therapy will visit you in the recovery room. You may receive oxygen through nasal breathing tubes for up to 24 hours. Pneumatic compression stockings are also placed on both feet/legs to help improve circulation. This rhythmic change in pressure promotes blood flow and also helps prevent blood clot formation.

FAMILY WAITING AREA

Family members are usually not permitted to visit with patients in the PACU. At the end of the surgery, the surgeon will call and discuss the details of the procedure with your family members. If family members leave the waiting area, they should let the staff know where they will be. If members of your family are unable to be present on the day of surgery but would like to talk with your surgeon, they should leave a phone number where they can be reached.

POSTOPERATIVE COURSE

PAIN MEDICINE

We want you to be comfortable but also awake and alert enough to do exercises, including breathing exercises to prevent lung congestion and leg exercises to prevent blood clots. When you have recovered from anesthesia, your pain usually is managed by oral or intravenous pain medications. We recognize that post op pain is a significant source of fear for patients. Adequate pain control is very important to us. We have designed a comprehensive program to improve your experience by decreasing pain with a "multimodal" pain program. This process starts before surgery, using a combination of different medications that work together to reduce the amount of narcotic medications you require and to maximize your pain control. The narcotic medications can cause side effects such as nausea, itching and constipation, which we would like to avoid.

**You will likely receive a nerve block or spinal anesthesia preoperatively which will also aid in pain control.*

YOU WILL RECEIVE BY PRESCRIPTION:

- **Percocet or Oxycodone**
  - These are narcotic pain medications you can take every 4 hours AFTER surgery if needed for pain. If you do not need it, do not take it. If you do not need to take it every 4 hours, you can cut back based on your pain level.
    - *These are narcotics. If you need more of this medication, please call the nurse for a refill. Please allow 24-48 hours for any request.* ***Medications cannot be refilled over the weekend or afterhours.*** *The nurse will call you when your prescription is ready for pick up.*
    - ***Do not take Tylenol products while taking this medication****.*
    - ***Total Hip Replacement patients will receive 2 weeks of narcotics – no exceptions***

- **Ultram (Tramadol)**
  - This is a pain medication you can take very 4-6 hours AFTER surgery, if needed for pain. If you do not need it, do not take it. If you do not need it as often, you can cut back.
    - *Do not take Tramadol and Hydrocodone at the same time. You may alternate on or the other up to every 3 hours if needed.*

- **Celebrex or Lodine**
  - This is an NSAID (anti-inflammatory) medication you should take AFTER surgery. It helps with inflammation that causes your leg to be sore and ache.
  - Do not take with other NSAID's such as Ibuprofen, Aleve, or Advil

- **Zofran ODT (as needed):**
  - This is a medication for nausea. If you feel nauseated, you can take one pill every 6 hours as needed.

****YOU WILL NEED TO PICK UP OVER THE COUNTER**:**

- Aspirin 325 mg daily:
  - Take on full strength aspirin daily after surgery for **30 days** to prevent blood clots

- Colace-
  - A stool softener to help prevent constipation, taken twice daily while taking narcotics

- **If outpatient surgery or same day surgery:**
  - Keflex or Clindamycin:
    - You will be given a prescription for ONE of these antibiotics to take AFTER surgery. Total Knee Replacements will take for 48 hours; Knee Revisions will take from 10-30 days

WOUND CARE

Your wound will be covered by a dressing after surgery, often a clear plastic waterproof dressing. It should usually be removed after 7-10 days. You can shower if there is no drainage from the wound beginning Post op Day 2.

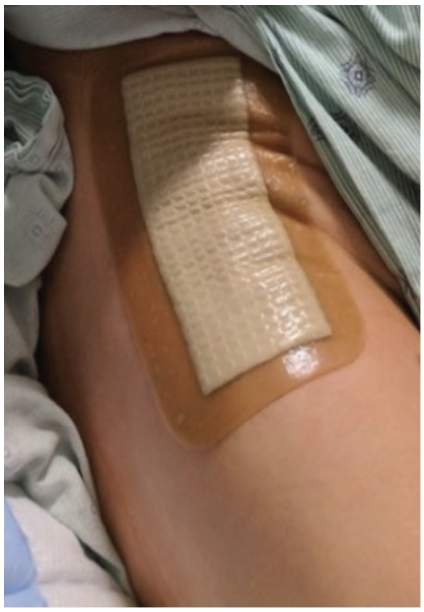
- After the dressing is removed, **DO NOT** apply any cream, ointment, or lotion to the wound unless specific instructions are given by your surgeon for 6 weeks.
- Do not submerge yourself in water (Bath, Swimming Pool, Lake, Ocean etc.) until MD releases you to do so. This can introduce bacteria into your incision, and it cause an infection.

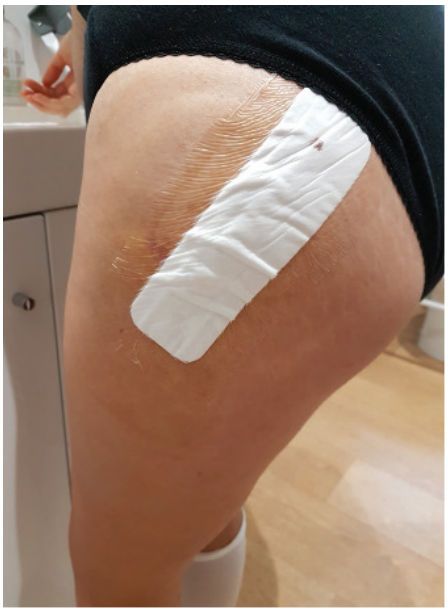
Most of the time, your stitches will be under the skin and will dissolve on their own. If you have staples or external stitches, they can be removed 10-14 days after surgery if there is no drainage.

Drainage:

- **If the wound is draining, the dressing should be changed daily**.
- The wound should be dry and without drainage by about five to seven days postoperative.
- **If there is persistent drainage from the wound after this time period, you should call our office immediately (864-582-6396)**.
- **If there is worsening redness around the incision, you should also call our office immediately (864-582-6396).**
- These may be signs of a superficial or deep wound infection, and you may have to return to the office for an evaluation by one of our staff.

Other common concerns after hip replacement surgery include swelling, bruising, and possible blistering. These can be quite significant in nature and can appear anywhere from the thigh to the toes. These are typically worse at night which can contribute to trouble sleeping comfortably for more than one to two hours at a time.





REHABILITATION

Regaining muscular control of your leg is our first and most important goal after surgery. All patients receive therapy to help strengthen muscles and also to reinforce postsurgical precautions to prevent dislocation. We want to encourage your independence and discharge to the comfort of your own home.

Your coach(es) (Family members or friends who may be assisting you after discharge) are encouraged to attend therapy sessions to learn about the appropriate techniques and the amount of assistance that they should offer you after your joint replacement. By being independent, you will be using your own muscles to strengthen and protect your new joint.

BEFORE DISCHARGE, ALL JOINT REPLACEMENT PATIENTS SHOULD HAVE PRACTICED HOW TO:

- Dress and bathe
- Get in and out of a bed, chair, shower or bathtub, and a car
- Walk with a walker or crutches
- Go up and down stairs
- Carry out the specific home exercise program

POSTOPERATIVE PHYSICAL THERAPY

A comprehensive physical therapy regime is important to your full recovery. Physical Therapy will start the day of the surgery and will continue at home. Your first session will include a group of simple exercises in bed, standing at the side of the bed, and walking as soon as you are able. You can expect to use a walker, 2 crutches, or a cane for a period of up to six weeks after surgery. Therapy programs are individually designed and progressed by your surgeon and therapist. Most patients are allowed full weight bearing with the use of a walker or crutches for support. In the weeks that follow surgery, transitioning to a cane is encouraged as patients begin to feel more comfortable with walking.

The physical therapist reviews the list of activities you can and cannot do after surgery and provides practice sessions to reinforce precautions against dislocation, to improve arm and leg strength, and to increase overall endurance before you go home.

If you have any questions about sexual relations after surgery, please discuss your questions with the physical therapist or your surgeon at the follow-up visit.

DISCHARGE INFORMATION

FINAL DISCHARGE INSTRUCTIONS/PRESCRIPTIONS

Your nurse will see you before discharge and answer any questions you may have. At the time of discharge, the nurse will review discharge instructions and medications. Your prescriptions are usually sent electronically. Most patients have some discomfort at home when they perform their exercises. You will receive a prescription for pain medication, but once home, you should begin to decrease the number of pills you take and increase the interval of time between doses. Pain medication should be taken before therapy or sometimes at bedtime, as needed for your comfort; a non-narcotic medicine can be used in between such as Celebrex or Tramadol. Applying ice to your hip after therapy helps to control discomfort.

WRITTEN DISCHARGE INSTRUCTIONS

You should receive a copy of our discharge instructions to remind you that:

- **It is normal to have swelling and bruising in your lower legs after surgery.** Walking frequently during the day and doing your exercises will help strengthen your muscles and reduce the swelling. If you have swelling, we recommend you elevate your legs, and apply ice to your hip for 15 minutes every hour. If the swelling continues to worsen, or becomes increasingly painful, please call your surgeon's office.
- You can take a shower when your wound is dry usually Post op Day 2. If you have a plastic dressing, it is waterproof.
- You should have a copy of your home exercises from the physical therapist. Do your exercises three times a day.
- You should be walking in your home, frequently, as you are able. Use your crutches, cane, or walker as instructed by your therapist. You are encouraged to walk outside with assistance. Often people will notice some clicking in the hip with activity. This does not mean there is something wrong with the prosthesis.
- Your hip will be sore, but pain will dissipate over time. You will be given a prescription for pain medicines that can be used primarily BEFORE THERAPY and AT BEDTIME. Extra-strength Tylenol, anti-inflammatories, or Ultram can be used in addition to or instead of narcotics. To ease your discomfort apply ice to the hip after activity.

TRAVELLING HOME:

BY CAR – Patients are able to go home by car after hip replacement surgery. If your trip will take more than two hours, plan to allow one or more stops for walking and exercising your legs. It is imperative that you arrange your ride home prior to surgery.

BY AIRPLANE – If you need to travel by air, it is important to request a bulkhead or first-class seat, so that you will have enough room to stretch out your leg during the flight. It is advisable to have a travel companion, who can help with your luggage and with getting on and off the plane. Occasionally, your surgeon may recommend that a long airplane ride be postponed for several days after discharge from the hospital.

GETTING INTO YOUR HOUSE & USING STAIRS

The physical therapist will teach you how to go up and down steps. You should have someone help you with steps until you are comfortable and secure with them. Remember that when you use a

staircase, your crutches go under your arm on the opposite side from the railing. To go up the stairs, start with your unoperated leg; to go down, begin with crutches and the operated leg.

YOUR 1ST POSTOPERATIVE VISIT

Often your first visit will be with our Nurse Practitioner within 10-14 days after your surgery. Our staff will arrange this for you. This first follow-up visit will include an examination of the hip and X-rays of the operated hip will be obtained to evaluate the alignment and fixation of the implant. You will receive new instructions concerning your allowed activities and the amount of weight you can put on the operated leg.

FOLLOW-UP VISITS

You will have a follow up visit at 6 weeks, and 3 months after your surgery. Followed by visits 1, 2, 5 & 10 years after your surgery. We strongly recommend a return visit to Carolina Orthopedics and Neurosurgical Associates to confirm that your prosthesis is functioning well. These visits are important whether or not you are having problems with your hip. The plastic part of the implant eventually may show signs of deterioration. Deterioration can only be determined by studying your follow up x-rays and performing a physical exam.

COMMON QUESTIONS ASKED ABOUT HIP REPLACEMENT

HOW DOES THE DOCTOR DECIDE IF I NEED A TOTAL HIP REPLACEMENT?

This decision is based on the degree of pain you have, how difficult it is for you to walk, and how much these problems interfere with your activities or quality of life. Other important factors in the decision include evaluation of your x-rays and your health status.

HOW LONG DOES THE SURGERY LAST?

The surgery lasts 35-75 minutes, depending on the condition of your hip at the time of surgery.

HOW BIG WILL MY INCISION BE?

The size of the surgical incision depends on multiple factors including the complexity of the surgery and the size of the patient, but often the length of a pen.

HOW LONG CAN I EXPECT TO HAVE PAIN AFTER SURGERY?

The time varies for each patient. Many patients report that there is very little pain right after surgery, but postoperative soreness may continue for 3 – 4 weeks.

HOW LONG AFTER SURGERY WILL I HAVE TO LIMIT WEIGHT BEARING ON MY LEG?

The amount of weight you are allowed to put on your leg varies from full weight bearing to just the weight of your foot. Most patients are cleared to be full weightbearing, as tolerated. Several factors are considered in making this decision, and your surgeon will inform you of your weight bearing status.

WHY DO I HAVE TO TAKE A BLOOD THINNER AFTER SURGERY AND HOW LONG WILL THIS CONTINUE?

A blood thinning medicine is recommended to prevent blood clots and is usually discontinued after your first follow-up appointment.

WHEN ARE THE STAPLES OR SUTURES REMOVED?

If you have staples, they are removed in 10 to 14 days after surgery if there is no drainage from the wound site. Dissolvable sutures are often used and do not require formal removal, although the wound should be intermittently checked for redness or drainage.

HOW LONG WILL IT BE BEFORE I CAN TAKE A SHOWER OR BATH?

You may shower if the wound is covered or if there is no drainage.

WHEN CAN I RESUME SEXUAL ACTIVITIES?

You can resume sexual activity 3 – 6 weeks after surgery. The physical therapist will review safe techniques.

WHEN CAN I DRIVE A CAR, SWIM, OR RIDE AN EXERCISE BIKE?

The timeframe depends upon the stability of your hip and the type of vehicle you drive or exercise bike you own. Usually, swimming is not permitted until the incision is completely healed, usually 5-6 weeks. On average, 3 weeks for driving.

WHEN CAN I START PLAYING TENNIS OR GOLF?

Active sports are generally not resumed until 3 – 6 months after surgery.

WHEN WILL I BE ABLE TO RETURN TO WORK?

This depends on the type of work you do as well as several other factors. This is determined on an individual basis, and you should discuss with your surgeon.

HOW LONG SHOULD I KEEP DOING THE EXERCISES?

You should do the exercises given to you at discharge until you return for your visit. At that time, you may be given a new set of exercises. You should continue to exercise until your muscles are pain-free and you can walk without a limp. It is a good idea to continue your exercises as a lifetime commitment to keeping your muscles strong.

DO I NEED AN X-RAY AT 12 MONTHS, IF MY HIP FEELS FINE?

Yes. X-rays are an important part of each follow-up visit and are essential in determining the amount of bone ingrowth, position of the prosthesis, and the condition of the bone around the prosthesis. A patient may not have any symptoms, and x-rays assure us that there are no problems developing.

Dr. Daniel Gerscovich

A native of Winter Park, Florida, Dr. Gerscovich attended the University of Virginia in Charlottesville VA as a collegiate swimmer for their Division 1 program. He achieved ACC championships in his first and second year. He then returned to Florida to complete his medical school training at the University of South Florida College of Medicine in Tampa, Fl, earning Deans List distinction each year. He went on to complete his residency in Orthopaedic Surgery at George Washington University in Washington DC.

He completed his fellowship training for specialization in primary and complex Adult Reconstruction for hip and knee at the world-renowned Anderson Orthopedic Clinic in Alexandria, VA. His particular surgical interests include partial and total knee replacement, robotic knee/hip replacement, complex revision of failed knee/hip replacements, revision for infection and treatment of knee/hip pain in the younger adult population.

Dr Gerscovich has published articles in several major orthopedic journals, authored several book chapters and is a member of the American Academy of Orthopaedic Surgeons and is Board certified.

According to Dr. Gerscovich, "My foremost aspiration is to take care of each patient to the best of my ability and as if they were a part of my immediate family. I believe that a strong doctor patient relationship, adherence to surgical principles, and a motivated patient will result in the best possible outcome."

In his free time, he enjoys fishing, cooking, and golfing, but he spends most of his leisure time with his children Grayson, Parker, Sadie, and his wife Missy. He and his family are very excited and proud to be a part of the Spartanburg Community and he considers it a privilege to be able to care for you.

NOTES / QUESTIONS


THANK YOU
for allowing us to treat you.

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