

DIRECT ANTERIOR APPROACH TOTAL HIP REPLACEMENT - SURGERY INFORMATION

Please note this information sheet refers to the Direct Anterior approach to total hip replacement.

Before Hospitalisation

This is a good time to make sure your home will be a safe environment for you upon your discharge from hospital.

Position furniture to give you clear walkways and roll up any rugs which might cause you to slip.

Put commonly used items within reach in your bathroom and kitchen to prevent you bending.

It is also a good time to commence some gentle exercise to tone up your muscles, especially the quadriceps. Not all exercises will be possible because of pain or stiffness. You will find examples of some recommended exercises on our information sheet. Your physiotherapist will advise which of these exercises will be suitable after your operation.

You will usually be admitted to hospital in the morning of surgery and will be seen by the nursing staff and your anaesthetist. Your specialist will advise if you need to see your anaesthetist prior to surgery.

Please bring with you any medication that you take regularly, along with your night wear, toiletries etc.

IT IS ESSENTIAL YOU BRING YOUR X-RAYS TO HOSPITAL WITH YOU.

On the day of surgery

The nursing staff will:

- Explain hospital routine and orientate you to your new surroundings.
- Record your temperature, pulse rate, blood pressure.
- May shave your hip and wash it with antiseptic.
- Answer any questions you may have.

Your anaesthetist will:

- Discuss your medical and surgical history and current medications.
- Discuss the type of anaesthetic, e.g. general or spinal
- Order a premedication if appropriate.

After surgery

The operation

The operation usually takes about two hours with some time spent in the recovery room.

- You will have an intravenous line in one arm. This is to ensure that you receive adequate fluids and iv antibiotics. It can also be used to administer pain relieving medication.
- You will have oxygen delivered by tubing under your nose.
- You may have a catheter to drain urine from your bladder.

The following routine is a guideline only, it depends on your speed of recovery and individuals do differ in time needed for muscle and strength to return. Each stage has to be completed before progressing to the next.

Pain control

During the first few days you will experience some discomfort. After removal of the drip, you may require injections and/ or tablets. It is important, initially, to take the pain relieving medication on a regular basis. This will allow you to exercise and move more freely. It may also be necessary to continue taking pain relief tablets when you return home. The nursing staff or pharmacist will instruct you on appropriate doses.

Whilst some discomfort is inevitable, with modern drugs pain relief is much improved compared with past years.

Anti-coagulant

An anti-coagulant will be administered. This is either a tablet or (under the skin) injection to help to thin your blood and prevent clot formation in your legs. Intermittent compression devices on your feet/calves may also be used.

Suture line/Dressings

You will have a suture line on your hip that requires a dressing, the suture loops outside your skin will be trimmed at your two week post-op wound check, the nursing staff will attend to this, the remainder of the sutures are dissolvable. Prior to discharge your nurse will speak to you regarding care of your suture line and dressing once you are home.

Swelling

Swelling of the leg may take 3 months or more to resolve. To minimise this, when resting have your legs up rather than spend long periods of sitting with your legs down. Observe your suture line for any signs of tenderness, redness, swelling or discharge.

If you have any problems, contact your surgeon, local doctor or the orthopaedic liaison nurse on 8267 8240.

Sleep disturbances

As you might expect, wound discomfort and restriction of position might mean adopting a sleep position which is unnatural for you. This may result in a disturbance of sleeping pattern and or restlessness. If you sleep on your side it is usually more comfortable to place a pillow between your knees.

Oral analgesia and warm drinks before going to bed may assist in relaxation.

Constipation

Decreased activity level, reduced fluid intake and some medication may lead to bowel irregularity. You will be encouraged to drink fluids, increase the fibre content of your diet and, if necessary, take mild laxatives.

Length of stay

With better anaesthesia, pain control and physiotherapy it is not necessary to stay in hospital for as long as previously. Generally, 4 nights is all that is required.

Driving

The advice from the Motor Accident Commission and the Australian Arthroplasty Society is to avoid driving for 4-6 weeks. Practice in the driveway once you feel confident you are generally safe to return to driving.

Exercises

Dr Awwad will advise of any specific exercises you may require. Patient will require minimal additional exercises or physiotherapy when a direct anterior approach is undertaken.

Going Home

Doctors appointment

- Dr Awwad will see you about 2 weeks after your surgery. The appointment will be made before you leave hospital by the nursing staff. It is important that you keep this appointment, as your surgeon will want to check your progress and review your wound.
- **Keep the dressing intact until this appointment.** You will be able to ask the surgeon questions regarding increasing your level of activity and resumption of driving.

Discharge

- Before discharge – the nursing staff will ensure that the arrangement of hiring aids, are in place.
- If you are living alone – during your rehabilitation the hospital will advise of any support services and arrange them for you.
- Please consider your own home environment – and discuss any problems you anticipate with staff e.g. if you have stairs at home. You may need to practice with your physiotherapist so that you are confident going up and down stairs prior to your discharge.

If travelling home by car – the car must not be a 'mini' or a high 4-wheel drive. You will require a few pillows to sit on to reduce flexion of the hip. X-rays and medications will be returned to you. Travel in the front seat to allow leg room. Practice with your physiotherapist before trying to get into a car. A plastic bag on the seat may help you settle on the seat more easily.

Hip precautions after total hip replacement

DO NOT:

- Sit on a very low chair or beanbag, or cross your legs on the floor
- Twist your leg to extremes either way
- Go to hydrotherapy or public pools/spas till you are cleared by Dr Awwad, generally 6 weeks post-op.

CALL YOUR ORTHOPAEDIC SURGEON if you notice any of these symptoms –

- Increased pain not controlled with medication.
- Shortening or rotation of the leg on the operated side.
- Increased redness, swelling or drainage around the incision.
- Elevated or persistent temperature.
- Tenderness, redness or swelling of your calf.
- Chest pain or shortness of breath – Call an ambulance.

IF YOU HAVE ANY ADDITIONAL QUESTIONS, FEEL FREE TO CONTACT THE ORTHOPAEDIC LIAISON NURSE. PHONE (08) 8267 8267.

For more information visit: www.orthosa.com.au