

PATIENT INFORMATION

Total Hip Replacement Surgery Information

This information is designed to give you a clear understanding of what to expect before and after your hip replacement surgery. It is a guide only and your AOS surgeon will talk you through what is most relevant to your situation.

Before hospitalisation

Use this time to prepare your home for your return. Clear walkways and remove any rugs that could cause you to slip. Put commonly used items within easy reach in your bathroom and kitchen to avoid the need to kneel or reach.

Begin gentle exercises to build muscle tone, particularly in the quadriceps. Not all exercises will be possible due to pain or stiffness — examples will be provided by your surgeon, and your physiotherapist will advise which are appropriate after your operation.

Your specialist will advise whether you need to see the anaesthetist before admission. This is generally recommended.

You will usually be admitted on the morning of surgery and seen by the nursing staff and your anaesthetist. You will be advised of your fasting time before admission.

Please bring any medications you take regularly, along with nightwear and toiletries.

It is essential you bring your X-rays to hospital with you.

On the day of surgery

The nursing staff will explain hospital routine, record your observations, and answer any questions. They may shave and wash your hip with antiseptic.

Your anaesthetist will discuss your medical history, current medications, and the type of anaesthetic (general or spinal). A premedication may be ordered if appropriate, along with any additional tests.

After surgery

The operation usually takes approximately two hours, followed by time in the recovery room.

When you wake you may have:

- A triangular pillow between your legs
- An intravenous line in one arm for fluids, antibiotics, and pain relief
- A small drain tube from the wound to prevent blood collecting — removed by nursing staff at your surgeon's direction
- Oxygen delivered by tubing under your nose
- A urinary catheter if required

Recovery is individual. Each stage needs to be completed before progressing to the next.

Pain control

Some pain in the first few days is expected. This will be managed with intravenous or epidural medication for the first 24 hours. After the drip is removed, injections and tablets may be required. Taking pain relief regularly in the early days allows you to exercise and move more freely. You may need to continue pain relief at home — nursing staff will advise on appropriate doses.

Anti-coagulation

An anti-coagulant will be given, either a tablet or an injection under the skin, to thin the blood and reduce the risk of clots forming in the legs. Intermittent compression devices on your feet or calves may also be used.

Wound care

You will have a suture line on the side of your hip requiring a dressing during your hospital stay. Some sutures lie beneath the skin surface, dissolve on their own (this can take up to two months), and do not need removal. Skin staples are normally removed around day ten. Before discharge, nursing staff will explain how to care for your wound at home.

Swelling

Leg swelling may take three months or more to resolve. Keep legs elevated when resting rather than sitting with legs down for long periods. Monitor the wound for tenderness, redness, swelling, or discharge and contact our rooms if you have any concerns.

Sleep

Wound discomfort and restricted positions may disrupt your sleep. Pain relief and a warm drink before bed can help with relaxation.

Constipation

Reduced activity, appetite, fluid intake, and some medications can affect bowel regularity. You will be encouraged to drink fluids, increase dietary fibre, and take mild laxatives if needed.

Sexual activity

Resumption of sexual activity depends on your comfort. There are no restrictions as long as you follow the daily activity guidelines provided by your surgeon and physiotherapist.

Dental visits

If you develop a gum infection or abscess, your dentist will need to prescribe antibiotics. This is not required for routine dental care such as fillings or cleaning.

Length of hospital stay

Generally four nights is all that is required.

Driving

You should not return to driving until you can safely perform an emergency stop. According to the Australian Arthroplasty Society, this may vary from four to six weeks.

Going home

Follow-up appointment

Your surgeon will want to see you approximately six weeks after surgery. The appointment will be arranged before you leave hospital. Keep this appointment — your surgeon will check your progress and you can discuss increasing activity levels and resuming driving.

Discharge

Before discharge, nursing staff will arrange any aids you need, such as a toilet seat raiser, shower chair, walking frame, crutches, or walking stick. If you live alone, the hospital will advise on support services. If you have stairs at home, discuss this with staff and practice with your physiotherapist before discharge.

If travelling home by car, avoid small cars or high four-wheel drives. Use pillows to reduce hip flexion. Travel in the front seat for leg room. Practice getting in and out of the car with your physiotherapist first. A plastic bag on the seat can make it easier to slide in.

Contact our rooms if you notice any of the following

- Increased pain not controlled with medication
- Shortening or rotation of the operated leg
- Increased redness, swelling, or discharge around the incision
- Elevated or persistent temperature
- Tenderness, redness, or swelling of the calf
- Chest pain or shortness of breath — call an ambulance immediately

To speak with our team, contact our rooms on 08 8267 8243, Monday to Friday 9am to 5pm.



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