

PATIENT INFORMATION

Direct Anterior Approach Total Hip Replacement

This information refers specifically to the direct anterior approach to total hip replacement. It is a guide only — 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 bending.

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, and your physiotherapist will advise which are appropriate after your operation.

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

After surgery

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

When you wake you may have:

- An intravenous line in one arm for fluids, antibiotics, and pain relief
- 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 discomfort in the first few days is expected. After the drip is removed, injections or 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. With modern medications, pain relief is considerably better than it once was.

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 your hip requiring a dressing. The suture loops outside the skin will be trimmed at your two-week wound check. The remaining sutures are dissolvable. Before discharge, nursing staff will explain how to care for your wound and dressing at home. Keep the dressing intact until your two-week appointment.

Monitor the wound for tenderness, redness, swelling, or discharge. Contact our rooms if you have any concerns.

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.

Sleep

Wound discomfort may disrupt your sleep. If sleeping on your side, placing a pillow between your knees is usually more comfortable. Pain relief and a warm drink before bed can help with relaxation.

Constipation

Reduced activity, fluid intake, and some medications can affect bowel regularity. Drink fluids, increase dietary fibre, and take mild laxatives if needed.

How long will I be in hospital?

Generally four nights is all that is required.

Driving

Avoid driving for four to six weeks. Practice in the driveway once you feel confident before returning to the road.

Exercises

Your surgeon will advise on any specific exercises required. Most patients need minimal additional exercises or physiotherapy following a direct anterior approach.

Going home

Follow-up appointment

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

Discharge

Before discharge, nursing staff will arrange any aids you need. 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.

Hip precautions after anterior 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 in either direction
- Go to hydrotherapy or public pools or spas until cleared by your surgeon — generally six weeks post-op

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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