

# Hip Preservation Program

Total Hip Replacement



[www.orthopedicONE.com](http://www.orthopedicONE.com)

# Hip Preservation Program



## Table of Contents

|   |    |
|---|----|
| Welcome to Hip Preservation.....                              | 3  |
| Surgical and Post Operative Appointment Schedule.....         | 4  |
| About the Hip Joint.....                                      | 5  |
| Total Hip Arthroplasty Direct Anterior.....                   | 6  |
| What does my Implant look like?.....                          | 7  |
| Total Hip Arthroplasty Posterior.....                         | 8  |
| Frequently Asked Questions about Hip Surgery.....             | 9  |
| Hip Surgery Checklist.....                                    | 10 |
| Tobacco and Wound Healing.....                                | 11 |
| Getting Your Skin Ready for Surgery.....                      | 12 |
| Preparing for Hip Surgery.....                                | 13 |
| What to Expect in the Hospital.....                           | 14 |
| When You Leave the Hospital.....                              | 15 |
| Hip Safety at Home.....                                       | 18 |
| Follow up Visits and Plan of Care.....                        | 19 |
| Visit Record and Notes.....                                   | 20 |
| When to Call the Doctor.....                                  | 22 |
| Driving Directions to Orthopedic One Dublin Office.....       | 23 |
| Driving Directions to Dublin Methodist Hospital.....          | 24 |
| Driving Directions to Ohio Orthopedic Surgical Institute..... | 26 |

## **Welcome to Hip Preservation**

---

At Orthopedic One, we work hard to preserve your hip joint. Hip preservation means more than just hip surgery, it is total care of your hip joint. Our goal is to help you be free of pain, return to physical strength and good range of motion.

We take a team approach to care for your needs. Your treatment team may include physicians, physician assistants, physical therapists, athletic trainers, radiology and sports medicine. Together, we manage your care to reduce downtime from surgery and get you back to the activities you enjoy.

At Orthopedic One, you are an important member of your care team. Please share your needs and concerns with us. We are here to best serve your needs. We want to help you learn more about your hip and the care needed for your health and recovery.

- Please read this booklet as well as share it with friends, caregivers and your care team including your physical therapist so we can work together to best guide your needs

Sincerely,

Thomas J. Ellis, MD

### **Our Offices**

#### **Dublin**

6840 Perimeter Drive  
Dublin, OH 43016

#### **Sawmill**

4605 Sawmill Road  
Upper Arlington, OH 43220

### **Surgery Locations**

#### **Dublin Methodist Hospital**

7500 Hospital Drive  
Dublin, OH 43016

#### **Ohio Orthopedic Surgical Institute**

4605 Sawmill Road  
Upper Arlington, OH 43220

### **Contact Us**

#### **Scheduling**

614-827-8700

#### **Fax**

614-827-8701

#### **Email**

[columbushiparthroscopy@gmail.com](mailto:columbushiparthroscopy@gmail.com)

## **Surgical and Post Operative Appointment Schedule**

### **Surgery Appointments**

Surgery Procedure: \_\_\_\_\_

Surgery Date: \_\_\_\_\_

Surgery Location: \_\_\_\_\_

### **Post Operative Appointments**

2 Week Post Op Visit with Tiffany: \_\_\_\_\_

6 Week Post Op Visit with Dr. Ellis (with xrays): \_\_\_\_\_

6 Week Post Op Visit with PT: \_\_\_\_\_

**Please contact our office if you are unable to make these  
appointments or need to reschedule.**

**Additional visits will be scheduled after your 6 week follow up  
appointment based on your individual progress and needs after  
surgery**



# About the Hip Joint

The hip is a weight bearing joint that is made up of the pelvis and femur. Together, the round end of the femur fits into the socket, or acetabulum. The socket is covered by a soft tissue or cartilage called the labrum.

## Osteoarthritis

Osteoarthritis is the damage of the cartilage lining the hip joint. This damage is often felt most by patients as pain or stiffness in the hip joint. Typically, it is a slow process that can gradually worsen over time. It can happen at any age and with any activity Level but most commonly affects patients over the age of 45.

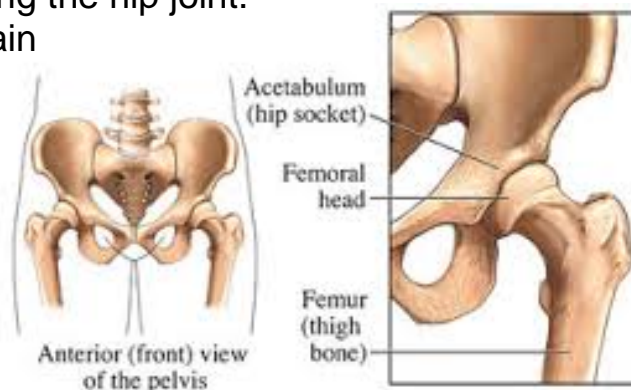
## Why Treatment?

Total hip replacement means removing the damaged hip joint and replacing it with a new artificial joint. The process of replacing the hip joint is called total hip arthroplasty. The new joint can be made of metal, plastic or both. The artificial joint may last about 20 years.

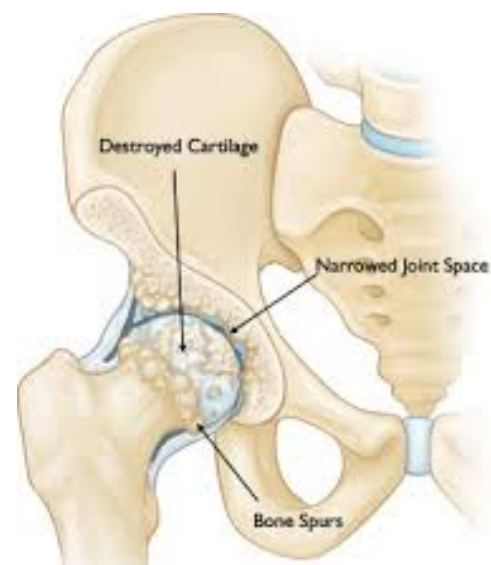
## Beginning the Process

Testing for hip problems starts with your medical history, physical exam and imaging. X-rays are taken to check the structure of the hip joint and the amount of space left between the bones. MRI may be used to check for additional cartilage damage in the joint.

The goal of any treatment is to provide a new artificial hip joint to allow decreased symptoms, with improved range of motion and return to an active lifestyle.



Source: NHS UK



Source: American Academy of Orthopedic Surgeons

# Total Hip Arthroplasty

**Total Hip Arthroplasty is surgery to remove a damaged hip joint and replace it with an artificial hip joint or prosthesis. The surgery may be performed as an Anterior or Posterior Approach based on your individual needs.**

## Direct Anterior Approach

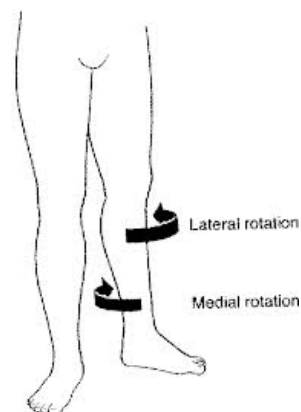
The direct anterior approach for total hip replacement is one of the minimally invasive techniques for total hip replacement. This approach places the incision at the front of the hip. By placing the incision in the front of the hip, the surgeon can create a smaller incision as well as work through less muscle layers. This approach allows less damage to the tissue; faster heal times and less pain. In addition, x-ray is used intra-operatively to ensure correct prosthetic placement and minimize the risk of leg length differences. Due to the improved placement of the prosthetic and the improved healing time, the direct anterior approach is ideal for patients who want to return to an active lifestyle.

Restrictions with this approach include no extension or lateral rotation of the hip for the first six weeks after surgery (please see images below).



**Hip Extension**

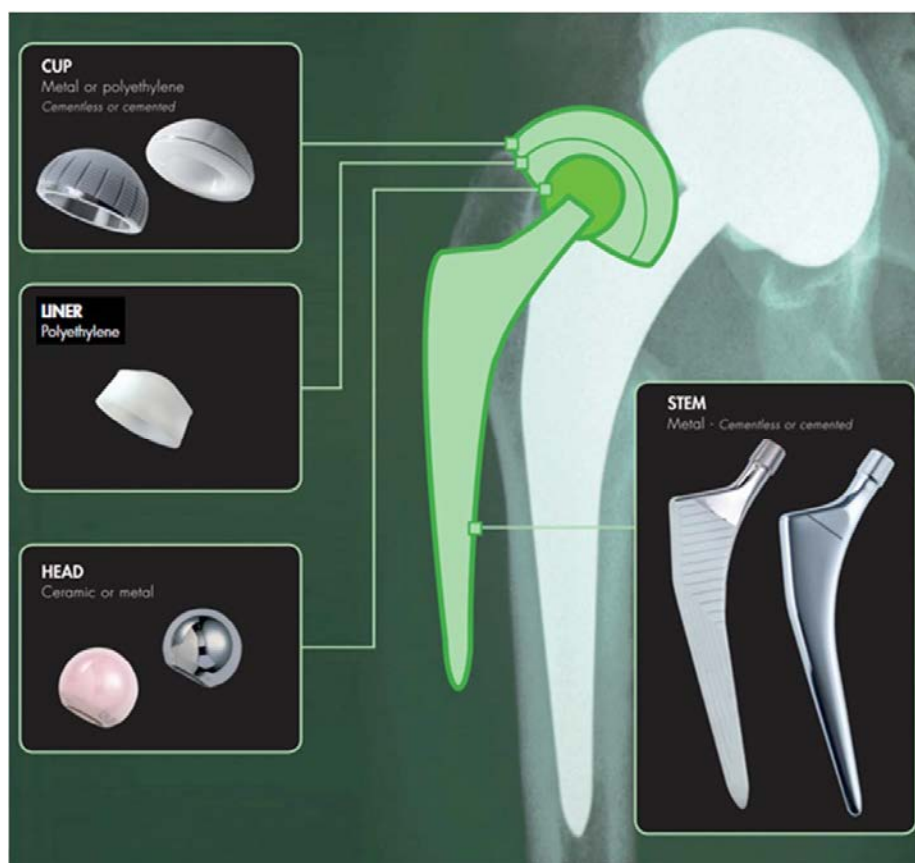
Source: drmavlankar.com



**Hip Lateral Rotation**

Source: answers.com

# What does my Implant look like?



# What is my Implant Made of?

Vendor's Website: [Medacta.com](http://Medacta.com)

## Versafit Cup:

- Elliptical press fit for enhanced stability
- Titanium Alloy construct outside
- Stainless steel inside

## AMiStem:

- Tapered design provides stability
- Cementless system using hydroxyapatite (HA) coding
- Titanium Alloy construct

## Liner:

- Polyethylene

## Head:

- Ceramic

# Total Hip Arthroplasty

## Posterior Approach

The Posterior approach and Lateral approach for total hip replacement are alternative approaches for hip replacement. These approaches place the incision at the side or back of the hip. This creates more tissue damage because there are more layers of tissue to work through as well as cutting muscles away from the bone to perform the surgery. We traditionally reserve this approach for total hip revision surgery.

Restrictions with this approach include no bending at the waist past 90 degrees for the first 6 weeks after surgery (please see image below).



**Greater than 90 degrees of hip flexion**

Source: digilibraries.com



# Frequently Asked Questions about Hip Surgery

**You may have questions about hip surgery and Total Hip Arthroplasty. Here are some of the common questions our patients ask to help you feel more confident in your treatment plan.**

## What are the risks?

Most patients have a low risk for problems from surgery. You may have pain and numbness in the surgery area after surgery. There is some risk of hip dislocation, leg length discrepancy and/or fracture. You may also have bleeding from your surgical wound. You will learn the major risks of surgery when talking to the doctor and reading the surgery consent form. Major risks of any surgery include but are not limited to infection, pneumonia, heart problems, or blood clots. There is little risk of death with this surgery. **Your doctor will always discuss the risks of surgery specific to your health.**

## How long will it take to recover?

Your hip will continue to heal and gain strength for up to 1 year after surgery. Common problems include loss of strength and limited range of motion as the hip heals. Most patients feel better about 3 months after surgery. By 6 months, most patients are happy they had surgery.

## When can I return to work?

Talk to your employer about medical leave. You will be excused by our office for 3 months after surgery. You may be able to return sooner based on your job. Please contact the office when you are ready to return to work so we can provide you with a letter for your employer.

## When can I restart a sport or other activity?

It depends on the activity or sport. It also depends on how your body is healing and improving after the surgery. **Always talk with your doctor and physical therapist before restarting sport or active hobbies.**

# Hip Surgery Checklist

All checklist items must be completed before surgery is scheduled:

## Surgery Checklist

- See a cardiologist or heart doctor, if you have a known heart problem or have seen a cardiologist in the past. The cardiologist needs to document that you are well enough (cleared) for surgery.
- If you have diabetes, your hemoglobin A1C (HgB A1C) level must be less than 7.0.
- Your body mass index or BMI must be less than 32.
- You must quit using all tobacco products, including nicotine patch and/or gum, smokeless tobacco, e-cigarettes that contain nicotine, cigarettes, cigars. A blood test is given prior to surgery (within a few days of surgery) to check for nicotine in your blood. **You need to quit all tobacco products at least 2 weeks prior to this test. If nicotine is present, your surgery will be cancelled.**

If you need help quitting tobacco to have this surgery, please tell our office or call the Ohio Tobacco Quit Line at 1-800-Quit Now or 800-784-8669. You can also visit their website at <http://ohio.Quitlogix.org>

## Surgery Scheduling

Call our office to schedule surgery when you have completed the checklist. These health checks are done for your safety. We want to make sure you have the best possible outcomes after your surgery.

If you have concerns about any of the items on our checklist, please contact our office.

When the checklist is complete and you have your surgery date, **YOU MUST CALL to schedule your first physical therapy appointment.** Please see page 15 in this book for more information.

## Tobacco and Wound Healing

**To heal well after surgery, you must stop using all products that contain nicotine. Quitting tobacco at least 4 weeks and up to 8 weeks before surgery helps surgery wounds to heal.**

**You must quit nicotine prior to scheduling surgery**

### Tobacco and surgery

Tobacco hurts the function of cells in the body that help wounds to heal and fight infection.

- Smoking for even 10 minutes lowers the amount of oxygen in the body for up to one hour. The more tobacco is used, the less oxygen in the body for health and healing
- Wound dressing absorb cigarette smoke. This makes it harder for wounds to heal after surgery.

### Quitting Tobacco

If you need help quitting tobacco, use these tips as part of your quit plan:

- **Set a quit date** This is the day you officially stop using tobacco
- **Get rid of tobacco products** lighters, ash trays and spit cups in your home and vehicle
- **Tell others you are quitting** so they can support your new behaviors. Consider a “no smoking” or “no tobacco” rule where you live.
- **Write down your tobacco triggers** and create a list of new behaviors to replace time spent using tobacco such as exercise, chewing gum, going for a walk or calling a friend.
- **Use the “4D’s”** when you have cravings: **Delay** the behavior, even a few minutes may be enough for the craving to pass. Take a **Deep breath**. **Drink fluids** to clear nicotine from the body. **Do something else**.

**For more support or information:**

- Talk to your Primary care provider, dentist or other health care provider about quitting.
- Call the **Ohio Tobacco Quit Line at 1-800-QUIT NOW or 1-800-784-8669**.
- Visit their website at <http://ohio.quitlogix.org>



## Getting Your Skin Ready for Surgery

**CHG is a special soap called Chlorhexidine Gluconate. It is used to get your skin prepared for surgery. By washing with this soap, you reduce the bacteria and germs on the skin. It lowers your risk for infection after surgery.**

**Please shower with this soap the night before and the morning of surgery**

### Getting CHG Soap

If you are not given this soap by your physician, it can be purchased at a grocery or drug store.

- A common brand name is Hibiclens. It may be in a 4 oz bottle or as wipes. You can also buy the store brand for less.
- You may need more than 4 oz of soap to clean your skin
- Ask a pharmacist to help you find it or look in the first aid section of the store

### For your Safety

- **Avoid contact with your eyes, nose, ears, mouth and face**
- **Do not shave for 48 hours prior to surgery when using this soap**
- **Do not scrub your body too hard, CHG does not lather well**
- **Talk with the Doctor if you have open sores before using CHG**
- **Use only as directed**

### Washing with CHG Soap

1. Wash your hair and body as normal with your normal products
2. Wet a clean washcloth, turn off the shower
3. Put CHG soap on the washcloth
4. Wash your entire body from your neck down gently for 5 minutes paying extra attention to your surgical area.
5. Turn the shower back on and rinse your body well with water
6. Pat yourself dry with a clean towel
7. Do not apply lotion, moisturizer, makeup, deodorant or other products to your skin
8. Put on clean clothes
9. **Repeat these steps again the morning of surgery**

# Preparing Your Hip Surgery

---

## Your Surgery Time

Dublin Methodist Hospital/The Ohio Orthopedic Surgical Institute will provide you with your arrival time for surgery and all final instructions the day before your surgery.

- If you are sick and unable to keep your surgery time, please call our office ASAP

## Getting Ready for Surgery

- Do not shave 48 hours prior to surgery
- Shower with the CHG soap as instructed on previous page
- **Do not eat or drink anything after midnight the night before surgery. This includes but is not limited to: water, coffee, candy, gum and mints.**
- If you take medication, only take the medications that your doctor has said are okay to take the morning of surgery. Please take only small sips of water with these medications
- If you have diabetes, please make our office aware so we can try to schedule your surgery appropriately
- You may brush your teeth the morning of surgery, but do **not** swallow the water

## What to Bring to the Hospital

You will likely spend one night in the hospital.

You will need to bring these items when you come to the hospital:

- Photo ID or Drivers license
- Medical Insurance card
- Copy of your Living Will or Durable Power of Attorney, if you have these items
- Copy of your medication lists with drug names, doses and how you take them
- Compression shorts (bike shorts) for going home and casual loose fitting clothing
- Storage case for glasses, contacts, hearing aids and or dentures/partials/bridgework
- Personal hygiene products
- Walker labeled with your name. If you do not have a walker, one will be provided to you at the hospital.

**Leave make-up, jewelry, money, credit cards and other valuables. We are not responsible for the loss of any personal items.**



# What to Expect in the Hospital

---

This is a general plan of care while you are in the hospital. This plan may be changed to meet your specific needs. You will be taught about wound care and recovery before you leave the hospital.

## Medicines:

- Medicines will be given to control your pain and reduce swelling
- Medicines may be given to thin the blood and lower your risk of blood clots
- Medicines may be given to help with constipation and nausea
- Other medicines that you take may be restarted. Talk with the hospital staff about your needs
- You will be given prescriptions for medications for when you go home

## Diet/Nutrition:

- If you have nausea or upset stomach after surgery, please tell staff. Clear liquids and solid food are started as your diet progresses in recovery

## Bathroom:

- You will have a catheter to remove urine from the bladder during surgery. This will be removed either in the operating room or in the your room after surgery
- Once the catheter is removed, please ask staff for assistance before getting out of bed. We want to help protect you from a fall or injury after surgery

## Wound Care:

- You will be taught how to take care of the surgery incision and wound as it heals
- You will have a water proof dressing over your surgery incision. You will need to take this dressing off 7 days after surgery at home.

## Activity:

- You will start physical therapy 1 week after surgery at an outpatient location. You will be given a prescription for physical therapy at your consent appointment. **It is your responsibility to schedule your physical therapy appointments prior to surgery at a location convenient to you.**

# When You Leave the Hospital

---

## The First 24 Hours

Do not drive, drink alcohol or make any important decisions after having surgery. You must have a responsible adult with you for your safety for the first 24 hours after going home.

## Discharge Information

This is a general guide of care. Your care will be specific to your needs when you go home.

## Diet and Activity

You will slowly return to a normal diet. Please start with clear liquids and slowly advance your diet as tolerated.

Use a walker to walk as needed on your surgical leg. You can put full weight on the leg as you feel able and as pain reduces unless otherwise directed by your physician. Let pain be your guide for use. You may transition to a cane 1-3 weeks after surgery. Your physical therapist will help guide this decision as to when you are strong enough to switch to the cane.

## Wound Care:

Keep the incisions clean and dry. You will have a water proof dressing over your incision. You will need to remove this dressing at home 7 days after surgery. There is no need to apply another dressing at that time. You may shower any time after surgery and once the dressing is removed. Please do not use any lotions, creams or powders, including Neoposin, on the incision. Please do not submerge the incisions in water until given further instruction to do so.

## Medicines:

When leaving the hospital, you will be given a prescription for some or all of the following medications

| Medicine | Reason               | How to take                      |
|----------|----------------------|----------------------------------|
| Diladuid | Severe pain          | 1 tablet every 4 hours as needed |
| Tramadol | Moderate pain        | 1 tablet every 6 hours as needed |
| Mobic    | Anti-infammatory     | 1 tablet daily with food         |
| Vimovo   | Anti-inflammatory    | 1 tablet twice daily with food   |
| Lovenox  | Blood thinner        | 40mg injection daily             |
| Aspirin  | Blood thinner        | 1 tablet 2 times daily           |
| Senokot  | Reduces Constipation | 2 tablets 2 times daily          |

## Pain Control:

Expect pain even when taking medications. For your safety, do not take more medicine than is prescribed. To reduce discomfort use:

- Ice or cold compress: Apply directly to the site for 20 minutes at a time then remove the ice for 20 minutes before reapplying
- Game Ready: Can be used in place of ice. Follow directions on packaging
- ACE Bandage: Apply the bandage around the hip to reduce pain from swelling. You will be taught this before leaving the hospital. You may use compression shorts in place of the ACE bandage

## Constipation and Nausea:

- Senokot is stool softener with a stimulant. This will help make more regular bowel habits. We will provide you a prescription for this at the time of surgery. Please take 2 tablets twice daily until the first bowel movement and then as needed.
- Magnesium Citrate is an over the counter medication used for emergency rescue for constipation. Follow the instructions on the bottle and call our office.
- Zofran is an anti-nausea medication that will be provided to you upon discharge. Please take 1 tablet every 8 hours as needed.

## Blood Thinner:

These medications are used to lower your risk for a blood clot. You will either be prescribed Aspirin or Lovenox depending on your medical history. An injection of medicine called Lovenox may be used if you have a personal or family history of blood clots.

When taking a blood thinner, you are at a higher risk of bleeding. Protect yourself from small cuts, bumps and bruises.

For your safety while on Lovenox:

- Tell other Doctors, Pharmacists and health care providers you are taking this medication
- **Avoid additional aspirin or NSAIDs** while you are taking this medication
- You will be given a prescription for a blood test at your 2 week post operative visit if you are on Lovenox. This can be completed at the lab of your choice
- Prevent injury at home: use an electric razor for shaving, wear gloves when using knives or scissors, use a soft toothbrush and brush gently, wear shoes to protect your feet and avoid tight fitting clothing or elastic that pulls on the body.

## Medication Refills:

You need to plan for your refills as these medications need to be picked up in person or mailed to your home address. They are unable to be called into a pharmacy. Please provide at least 48 hours notice before running out when you need refills. Please call before noon on Fridays.



**Physical Therapy:**

Physical therapy should be started 1 week after surgery at an outpatient location. It is your responsibility to set up these appointments prior to surgery at a physical therapy site that is convenient for you.

Until physical therapy begins please complete the following:

- If you rent a Game Ready (not covered by insurances at this time) please use setting 2.

**Dental Procedures/Invasive Procedures:**

For the first two years following your joint replacement, it is advised to take a prophylactic antibiotic 1 hour prior to any dental work, including cleanings. It is important to let your Dentist, as well as any other health care practitioners, know that you have had a joint replacement so they may take necessary steps to help prevent infection.

We do not recommend routine cleanings or other prophylactic invasive procedures for the first 6 months following a joint replacement. Please contact our office with any questions or concerns.

Prior to your first dental cleaning, contact our office so we may call a prescription for the antibiotic into your local pharmacy for you.

# Hip Safety at Home

---

## How to protect your hip and prevent injury after surgery

### Activity—Anterior Approach

- Do not extend your hip behind the body for the first 6 weeks (please see image on page 6 of this booklet)
- Do not rotate your hip away from your body for the first 6 weeks (please see image on page 6 of this booklet)
- Do not initiate any activity, other than riding a stationary bike with no resistance, unless instructed by your Doctor or Physical Therapist.
- Go to all of your physical therapy appointments as scheduled.
- If you are using a Game Ready machine, please use setting 2 on the unit.

### Activity—Posterior Approach

- Do not bend at the waist greater than 90 degrees for the first 6 weeks (please see image on page 7 of this booklet)
- Do not initiate any activity, other than riding a stationary bike with no resistance, unless instructed by your Doctor or Physical Therapist.
- Go to all of your physical therapy appointments as scheduled.
- If you are using a Game Ready machine, please use setting 2 on the unit.

### Driving

- You may drive an automatic vehicle when you are off all pain medications and your walker. If you had surgery on your right leg or are driving a standard vehicle, you will need to wait until you strength equals the non-operative leg.
- If you sit for driving or traveling for greater than 1 hour, take a break. Get out of the car and move around for a few minutes before resuming travel.

## Follow Up Visits and Plan of Care

---

To check on your progress and healing after surgery, plan on the following post operative appointments:

### **2 Week post operative visit**

- Tiffany Greene, Physician Assistant, wound check

### **6 Week post operative visit**

- X-ray appointment to check bone healing after surgery
- Dr. Ellis for progress and healing
- Physical Therapist at Orthopedic One, this will be scheduled for you

### **3-4 Months post operative visit**

- As needed with Tiffany Greene or Dr. Ellis
- As needed with Physical Therapist at Orthopedic One

### **6 Months post operative visit**

- As needed with Tiffany Greene or Dr. Ellis
- As needed with Physical Therapist at Orthopedic One

### **1 year post operative visit**

- Appointment with Dr. Ellis for x-rays to check the implant after surgery

**Please call our office if you are unable to make your scheduled appointments or if you have questions or concerns between visits**





## When to Call the Doctor

---

**If you have any of these signs please call our office at 614-827-8700  
If it is after normal business hours you will be transferred to a call  
center**

- Fever and/or chills
- Severe headache or migraine
- Upset stomach or nausea
- Loss of function of your leg
- Signs of infection
  - Green or yellow drainage from the wound
  - Redness or streaking away from the wound
  - Increase in swelling
  - Increase in pain
  - Odor from the wound
- Signs of blood clots
  - Tender, swollen or red areas that are warm to the touch in the calf or leg
  - Skin that looks pale, blue or cold to the touch
  - Pain in the calf that does not resolve with rest
  - Shortness of breath or chest pain
  - **Note: if you have signs of a blood clot do not massage or exercise the leg**
- Bleeding Problems
- Any other sign that causes concern or if you have questions

## Driving Directions to: *Orthopedic One, Dublin Office*

**Orthopedic One**  
6840 Perimeter Dr.  
Dublin, OH 43016

[Get Directions](#)



## Driving Directions to: *Dublin Methodist Hospital*

### **OhioHealth Dublin Methodist Hospital**

7500 Hospital Drive  
(formerly part of Perimeter Loop Road)  
Dublin, Ohio 43016  
Phone: (614) 544-8000

[Get Directions](#)



### **Parking**

Dublin Methodist offers surface parking adjacent to the main and emergency entrances of the hospital for patients, family and visitors.



There are no fees for parking at Dublin Methodist. Security officers are on duty at all times to assist you with safety and security concerns.

These officers can also help if you have been locked out of your car, need a jump-start or need an escort to your car.

Handicapped parking is available in all parking areas. If no handicap spaces are available, ask for assistance from security officers or hospital staff.

When you arrive at Dublin Methodist, you will be welcomed in the main lobby by a staff member who will help you register, provide directions or escort you to your destination. To expedite registration, convenient kiosks are located in the lobby and are available.

## Driving Directions to: *Ohio Orthopedic Surgical Institute*

### Orthopedic One/Ohio Orthopedic Surgical Institute

4605 Sawmill Road  
Upper Arlington, OH 43220

[Get Directions](#)

