LONGVIEW ORTHOPAEDIC CLINIC ASSOCIATION

Personalized Medicine. Quality Care.

ANTERIOR APPROACH TOTAL HIP REPLACEMENTS

I have been performing anterior approaches for hip replacement since 2010. I love doing them because my patients are typically so happy afterwards! This approach avoids cutting any muscle and therefore minimizes postoperative pain and accelerates rehab. Several studies show dislocation rates near 0%. This is now essentially an outpatient procedure as the vast majority go home the day of surgery or the next.

Your journey will start with a clinic appointment where we will go over your x-rays and together decide your best course of action. If we decide to proceed with total hip replacement you will schedule a time with my assistant, Darcie, and then be scheduled for pre-operative clearance with a primary care physician. You will also be set up to attend our Joint Camp, which is a great way to go over what your specific needs are post-operatively and what you can expect on the day of surgery and during your hospital stay. You will then return to see my Physician's Assistant, to make sure that all our ducks are in a row pre-operatively and so that we can give you some intranasal medication to lessen your chance of infection with MRSA. We'll also give you certain bathing instructions for the same reason. The night before surgery you will be asked to hydrate well with Gatorade.

Day of Surgery

On the day of surgery, you'll arrive at the hospital at the prescheduled time and go to the same day surgery suite. You will, I'm sure, go through ubiquitous paperwork which unfortunately is a necessary evil. You will then be transferred to the holding unit where you will meet your anesthesiologist. I will see you and mark the appropriate hip, and you will meet your operating room head nurse. Please remember that if your case is scheduled later in the day, your scheduled start time is just an estimate. Rarely are we right on time as the day moves forward. Please be patient with us.

I typically prefer spinal anesthesia for total hip replacements. This is excellent for muscle relaxation which makes the surgery easier for me. What is best for you is that it gives you complete pain control when you wake up from your anesthesia. If you have a spinal, most patients prefer to be put to sleep as well. To do this, since you have the spinal already, it requires very little anesthesia to put you to sleep and therefore minimal chance of nausea post-operatively. This is by far the most desirable anesthesia for this procedure.

You will then be transported back to the operating room which is usually pretty cold when you roll in. Once you receive your anesthesia, you will be placed on a very expensive and unique table that is available to me at both Good Shephard Medical Center and Longview Regional Hospital. This allows us to have live x-ray during the procedure which enables me to be more exact in the placement of your hip

components. At the end of the procedure, I will close your skin with sutures that are underneath the skin and then seal your skin itself with glue over a drain. There will be NO STAPLES and no dressing.

Post-operative

The main goal after surgery is pain control. Although the surgical technique I use is less painful, it is still surgery. There are several things we do to minimize/control this.

1. Spinal anesthesia – as mentioned above this is the key to pain control not only in surgery while you're asleep but after surgery when you wake up in the recovery room. My experience is that if people wake up in the recovery room without pain then when the pain does return they are much better able to deal with it once they are fully awake. Some people choose to stay conscious after the spinal is placed and you are certainly welcome to stay awake and talk to me. You will have to listen to my music (classic rock, 60s, early 70s) along with hammers and power equipment.
2. Ice – We will put ice over your wound for the first 24 hours, at least, after surgery. After that you should try to do it at least three times a day for 20 minutes.
3. Various other medications – Tylenol, Hydrocodone, Codeine, Lyrica, muscle relaxers, Tramadol, Decadron, etc. Everyone is different and I try to tailor everyone's pain control to that person.

Physical therapy will typically get you up the day of surgery unless you have a later case. You can put as much weight as you want to on your new hip (unless otherwise instructed). You will use the assistance of a walker initially. If you already have one, bring it to the hospital with you so the therapist can make sure it is adjusted appropriately. If you do not have a walker already then this will be taken care of at the hospital.

Discharge

The vast majority of patients go home the day of surgery or the day after surgery. Typically people hang onto a walker for a little while but not long. I will encourage you to at least carry a cane for six weeks. I do not care if you truly use it or not but if you cannot do an activity with a cane in one hand it shouldn't be done. This keeps you from overdoing in the beginning. Most patients who have their right hip replacement done are not allowed to drive for 4-6 weeks. If you have a left hip replacement done you can drive as soon as you're not taking pain medication. Some people are used to driving with the right foot on the gas and the left foot on the break and for those who have a right hip replacement done, they can drive as soon as they're not taking pain medication as well.

Discharge options are as follows:

1. Outpatient physical therapy – This will increase your strength, your mobility and your balance and get you back on your feet again. Some people require very little of this after an anterior approach total hip arthroplasty. I've even had some patients who are getting their second hip done that do not need any therapy at all.

2. Home Health – This is an excellent option if you qualify. Home Health is certainly adequate for total hip replacement.
3. Skilled Nursing Facility – This is an excellent option for those who have difficulty getting help at home or live alone. It may be intimidating to go home immediately after surgery for some. This allows a week of care prior to discharging home. We have pretty strong feelings on which facilities we prefer and we'll let you know what our opinions are. We want you to go to a skilled nursing facility that we are very aware of whom the therapists are and that the nurses know exactly what our concerns are. We want you to have good customer service as well. We also prefer facilities where we know the internists that treat the patients who go there.

You will be discharged with Lovenox (Enoxaparin) to help prevent blood clots (DVT). This typically will go on until 4-5 weeks post-operatively. This works pretty well at decreasing your chance of a blood clot but unfortunately it can cause your wound to weep. For this reason I leave a drain in for a week post-operatively. This has basically eliminated these kinds of wound problems for me. Taking aspirin instead is an option I'll be glad to discuss with you.

You will also wear TED hose from the hospital for 6 weeks post-operatively on both legs. If they cut into your skin at the top let me know. If they are just a pain the neck, well, I'm sorry about that.

Follow-up

You will come back to the office to see us one week after surgery to get the drain pulled out. If you are in rehab or have home health they will do it for you. You will usually come to see me six weeks post-operatively as well.

Things to Watch Out For

1. Blood clots – Blood clots can kill so we understandably take these very seriously. That would not only ruin your day but mine as well! Signs of a blood clot can include tightness in your calf (either one). If this occurs, notify us and we will order an ultrasound to rule this out. If it is not during the day, you may have to go the ER to get it done. It is better to order the test and it is negative than to not order it and miss a clot. If a blood clot goes to your lungs (you don't have to have the symptoms in your calves) you may experience shortness of breath, extreme fatigue, or just "feel different". These symptoms are due to lack of oxygen and are an emergency! GO TO THE ER IMMEDIATELY!

2. Infection – This is extremely rare but would involve drainage and wound redness.

Precautions

With the anterior approach technique that I use for hip replacements, there are none.

Exercise

Whatever you feel comfortable with. Start slow and don't forget that you're supposed to hang onto a cane for the first six weeks. I wouldn't recommend trying to push exercise in the first six weeks as this is the primary time that the bone is healing to the implants.

Motorcycles and Four Wheelers

Never! They are dangerous and orthopedic surgeons hate them.

A hip replacement can drastically change your life for the better! It's a pretty big surgery but the post -operative course is not as onerous as most people expect.

THANK YOU FOR CHOOSING MYSELF AND LONGVIEW ORTHOPEDIC CLINIC FOR YOUR CARE!

Stephen G. Littlejohn, M.D.