



Complications of Hip Replacement

The three most commonly discussed complications of hip replacement are dislocation, infection and blood clots in the leg.

Hip dislocation is the most common complication, occurring in 2% of all hip replacements on an annual basis. Nevertheless, this is typically preventable both from the patient's standpoint as well as the physician's. From the physician's standpoint, it is our obligation to make sure that the bone is replaced in an appropriate position to reduce the risk of dislocation as much as possible. From the patient's standpoint, there are certain positions, which need to be avoided following a hip replacement. Our physical therapists will go over those in detail with you following surgery. Specifically, increased flexion or internal rotation of the hip joint would put your hip at risk for dislocation. Your hip should not be flexed greater than 90 degrees, you shouldn't cross your leg across your midline, and you should avoid excessive internal rotation of your leg. (No sitting in low chairs and don't cross your legs).

Infection occurs in approximately 1-2% of patients undergoing total knee replacement. It is a serious complication. We minimize this by administering antibiotics immediately before the surgery as well as 24 hours postoperatively. In addition, we adhere to a strict operative protocol to minimize your risk. If you notice any signs of infection: fevers, significant knee swelling, redness or new drainage from your wound, please alert the office immediately (303-321-1333).

Also, please alert your physician or dentist before any procedure is performed on you, as you should have antibiotics before this procedure to prevent an infection in your total joint.

Our current protocol for preventing postoperative blood clots is to:

1. Begin sequential compression stockings to keep the blood flowing in the lower extremities, directly postoperatively, beginning on the operating room table.
2. After surgery TED hose, compression stockings, are placed on your legs and worn for three (3) weeks following surgery.
3. Start a blood thinner (anticoagulant medication) as soon as twelve (12) hours postoperatively, and continue for 4 weeks.

Additionally, if an epidural catheter is utilized it decreases blood loss and can decrease the risk of DVTs (blood clots in the legs), as well as aiding in pain control for the first 36-48 hours. Once the epidural catheter is taken out, then the use of a blood thinner is begun.

Please monitor yourself for symptoms such as significant leg swelling, calf tenderness or shortness of breath during the postoperative period.