Understanding Total Hip Replacement

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Introduction

This is designed to provide you with a better understanding of:

- Anatomy of the Hip
- Risks and Benefits of Total Hip Replacement
- Expectations of the procedure
My Training

Washington and Lee University
BA Chemistry

Georgetown University School of Medicine
Medical Degree

NYU/Hospital for Joint Diseases
Orthopaedic Surgical Residency

Steadman-Hawkins Sports Medicine, Vail, CO
Sports Medicine Fellowship in Knee, Shoulder and Hip
Mentors: Dr. Steadman and Dr. Philippon
Hip Anatomy

The hip is a true ball and socket joint formed by two bony structures

- The Femoral Head (Ball)
- The Acetabulum (Cup)

Cartilage is the cushion between the ball and the cup

- It allows for smooth, full motion of the joint.
The carilage or cushion between the ball and the cup wears away. The hip joint becomes “bone on bone” with no cushion between. The joint becomes stiff and painful.
Common Symptoms with an Arthritic Hip

Pain with:
- Walking, twisting, pivoting and bending over

Difficulty with:
- Putting on shoes and socks, shaving legs, getting out of a low chair

Loss of function and fun activities

Pain worsens with time and more use
Non-operative strategies for an arthritic hip

NSAIDS as needed for pain
Modification of activity to avoid pain
Physical Therapy
Hip injections- typically not as helpful as they are in the shoulder or the knee, so I will rarely recommend them
When is it time to have your hip replaced?

Your pain is experienced daily and getting worse
You have already modified your activity and lifestyle and are not happy with the restrictions that you have
You are getting upset because the pain and restrictions are getting to be too excessive
This is an elective procedure – YOU decide when it is time to move forward this
What type of hip replacement do I perform?

Posterior approach

There has been no clinically proven benefit to other approaches

This allows me to get your total hip in the most perfect position (this has been proven to affect the longevity and durability of your total hip replacement)

Stryker components

Ceramic femoral head on Ultra high molecular weight polyethylene

NO METAL ON METAL components
Stryker Total Hip Replacement

- Tritanium Cup
- Secure Fit Stem
- Biolox Ceramic Head
- X3 Polyethylene Liner
Durability of a total hip replacement

80-90% should last 15 years if used responsibly.

Total hip replacement remains the best procedure we have in Orthopaedics. It very reliably takes away pain and improves function.
What activity can you do after a total hip replacement?

Walking, elliptical, hiking
Aerobics, Yoga and Pilates
Cycling
Skiing
Golf, doubles tennis
I recommend against running
Complications of Total Hip Replacement

- Infection
- Leg length discrepancy
- Dislocation
- Blood Clots
Infection

Rare, occurs in <1% of cases
If it occurs, the total hip often has to be taken out
Risk is reduced by:
  Antibiotics before and for 24 hours after surgery
  Sterile technique and clean hospital
  Antibiotic solution during surgery

After surgery:
Take antibiotics before any medical, dental or surgical procedure to protect your hip (I recommend this for life)
  • 2 grams of Amoxicillin 1 hour before
Aggressively treat any infections in your body if they occur (ie: urinary tract, skin infections, mouth infections) so that your hip does not infected secondarily
Leg Length Discrepancy

An arthritic hip typically shortens that leg because of the loss of cartilage thickness and deformity to the femoral head.

A total hip will typically lengthen the hip to its original length.

I use a computer program to plan your procedure to minimize the potential of overlengthening your leg.

My goal is symmetry when this is possible.
Dislocation

This can occur because with a total hip replacement the ball is smaller than your original ball (femoral head)

- Occurs in 2% of total hip replacements

The following positions are avoided for 6-8 weeks after your hip is replaced to ensure stability:

- Hip Flexion more than 90 degrees
- Crossing your hip across the midline
- Internally rotating your hip

After 6-8 weeks, 1 or 2 of these positions can be combined but all 3 at once should be avoided
Blood Clots

1-2% of total hip replacements

I use Aspirin 325 mg 2 times per day for 4 weeks and leg pumps for 2 weeks after surgery to minimize this risk.

If you have a predisposition to blood clots or have had one in the past, please let me know as I may make some changes to your postoperative medications.
Hospitalization

I perform my surgeries at Porter Adventist Hospital

All are performed on Monday

Patients go home or to a skilled nursing facility on Thursday or Friday

This determination is made in the hospital based on how you do and what you have for your support at home
Things to do before your total hip

- Raised toilet seat
- Shower chair or bench

Get your body weight to an ideal position
- 4-5 times your body weight is put through your hip with use
- Losing weight will improve the longevity of your hip and allow you to get around better immediately after surgery

Take care of any dental procedures before
- If you have any loose or diseased teeth, please have these pulled or treated before your total hip – this represents a significant risk factor for infection
What to expect

Full weight bearing as you tolerate
Crutches, cane or walker for 2-4 weeks as you need for balance and support
Return to work in 3-6 weeks depending on you and your work (more manual or heavy work will take longer)
Normal daily function by 2 months
Full activity by 4-6 months
Physical Therapy

Physical therapy after your total hip replacement is critical to get the full benefit of this procedure.

At home therapy is arranged in the hospital for 1-2 weeks until you are mobile enough for outpatient physical therapy.

Outpatient PT- my office can make recommendations for you if you do not already have a therapist.

This can last for 2-6 months depending on individual needs and goals.
Post-operative Followup

2 weeks
8 weeks
6 months
1 year and then every year after to check your x-ray and prosthesis
Thank you

I hope this has allowed you to better understand your diagnosis and what total hip replacement could do for you.

Total hip replacement remains the best and most predictable surgery we have in Orthopaedics

Please feel free to call us if you have any further questions.  303-321-1333