

Total Hip Replacement Patient Information

2360 Mullan Rd, Missoula MT 59808

Phone: (406) 721-4436

Fax: (406) 721-6053

www.missoulaboneandjoint.com



Surgeon: Mark Channer, MD

Joined Missoula Bone & Joint in 2001

Orthopedic Residency – Fort Wayne, Indiana

Research – Total Joint Biomechanics Laboratory at Duke University

Total Joint Fellowship – Center for Hip & Knee with Dr. Merrill Ritter in Mooresville, IN

Family – Wife Nanette from Outer Banks, NC and two daughters, Sydney & Olivia

Interests – Bow hunting for Elk, Saddle maker, Riding Cutting horses

Preparing for surgery

Doing daily exercises prior to surgery will help you after surgery to walk sooner and recover sooner - we call this **Prehab**. We will provide you with an exercise program for you to do at home. You can also visit with our physician extender in clinic to receive personalized instructions if needed – there is no additional charge for this service.

You will be asked to attend an educational class at the hospital or at Missoula Bone & Joint's surgery center, in order to obtain the necessary lab work and medical clearance before surgery. Please bring your "post-surgery coach", the person that will be by your side during the recovery process. Being educated, being prepared, and having a solid plan for going home after your surgery will result in a better experience and better outcome for you.

Surgery

Hip Replacement Surgery takes less than one hour to perform. We average between 150 – 200 Hip replacements per year. Risks of surgery include infection (1 out of 200 per year), blood clots (infrequent), early loosening, intra-operative fractures and neurovascular injury. Once the Hip replacement heals there is a 95 percent success rate at 20 years.

You are not allowed to run or jump after a Hip Replacement. You may resume normal activities such as work, hiking, biking, swimming, riding horses, hunting, fishing and downhill skiing.

Anesthesia

Spinal anesthesia is the best option for joint replacement. Our patients wake up after surgery with less pain and nausea compared to a General anesthetic. If for some reason you cannot have a spinal anesthetic, the anesthesiologist will discuss your options with you prior to surgery and do what is best for you.

We inject a cocktail of local anesthetic medications inside your hip joint at the time of surgery. This lasts for approximately 24 hours after surgery.

Physical Therapy

Physical Therapy will work with you in the hospital or surgery center after your surgery. Patients are encouraged to put full weight on the hip immediately after surgery with the use of a walker. Our goal is to gain 90 degrees of flexion within 24 hours after surgery and safe/independent mobility soon after surgery. The therapist will teach you specific exercises to do on your own at home. **We strongly recommend a family member or friend attends the therapy session with you in order to better assist you at home.** At the 2 week visit, we will decide if further physical therapy is required. Approximately 50% of our patients do their own rehabilitation, and 50% go to a physical therapist after surgery.

Discharge Plan

The Social Worker or Nurse will meet with you while you are in the hospital or surgery center to discuss your **Discharge Plan**. Your options are to go home or be admitted to a rehabilitation facility for additional therapy and recovery. The gold standard in patient care is to go home the same day as surgery to continue recovering in the comfort and safety of your own home. **It is very important to discuss this issue with family members/friends prior to surgery to ensure you have the support you need.**

Pharmacists (Pain Management Team)

The pharmacists at the hospital will make rounds every morning during your stay and monitor the effectiveness of your pain control. At our surgery center, the Recovery Nurse will make sure that you are confident with your pain management plan before you leave. We have found that if we work with you early in pain control, the more pleasant your experience will be, and you will be able to be mobile and go home sooner.

Blood Clot Prevention (Deep Venous Thrombosis)

Blood clots can be prevented using a number of different methods. Adult sized Aspirin (325 mg) is given twice daily after surgery for six weeks. If you have a history of blood clots you will need to be treated with a more aggressive anticoagulant. Patients are encouraged to walk as soon as possible after surgery and wear Ted Hose (compressive stockings) for two weeks. Foot Pumps are also placed on the patient after surgery. You will be encouraged to do ankle pumps while in bed as well. Despite our best efforts, a very small percentage of our patients will develop a blood clot after surgery.

Signs and symptoms of a blood clot include large amounts of painful swelling in the calf area and/or shortness of breath. If these symptoms develop at any time after surgery proceed immediately to the emergency room to be evaluated.

Bruising commonly occurs after surgery and may progress down the leg. Bruising is not typically a cause for concern regarding blood clots.

After Surgery

You will spend approximately 1 hour in the post-op recovery room and then be transported to your room on the Orthopedic Floor if at the hospital, and to the Extended Stay Recovery suites if at the surgery center. Your leg will feel numb for several hours after surgery because of the spinal anesthesia, and you may experience difficulty with urinating the first time after surgery. We try to avoid placing a Foley catheter in your bladder unless absolutely necessary.

We encourage you to walk with your walker as soon as you feel able to do so after surgery with the help of the nursing staff and physical therapist. **Do not attempt to try walking on your own without a nurse or therapist present.**

Your legs will be fitted with Ted Hose stockings. The dressing covering the incision is called an **Aquacell** dressing. This is essentially a giant water-proof band-aid which will allow you to take a shower without having to cover/wrap your hip with plastic wrap. **You will be asked to remove this Aquacell dressing two days prior to your two week post-op appointment at Missoula Bone & Joint clinic to make staple removal easier.**

If you experience significant pain, nausea or muscle spasms, let the nurse know right away so we can treat this for you.

Discharge Plan

Once you have passed your in-patient physical therapy goals (safe mobility and stair climbing) and have effectively managed your pain, you may go home or to a rehabilitation facility based on your previous discussions with the social worker. Most of our patients are able to go home within 6-24 hours after surgery.

We will discharge you with prescriptions for the same pain medications that you received during your surgery. Two weeks after your surgery day, you will have an appointment with Alex Ramsey (Dr. Channer's Physician Assistant) at Missoula Bone & Joint clinic.

Usually the narcotic medication can be tapered down within 10-14 days and discontinued by 3-4 weeks after surgery. If you do need a prescription refill please follow our Missoula Bone & Joint guidelines:

- Please allow at least 24 hours for refill processing.
- Call your pharmacy to request a refill. The Pharmacist will contact our office if necessary. If the request is for a narcotic, per Federal Law these cannot be called or faxed in and prescriptions must be picked up in person.
- Refill requests are handled from 8.30am-4.00pm Monday through Friday (preferably before Friday).
- Any medication requests after 4.00pm will be addressed the next business day.
- Prescriptions are not refilled after hours, on weekends, or on holidays.
- Narcotic pain medications will not be routinely prescribed for longer than 6 weeks post-operatively. Patients requiring longer term narcotic management will be referred to their primary care provider.

Rehab – Home Program

After surgery the physical therapist will teach you what exercises to continue at home. After two weeks you may wean off the walker/crutches. **BE VERY CAREFUL NOT TO FALL WHILE YOU ARE RECOVERING FROM YOUR KNEE REPLACEMENT SURGERY.**

During the first six weeks of recovery, you need to focus on achieving safe mobility. At your two week post-op visit the incision will be inspected, and a decision will be made regarding the need for physical therapy. You will need an appointment to see Dr. Channer at 6 weeks following your Hip Replacement surgery.

Dental Prophylaxis

The Academy for Orthopedic Surgeons currently **does not** recommend the use of antibiotics prior to a dental visit. Multiple clinical studies do not support the need for antibiotic prophylaxis at this time.

Implant card – this may be helpful for airport security

This will be given to you at your 2 week follow up appointment.

Questions or Concerns

Please call us with any questions or concerns. It is easier to bypass our main clinic and call us directly – Dr. Channer’s orthopedic assistant (406) 829-5573 or Alex Ramsey’s orthopedic assistant at (406) 829-5565. If you need after-hours assistance please call our main clinic number (406) 721-4436 and your call will be sent to our on-call surgeon.

We are here for you every step of the way.

Patient Testimonials

Please share your experience with others looking for quality orthopedic care. Post a review on google, post a review on the Missoula Bone & Joint facebook page or email your comments to outreach@missoulaboneandjoint.com

Dr. Channer enjoys receiving photos of his patients back doing the things they love after a total joint replacement surgery. With your permission we would like to share your story on our website, or place a photo in our exam rooms.

Total Hip Replacement - Frequently Asked Questions

What is arthritis?

A layer of cartilage covers the bones in your joints. Cartilage is a tough lubricating tissue that provided smooth, pain-free motion to the joints. Arthritis causes the cartilage to wear away, eventually resulting in painful bone on bone contact.

Why does my hip hurt?

As the layer of cartilage wears away, the bones begin to rub against bone, which causes the discomfort and stiffness commonly associated with arthritis.

What is a Total Hip Replacement?

This involves surgical removal of the arthritic joint surfaces. Basically a resurfacing procedure which replaces damaged cartilage. The ball is replaced with a metal ball and attached to a metal stem, which is solidly fixed inside the femur. The socket is replaced with a plastic or metal liner that fits inside the metal shell.

How long does a hip replacement last?

All implants have a limited life expectancy depending on the patient’s age, weight, activity level and medical conditions. On average most Total Hip Replacements last 15-20 years, but can last longer.

Why do they fail?

They fail primarily because the implant loosens from the bone or because the plastic (polyethylene) liner wears out. Old components that have failed can be replaced with new ones.

What are the risks and complications of the surgery?

Infection (less than 1%), blood clots, damage to nerves or arteries, leg length discrepancy, dislocation (less than 2%), implant failures, or death. To help avoid these complications, surgeons routinely prescribe antibiotics and blood thinners during and after surgery.

When should I have surgery?

Based upon your history, x-rays and physical exam, the surgeon can make some general recommendations. However, you will know when the time is right for you. You will need to decide when your discomfort, stiffness and disability justifies undergoing surgery. There is no harm in waiting to have surgery if conservative, non-operative methods can adequately control your discomfort.

Anterior or Posterior Approach Surgery

Traditional minimally invasive hip replacement techniques access the hip from behind (posterior approach). The Anterior Approach (or Anterior Supine Intermuscular Approach) uses an incision at the front (anterior) of the hip. By approaching the hip joint from the front the surgeon can go between the muscles that surround the hip joint, reducing trauma to the tissues surrounding the hip. The goal for the patient is a shorter post-surgical stay and earlier mobilization. Dr. Channer will discuss which approach is best for you.

How long does it take to recover?

Initially, it takes approximately 6 weeks for the soft tissue, muscles and ligaments to heal. You will begin walking with support (walker or crutches) the day of your surgery. You may continue to use support up to 6 weeks and do your home strengthening program. You may ride in a car but you are not able to drive a car for 4-6 weeks. Returning to work depends on the type of work you do. Office workers may return as early as 3 weeks.

Will I need blood?

Probably not, approximately 2% of patients require blood transfusions after surgery.

Will I need a private nurse at home?

No, most patients have family members who can assist them with daily care for about 2 weeks.

Will I need special equipment?

You will need to make arrangements for an elevated toilet seat, front-wheeled walker and a reacher. You will discuss this at your pre-op education class or pre-op visit.

Will I need Physical Therapy at home?

Not usually, a physical therapist will work with you during your surgery stay. They will teach you what you will need to know and you will continue this at home. If you need extra guidance please ask about out-patient physical therapy.

How long until I can drive a car?

The ability to drive depends on whether the surgery was performed on the right leg or the left leg and the type of car you have. If your left leg is your surgical leg and you have an automatic transmission, you could be driving within 2 weeks. If your right leg is the surgical leg, driving may be restricted for as long as 6 weeks.

When will I be able to go back to work?

We recommend that most people take a month off work. Patients with more sedentary jobs may be able to return sooner. Patients with more strenuous jobs may require 2-3 months before returning to working.

What are my activity restrictions after a Total Hip Replacement?

You may engage in low impact activities such as dancing, golf, walking, swimming, hiking, biking and horseback riding. You must avoid running, jumping and high impact sports.