

Hip Replacement – Decision-Making Tool

Your Options:

1. Have surgery to replace your hip.
2. Use other treatments, like exercise, medicines, or another type of surgery.

Key Points To Remember:

- The decision you and your doctor make depends on your age, health, and activity level, and on how much pain and disability you have.
- Most people have hip replacement only when they can no longer control arthritis pain with medicine and other treatments and when the pain really interferes with their lives.
- Rehabilitation after hip replacement requires daily exercises for several weeks.
- Most hip replacements last 15-20 years.

What is osteoarthritis?

Osteoarthritis is a problem with the cartilage in joints. Over time, the cartilage breaks down until the bones, which were once separated by cartilage, rub against each other. This causes damage to tissue and bone. The symptoms include joint pain, stiffness after inactivity, and limited motion.

What is hip replacement surgery?

Total hip replacement surgery uses artificial (metal, ceramic, or plastic) parts to replace the ball at the upper end of the femur and resurfaces the hip socket. The surgery replaces damaged cartilage with new joint material. Doctors will attach the replaced joints to the bones using a porous coating that is designed to allow the bone to adhere to the artificial joint. Over time, new bone grows and fills the openings in the porous coating. You will start to walk with a walker or crutches the day of surgery or the next day. You will begin physical therapy right away. Rehab will take several weeks. However, you should be able to start walking, climbing stairs,

sitting in and getting up from chairs and doing other daily activities within a few days.

Surgery can help relieve severe, disabling pain and may restore the hips ability to work properly.

What other procedures are used to treat hip osteoarthritis?

Please feel free to ask us questions about these alternatives!

Hip injection under fluoroscopy: Hip injections involve injecting medicine directly into the joint. Time releasing cortisone, along with numbing medication, is injected into the joint to reduce inflammation, which can provide pain relief. Fluoroscopy (live x-ray) is commonly used during the injection for guidance in properly targeting and placing the needle, and for avoiding any nerves.

Hip arthroscopy: Through a small incision, your surgeon will insert a scope, which will allow inspection of the joint and locate the reason for your pain. Your surgeon will then make one or more small incisions for the other instruments used to treat the hip. These instruments can trim, shave, stitch, cut, or smooth damaged areas.

Hip resurfacing: Hip resurfacing is an alternative form of hip arthroplasty that conserves the top end of the femoral bone. Bone conservation may be attractive to young and active patients. Other advantages of hip resurfacing versus a conventional hip replacement include decreased risk of dislocation, more normal walking pattern, and greater hip range of motion. Disadvantages include a possibility of femoral neck fracture, a more difficult procedure, and metal ion risk.



1400 Mercy Drive, Ste 100
Muskegon, MI 49444
231-733-1326

1445 Sheldon Rd, Suite G1
Grand Haven MI 49417
616-296-9100

www.oamkg.com
www.wmspinecenter.com

What other treatments are available?

Medicine: If your pain is mild, you may only need pain medicines that you can buy without a prescription. Anti-inflammatory medicines may help to calm the inflammation process of the hip joint. Acetaminophen may help reduce joint pain.

Change of lifestyle: Changes may include weight loss if needed and elimination or reduction of activities that exacerbate symptoms, especially during a flare-up.

Ice or heat: Heat may help you loosen up your joints before an activity. Ice is a good pain reliever after activity or exercise.

Exercise: Exercise helps because it makes your muscles stronger, which lowers the stress on your hips. Talk to your doctor about what kind of activity is best for you.

Physical therapy: Working with a physical therapist may help guide your exercise regime and teach you specific modalities to help decrease pain and improve function.

Walking aids: These include crutches, and walkers. You may also reduce the stress by wearing the right shoes or by adding insoles.

Complications and Risks of Surgery

Blood clots: You are encouraged to get up and move frequently as well as take your prescription blood thinner to help prevent clotting. Symptoms of clotting include pain, swelling or redness of your calf or thigh and shortness of breath. Call the office immediately if you develop any of these symptoms.

Infection: Infection is rare, but can occur following surgery. You are at higher risk of infection if you have diabetes, rheumatoid arthritis, chronic liver or kidney disease, or if you are taking steroids. Symptoms include fever or chills, drainage, redness, a foul smell or increased pain at the surgical site. Call the office immediately if any of these symptoms occur.

Blood loss: It is possible that you will need a blood transfusion following surgery. Your doctor will evaluate you daily to determine if there is a need for a transfusion.

Hip dislocation: It's rare, but a dislocation may occur. This happens when your new "ball socket" is no longer in your hip joint. If you feel you have dislocated your hip and are not able to walk, you must go to the emergency room to have a doctor move the hip back into place.

Nerve damage: Damage to your surrounding hip nerves is rare, but can occur. Symptoms include the inability to lift your affected foot, numbness or tingling of the leg. Although these symptoms get better over time and may go away completely, you should still be evaluated by your doctor.

Anesthesia complications: Respiratory failure, shock, cardiac arrest, and death are always possible during surgery. Patients with long-term liver, kidney, heart or lung disease are at a higher risk.

Bone fracture: Although it is rare, a fracture could occur during surgery while fixating the femur implant. If a fracture occurs during your surgery, the doctor will correct the problem with additional cabling and the use of a longer implant. If you develop thigh pain after surgery, alert your doctor so further x-rays can be done to rule out a fracture.

Difference in leg length: When your implant is attached, it may leave you with a small difference in leg lengths. This can be corrected with shoe inserts if this difference persists over six months.

Pneumonia: Lung congestion is possible while you are recovering from surgery and are not as active. Coughing and deep breathing are encouraged to help you expand your lungs and clear any congestion.

Constipation: Bowel movements slow down with less activity and the use of pain medications. You will be encouraged to use stool softeners after you are discharged to promote regular bowel movements and prevent constipation.

Urinary tract infection: Infection to your urinary tract may occur if you have a catheter in place following surgery. Symptoms include burning and frequent urination, as well as blood in your urine. Fever and weakness may also occur. Report any of these signs to your doctor. This type of infection is a major source of joint infection and should be treated with antibiotics quickly.