

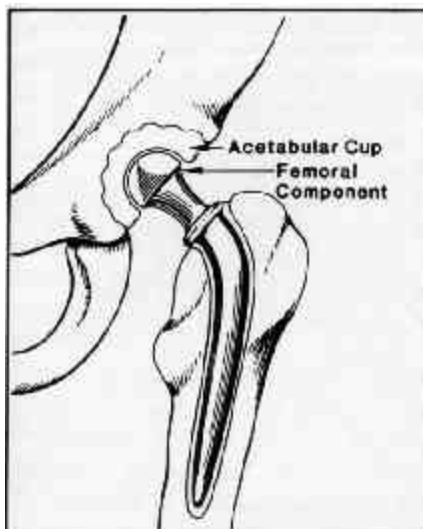
Patient Education Material

Diagnosis: Total Hip Replacement

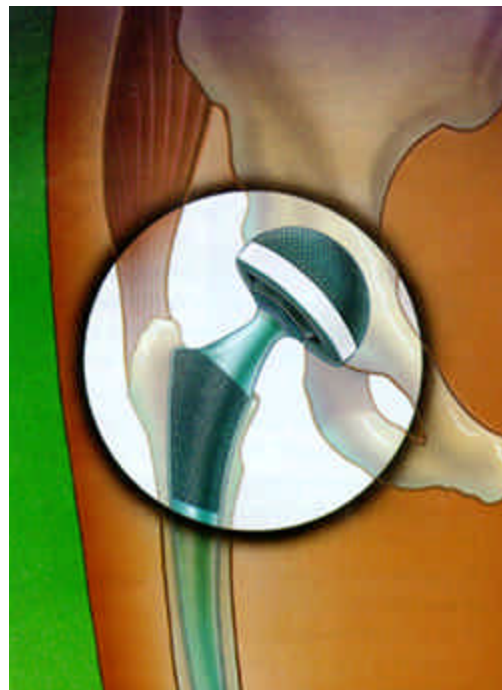
The diagnosis of a degenerative hip joint starts with a complete history and physical examination by your doctor. X-rays will be taken to determine the extent of the degenerative process and suggest a cause for the degeneration. Other tests may be required if there is reason to believe that other conditions are contributing to the degenerative process. MRI Scanning may be necessary to determine whether avascular necrosis is causing your hip condition. Blood tests may be required to rule out systemic arthritis or infection in the hip.

Definition:

Hip replacement, or arthroplasty, is a surgical procedure in which the diseased parts of the hip joint are removed and replaced with new, artificial parts. These artificial parts are called the prosthesis. The goals of hip replacement surgery are to improve mobility by relieving pain and improve function of the hip joint.

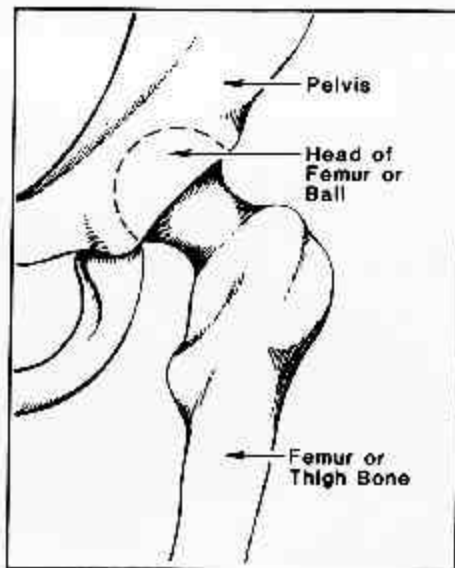


The artificial plastic socket (acetabular cup) is embedded in the pelvis bone, and the shaft protruding from the stainless metal ball is inserted into the hollowed-out thigh bone. The artificial parts are affixed with a bone cement (methyl methacrylate).



Signs and Symptoms:

- Severe arthritis
 - Severe hip pain not relieved by medicine
 - Stiff hip
 - Severe walking problems
 - Pain that keeps you awake at night
 - Difficulty walking up and down stairs
 - Trouble standing up from a seated position
 - Having to quit activities you enjoy because you're in too much pain
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- You have markedly reduced bone density (osteoporosis).
 - You're overweight.
 - You have disabling heart disease.
 - You have uncontrolled high blood pressure.
 - You're at high risk of infection.
 - You're 95 or older.
 - You're in poor overall health.

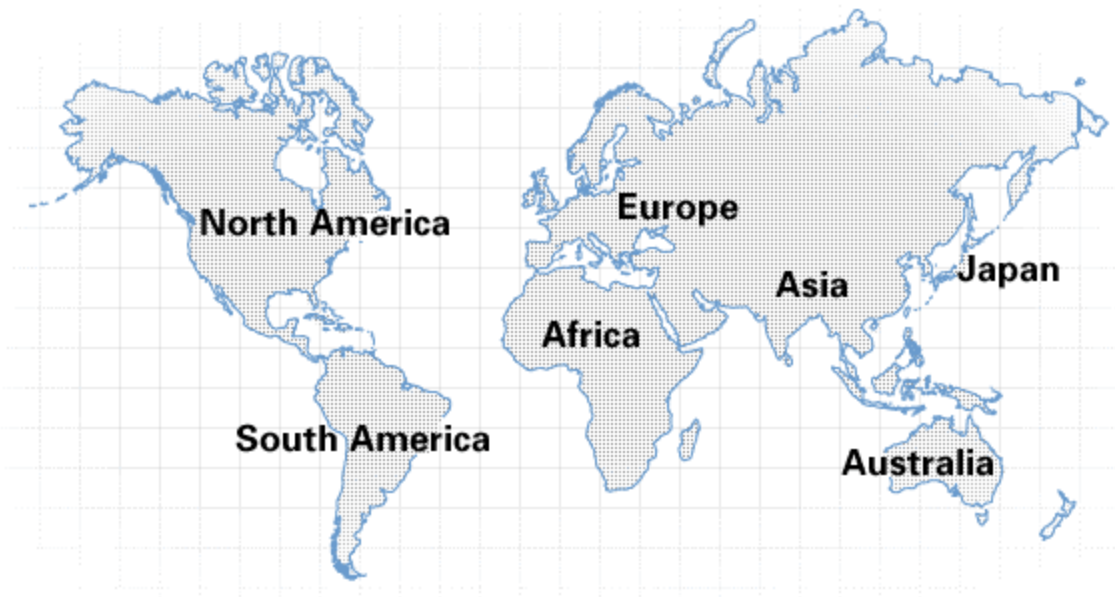


Bones of the normal hip form a ball and socket joint. The socket is part of the pelvis bone, and the "ball" is the upper part or head of the thigh bone (femur).

Incidence:

You can break your hip at any age, but 90 percent of hospitalizations for hip fractures are for people older than age 65. As you age your bones become less dense as they slowly lose minerals. Gradual loss of density weakens bones and makes them more susceptible to a fracture.

In older adults, a hip fracture is most often a result of a traumatic event, such as falling, and weak bones. In younger adults, major trauma to the hip, such as a sports injury or a car accident, may lead to a hip fracture.



More than **320,000** Americans are hospitalized for a hip fracture every year. If you are a woman then you are two to three more times likely than a man to experience a hip fracture. That is because women lose bone density at a greater rate than men.

Treatment (Medications, therapy, surgical procedures):

Not all hip conditions require a hip replacement as the initial treatment. Your doctor may suggest several alternative treatments to put off replacing the hip as long as possible. Using a cane may help alleviate some of your pain and allow you to walk more comfortably. Anti-inflammatory medications



may reduce the inflammation from the arthritis and reduce your pain.

Do's and Don'ts (Precautions, diet restrictions, risk factors/prevention):

Your new hip is designed to eliminate pain and increase function. There are certain movements that place undue stress on your new hip. For your safety, these should be avoided. This is especially true during the first few months after your surgery.

DO NOT move your operated hip toward your chest (flexion) any more than a right angle. This is 90 degrees.



DO NOT sit on chairs without arms.



DO grasp chair arms to help you rise safely to standing position. Place extra pillow(s) or cushion(s) in your chair so that you do not bend your hip more than 90 degrees.

DO NOT get up like this. Keep your involved leg in front while getting up.



DO use a chair with arms. Place your operated leg in front and your uninvolved leg well under. **DO NOT** sit low on toilet or chair.



DO get up from toilet as directed by your therapist. Use the elevated toilet seat if we have given you one.

DO NOT pull blankets up like this.



DO use a long-handled reacher to pull up sheets or blankets or do as directed by therapist.

DO NOT bend way over.



DO NOT turn your kneecap inward when sitting, standing, or lying down.

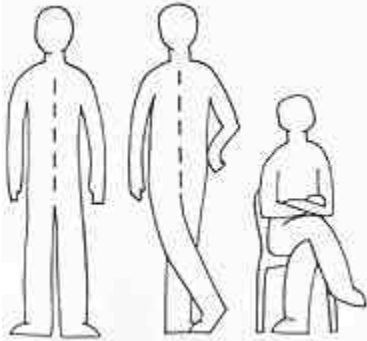


DO NOT

try to put on your own shoes or stockings in the usual way. By doing this improperly you could bend or cross your operated leg too far.

DO these activities as directed by your therapist.

DO NOT cross your operated leg across the midline of your body (in toward your other leg).



DO NOT lie without pillow between legs.



DO keep a pillow between your legs when you roll onto your "good" side. This is to keep your operated leg from crossing the midline.

- To sit, place your operated leg out in front of you. Using both hands and your non-operated leg, ease into or out of the chair. Use firm chairs (without wheels) with a straight back, high seat and arm rests. Move the operated leg frequently while sitting.
- Walk as much as you can. Use your walker or two crutches at all times.
- Remove all loose rugs in the home where you will be staying.
- Avoid wet spots on floors or pavement, wet grass and embankments. Avoid rough or irregular surfaces.
- You may drive a car only after a majority of the pain is gone and you have good control of your leg, usually six to eight weeks after surgery. Please check with your doctor before driving.

- Usually, you may resume sexual activity six to eight weeks after discharge, but you should check with your doctor first. Avoid positions that cause your hip to flex past 90 degrees or to rotate internally. Ask your nurse for more information, if needed.
- Inform other physicians/dentists of your hip replacement before undergoing any surgery, invasive procedure or dental treatment to prevent possible infection.
- Do not engage in jarring sports or activities such as jogging, tennis or basketball.

Further Info: (Web site addresses, phone #'s, etc.):

**National Institute of Arthritis and Musculoskeletal and
Skin Diseases Information Clearinghouse**

NIAMS/National Institutes of Health

1 AMS Circle

Bethesda, MD 20892-3675

Phone: 301-495-4484 or 877-22-NIAMS (226-4267) (free of charge)

TTY: 301-565-2966

Fax: 301-718-6366

<http://www.niams.nih.gov/>

The Hip Society

c/o Karen Andersen

951 Old County Road, #182

Belmont, CA 94002

Phone: 650-596-6190

Fax: 650-508-2039

www.hipsoc.org

American Physical Therapy Association

1111 North Fairfax Street

Alexandria, VA 22314-1488

Phone: 703-684-2782 or 800-999-2782, ext. 3395 (free of charge)

www.apta.org

Arthritis Foundation

1330 West Peachtree Street

Atlanta, GA 30309

Phone: 404-872-7100 or 800-283-7800 (free of charge)
or call your local chapter (listed in the telephone directory)
www.arthritis.org

For more information, please contact

Department Name _____

Phone Number and Extension _____