



DR. BEYERS OOSTHUIZEN

MIDSTREAM ORTHOPAEDICS

MBCHB (PRET), MMED (ORTH)(PRET), FCORTH (SA)

Total Hip Replacement

Introduction

A hip replacement is an operation which is commonly performed when the cartilage covering surface in your hip joint is worn out due to excessive wear and tear. Once the cartilage is worn out, there is bone-on-bone contact in your joint which causes excessive pain and stiffness. The pain is usually progressive and makes walking, stair climbing and even sitting uncomfortable.

During hip replacement surgery, I remove the diseased bone and cartilage from the socket side of the hip as well as the worn through head of the femur. These are replaced with a artificial joint (prosthesis) to relieve pain and restore function.

The aim of the operation is to provide you with comfortable walking, stair climbing and also certain sporting activities.

The Prosthesis

I only use reputable, internationally known and literature proven prosthesis in my practice. All the implants used are some of the best in the industry



What to expect

Before the operation:

You will be asked to perform some basic blood tests and X-rays. This is to rule out any common conditions in your general health in order to prepare you for the surgery. You may also be asked to consult a specialist physician to control any medical problems before and during your stay in hospital. Sometimes a Cardiologist may be consulted.

It is important to make sure there are no areas of possible infection in the body like tooth abscesses, bladder infections or any wounds on the body. Please notify the practice should this occur.

You will be provided with 2 soap bottles. One you should use the night before surgery to wash the hip/leg that will be operated. The other bottle should be used on the day of surgery

Please do not shave your leg 2 weeks before the operation. We will use a hair clipper in theatre to shave excessive hair.

Please stop the use of any anti-inflammatory medication at least 5 days before surgery. Any anticlotting medication should be discussed with me prior to surgery. Please stop all herbal and vitamin medication 2 weeks before surgery.

Women should stop hormone replacement treatment 1 week before surgery and only start again 10 days after surgery.

The Operation:

The operation typically takes 2 hours to perform and is done under general anaesthesia or a spinal anaesthesia. A 10-15cm incision is made on the side of the hip to perform the surgery. A drain is inserted in the hip which is removed after 1 day. You will wake up in the theatre recovery with a pillow between your legs. We will take an X ray and put an oxygen cannula in your nose. Please don't remove this cannula.



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After the operation:

You will typically spend 2-3 days in hospital during which a physiotherapist will assist you to walk. It is important that you walk within the first day after surgery. You will experience some pain in the hip which we will control with pain medication. **The hip is stable and fully fixed to the bone. You are allowed and encouraged to walk with a walking frame or crutches on your leg from day one.**

The drain in your hip and catheter will be removed the next day in order to help you to start walking easier.

You're encouraged to move your foot and ankle, which increases blood flow to your leg muscles and helps prevent swelling and blood clots. You might need to receive blood thinners and wear support hose or compression boots to further protect against swelling and clotting.

Recovery

The physiotherapist will provide you with an exercise program for the next 3 months

As soon as you feel comfortable to do so you are allowed to use 1 crutch and after 6 weeks later you may walk without crutches.

Blood thinning medication is continued for 10 days after surgery. Please stay mobile and well hydrated. No long distance travel > 2hours is allowed within the first 3 weeks after surgery. After this, precautions should be taken if you wish to do so for up to 3 months after surgery.

You can expect comfortable walking on 6 weeks after surgery although improvement will continue for 1 year after surgery.

Walking with a pain free limp is normal and usually resolve at 3 months after surgery.

You are allowed to drive a car once it is comfortable and safe to do so. Be careful when getting in and out of the car especially in low vehicles.

Things to be careful for:

- Continuously wet and oozing wounds
- Swollen, red and tender calve
- Shortness of breath and chest pain
- Low/deep chairs. Rather sit on high chairs for the first 3 months.
- Low toilet seats. A toilet seat raiser will be provided upon request.
- Don't sleep on the operated side for the first 6 weeks.

Long term

If you take good care of your hip, you can expect good service for 20 or even more years. Please try to stay as light and as fit as possible.

Airport metal detectors may be triggered by the prosthesis but with recent airport technology, this is not a problem anymore.

Any areas of potential sepsis in your body should be treated urgently and effectively. Please don't allow a bladder infection or tooth abscess to get out of hand. Seek early medical attention.

Possible complications

Hip replacement surgery are relatively very safe surgery and complications are very rare (<1% in our practice). It is however important to know about the potential risks as these complications can have a significant impact on your health. Possible serious complications include infection, blood clot formation, nerve and blood vessel injury, continuous hip pain, loosening of the implant, dislocation of the prosthesis, fracture of the femur and other systemic complications. There are many theoretical risks which I cannot extensively discuss here. Should any of these occur, I will discuss it with you as well as the possible solutions.

We trust that you will have a speedy recovery