PATIENT EDUCATION

Total Hip Replacement

A guide to understanding total hip replacement surgery, featuring “The George Archer Story.”
On April 16, 1996, professional golfer and PGA Tour veteran George Archer underwent total hip replacement surgery on his right hip. At the time, he was 56 years old and in his eighth season playing on the Senior PGA Tour. Hampered by injuries throughout his career, George had already undergone six major surgeries. Hip replacement surgery, he thought, would be his greatest challenge yet.

George was very concerned about how the surgery would impact his career. As his doctor advised, he delayed the surgery as long as possible and tried a number of non-surgical treatments first. He spent two years talking to doctors around the country, learning as much as he could about the procedure and recovery.

“I really didn't want to have the hip operation, but (because of the pain) I was only sleeping about an hour and a half at night,” George said. “And I started getting concerned about what I was doing to the rest of my body by only sleeping an hour and a half at night.”

The year following his surgery, George rebounded to play a full schedule on the Senior PGA Tour, including five top 10 performances. “In another year or so, I think I’m going to be as good as I am with my back or any other operations that I’ve overcome. I never got back to perfect, but you get back to a very good stage where you can do what you want to do. And that’s what life’s all about.”
WHY DOES MY HIP HURT?

In a healthy, normal hip, the movement of bending, straightening, or rotating is absorbed by the cartilage, allowing the ball to move freely in the socket without pain. Over time, however, the cartilage can wear away or get damaged causing the bones to rub and grind together. This causes much of the pain and stiffness patients feel.

Although people frequently associate joint pain with an injury or fracture to the hip, other common causes of a damaged hip include the breakdown of the joint’s cartilage (osteoarthritis); inflamed and stiff cartilages (rheumatoid arthritis or gout); and decay of the bone from long-term use of alcohol or steroids (necrosis).

WHAT IS TOTAL HIP REPLACEMENT?

In a total hip replacement surgery, the painful parts of the damaged hip are replaced with artificial hip parts called a prosthesis, a device that substitutes or supplements a joint. The prosthesis consists of three components: a socket, ball, and stem. The outer shell of the socket is usually made of metal and the inner shell consists of plastic, or the entire socket may be plastic. When the metal ball is joined with the socket, the new hip allows for smooth, nearly frictionless movement.
HOW WILL I KNOW IF I SHOULD HAVE HIP REPLACEMENT?

The orthopaedic surgeon will perform a very thorough examination of your hip by performing physical tests and analyzing x-rays, as well as taking your medical history.

The surgeon will ask you to describe your pain and ask questions to determine other joint problems and how past injuries might have affected your current hip. You will also be asked to tell how you’ve treated your pain in the past, whether it be through physical therapy or by taking medications.

Your joints will be tested for strength and range of motion. At this time, the surgeon will observe how you walk and bend, and watch for any problems in the way you move.

X-rays will provide your surgeon with images of your hip joint to show changes in size, shape, or unusual circumstances to determine if surgery would be the best option. If so, the x-rays will also help in the sizing and fitting of your new hip.

Based on this examination, your surgeon will determine whether you are a candidate for total hip replacement. Although widely practiced, total hip replacement is a major surgical procedure and should only be considered when all other treatment methods have failed. There are more conservative alternatives which you and your surgeon may want to consider. These include medications or injections for pain and inflammation, physical therapy, or other types of surgery.

The final decision about whether or not to have total hip surgery will be yours, so you will want to understand the risks involved. There are potential complications both during and after surgery. Generally, these include infection, blood clots, pneumonia, dislocation, prosthesis loosening, and nerve damage. Your surgeon can answer your specific questions about these risks.
WHAT IS IT LIKE TO HAVE TOTAL HIP REPLACEMENT SURGERY?

Before Surgery

If you and your surgeon decide that total hip replacement is right for you, a date will be scheduled for your surgery. Several things may be necessary to prepare for surgery. For example, your surgeon might ask you to have a physical examination by your primary care physician.

You should also finish any dental work that may be underway to prevent germs in your mouth from entering the bloodstream and infecting the new joint. If you prefer, or if your surgeon feels it is needed, you may want to donate your own blood ahead of time to reduce the risk of your body reacting to the blood transfusion.

During Surgery

On the day of surgery, an intravenous tube will be inserted into your arm to administer necessary medications and fluids during surgery. You will then be taken to the operating room and given anesthesia.

The surgery usually takes two to four hours, although this is dependent upon the severity of the arthritis in your hip. In the operating room, a urinary catheter will be inserted and left in place for one or two days. Compression stockings and pneumatic sleeves will be put on both legs.

The procedure is performed through an incision over the side of the hip. The ball-end of the thighbone (femur) is cut and replaced with the new metal ball and stem component. It may be stabilized with or without cement. The damaged surface of the socket is smoothed in preparation for the insertion of the new socket. The ball and socket are then joined. When the surgeon is
satisfied with the fit and function, the incision will be closed and covered with dressings. You will also find small drainage tubes coming out of the hip to drain fluid from the wound.

After Surgery

You will be sent to the recovery room and as the anesthesia wears off you will slowly regain consciousness. A nurse will be with you, and may encourage you to cough or breathe deeply to help clear your lungs. You will also be given pain medication and will find a foam wedge or pillows placed between your legs to help hold your joint in place. When you are fully conscious, you will be taken back to your hospital room.

**WHAT CAN I EXPECT AFTER SURGERY?**

When you are back in your hospital room, you will begin a gentle rehabilitation program to help strengthen the muscles around your new hip and regain your range of motion. On the day of surgery you may be asked to sit on the edge of the bed and dangle your feet. You will also learn how to protect your new hip while doing daily activities.

As soon as possible, usually within the next 24 hours, your physical therapist will help you start walking a few steps at a time. As you heal you will progress from walker to crutches and then a cane. Before you are dismissed from the hospital, an occupational therapist will also show you how to perform daily tasks at home with your new hip. For example, he or she will instruct you on how to go to the bathroom, how to dress yourself, how to sit or stand, how to pick up objects and many others.
After about two to four days, or when your surgeon determines that you have recovered sufficiently, you will be discharged. You may be transferred to a nursing facility for a few more days, as determined by your surgeon. Upon returning to your home, you will need to continue taking your regular medications and continue exercising as directed by your surgeon or physical therapist. Walking, remaining active and practicing the required exercise are the quickest ways to full recovery. Within six weeks, you will revisit your surgeon at the hospital to check up on the progress of your recovery.

In most cases, successful total hip replacement will relieve your pain and stiffness, and allow you to resume many of your normal daily activities. But even after you have fully recovered from your surgery, you will still have some restrictions. Normal daily activities do not include contact sports or activities that put excessive strain on your hips. Although your artificial hip can be replaced, a second implant may not be as effective, and your activities would likely be even more restricted. Questions about your specific situation are best discussed with your surgeon.
“Oh, George, You’re lucky. You just need a hip.” Professional golfer George Archer still remembers those words from his doctor as he was told that he needed total hip replacement surgery on his right hip. In April of 1996, George had his right hip replaced with a VerSys® Hip System implant manufactured by Zimmer, Inc. of Warsaw, Indiana.

As with all total joint patients, George was actively involved in his own recovery. He carefully followed his prescribed physical therapy regimen of exercise to build strength in the muscles around the joint. Even when he returned to a full schedule on the PGA seniors tour, he maintained his exercise program. As George explained, “I played 24 tournaments, but I had a lot of time off in between. I just kept improving...kept exercising...and doing what the doctor said.”

In his first year back on the tour, George had five top 10 finishes. That same year, he was nominated by his peers for Comeback Player of the Year honors. On August 16, 1998 George won the First of America Classic in Ada, Michigan. His first Senior PGA Tour win after his hip replacement.

For full prescribing information, call:
1-800-HIP-KNEE
or visit us at:
www.zimmer.com

This flyer is intended to provide an overview of total hip replacement surgery. It is not intended to promote total hip replacement surgery or provide instructions for preoperative preparations or postoperative recovery.