

Patient Guide to Hip Replacement Surgery

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1. Introduction

This booklet is designed to guide you through your hip replacement journey—from preparation before surgery, through your hospital stay, to recovery at home. Please read it carefully and bring it with you to your appointments.

2. Understanding Hip Replacement Surgery

Hip replacement (Total Hip Arthroplasty) is a procedure where the damaged parts of the hip joint are removed and replaced with artificial components (prostheses). This is typically recommended for:

- Osteoarthritis
- Rheumatoid arthritis
- Avascular necrosis
- Hip fractures or post-traumatic arthritis

The aim is to reduce pain, improve mobility, and restore function.

3. Pre-Operative Preparation

a. Medical Preparation

- **Pre-Admission Tests:** Blood tests, ECG, chest X-ray (if needed), and medical clearance from your GP or physician.
- **Medications:** Some medications (like blood thinners) may need to be stopped. Discuss all medications and supplements with your surgeon.
- **Infections:** Any infections (e.g. dental or skin infections) must be treated prior to surgery.

b. Lifestyle Preparation

- **Quit Smoking:** Smoking delays healing and increases the risk of complications specifically infection. You highly recommended to fully stop smoking 4 weeks before surgery
- **Weight Management:** Reducing weight (if applicable) reduces stress on the new joint and reduces the risk of infection
- **Strengthening Exercises:** Gentle exercises under physiotherapy guidance can aid recovery.

c. Logistics

- **Home Preparation:** Arrange for a safe environment—remove trip hazards, and plan for someone to help at home.
- **Transportation:** You will not be able to drive for 4-6 weeks after surgery.

d. Pre-Operative Skin Preparation and Infection Prevention

- To reduce the risk of infection, you will need to start pre-operative skin preparation 5 days before your surgery, including the morning of surgery. This involves using a **Chlorhexidine wash** twice daily (morning and evening) over your whole body from neck to toes, paying particular attention to the surgical area.
- You may also be given a prescription for **nasal Mupirocin ointment**, which should be applied inside each nostril three times daily for the same 5-day period, including the day of surgery.
- It is important to avoid any **cuts, scratches, or skin infections** before your operation, as these can increase the risk of surgical site infection and may result in your procedure being postponed or cancelled.

4. The Surgical Procedure

- **Anaesthesia:** You may receive a spinal block with sedation or general anaesthesia.
- **Surgery Duration:** Approximately 1.5 to 2 hours.

- **Implant:** Your surgeon will use a prosthesis suited to your anatomy and activity level. Your Prosthesis is selected by your surgeon based on highest performing prosthesis in Australian Joint Registry.

5. Post-Operative Care

- **Hospital Stay:** Typically 2–3 days (depending on your progress with physiotherapy).
- **Mobility:** You'll begin walking with assistance (walker or crutches) within 24 hours.
- **Physiotherapy:** Starts in hospital and continues after discharge.
- **Wound Care:** The dressing is waterproof; stitches are absorbable. Your dressing will be removed during your first follow-up.

6. Pain Management

- Pain is expected but well-controlled with a combination of:
 - Oral painkillers
 - Anti-inflammatories (if suitable)
 - Ice packs
 - Nerve blocks or local anaesthetic during surgery (may provide early relief)

7. Expected Recovery Timeline

Timeframe	What to Expect
Day 0–2	Walking with assistance, pain and swelling present
Week 1–2	Improved mobility, at-home physio
Week 3–6	Transition from walker to cane or no aid
6–12 Weeks	Driving resumes (may be as early as 4 weeks depending on recovery), return to light daily activities
3–6 Months	Strengthening, most daily tasks become easier, return to low-impact sports
6–12 Months	Full recovery

8. Possible Complications

While most patients recover well, potential risks include:

- **Infection**

- **Blood clots (DVT/PE)**
- **Dislocation of the hip joint**
- **Leg length discrepancy**
- **Nerve or blood vessel injury**
- **Prosthesis loosening or wear over time**

Preventative measures like pre-operative preparation and optimisation, antibiotics, blood thinners, and physiotherapy reduce these risks.

9. Activity Precautions After Surgery

- **Avoid twisting or crossing legs for 6–12 weeks**
- **Use a raised toilet seat or shower chair if advised**
- **Avoid low chairs or sofas initially**
- **No driving until cleared by your surgeon (typically 4–6 weeks)**
- **No high-impact sports (e.g. running, jumping)**

Approved low-impact activities include swimming, walking, cycling, and golf.

10. Frequently Asked Questions (FAQs)

Q1. When can I drive again?

Usually after 4–6 weeks, once you have good control of your leg and are off strong pain medication.

Q2. Will the new hip set off metal detectors?

Yes, possibly. Inform airport staff—It is very common these days and airport staff are aware.

Q3. How long will the implant last?

Revision (Re-do in 20 years is about 9%, meaning that 91% of the people will not need repeat surgery for their hips. There is a high chance that you may not require revision in your lifetime)

Q4. Can I sleep on my side?

Yes, after 4–6 weeks. Use a pillow between your knees if needed.

Q5. When can I return to work?

This varies:

- Desk jobs: ~4 weeks
- Light manual work: 6–8 weeks
- Heavy labour: 3+ months

11. Contact Information

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