



MOUNTAIN
ORTHOPAEDICS

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TOTAL HIP SURGICAL PACKET



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ABOUT YOUR SURGERY

Minimally Invasive Hip Replacement

Total Hip Replacement has proven to be one of medicine's most successful medical treatments, allowing people to return to an active life without pain. Many patients feel as if their hips are normal after a hip replacement. It is well proven that quality of life and productivity improves with Total Hip Replacement. It is well established that patients with Total Hip Replacement stay in the workplace longer and improve their contribution to society, as compared to those with arthritis who haven't undergone the procedure. Total Hip Replacement removes damaged cartilage from the hip and replaces it with a ball and socket. This creates a smoothly functioning joint, free of pain. Many patients state, "I wish I had done this sooner."

The results of Total Hip Replacement are excellent with over 95% of patients experiencing a dramatic relief of pain and demonstrating significant improvements in activity. These excellent results can last over 25 years, depending on the patient's activity level and size. Though the results are excellent, a small percentage may fail over time, requiring a second surgery.

The most common cause of failure is loosening of the implant. Loosening is most frequently caused by wear of the joint surface. With loosening, the patient experiences pain and in some instances bone loss. The treatment is a more complicated operation than the first surgery but is often successful, leading to pain relief and improvements in activity.

Most surgeries proceed without complication. Serious complications, though rare, do occur and include infection, loosening of the implant, fracture of the bone, and blood clots. Other complications reported by joint replacement surgeons, but far less common, include

nerve or vascular injury, excessive bleeding, leg length problems, and dislocation of the prosthesis.

The type of implant most commonly used is an uncemented type which relies on your body to grow into the surface of the implant. In special circumstances, a cemented device is used and relies on the cement to adhere to the bone and implant. Both devices work well with excellent long term (greater than 25 year) results reported.

We currently utilize bearing surfaces, which minimize wear and lead to a longer life of the implant. The implants used are state-of-the-art and have not been associated with recalls.

Minimally Invasive Hip Surgery Techniques

We utilize two approaches to the hip, the anterior and posterolateral muscle-sparing approaches. Both result in equally early recovery and overall excellent results. Both techniques allow for near normal ambulation by 2-3 weeks, participation in most activities including golf, hiking, hunting, and long walks by 3-5 weeks. Skiing is possible at 3 months.

Anterior Approach – We started using the anterior approach in 2003 using a small two incision approach. We now use a single anterior incision approach using the HANA table. We have found that patients can recover fast while preserving the small muscles of the hip.

Posterolateral Approach – We utilize the minimally invasive lateral approach in many patients. The recovery is similar for most patients to the anterior approach and utilizes a small 3-8 inch incision in most patients.

In both approaches, the patients should expect to walk with full weight the day of surgery. Many of our patients go home the day of surgery or will spend one night in the hospital and discharge the following day. Most patients are walking near normal at 3 weeks and resuming significant activities, including golfing and hiking by 4-6 weeks.



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TIME LINE

Surgery Scheduled with Your Surgeon

- Read entire packet of information.
- Make a list of all current medications including dosages and time taken. This *must* be brought to your pre-operative appointment.
- Receive clearance from primary care physician for surgery, if instructed by your surgeon's office.
- Schedule Prehab with a physical therapist. This should be completed before the pre-operative appointment.

Two Weeks Prior to Surgery

- Stop all anti-inflammatory medications (Aspirin, Diclofenac, Naproxen, Ibuprofen, etc.) one week prior to surgery.
- Make sure to attend your pre-operative appointment with any questions you may have. You might write these questions down before-hand as you think of them.
- Notify physician if you or any family member has a history of previous DVT/blood clot.

Day Before Surgery

- Hospital will call with instructions of arrival time, etc.
- Bring your own loose-fitting clothing for therapy.
- Do not eat or drink after midnight.
- Bring a list of medications including dosages and instructions to the hospital.
- Bring this Mountain Orthopaedic packet with you to the hospital or surgical center.
- If you use a CPAP machine, bring that with you as well.
- Scrub the hip with the scrub brush given to you at your pre-operative appointment.
 - This is to be done the night before and morning of surgery.

Day of Surgery

- Upon arrival you will have labs drawn and IV placed.
- IV antibiotics will be given within 60 minutes prior to surgery and after surgery to decrease risk of infection.
- You will be given spinal anesthesia (this is the optimal anesthesia for pain control as well as to decrease nausea).
- You will receive a nerve block, which significantly decreases pain after surgery.
- Surgery time will be 60-90 minutes.
- You will be given minimal sedation to relax and sleep if you choose.
- No tube will be placed down your throat. You will breath on your own during surgery.

- A small incision is made to preserve muscle. The implant will perfectly match your anatomy and will allow for near normal function and motion.
- Bulky dressing and ice is placed on the hip.
- You will be in the recovery room for approximately 45-60 minutes.
- Specialized nurses trained in joint replacement recovery will welcome you to the floor. Our staff takes pride in serving your needs and routinely is ranked at the highest level of quality care.
- You will resume a normal diet with several menu choices.
- There are no restrictions on light to normal activities.
- Important Tasks for the day of surgery:
 - Sit up in bed, eat regular food, drink plenty of liquids
 - Urinate on your own (if not within 4 hours of arrival on floor, notify the nurse)
 - Deep breathing
 - Stand and get out of bed with staff assistance
 - Walk the halls with assistance
- If you complete these tasks and are medically stable, you may go home the day of surgery if you would like to.

First Day after Surgery

- 90% of hip replacement patients go home in the morning.
- Dressing is removed.
- Physical therapy in the morning and afternoon; including stairs.
- Discharge planner will meet with you regarding discharge plans.
- You will receive aspirin or a blood thinner to decrease the risk of blood clots and you will need to take this as directed.
- You will receive pain medications orally in the hospital as well as an anti-inflammatory medication.
- You will go home with pain medication. We will work to get off pain pills as soon as possible. Narcotics will not be refilled after 6-8 weeks.
- An occupational therapist will discuss issues for home with you including driving, getting in and out of vehicles, getting dressed and other helpful home tips.
- Please notify the staff of any issues with urinating but keep in mind that difficulty with bowel movements is normal (it could be several days before you have a bowel movement).
- You will receive instructions regarding your incision, medications, and bathing.

1-3 Weeks After Surgery

- An adhesive dressing will be in place. If spots or drainage occur, cover with sterile gauze and light tape (this is common).
- You may get your incision wet with soap and water, but don't soak it.
- At your first visit in office, we will remove your adhesive dressing.

- No hot tubs or under-water baths for 4 weeks.
- If home physical therapy is ordered (which is rare), home therapy should last no more than 10 days.
- If you have a stationary bike at home, use this daily.
- Walk frequently throughout the day, starting with short walks as tolerated.
- Most hip replacement patients do not need outpatient physical therapy.
- For Hip Replacement, use ice machine after activity and 30 minutes at a time, 6-8 times a day or as needed.
- You may participate in activities as tolerated.
- You may have difficulty sleeping and getting comfortable (ice helps).
- Fever around 100° in the first week is normal.
- It is common to have bowel difficulty, however, notify our office if you go several days after leaving the hospital without a bowel movement.
- Leg swelling to some degree is normal.
- Some bruising is normal. It is common for Hip Replacements to have numbness on outside of incision.
- **Worrisome findings include: drainage from wound, redness that increases, shortness of breath or chest pain, fever of 102° or higher and dramatic new leg swelling.**
- **IF YOU GO TO A REHAB CENTER YOU SHOULD STAY NO MORE THAN 14 DAYS. GO DIRECTLY TO OUTPATIENT PHYSICAL THERAPY AFTER REHAB. A PHYSICAL THERAPY PRESCRIPTION IS IN THIS PACKET UNDER ORDERS.**

3-6 Weeks After Surgery

- It is common to be stiff and sore at the end of the day.
- It is common to be stiff after sitting.
- Sleeping may be difficult and you may be restless.
- Anti-inflammatories (Ibuprofen or Naproxen) should be taken twice a day as long as you have cleared with your primary care physician.
- You should need less and less pain medication and be completely off it by week 6.
- There are no restrictions on activity, in fact increasing your activities is good for your recovery.
- Worrisome findings include: drainage from wound, redness that increases, shortness of breath or chest pain, fever of 102° or higher and dramatic new leg swelling.

12 Months After Surgery

- Less stiffness, however stiffness can still exist.
- Sore at the end of the day.
- Sleeping should improve.
- Swelling should be near normal.
- Activity should be near normal and you can increase to heavy activities without any restrictions.



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FREQUENTLY ASKED QUESTIONS

What happens after I schedule surgery?

- Your physician's medical assistant will schedule your surgery with the facility you and the doctor have selected. The M.A. will then authorize this procedure with your health insurance company. Please understand that authorization is not a guarantee of payment and it is always a good idea that you check with your insurance company also regarding deductibles, copays and coinsurance responsibilities. You should have also made a pre-operative appointment in our office. This should take place 1-2 weeks prior to your surgery date.

How do I prepare for surgery?

- Do not eat or drink after midnight the night before your surgery. You should also wash your surgical site with antibiotic soap (which will be given you at your pre-operative appointment). You do not need to shave over your surgical site: this will be taken care of in the operating room.

What time will my surgery be?

- Your surgery time will be set by the hospital or surgical center. They will contact you the last working day before the surgery. They usually call after 1pm. Questions or concerns regarding the time of your surgery should be directed to the facility.

How long will my FMLA paperwork take to complete?

- You need to allow our office 10 business days from the time of drop-off for completion.

Should I stop my medications prior to surgery?

- If you are diabetic DO NOT take your diabetic medications after midnight on the day of surgery. If you are taking Aspirin, Ibuprofen, Naproxen, or any other anti-inflammatories you will need to stop these 7 days prior to the surgery. If you are on Plavix or other blood thinners, please discuss this with your physician to determine when to stop prior to surgery to prevent significant bleeding issues. The hospital or surgery center will instruct you which of your home medications you should take the morning of surgery.

How do I care for my wound?

- Your incision has been closed with dissolving suture. There will be no need to remove any stitches. You can get your incision wet, but still no soaking the incision (no bathtub, swimming or hot tubs) for 4 weeks following surgery. An adhesive surgical dressing will be applied and should be left on until follow up.

How will my wound look after surgery?

- Redness, swelling, and increased warmth around your incision can be normal. You may continue to note increased warmth for up to one year. If you experience significant drainage from your wound (drainage that soaks through a gauze pad in 5-6 hours), redness extending away from your incision or flu like symptoms, please notify our office immediately.

I'm having difficulty sleeping after surgery, is this normal?

- Yes, many patients complain of insomnia and night pain after surgery. This is very normal for the first couple of months. We do not typically recommend or prescribe sleeping pills.

What about dental work after joint replacement?

- All dental appointments should be avoided for the first 3 months following surgery. Antibiotics are not necessary for routine exams and cleanings. Antibiotics should be considered for cavity fillings, tooth extractions, and periodontal procedures, including implants, gum or bone surgery.

How long will I need to take pain medication after surgery?

- You should anticipate discontinuing your pain medication between 2-3 weeks after surgery. Please be aware, pain medication prescriptions must be done in writing, so please allow 3 days for refills.

Will I need Physical therapy after surgery?

- Hip replacements rarely need outpatient therapy.

Will I need home health after surgery?

- Depending on your personal circumstances you will either be released home. Some patients may need a rehab center or home healthcare. In either circumstance, it is anticipated that you would complete rehab or home healthcare at 7-14 days. You should make every effort to work hard so you can get to outpatient therapy in no more than 14 days.

How much will I follow up with my physician?

- Your first postoperative appointment will be 2-3 weeks after your surgery, then a follow up at 4 months after surgery, and again at 1 year after surgery. Then you will need annual appointments each year. Should you have questions or concerns outside of those timeframes, please contact our office and speak with the medical assistant who will coordinate with the physician.

Will I need to use Ted Hose after surgery?

- The majority of our patients are not required to use TED HOSE.



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BILLING INFORMATION

As the patient, it is your responsibility to provide us with your current, accurate insurance information. Your surgeon's medical assistant will obtain a prior authorization, if one is required. **It is important to note that a prior authorization is not a guarantee of payment.** The billing department will handle the submission of medical claims for our office.

The insurance company will process claims according to your specific plan, and will provide you with a copy of their explanation of benefits. Once insurance determination is received by our office, we will send a letter to you if a patient balance remains, as indicated by the insurance. Patient balances may include copayments, coinsurance, and deductibles.

It is also important to note the facility, anesthesia, surgeon, physician's assistant, and in some cases, surgical supplies, are billed separately. You should expect to deal with multiple billing departments.

You, as the patient, are responsible for balances not paid for by the insurance. You will also be liable for balances that result from inaccurate insurance information.

For billing assistance with your *surgeon's* billing office, please contact the billing department at 801-295-7200.

Updated 09/2018

My Surgery Information

Surgery Date: _____ Facility: _____

Surgeon: _____

Pre-Operative Appt: _____ Post-Operative Appt: _____

For questions that cannot be answered during an appointment, please call contact:

Direct line for medical questions: 801-383-1034

Direct line for appointments: 801-383-1033

Main office to be directed by an operator: 801-295-7200

For after-hours urgent issues, please call our answering service at 801-299-7617 and they can reach your physician or the physician on call.

QUESTIONS
