

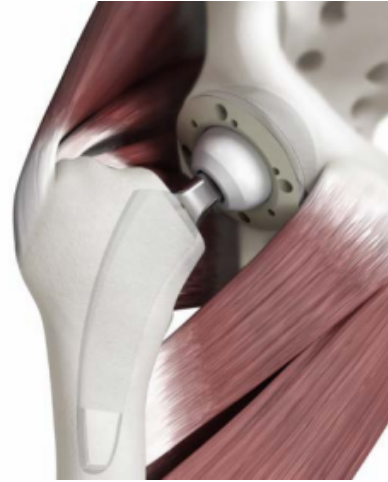
THE DAA Total Hip Replacement post op Factsheet

THE OPERATION

A total hip replacement involves the removal of the femoral head (the ball part of the joint) and the replacement of the ball and socket with prosthetic implants. There are many different designs, but they almost all consist of a stem, which is inserted down the thigh bone (femur), with a new “ball” at the top of the end and a new socket lining (cup) for the pelvis.

Artificial hip implants can be made of metal, ceramic or plastic. The most common type is a ceramic ball, plastic socket and metal stem.

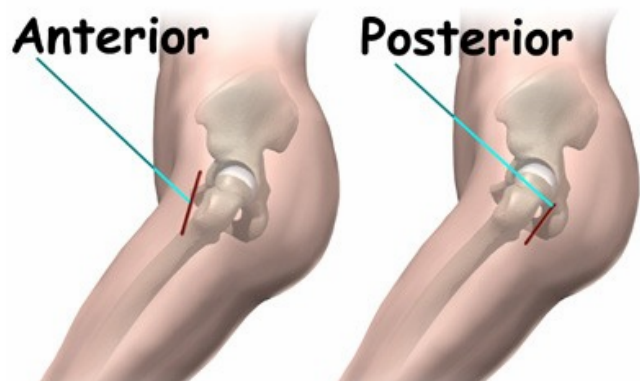
Hip joints can be fixed in place with a special substance called “bone cement”. Alternatively, they may be coated with a chemical that encourages bone to grow into the prosthesis fixing it in place.



What type of Hip surgery am I having?

The Anterior Approach

Total hip replacements with the Anterior approach refers to surgeries done from in front of the hip. Using this anterior approach may allow your surgeon to do the surgery through a smaller surgical incision (cut). The incision is in the front of the hip rather than the side or back, like traditional hip replacements, making the procedure less painful, makes for a faster more comfortable recovery, and the resultant hip more stable.



Having your surgery done this way may have other advantages:
These are:

- Less muscle trauma
- Earlier and easier recovery
- Shorter stay in hospital
- Decreased risk of hip dislocations
- Less pain

DAA POST OP Guidelines and Exercises

This fact sheet is intended to provide a general overview of your procedure and post op care. It is not intended to serve as a substitute for professional medical care or a discussion between you and your surgeon about the need for this procedure. If you have any questions about the operation or subsequent care and follow up, discuss with your surgeon and nurse before and after the procedure.

As the surgery is through the front of your hip, the **post op precautions are slightly different** to what you may know (than a posterior approach – through the back of your hip).

DAA specific precautions:



- **NO forceful hip extension past neutral within first 6 weeks post op (like pic)**



- **DO NOT have your leg back in a lunge position and externally rotate** (turn your foot out- until cleared by the surgeon usually 8-12 weeks) this is usually demonstrated by surgeon or nurses or physiotherapist.
- (FAO Physio for 6-12 weeks: Max Er 20 & Hip Ext 10)



- **Do not twist or pivot on your new hip** – when turning step around and turn first before taking off in a new direction.
- **When transferring try to keep legs in line with your body** and not lagging behind you.

Movements you are allowed to do compared to a posterior approach hip replacement:

- You can sit on a normal/low seat.
- You can sit on a toilet without a raised seat.
- You can lie on your side and sleep.

Day of surgery till 3 weeks:

- Regular icepacks to reduce pain and swelling.
- Mobilize with crutches for the first 1-2 weeks (longer if required)
- Do exercises 2-3 x a day when awake

Driving – usually at 2 weeks post op check up with your surgeon, or once you are off crutches & walking well pain free (if left leg is operated leg, then you can drive when feeling well enough post-surgery)

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POST OP EXERCISES

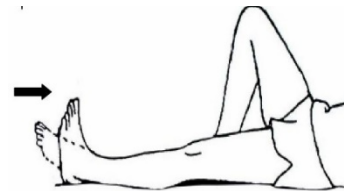
- Exercises to regain your strength will be taught to you by your nurses or Physiotherapist, they will also teach you how to use crutches or a frame. Doing your exercises is very important to gain the most from your surgery. Make sure you exercise and rest throughout the day.
- You are encouraged to go for two to three walks daily: start with a little further than you walked on the ward, then as tolerated build up the distance every few days.
- Rest is important for an hour in the morning and afternoon for the first 2-3 weeks – with your leg up on couch or bed. When you are not up and about, sit with your leg elevated on a low stool/seat/couch/bed as prolonged sitting as this can increase swelling in leg.
- Your surgeon can provide with more information regarding rehabilitation over the next 6+ months, but you should **NOT** do any heavy loading/heavy exercise for approx. 4 months post op.

Exercises 0-2 weeks post op:

1. ANKLE PUMPS

In lying or long sitting – with legs relaxed, gently flex your foot and your toes (bend and straighten the ankle)

Repeat 10 x every hour if possible.



2. HIP & KNEE FLEXION

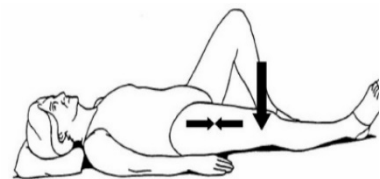
Lie on your back, bend your knee by sliding your heel towards your bottom, and then straighten your leg back down – maintain control of the knee.
Repeat 5-10 reps: 2-3 x a day.



3. STATIC QUADS

Repeat 5-10 reps: 2-3 x a day

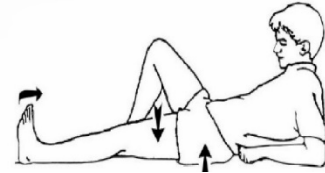
Gently push your knee down into the bed. Hold 5-10secs and relax – repeat x 10 reps: 2-3 x a day.



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4. STATIC GLUTS SETS

Repeat 5-10 reps: 2-3 x a day
Tense muscles and squeeze buttocks.
Always keep leg and buttocks flat on the bed.
Hold 5-10 secs x 10 reps: 2-3 times a day.



5. KNEE EXT

Sit upright and extend your knee.
Perform 10 reps x 2-3 sets: 2-3 times a day.



6. LYING ABDUCTION

Keeping your toes pointing towards the ceiling, slide your leg out to the side, then return.
5 reps x 1-3 sets: 2-3 times a day



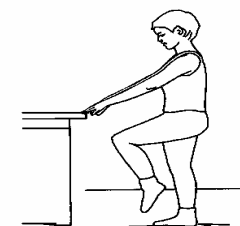
7. STANDING ABDUCTION

Take your operated leg out to the side without tipping your body or pelvis.
5-10 reps x 1-3 sets: 2-3 x a day



8. STANDING HIP FLEXION

Raise your knee up to 90 degrees in front of you, without tipping your body or pelvis.
5-10 reps x 1-3 sets: 2-3 x a day



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