TOTAL HIP REPLACEMENT

Your Medical Team
When contemplating surgery on your hip or any other part of your body, many questions naturally come to mind. To address these questions, our medical team has put together a review of how the hip works, problems you may be experiencing, and an overview of what you can expect before, during and after your surgical procedure. Knowledge and awareness are instrumental in helping to diffuse fears and anxiety, resulting in a more positive experience and more rapid recovery.

Dr. John F. Irving
Dr. Irving is a Board Certified Orthopaedic Surgeon who specializes in Arthritis Surgery, Total Joint Replacement and all aspects of adult reconstructive surgery of the shoulder, elbow, hip and knee. His primary focus is on joint preservation and reconstruction for arthritic, degenerative and post-traumatic conditions. Dr. Irving specializes in Minimally Invasive (small incision) Total Hip Replacement and if indicated, Partial Knee Replacement.

Dr. Irving graduated from the Tulane University School of Medicine in 1982 where he was elected to the Alpha Omega Alpha Medical Honor Society. He was awarded the Gold Scalpel Surgical Award by the Department of Surgery. In 1987, he completed a five-year residency program in Orthopaedic Surgery at the Mayo Clinic Graduate School of Medicine in Rochester, Minnesota.

Dr. Irving has been an Attending Orthopaedic Surgeon in the New Haven area since 1987. He is an Attending Surgeon at Hospital of St. Raphael’s, Yale New Haven Hospital, Milford Hospital and Assistant Clinical Professor of Orthopedics and Rehabilitation at the Yale University School of Medicine.

The American Board of Orthopaedic Surgery certifies Dr. Irving. Among his professional affiliations, Dr. Irving is a Fellow of the American Academy of Orthopedic Surgeons, and has been elected to The Society of Arthritic Joint Surgeons. He is also a member of the American Association of Hip and Knee Surgeons.

Dr. Irving was designated a “Top Doc” in Orthopaedics by Connecticut Magazine for the last several years and once again in 2015.

Dr. Irving was born in New Haven and raised in Milford, graduating from Milford High School. He received a BS degree in Biology cum laude from Northeastern University in Boston where he was varsity member of the U.S. National Champion Crew in 1973 and Captain in 1975. Besides his family, his other interests include golf, scuba diving and other outdoor activities.
Shannan Hardy, APRN

Shannan is an Advanced Practice Registered Nurse (Nurse Practitioner) board-certified by the American Nurses Credentialing Center, and licensed by the State of Connecticut.

Shannan’s academic background includes a Bachelor of Science in Nursing from the University of Maine and a Master of Science from the Family Nurse Practitioner program at the University of Kentucky in Lexington.

In the beginning of her healthcare career, Shannan worked on Orthopaedic and Emergency Teams as a surgical nurse and a team leader. She began her nurse practitioner career leading an Orthopaedic practice in becoming a Total Joint Center in Sayre, PA. She has worked in Orthopaedic settings including Sports Medicine, general orthopedics and total joint reconstruction. Throughout her career, Shannan has always been passionate about health promotion and disease prevention. In striving to provide the best health care possible, Shannan believes in acquiring a comprehensive orthopedic evaluation of every patient by taking time to listen and understand their particular needs. Her true desire is to cultivate a professional environment where each patient feels comfortable, receives focused attention, and is given competent orthopedic care, collaborating closely with Dr. John Irving.

Shannan is on the Medical Staff of Milford Hospital and assists Dr. Irving in surgery as well as runs her own schedule in the office seeing pre and post-operative patients as well as patients with immediate orthopedic concerns.

Sema Webb, Clinical Care Coordinator
Sema Webb works for Dr. Irving as Clinical Care Coordinator. She assumes responsibility for arranging all aspects of your surgical procedure. She will schedule your pre-operative clearance testing and appointments. Sema will contact your insurance company to prior authorize your surgery and is the liaison between physicians and attorneys or worker compensation adjusters. She also handles correspondences such as work, gym and jury duty. Sema can be reached at 203-865-6784 ext. 7313

Rachel Sicignano, RN, BSN
Rachel Sicignano, RN is Dr. Irving’s Orthopedic nurse. Rachel holds a Bachelor in Psychology from Hofstra University and a Bachelor’s of nursing from SUNY Stony brook. She has been an orthopedic floor and charge nurse for the last 9 years. Rachel handles post-operative care, prescription refills and will manage Coumadin (Warfarin) orders while you are on this medication after surgery. She assists Dr. Irving in the office with pre-operative education, patient visits and wound care. She can answer any pre-operative, post-operative or rehabilitation questions that you may have. Rachel can be reached at 203-865-6784 ext. 7319.
Total Hip Replacement

The Problem Hip

Joints are structures in the body where the ends of bones meet. There are several different kinds of joints in the body. For example, the hip is a simple ball and socket joint. The thigh bone or femur is the ball. It fits into the socket, a part of the pelvis called the acetabulum.

The bone ends of a joint are covered with a smooth, glistening material called hyaline cartilage. The cartilage is similar to the tread on a tire. This material cushions the underlying bone from excessive force or pressure and allows the joint to move smoothly without pain. The cartilage is seen on x-ray as a normal space between two bones at a joint (about ¼ inch). The joint is enclosed in a sheath called a capsule, which has a smooth lining called synovium. The synovium produces a lubricant called synovial fluid, which helps reduce friction and wear in a joint. Connecting the bones are ligaments, which keep the joint stable. Crossing the joints are muscles and tendons, which help to keep the joint stable and enable it to move.
Symptoms of Hip Disease

Most patients complain of pain in the groin and outside of the hip and buttock that may radiate down the thigh to the knee. This is because the hip and knee have an overlapping of nerve supply. In some patients with hip disease, knee pain may be the only symptom. Back pain is even more frequently confused with hip pain. Pain in the buttocks across the low back and down the back of the thigh usually comes from the spine. It usually indicates a pinched nerve in the lower spine. Some patients may have arthritis in their hip as well as low back problems. It is important to determine which problem is causing the most pain; the hip or the back. If your problem is mainly in your back, you may still be left with most of your pain going through the hip replacement. You will not be happy with the result. If the pain is coming mostly from the hip, a hip replacement may have an added benefit of improving your back pain.

Most patients with hip disease walk with a limp and feel or hear the hip creaking while walking. You may have to take breaks from walking to sit and rest. As the disease progresses, range of motion of the hip becomes increasingly worse. It is difficult to put on socks and tie shoes. It may limit your ability to spread your legs. Many patients complain of severe “start up pain” when they rise from a chair and take the first few steps.

Osteoarthritis or degenerative joint disease is the most common indication for total hip replacement. The cause of osteoarthritis is not well understood. Incidence increases with advancing age with no specific injury to the joint, most often called primary or idiopathic osteoarthritis. Osteoarthritis caused by injury or trauma to the joint is called secondary osteoarthritis.
Patients with osteoarthritis of the hip usually report slow progression of dull and aching joint pain that increases with activity and subsides at rest. Morning stiffness and painful limp are common complaints.

Radiographic (x-ray) findings usually show joint space narrowing with osteophytes (bone spurs), bone cysts and sclerotic (thickening) changes.
Inflammatory Arthritis includes rheumatoid arthritis, ankylosing spondylitis and psoriatic arthritis. Occasionally, gout, pigmented villonodular synovitis and joint infections may destroy or damage the joint. Joint inflammation causes irreversible damage to the articular cartilage and bone, resulting in joint deformity, disability and crippling. The most common complaints that patients have are swelling of the joint with painful range of motion.

Hip fractures and dislocations occur often with high impact injuries, such as motor vehicle accidents and falls. They can lead to disruption of the joint capsule, cartilage damage and disruption of blood supply to the bone. Despite aggressive treatment they may lead to arthritis of the hip.

Osteonecrosis or avascular necrosis of the femoral head leads to hip joint degeneration. Most common cause is insufficient blood supply to the bone of the femoral head. The bone at the head of the femur dies and the cartilage collapses. X-rays may appear normal in early stages of the disease. MRI most often will reveal bone marrow changes. Usually occurs in younger patients from 25 to 45 years of age, and often times it is bilateral. The risk factors include alcohol abuse and systemic corticosteroid treatments. Many other disease states cause decrease blood flow to the femoral head including renal dialysis, lupus, irradiation, hip trauma, Cushing’s syndrome and Gaucher’s disease.

Congenital dislocation and developmental deformities of the hip occur in infancy. If not detected and treated early, degenerative joint disease develops.

Arthroplasty (Total Joint Replacement)

Surgical reconstruction of the joints has revolutionized the treatment of diseases and disorders such as; osteoarthritis, inflammatory arthritis, avascular necrosis, fractures and congenital hip disorders. Total joint replacement may benefit the young, middle-aged and older patients by permitting them to lead active and productive lives.
The operation involves removal of diseased portions of the hip and socket. The damaged bone and tissue is replaced with components called implants. Before these components can be implanted, some bone must be removed from the femur and acetabulum to ensure the implants will fit properly.

**Alternatives to total hip replacement**

Prior to total hip replacement surgery you should be satisfied you have exhausted **all reasonable non-operative treatments**. This should include but is not limited to the use of a cane, light exercises and modest changes in lifestyle including some weight loss. Medical interventions may include pain and/or anti-inflammatory medications, cortisone injections, physical therapy, water therapy and orthotics. In rare cases, an osteotomy (cutting and realigning the hip bones) may be an option for the younger patient.

**Deciding to have Total Hip Replacement**

Hip arthritis is not a life-threatening condition: the procedure is “elective”. There are possible complications associated with hip replacement surgery. The decision to have the operation should be made only by you. If you are in constant pain, it is a decision that will be easy for you to make, even though the operation involves taking a certain amount of risk. If your disability is great enough, the potential benefits are worth the risk, if your arthritis is responding to conservative measures, and you can still walk long distances without a cane, you do not need a hip replacement.

*Pain Relief* - The main indication in deciding to have total hip replacement is to relieve pain. Other considerations include, increasing strength and improving functions of daily living. Most people find the pain from surgery subsides quickly and within a few weeks their pain is significantly better.

*Improve Strength* - When hip pain is gone, the ability to use your legs more increases thereby improving strength and endurance. Walking long distance and climbing stairs improves.

*Improve activities of daily living* - Loss of motion of the hip leads to decrease in function. Difficulty putting on socks and shoes, getting in and out of cars, rising from low chairs and walking long distances are some of the most common problems associated with hip arthritis. Improving function and activities of daily living is an important goal with total hip replacement. **Total hip replacement will help you maintain your independence!!!
Some facts to consider:

- Once you have hip arthritis it will never get better. It will generally progress as time goes by.
- The rate of further deterioration varies greatly from person to person. Some patients can tolerate the pain for years while others have pain that becomes intolerable in a short period of time.
- More than 95% of the patients who have hip replacement operation have no major complications.
- We treat the patient and not the x-rays. Many patients with severe degenerative changes on x-ray have pain that is tolerable. You will never need a hip replacement if you are willing to live with the pain.

The main arguments against waiting too long are:

- If your pain is affecting your lifestyle and you are unable to do the things that you would otherwise like to do. Then it is time to have your hip replacement.
- The longer your arthritis forces you to “sit around” the softer your bones become and the weaker your muscles.

MINIMALLY INVASIVE TOTAL HIP ARTHROPLASTY

Dr. Irving has performed more than 3,500 hip replacements during his 25 years in practice. There are now two procedures that he uses for hip replacements, and each combines a unique surgical approach with an appropriate hip implant (prosthesis). Both of these approaches are tissue sparing, and the choice of which to use is determined by the implant the patient is best suited for. Dr. Irving selects the proper implant by carefully evaluating each patient’s age, activity level, weight, and hip anatomy. He recommends the approach that will allow for the best results and fastest recovery time. The implants Dr. Irving uses are the Corail and the S-ROM implants. Both of these devices have well documented worldwide clinical success for over 20 years!

The goal of using the most reliable implants with a minimally invasive approach is to progress to using a cane by hospital discharge and to wean off of the cane by 2 – 4 weeks post operatively.

One approach Dr. Irving utilizes is a MICRO HIP® approach. The MICRO HIP® approach is used with the Corail implant only. It is a 2-3 inch front (or anterior) incision that is the most muscle sparing surgical approach. However, the nature of the implant also limits its use in some patients. The MICRO HIP® approach was developed in Switzerland and is a “user friendly” variation of the Direct Anterior Hip Approach. The Corail implant that is used with the MICRO HIP® incision is becoming the fastest growing hip stem used in the U.S. It was introduced in Europe in 1986 and has enjoyed spectacular early success and long lasting results. It was introduced into the U.S. market in 1999 and Dr. Irving began using it in 2002.
Dr. Irving also utilizes 2-incision approach. Dr. Irving pioneered the 2-incision approach himself in 2001. It is now utilized by surgeons across the U.S. and Europe. The 2-incision approach is used to accommodate the S-ROM hip implant, as well as the Corail stem. The S-ROM implant is chosen for patients with certain anatomic variations, and frequently for younger active men and women as well. It is an “off the shelf” customized implant, which means that it has thousand of variations which can fit all hips.
Both implants that Dr. Irving uses are uncemented and all patients can put their full weight on the operated leg right away. Patients can progress quickly with their rehab, ambulating with a walker or crutches to a cane and off the cane within 2-4 weeks.

**Prior to your Surgery**

*Total Joint Replacement Classes* are held weekly. Please make arrangements to attend the class prior to your surgery.

- Milford Hospital’s class is held every Monday of the month from 1:00pm until 3:00pm. **The number to register is (203) 876-4272.**

You should begin taking minerals and vitamins one month prior to surgery. They may be purchased *over the counter* at your drug store.

1. Iron supplement daily supplement - Iron helps to increase red blood cells prior to surgery. You will be using 325mg daily after surgery as well.
2. Stool softener (Colace/Ducolax) - helps to prevent constipation which may occur from iron supplement (if needed).
3. Folic acid 0.8 mg (800mcg) once a day.
4. Multivitamin daily.

*Have all dental work or other surgical procedures done prior to your total hip replacement.* This reduces the risk of infection in the total joint replacement.

*Scheduling your surgery* will be done by Sema Webb. She may be reached at 203-865-6784 ext 7313.

*Preoperative Physical Exam* will be scheduled with your primary care physician to clear you medically for surgery. If you are under the care of other specialists, for example a cardiologist, further clearance may be required. **Your pre-op clearance must be completed within 30 days of your surgery.**

*Preoperative lab tests*  
Your primary care physician will order your pre-admission testing based on your medical history and hospital guidelines. These may include:

- CBC with differential
- PT/PTT/INR
- Chemistries
- Urine Analysis
- Urine Culture
- Chest x-ray
- EKG
Please let us know about any allergies you may have. This includes drug and metal allergies. Patients who have metal allergies may need to have a prosthesis special ordered for them.

Blood transfusions we do not require our patients to give their own blood. We do everything possible to cut down on the blood loss during surgery. Your blood pressure is lowered to decrease bleeding, and cut blood vessels are cauterized. Compression dressings are applied after surgery to control bleeding.

Signing of Consent Form

Prior to surgery you will have an appointment with Shannan Hardy or Dr. Irving to discuss the surgery and rehabilitation course.

Total hip replacement is a safe, reliable operation with excellent long lasting results. Complications are rare. The possible risks and complications involved with surgery, drugs, and anesthesia include pain, scarring, swelling, infection and discoloration. Numbness or neurologic problems may occur. The exact nature and duration of the problems may not be determinable and may be irreversible. Also, possible complications are inflammation of a vein, cardiovascular problems, injury to surrounding tissue bone fractures, delayed healing, allergic reactions to drugs or medications, even death.

Total hip replacement gives you a good hip, but not a “normal” hip. There will be physical limitations and you may not be pain free with all activities. Some patients experience discomfort in inclement weather and over activity. Depending on the amount of scar tissue the body produces during your healing phase, you may have some residual stiffness with motion of your hip. In some instances implants wear out, loosen or fail and must be removed.

The risk of infection is less than 1%. We go to great lengths to prevent infection during surgery. The surgical team wears a helmet and “space suit” not just a surgical mask and cap. You will be given antibiotics during surgery and continuing for 48 hours to help prevent infections. While infection is very rare, this complication can be devastating, requiring further surgery and long term antibiotic treatment. You will be required to take antibiotics prior to any dental, surgical or podiatry procedures after your total joint replacement for the rest of your life.
*Stop all Aspirin and NSAIDS* 14 days prior to the surgery. If you are taking any anticoagulation medications such as *Aspirin, Coumadin (Warfarin)*, or *Plavix* please let us know and discuss with prescribing physician.

*Let us know if you have any open sores or any infections.* Your total hip replacement may need to be postponed until infections are gone and leg sores are healed.

**Recommendations:**
- *Limit alcohol. Limit your alcohol intake to one glass of wine or beer, or one cocktail per day starting one week before your surgery.*
- Stop smoking before surgery to reduce the chances of postoperative lung complications.
- If you are overweight, losing weight helps reduce stress on your new hip.
- Arrange for help in your home for after your discharge from the hospital. You will not be able to drive for 3-4 weeks after surgery.
- Prepare your home by reducing household hazards by removing throw rugs and securing electric cords. Set up your things so you only have to go up and down stairs less often

**Surgery Day**

**Time of Surgery**
- All patients are admitted to the hospital the day of their surgery and go directly to the Same Day Admissions Office.
- **If your surgery is scheduled for Milford Hospital, you must call 203 876-4190 after 2PM, the day prior to your surgery to receive your surgery time. If your surgery is scheduled for Monday, you must call on the Friday prior.**

**Do not eat or drink anything after midnight the night before surgery.**

**Medications**
- If you are taking any medication for thyroid, asthma or heart problems, you may take them with a small sip of water on the morning of your surgery. Please follow the instructions given to you by our staff
- If you are diabetic, please check with your physician about taking your medication the day of surgery. Most often, if you are taking pills for the diabetes, you do not take it on the morning of surgery. If you are insulin dependent, your insulin dose is cut in half.
What to bring to the hospital

- Bring this booklet
- List of all your medications and dosages
- Do not bring your medications to the hospital; the nurses will dispense all medications (including vitamins)
- Toiletries
- Medical insurance card(s). (Medicare and/or other)
- Crutches or walker: If you already have these have someone bring them to the hospital the day after surgery. If not, they will be provided for you to take home when you leave the hospital.
- Do not bring jewelry, credit cards, or other valuable items, and no more than $10 in cash.

Anesthesia

- Spinal anesthesia: numbs the patient from the waist down using a medication similar to Novacaine. In addition, you are given sedation or general anesthesia during the surgery. The spinal medication wears off several hours after surgery. Pain medication is given by mouth or injection.
- General anesthesia: the patient goes to sleep during the surgery. You will be given patient controlled anesthesia (PCA), a pump that allows you to administer your own pain medication after surgery. This will be in place for approximately 24 hours.
- Often, we use General Anesthesia in combination with the Spinal.

Surgery

- Approximate time is 2 hours for 1 joint replacement, 3 hours for bilateral joints.

Recovery Room

- Approximately 1-2 hours after Surgery
- You can not be visited in the recovery room, but can be visited as soon as you get to your room.
HOSPITAL STAY

Length of Stay in the hospital
1-3 days. We want you to be safe, comfortable and confident getting in and out of bed, on and off a toilet and up and down some stairs prior to leaving. You will have physical therapy at home for the first few weeks and then you will begin outpatient physical therapy.

If you are unsafe to go directly home from the hospital, a short term rehabilitation facility stay will be set up for you. In preparation you may visit the centers in person or online. Our hospital discharge planner will arrange your transfer from Milford Hospital to a short term rehab center if necessary. If you have questions regarding this, contact Rachel Sicignano, RN (ext. 7319)

Drainage tubes are placed in the wound to remove any blood that accumulates after surgery. The drain will be removed on post operative day #1. Removal is not painful.

Urinary catheters are inserted in most patients having a total hip replacement during surgery and are removed on the post-op day #1.

Pain Control
- Toradol (intravenous anti-inflammatory) is given for break through pain.
- Narcotics will be given for pain as needed when the PCA is discontinued.
  - Examples of these narcotics are Percocet (Oxycodone), Vicodin (Hydrocodone) or Dilaudid (Hydromorphone).

Other Medications
- Medications will also be ordered as needed for nausea, constipation and sleep.
- Almost all patients run temperatures up to 100 degrees in the first few days after surgery. It is considered normal. If your temperature goes over 102 degrees, it starts to be a source of concern. You will be given Extra Strength Tylenol.
- Antibiotics are given to prevent infection. They will be started by intravenous just prior to surgery and for 2 days after surgery.
- You must ask for sleeping pills, pain pills or injections for pain because the nurses will not give them automatically. Do not restrict yourself from asking for medication if you need it. It is encouraged that you take the medication before you exercise.

Pneumatic Pumps will be applied to your feet in the recovery room, and will be kept in place while you are in the hospital. They help with circulation and to decrease the chance of blood clots. You should also do ankle pumps (move ankles up and down) every five minutes.
DVT (Deep vein thrombosis) Prophylaxis

- Blood clots in the legs (deep vein thrombosis), and a severe complication called pulmonary emboli (lung clots), can occur after a total joint replacement. One very effective method of reducing the risk of blood clots is the use of the oral medication Coumadin (Warfarin) postoperatively. Coumadin “thins” the blood and can prevent deep vein thrombosis and its complications. Coumadin will be started the night of your surgery and you will be on this medication for 21 days total.

- The effectiveness of Coumadin is measured by a blood test called the INR. This is monitored daily while in the hospital and 2-3 times weekly after discharge. Your homecare nurse will be checking your blood at home. It is very important to take your Coumadin at the same time daily in the evening (after 5 p.m.). While taking Coumadin, it is important to avoid aspirin and its relatives, for example, Motrin, Advil, and other NSAIDS.

- Refer to your discharge sheet for more information

  - A blood clot might be considered if you have calf pain, increasing swelling that does not decrease when your legs are elevated and tenderness in your legs. Also, if you become acutely short of breath, call the doctor immediately.

Surgical Wound

Dr. Irving uses a minimally invasive anterior approach to the hip. This approach allows for minimal muscle cutting. The result is less pain and weakness and faster rehabilitation. The dressings will be changed prior to your discharge and a waterproof bandage will be applied to your incision. It will be okay to shower with this bandage in place.

The wound is closed with several layers of absorbable sutures under the skin and closed with Dermabond glue. There are no sutures or staples that need to be removed.

Ice bags are placed over your bandages and will be used for your entire hospital stay. They help to control swelling and decrease pain in the hip.

Physical Therapy

You will receive physical therapy every day you are in the hospital. The therapist will teach you how to get in and out of bed safely, ambulate with a walker and your total hip precautions.

Total Hip Precautions must be maintained for 4 weeks after surgery. The hip precautions will be taught by the nurses, physical and occupational therapists during your hospital stay. They are important to prevent dislocation of your new hip while the muscles and soft tissues are healing.
Going Home

Equipment needed

While you are in the hospital, a discharge planner and physical therapist will help you decide what equipment you will need when you go home.

You will need a cane, walker or crutches for a few weeks after surgery.

- A “hip kit” may be purchased for your home use while in the hospital
- You should also have a thermometer to check your temperature.
- Toilet seat extension will be needed so you do not sit too low on the toilet.

Home care (physical therapy and blood testing for Coumadin) will be arranged for you

Our discharge planner at the hospital will make arrangements for VNS (visiting nurse) for patients going directly home after surgery. Dr. Irving’s nurse will handle Coumadin dosing and communication with homecare staff.

Problems you may encounter at home

- It is not uncommon to develop some swelling of the hip, knee, foot and ankle in the weeks after surgery. When this occurs, you should elevate your leg on pillows above the level of your heart.
- You may also use elastic compression stockings during the day to help with swelling. They may be purchased from a surgical specialty store or pharmacy.
- Drainage from the wound, or increasing redness around the wound, could signify infection. Call the office.
- High fever could also be a sign of infection. Take your temperature if you feel febrile or have chills. If you get two readings, at least 3 hours apart above 102 degrees, call the office.
- Increasing hip pain. Pain should be decreasing from day to day. If it is seems to be steadily getting worse, call the office.
- Decreasing range of motion If your hip flexibility is decreasing since surgery, or you are not improving. It is important that the therapist notify us of any problems with range of motion.

Physical Therapy

To maximize the results of your total hip replacement surgery, physical therapy is required to help achieve a satisfactory range of motion of the hip. Ideally we expect full extension (leg straight) and then further flexion (hip bend) past 90 degrees (6 weeks post-operative) to at least 100 degrees, abduction (leg out to side) of 45 degrees, and rotation of 45 degrees. New intraoperative surgical techniques as well as modification of anesthesia, nursing care and rehabilitation allow an easier achievement of this range of motion with less pain.
Formal physical therapy sessions in the hospital, at rehab and as an outpatient are important and can teach you the appropriate techniques for gaining the range of motion. However, **you as the patient have responsibility for helping to gain the desired range of motion yourself!** It is in your best interest to work on the hip range of motion, as you will be shown with therapy throughout your early days post operatively, even when you are not working in formal physical therapy.

**WE RECOMMEND:** Out patient physical therapy at one of our office locations. This should be scheduled as soon as possible to ensure appointments at our facilities.

Please make arrangements with a family member, a friend or medical van for transportation. **Please call the office to arrange for your physical therapy appointments prior to your surgery if possible. You will be provided a written order during your pre-op appt**

Our offices are located in:
- **Branford Office** 203-315-6780
  469 West Main Street
  Branford, CT 06405
- **Hamden Office** 203-407-3046
  9 Washington Ave
  Hamden, CT 06518
- **Milford Office** 203-878-0479
  30 Commerce Park
  Milford, CT 06460
- **North Haven** 203-907-0005
  100 Broadway
  North Haven, CT 06473

**Post-operative follow-up**
At your **6 week post-operative check**, you will see **Shannan Hardy, APRN.** Your range of motion of your hip(s) will be measured. X-rays will be taken to check your prosthesis. Any restrictions that have been given to you after your surgery will be reviewed, discontinued or modified.

**Driving** should be avoided until about **3 weeks** after surgery. Driving is not recommended within 3 weeks of a total hip replacement due to an increase risk of dislocation.

**Returning to work** it is best that you not return to work for 3 weeks from your surgery. This allows you time to recuperate as well as focus on rehabilitation. Remember you have undergone major surgery. If you must return to work sooner, please discuss this with Dr. Irving prior to doing so.
3 months after Surgery
An appointment will be set up for you with Dr. Irving. Your progress with strength, function, and range of motion will be evaluated.

One year Anniversary
An appointment will be scheduled with Dr. Irving or Shannan Hardy to evaluate the total hip replacement. Measurements and x-rays will be taken each visit.

Semiannual visits
Semiannual visits to have your hip examined and x-rayed are important for monitoring the results of your surgery, and giving you periodic advice for the care of your hip replacement.

Caring for your hip replacement

INFECTION PRECAUTION AFTER TOTAL JOINT REPLACEMENT

Your total joint replacement is a reliable and safe operation to improve the function of your arthritic joint, relieve pain, and improve the quality of life.

Some simple precautions are necessary to protect your new against infection, which can spread to the joint through the blood (bacteremia).

1. Dental Work: Tell your dentist that you have a total hip replacement before your examination even for a routine cleaning. Antibiotics by mouth should be taken 2 hours before dental work. Antibiotics prior to dental work should be taken for life.

2. Surgery: Tell your surgeon that you have an artificial joint. Antibiotics need to be given before and after abdominal, gynecological or urinary tract surgery.

3. Illness: Contact your primary doctor early if you develop upper respiratory infection (bronchitis, pneumonia), or urinary tract infection (bladder, prostate)

4. Injury: Deep cuts or lacerations need to be treated with antibiotics. Tell the doctor about your joint replacement.

Antibiotics: Augmentin 1000mg
1 tab 2 hours prior to procedure

Clindamycin 300mg
2 tabs 2 hours prior to procedure
**Exercise/Activities**

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<td>Rock Climbing</td>
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<td>Roller Skating/Rollerblading</td>
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<td>With Care</td>
<td>Skiing (downhill)</td>
<td>Needs some skill – Prior expertise – With Care</td>
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<td>Skiing (stationary) NordicTrack</td>
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<td>Soccer</td>
<td>Bad – Unwise - Avoid</td>
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<tr>
<td>Dancing (Jazz)</td>
<td>With Care</td>
<td>Speed Walking</td>
<td>Good - Recommended</td>
</tr>
<tr>
<td>Dancing (square)</td>
<td>Good - Recommended</td>
<td>Squash Racquetball</td>
<td>Bad – Unwise - Avoid</td>
</tr>
<tr>
<td>Fencing</td>
<td>Good - Recommended</td>
<td>Swimming</td>
<td>Very good – Highly Recommended</td>
</tr>
<tr>
<td>Fishing</td>
<td>Good – Recommended with care</td>
<td>Table Tennis</td>
<td>Needs some skill – Prior expertise – With Care</td>
</tr>
<tr>
<td>Football</td>
<td>Bad – Unwise - Avoid</td>
<td>Tennis (singles)</td>
<td>Bad – Unwise - Avoid</td>
</tr>
<tr>
<td>Golf</td>
<td>Very good – highly recommended</td>
<td>Tennis (doubles)</td>
<td>Prior expertise – With Care</td>
</tr>
<tr>
<td>Handball</td>
<td>Bad – Unwise - Avoid</td>
<td>Volleyball</td>
<td>Bad – Unwise - Avoid</td>
</tr>
<tr>
<td>Hockey</td>
<td>Bad – Unwise - Avoid</td>
<td>Walking</td>
<td>Very good – Highly Recommended</td>
</tr>
<tr>
<td>Horseback Riding</td>
<td>Needs some skill – Prior Expertise</td>
<td>Weightlifting</td>
<td>Recommended – With Care</td>
</tr>
<tr>
<td>Ice Skating</td>
<td>Needs some skill – Prior Expertise</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Pool Programs and Arthritis Classes
1. Shoreline Foundation (Evergreen Woods)
2. Branford Recreation Middle School
3. New Haven LEAP
4. Westbrook YMCA
5. East Haven High School – Aqua Aerobics for Seniors
6. In-Shape Fitness Branford – Has trainers for seniors
7. North Haven Pool
8. Albertus Magnus - Pool, Weight Room, Hot Tub
9. Orange Pool
10. Milford – Marriot Stratford Aqua-aerobics

Summary

Hip joint replacement is a major surgical procedure that should not be taken lightly. However, it can bring about life-transforming results for people who have been hindered by severe pain and restricted locomotion. By following the guidelines set forth by the professionals at The Orthopaedic Group, a division of Connecticut Orthopaedic Specialists, PC, your surgical experience will be positive and successful. Be aware that we are available to answer any questions prior to your surgery in order to minimize any surprises and maximize the speed of your recovery.

We thank you for putting your trust in our services and can assure you that you will receive the finest possible health care.