

**Dr Tom Savvoulidis**  
Orthopaedic Surgeon MBBS, FRACS (Ortho)

## Hip Replacement Surgery

**Adelaide & Regions  
General Orthopaedics**

Email: [tom@drsavvoulidis.com](mailto:tom@drsavvoulidis.com)

Mobile: 0414 347 408

Office: 8331 9177

Fax: 8332 8099



## **PROVIDING SERVICES IN:**

- Arthritis and Joint Replacement Surgery
- Special interest in Minimally Invasive Surgery (MIS) for hip replacement
- Arthroscopic and MIS surgery of upper and lower limbs
- Sports Injuries
- Foot and Ankle
- Wrist and Hand

## **DR SAVVOULIDIS CONSULTS AT:**

**Burnside Hospital**  
Suite 3, 120 Kensington Road  
TOORAK GARDENS 5065

**Central Districts Private Hospital**  
25-37 Jarvis Road  
ELIZABETH VALE 5112

**North Eastern Community Hospital**  
580 Lower North East Road  
CAMPBELLTOWN






## Introduction

The hip joint is a major weight bearing joint. It is known as the “ball and socket” joint. It is formed by the ball of the thigh bone (the femoral head), fitting into the socket of the pelvis (the acetabulum). Each bone end is covered with a layer of articular cartilage that cushions and protects the joint and allows smooth movement of the joint. Ligaments connect the bones of the joint for stability and controlled movement.

Osteoarthritis is the most frequent form of arthritis which is responsible for people undergoing hip replacement surgery. Osteoarthritis is the progressive wearing of the articular surface of the hip joint. The cartilage becomes soft and frayed and eventually is worn away and leaves the underlying bones exposed. As the disease progresses, pain and stiffness usually occurs, mobility decreases and quality of life becomes affected.

A total hip replacement is performed and the femoral head and acetabulum are replaced with artificial components. There are many different types available. One component replaces the worn head of the femur and consists of a metal alloy ball mounted on a stem, and the other component (the acetabular cup), replaces the worn socket.

The outcomes following surgery are generally good. You will notice a decrease in your pain, increased mobility and improvement of your general lifestyle.



---


## Before Surgery

Before the surgery you will require a number of blood tests including complete blood examinations, hepatitis screening, HIV screening, urine testing and grouping and cross matching. You may also possibly require further investigations such as an electrical recording of your heart, chest x-rays or additional x-rays. These will all be arranged for you by the clinic nurse.

In addition to consent for surgery, Dr Savvoulidis may also discuss the issue of bone donation. This will involve an explanation of what is involved with tissue donation, the use of bone donation and any risks associated with it. In order to donate bone, your specific consent is needed.

You will be required to make your own appointments to be reviewed by the anaesthetist, the pre admission clinic at the hospital and a specialist physician for a more thorough medical evaluation if you have specific medical problems. The clinic nurse will discuss this with you when you are booked for your surgery.

There are a number of important things you can do prior to coming into hospital:

- Prepare your home and arrange assistance from family and friends to help you cope once you return.
  - Clear all walkways as you will be using a walking frame or crutches.
  - Remove loose mats inside, and garden hoses outside to prevent tripping.
- 

- 
- Your bed and chair should be at the height of your knee crease and the mattress should be firm to ensure you can get into and out of bed easily.
  - Move frequently used items from very low or high cupboards for easier access.
  - Use non slip mats in wet areas.
  - Family and friends can assist with transport as you will not be able to drive for 6 – 10 weeks.
  - If you smoke, it is important to stop 1 – 2 weeks prior to your surgery. Anti-inflammatory drugs, any medication containing aspirin and natural herbal medications should be ceased 10 days prior to surgery. (You may need to confirm with the specialist who prescribed this medication for you if it is safe to stop this drug for this amount of time).
  - If you are taking warfarin or any medication to thin the blood, you should discuss with the surgeon before your surgery about when to cease this drug


## **Your Surgery**

You will be admitted to hospital on the day of surgery. You will be seen by the nursing staff and your anaesthetist, (if not seen at a pre-anaesthetic consult prior to your admission).

You should bring your previous xrays (if not already with Dr Savvoulidis), medications, toiletries, clothing etc.

**You will be unable to eat or drink for 6 hours prior to surgery.**





Surgery is normally performed under spinal block or general anaesthesia. Your Anaesthetist will discuss the preferred option with you. The operation usually takes 1 – 2 hours and you will be away from the ward for 4 – 5 hours. You will routinely spend the first evening in the High Dependency Ward to keep an extra careful eye on you immediately following surgery.


## **What to Expect After Surgery**


**Pain relief:** In the first 24 – 48 hours, pain relief is managed with the use of injection, PCA (patient controlled analgesia), or an epidural infusion. Following this, oral medication is usually enough. It is important to have good pain relief so that you are comfortable and can exercise and move around with minimal discomfort.

**Diet:** It is recommended that after your operation you will start with ice chips and sips of fluid, gradually increasing to a light diet. You may experience nausea and vomiting after the operation. Medication can be given to relieve these symptoms.

**Intravenous therapy:** For the first 24 – 48 hours, IV fluids will be administered until your oral fluid intake is adequate and any nausea has settled.

**Wound/drain tube:** The dressing over the wound will be left alone. It will be inspected regularly by nursing staff and reinforced if necessary. Under the dressing, there will be a drainage tube which drains away any excess fluid from the operated area. It is usually removed within 24—48 hours after your surgery.






**Oxygen therapy:** You will be given extra oxygen via a small set of prongs inserted into your nose or a face mask. This is usually removed at 36 – 48 hours post operatively.

**Physiotherapy:** Exercises begin immediately. Feet exercises and deep breathing begin on the day of surgery. The day after the operation the physio will assess your limbs. You will start walking with the physiotherapist on the first or second day with a frame. The sequence is always move the frame first, then the operated leg and next the non operated leg. When turning to either side you must prevent twisting or pivoting on your “new” hip. As your confidence and leg control improves you will progress to walking with two sticks. Your physiotherapist will teach you how to mobilize correctly with walking aids and show you a range of exercises to continue at home.

**Toileting:** Sometimes a catheter to drain urine from your bladder will be required.

**Anti-Coagulant (Blood thinning medication):** A small injection into the skin of your abdomen of anti-coagulant is usually administered during your stay in hospital. This helps to thin the blood and helps prevent the formation of clots in your legs.

**Activity/Mobilising:** You will be able to lie on your back or sit to about 40°. A triangular shaped pillow is positioned between your legs to prevent unwanted movement which may risk displacing your “new” hip. The pillow also maintains correct alignment of your hip. When you are allowed to sit you must sit in a firm high chair with arms. It is important that you assist nursing staff to move in the bed by using the overhead bar and your non operated leg.






## Length of Stay



Most patients are allowed home after a week in hospital. Occasionally patients need further time at a rehabilitation centre and this will be arranged by the hospital. The aim of leaving hospital is to be discharged home and managing independently with showering and toileting. Most patients will be independent with a walking frame or a walking stick on discharge.

## Complications

Total hip replacement is a surgical procedure. Most patients experience no particular problems with the surgery but it is inevitable that with major surgery, there are some risks and you should be aware of them. Do however remember that this operation is designed to improve your quality of life and is usually only undertaken when all other avenues of treatment have failed and the benefits outweigh the risks.

Complications include:


- **Blood clots:** This is a common complications following joint replacement surgery. Generally blood clots form in the calf muscle. This risk of this is reduced by early mobilisation, bed exercises and blood thinning medication.
  - **Embolism:** Occasionally clots or fatty material can go to the lungs leading to severe breathing difficulty or even death.
- 

- 
- **Infection:** Fortunately, good surgical technique and the use of antibiotics reduce this complication. However, if it does occur, it is serious and may result in the need to remove artificial joint components.
  - **Loosening:** This is a principal long term problem and is usually not significant for 10 to 15 years. Occasionally, the hip will loosen earlier. A loose hip replacement may require surgical revision of one or both components.
  - **Blood loss:** It is common to lose blood during the operation. It is for this reason that you may donate your own blood before surgery or have some blood from the blood bank.
  - **Neurovascular complication:** There are many major blood vessels and nerves situated around the hip joint which in rare cases may be damaged during the operation.
  - **Mobilisation:** A limp is common for a number of weeks or months following your operation but usually improves with time and exercises.
  - **Leg Length:** Sometimes it may be necessary to accept a difference in leg lengths. This can often be corrected with the use of a heel raise.
- 



## **Follow up**

Your will continue to be reviewed at regular intervals following your joint replacement surgery, the first appointment being 6 weeks following surgery. You will require xrays prior to all appointments except your initial follow up appointments. These appointments will be made for you. It is important that you keep these appointments. If you need to change the date or time please contact Dr Savvoulidis' rooms.





## **Discharge Instructions**


**Wound Management:** You will have sutures that lie underneath the skin surface. These do not need to be removed and will dissolve in about two weeks. Skin staples are normally removed around 10 days after surgery. Your wound will be covered with a hyperfix tape on discharge from hospital. You may remove this dressing two weeks after discharge from hospital.


Once your wound has healed, massage firmly around the scars to prevent thickening and excess scarring.

### **Should you notice any:**

- **Tenderness, redness or swelling of your calf**
- **Elevated or persistent temperature**
- **Increasing pain**
- **Redness**
- **Discharge from your wound**
- **Chest pain or shortness of breath**
- **Shortening or rotation of the leg on the operated side**
- 

**Please contact Dr Savvoulidis or his clinical nurse at his rooms. If you attend your local doctor, and for any reason he/she thinks your wound is infected—do not take any antibiotics until you or your doctor have contacted Dr Savvoulidis or his clinical nurse at his rooms.**





**Pain Relief:** It is important to take pain relieving medication on a regular basis as this will allow you to exercise more freely. Please ensure that you have adequate pain relief tablets with you on discharge from hospital or that you will have some at home. Some discomfort is common for the initial months and you will probably need to continue on them for a while after discharge. You may then be able to decrease your use or use a milder medication as your needs decrease. You may find that you only need them on getting up in the morning and at night to ensure a good nights rest.


#### **Return to Usual Activities/Work**


**Mobilisation:** Continue with exercises as advised by your physio. Mobilise as tolerated using your appropriate walking aid.

**Avoid excessive walking.** Frequent short walks are better for the first few weeks rather than long walks to avoid excessive swelling and pain. If you notice any increase in discomfort—this may be a sign you are overdoing it.

**Work:** Depending on the physical demands of your job, work may be resumed 1—3 months following surgery.

**Sexual Activity:** Gentle sexual activities can be resumed once you are comfortable, provided you are careful. Take particular care not to roll your operated leg inwards.





**Sporting Activities:** It is generally 3—4 months before you can resume low impact activities such as unrestricted walking, golfing, bowling and swimming. **Jogging, high impact aerobics and contact sports are never allowed.**


**Driving:** It is recommended that you **do not drive for 6 weeks** or more after the operation. As a passenger, always sit in the front seat to use the excess leg room. Discuss this with Dr Savvoulidis.

**Dental Care:** If you require any dental work in the future, be sure to tell your dentist that you have had a joint replacement as you will require antibiotics prior to any procedure to prevent an infection in your joint.

**Sleep Disturbances:** As you might expect, wound discomfort and restriction of position will mean adopting a sleep position which is unnatural for you. This may result in a disturbance to your sleep pattern and/or restlessness.

Oral analgesia and warm drinks before going to bed may assist in relaxation.

**Constipation:** Your decreased activity level, limited appetite, reduced fluid intake and some medication may lead to bowel irregularity. You will be encouraged to drink fluids, increase the fibre content of your diet and, if necessary, take mild laxatives.



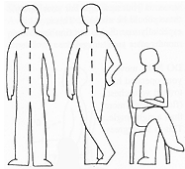
---

## Specific Instructions Following Hip Replacement Surgery

The major danger in the first few weeks is dislocation of the hip. This is because the muscles and ligaments are weakened by the operation. This can happen if you force your hip too far towards your chest or across the midline or by turning your knee inwards.

Avoid these positions in the first three months after your operation:

**Do not cross your legs. Do not raise your knees higher than your hips.**



**Do not pick items off the floor, instead use a pick up stick.**



**Avoid sitting in low chairs, toilets etc. Use a kitchen chair or a toilet chair raiser**



---

**You will require assistance with anything below knee level. Do not pull your operated leg up to do these things.**




**When walking or standing do not twist or pivot on your feet**



**You may sleep on your side following surgery with a pillow between your legs. Spend plenty of time resting by lying down flat on your back.**

**You may do some hydrotherapy after discussion with Dr Savvoulidis or your physiotherapist.**





## NOTES

