Rapid Recovery in Total Hip Replacement

A Simple Patient Information Sheet for Patients under the care of Mr Patrick Lusty

The following information highlights some of the differences with care under Mr Lusty. It is not proscriptive and variations will occur, depending upon clinical factors and patient request.

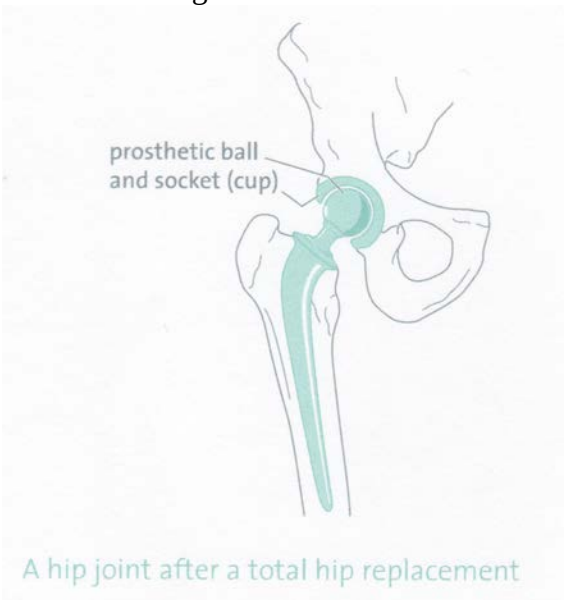
Before Surgery

Exercise Buddy All patients will have a meeting with a physiotherapist to run through exercises and precautions to improve muscles prior to surgery and aid rehabilitation after surgery. If the patient can bring an exercise buddy/champion to listen to the physiotherapist with them and encourage them after surgery, patient outcomes improve.

Surgery

Surgical Approach All of my hip replacements are performed through the posterior approach. This avoids cutting muscles important in walking allowing a more rapid recovery and preventing a long term limp.

Implant type Hip replacements can be secured to bone with cement or the bone can heal onto the prosthesis with cementless fixation. Larger femoral heads reduce dislocation risk and ceramic bearings reduce wear.



A hip joint after a total hip replacement

Incision Patients do not usually have clips or sutures to remove. Patients may have a drain which is removed on the morning after surgery.

Pain

This is the biggest concern of most patients having surgery. Modern techniques will allow better pain control and a more rapid recovery. Analgesia is started before surgery. Spinal analgesia gives a better pain control and a quicker recovery. It is possible for patients to have a spinal anaesthetic and to be sedated so they are not aware of the surgery if they want, or general anaesthetic is an alternative option. Local anaesthetic is injected into the hip and regular pain relief is given following surgery with extra analgesia available if this is not sufficient.

It is important to keep control of pain relief and not put up with the pain. For instance if patients are divided into two groups following surgery and one group is told to put up with as much pain as possible before taking analgesia whereas the second group is told to take pain killers as soon as it hurts. The first group, advised to put up with pain, will take more analgesia and have more pain than the group advised to take pain killers early.

Mobilisation
About 80% of patients stand on the day of surgery and may take their first steps.

Timeline / Diary
Before Surgery
Pre-assessment check with the nurses.
Physiotherapist meeting. NB- exercise buddy.

Admission/Day of Surgery
Final consent with the surgeon.
Assessment by anaesthetist.
Surgery.
Standing/first steps.

Day 1 Post-Op
Drain removed if present
Blood test.
Radiograph.
Walking with frame.

Day 2 Post-Op
Mobilising without bandages.
Progressing to crutches/sticks.
Some patients to mobilise on the stairs.
Some patients discharged.

Day 3 Post-Op
Mobilising on the stairs if required.
Most discharges.

Day 4 + Some patients, through individual circumstances or rate of recovery, do stay longer than 3 days in hospital. This does not have a bearing on their final function. The emphasis needs to be on rapid recovery, rather than rapid discharge.

Hip precautions The physiotherapist will guide patients on what are safe activities following hip replacement. Theses are important to prevent dislocation which is most frequent in the first three months after surgery.

Follow Up Wound Check at 10 days. Clinical review with the consultant at six weeks. Review at the anniversary of surgery and biennially thereafter is recommended but may not be funded by insurance companies.