

Dr Richard Harbury

MBChB FRCS(orth)
Orthopaedic Surgeon
219496HK

104 George Street
East Maitland NSW 2323

Phone: 4934 6600
Fax: 4934 6622

All Correspondence
PO Box 2426
GREENHILLS NSW 2323

Also visiting
Suite 3, 20 Smith Street
Charlestown

PRE-OPERATIVE INSTRUCTIONS FOR PATIENTS FOR HIP REPLACEMENT

THINGS TO CONSIDER WHILST WAITING FOR YOUR HIP REPLACEMENT

In the months leading up to your joint replacement -

Any other medical problems you have would normally have been considered when you saw your surgeon at the time of booking your operation. However, if your medical condition changes whilst waiting for your joint replacement operation, then it may be a good idea to contact either Dr. Harbury or the specialist looking after that particular problem to ensure that it will not affect your surgery. If you do see another specialist, please ask them to forward a copy of the reports to Dr. Harbury at the above address.

Whilst waiting for your operation it may be a good idea to have any outstanding dental work performed. Also, after your joint replacement let your dentist know that you have a joint replacement as they may decide to give you antibiotics for any future dental work.

Gentlemen should discuss any prostate problems (symptoms such as difficulty in urination, poor stream or frequent urination) with their local doctor as prostate problems can cause retention of urine in the bladder which can lead to urinary infections.

If you normally see a podiatrist for foot care this should be done well in advance of your operation, to allow your feet to settle. Signs of inflammation or infection anywhere in the body can lead to a joint replacement operation being postponed.

If you have any sun spots or cancers that you are worried about, please have these attended to well in advance of your operation, as these wounds can sometimes be very slow to settle after surgical removal.

In the month leading up to surgery –

Patients being operated upon in the public hospital should normally have been contacted by the pre-operative clinic by this time and if not, please contact them via the Maitland Hospital switchboard.

Patients to be operated upon in the private hospital would normally have an understanding of their care plan including any specialist reviews, if this is unclear please contact my rooms as necessary.

Skin Care

Be very cautious in this period to avoid any scratches, insect bites or other wounds upon the skin. **Inflammation or infection on the skin anywhere on the body may cause postponement of your operation.** Avoidance of gardening (particularly in shorts) is advisable in the period leading up to your operation.

Medications

Please cease any anti-inflammatory medications (such as aspirin, Ibuprofen, Naproxen, Voltaren, Mobic or Celebrex) seven days prior to surgery unless instructed otherwise. Other anticoagulant medication (such as Warfarin, Clopidogrel, Plavix or Pradaxa/Dagibatran) will also need to be ceased but this will be discussed with you prior to your operation. Do not stop other medications unless instructed by your specialist or other medical practitioner involved in your care. If you are unsure please ask at the pre-operative clinic or at your specialist appointment.

Please bring all relevant x-rays and scans to the hospital.

HOME CHANGES FOR HIP REPLACEMENT

In the period leading up to your joint replacement it is advisable to make some changes around the home to make your recovery easier. The following preparations may be useful:

1. You will need a toilet seat raise. These can usually be hired from local chemists and surgical supply companies.
2. A comfortable chair with a high seat and solid arms is helpful for the first six weeks. Your bed also needs to be a reasonable height from the floor. As a rule of thumb, after your hip replacement when in the seated position your knees should never be higher than your hips, i.e. you should not flex your hips more than 90°. It may be necessary to raise your bed on blocks or use an alternate bed in the short term.
3. All extension cords and loose rugs should be removed from around your home or taped in such a way that they will not be an obstacle.
4. A plastic garden chair for use in the shower is a good idea until you feel safe and confident without.
5. Remember that you will usually have one or possibly two sticks. As such, you will need a wider area than normal to walk. Have a look around your home and visualise yourself in this way, and consider moving the furniture to make your home safer for this period.

In hospital stay:

The length of in hospital stay will vary dependent upon which procedure you have performed, your recovery and your home circumstance as well as your general medical fitness. A stay of 5 to 7 days is average. If you have concerns that you may need longer than this then rehabilitation can be discussed prior to your operation.

Total hip replacements have the potential to become dislocated, particularly early after your operation. As such, the physiotherapist will come and discuss with you which movements you should avoid. They will demonstrate these for you, but in summary the movements that you must avoid are flexion (**where the knee bends up to towards the chest**) of more than 90°, adduction (**where the knee crosses the midline of the body**), and internal rotation (**having the knee closer to the middle than the foot**). If you have any questions about this please ask Dr. Harbury or your physiotherapist.

Upon discharge from hospital you will be reviewed at approximately ten days after your operation, at which point your wound will be examined and any clips/sutures removed. This will be organized prior to your hospital discharge. You will then be reviewed approximately six weeks after your operation, usually with an x-ray. Follow up after this will be discussed individually.

You will be issued with TED compression stockings after your operation. You should wear these until ambulant.

Driving after your hip replacement

The Road and Traffic Authority recommends not driving until six weeks after your operation.