

General Information

Frequently Asked Questions About Total Hip Surgery

We are glad you have chosen the Center for Joint Replacement to care for your hip. Patients have asked many questions about total hip replacement. Below is a list of the most frequently asked questions along with their answers. If there are any other questions that you need answered, please ask your surgeon or the Total Joint Care Coordinator. We want you to be completely informed about this procedure.

What is osteoarthritis and why does my hip hurt?

Joint cartilage is a tough, smooth tissue that covers the ends of bones where joints are located. It helps cushion the bones during movement, and because it is smooth and slippery, it allows for motion with minimal friction. Osteoarthritis, the most common form of arthritis, is a wear and tear condition that destroys joint cartilage. Sometimes as the result of trauma, repetitive movement, or for no apparent reason, the cartilage wears down, exposing bone ends. This can occur quickly over months or may take years to occur. Cartilage destruction can result in painful bone-on-bone contact, along with swelling and loss of motion. Osteoarthritis usually occurs later in life and may affect only one joint or many joints.

What is a total hip replacement?

A total hip replacement is an operation that removes the arthritic ball of the upper femur (thighbone) as well as damaged bone and cartilage from the hip socket. The ball is replaced with a metal ball that is fixed solidly inside the femur. The socket is replaced with a plastic or metal liner that is usually fixed inside a metal shell to create a smoothly functioning joint.

What are the results of total hip replacement?

Results will vary depending on the quality of the surrounding tissue, the severity of the arthritis at the time of surgery, the patient's activity level, and the patient's adherence to the doctor's orders.

When should I have this type of surgery?

Your orthopedic surgeon will decide if you are a candidate for the surgery. The decision will be based on your history, exam, X-rays, and response to conservative treatment.



Before: Bone-on-bone contact.



After: A new surface creates a smoothly functioning joint.

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Am I too old for this surgery?

Age is generally not an issue if you are in reasonable health and have the desire to continue living a productive, active life. You may be asked to see your personal physician for his/her opinion about your general health and readiness for surgery.

How long will my new hip last?

All implants have a limited life expectancy depending on an individual's age, weight, activity level, and medical condition(s). A total joint implant's longevity will vary in every patient. It is important to remember that an implant is a medical device subject to wear that may lead to mechanical failure. While it is important to follow all of your surgeon's recommendations after surgery, there is no guarantee that your particular implant will last for any specific length of time.

Why might I require a revision?

Just as your original joint wears out, a joint replacement will wear over time as well. The most common reason for revision is loosening of the artificial surface from the bone. Wearing of the plastic spacer may also result in the need for a new spacer. Dislocation of the hip after surgery is a risk. Your surgeon will explain the possible complications associated with total hip replacement.

What are the possible complications associated with joint replacement?

While uncommon, complications can occur during and after surgery. Some complications include infection, blood clots, implant breakage, malalignment, dislocation, and premature wear, any of which may necessitate implant removal/replacement surgery. While these devices are generally successful in attaining reduced pain and restored function, they cannot be expected to withstand the activity levels and loads of normal healthy bone and joint tissue. Although implant surgery is extremely successful in most cases, some patients still experience pain and stiffness. No implant will last forever, and factors such as a patient's post-surgical activities and weight can affect longevity. Be sure to discuss these and other risks with your surgeon.

Should I exercise before the surgery?

Yes, you should consult your surgeon and physical therapist about the exercises appropriate for you.

Will I need blood?

You may need blood after the surgery. You may use the community blood supply, have your relatives donate for you or donate your own blood, if you are able. For more information read "Blood Transfusions – Know Your Options" in The GuideBook appendix.

How long will I be incapacitated?

You will probably stay in bed the day of your surgery. However, the next morning most patients will get up, sit in a chair or recliner, and should be walking with a walker or crutches later that day.

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How long will I be in the hospital?

Most hip patients will be hospitalized for two to three days after surgery. There are several goals that must be achieved before discharge.

What if I live alone?

Three options are usually available to you. You may return home and receive help from a relative or friend. You can have a home health nurse and therapist assist you at home for two or three weeks. You may also stay at a sub-acute facility following your hospital stay depending on your insurance.

Will I need a second opinion prior to the surgery?

The surgeon's office secretary will contact your insurance company to pre-authorize your surgery. If a second opinion is required, you will be notified.

How do I make arrangements for surgery?

After your surgeon has scheduled your surgery, the Total Joint Care Coordinator will contact you. The Total Joint Care Coordinator will guide you through the program and make arrangements for both pre-op and post-op care. The Total Joint Care Coordinator's role is described in the GuideBook along with a phone number.

How long does the surgery take?

The hospital reserves approximately two to two-and-one-half hours for surgery. Some of this time is taken by the operating room staff to prepare for the surgery.

Do I need to be put to sleep for this surgery?

You may have a general anesthetic, which most people call "being put to sleep." Some patients prefer to have a spinal or epidural anesthetic, which numbs only the legs and does not require you to be asleep. The choice is between you, your surgeon, and the anesthesiologist. For more information read "Anesthesia" in your GuideBook appendix.

Will the surgery be painful?

You will have discomfort following the surgery, but we will try to keep you as comfortable as possible with the appropriate medication. After surgery, most patients control their own medicine with a special pump that delivers the drug directly into their IV. For more information, read about Patient Controlled Analgesia (PCA) in "Day of Surgery – What to Expect" in your GuideBook.

Who will be performing the surgery?

Your orthopedic surgeon will perform the surgery. An assistant often helps during the surgery.

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How long, and where, will my scar be?

Surgical scars will vary in length, but most surgeons attempt to keep the incision as short as possible. It may be along the side of your hip, toward the back of your hip, or toward the front of your hip.

Will I need a walker, crutches, or cane?

Yes, for about six weeks we do recommend that you use a walker, a cane, or crutches. The Total Joint Coordinator can arrange for them if necessary.

Will I need any other equipment?

After hip replacement surgery, you may need a high toilet/commode seat for about three months. We can arrange to have one delivered to you, or you may rent or borrow one. You will also be taught to use assistive devices to help you with lower body dressing and bathing. You may also benefit from a bath seat or grab bars in the bathroom, which can be discussed with your occupational therapist. Other equipment needs (with instructions for use) can be arranged by the Total Joint Care Coordinator.

Where will I go after discharge from the hospital?

Most patients are able to go home directly after discharge. The Discharge Coordinator will help you with this decision and make the necessary arrangements. You should check with your insurance company to see if you have sub-acute benefits.

Will I need help at home?

Yes, the first several days or weeks, depending on your progress, you will need someone to assist you with meal preparation, etc. If you go directly home from the hospital, the Discharge Coordinator can arrange for a home health care nurse to come to your house as needed. Family members or friends need to be available to help if possible.

Having the laundry done, house cleaned, yard work completed, clean linens put on the bed, and single portion frozen meals can reduce the need for extra help.

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Will I need physical therapy when I go home?

Yes, you will have either outpatient or in-home physical therapy. Patients are encouraged to utilize outpatient physical therapy. The Total Joint Care Coordinator will help you arrange for an outpatient physical therapy appointment. If you need home physical therapy, we will arrange for a physical therapist to provide therapy at your home. Following this, you may go to an outpatient facility three times a week to assist in your rehabilitation. The length of time required for this type of therapy varies with each patient.

How long until I can drive and get back to normal?

The ability to drive depends on whether surgery was on your right hip or your left hip and the type of car you have. If the surgery was on your left hip and you have an automatic transmission, you could be driving at two weeks. If the surgery was on your right hip, your driving could be restricted as long as six weeks. Getting "back to normal" will depend somewhat on your progress. Consult with your surgeon or therapist for their advice on your activity.

When will I be able to get back to work?

We recommend that most people take at least one month off from work, unless their jobs are quite sedentary and they can return to work with crutches. An occupational therapist can make recommendations for joint protection and energy conservation on the job.

When can I have sexual intercourse?

The time to resume sexual intercourse should be discussed with your orthopedic physician.

How often will I need to be seen by my doctor following the surgery?

You will be seen for your first postoperative office visit two to three weeks after discharge. The frequency of follow-up visits will depend on your progress. Many patients are seen at six weeks, twelve weeks, and then every couple of years.

Are there any permanent restrictions following this surgery?

Yes, high-impact activities, such as running, singles tennis, and basketball, are not recommended. Injury-prone sports such as downhill skiing are also restricted. Hip patients may be restricted from crossing their legs, twisting operated leg, bending 90 degrees at the hip, or twisting side-to-side (see page 39).

What physical/recreational activities may I participate in after my surgery?

You are encouraged to participate in low-impact activities such as walking, dancing, golf, hiking, swimming, bowling, and gardening at your surgeon's discretion.

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Will I notice anything different about my hip?

In many cases, patients with hip replacements think that the new joint feels completely natural. However, we always recommend avoiding extreme position or high-impact physical activity. The leg with the new hip may be longer than it was before, either because of previous shortening due to the hip disease or because of a need to lengthen the hip to avoid dislocation. Most patients get used to this feeling in time or can use a small lift in the other shoe. Some patients have aching in the thigh on weight bearing for a few months after surgery.