

TOTAL HIP REPLACEMENTS

Dr. Caldwell has recommended that you have a total hip replacement because your hip has developed significant arthritis. This is an elective procedure that should be done only when you feel that the pain or weakness in your hip is significant enough that it is inhibiting you from performing the activities that you wish to do on a daily basis.

Total hip replacements have been performed for many years with very successful results. Dr. Caldwell will perform your total hip replacement at Summit Medical Center located at 350 Hawthorne Avenue in Oakland. This is an inpatient surgery, which means that you will arrive at the hospital the day of your surgery and will generally stay in the hospital for 4 nights. You will be required to arrive roughly 2 hours prior to the scheduled start time of your procedure. When you arrive at the hospital you will be directed to the 3rd floor where you will be admitted for surgery. Nurses and staff will ask you a lot of questions relating to your past medical history, your current reason for being admitted to the hospital, and your medications including dosages and frequencies. Please bring all medications that you take with you on the day of your surgery.

Once all of the paper work is finished, you will speak directly to your anesthesiologist. You and the anesthesiologist will decide together whether to have your surgery done under a general anesthesia or a spinal anesthetic. Either way is okay with Dr. Caldwell and the anesthesiologist is the best person to advise you on what type of anesthesia is best for you. Then, you are ready to go back to the operating room. Once you are in the operating room the first thing that will be done is a lumbar plexus nerve block. This is performed by the anesthesiologist using a nerve stimulator to identify the exact location of the nerve plexus in your lower back. Once the lumbar plexus is located, a small catheter will be placed adjacent to the nerve. After surgery, the catheter will be connected to a pump that will help to significantly decrease your post-operative pain. After the lumbar plexus nerve block is complete, you will have either the general anesthetic or the spinal.

Now it is time to start your surgery. An incision will be made across the side of your hip. The incision is generally between 6-10 inches long. First the head of your femur bone is removed, next the new acetabular component is inserted and finally the femoral prosthesis is inserted. The acetabular component and the femoral component are cobalt chrome whereas the liner can be either polyethylene or metal. Dr. Caldwell currently uses non-cemented prostheses manufactured by DePuy. For more detailed information about the DePuy prosthesis, please refer to their web site at www.depuyorthopaedics.com. Once the prosthesis is in place the skin incision will be closed. Generally the surgery takes between 1-2 hours.

You will remain in the recovery room for 1-2 hours and then be transferred to the orthopedic floor, which is located on 5 South. While you are in the hospital you will have physical therapy 1-2 times each day and begin walking on your new hip the day after your surgery.

After the 4th night you will either be allowed to go home or if you require additional care/assistance, you will be transferred to a skilled nursing facility. The decision to go home or to go to a skilled nursing facility will be made while you are in the hospital based on how well you are progressing in therapy. If you go home, the discharge-planning nurse at the hospital will arrange for any medical equipment that you

will need to be delivered to your home, for example, a front-wheeled walker, crutches, a bedside commode, and/or a shower chair. You will also have home physical therapy and possibly a home occupational therapist 2-3 times per week. If you go to a skilled nursing facility, you will generally stay anywhere from a few days to 2 weeks. The length of stay is determined by your progress. Instructions regarding showering, driving and medications will be given to you at the time of discharge from the hospital or the skilled nursing facility.

Dr. Caldwell would like to see you back in the office roughly 6 weeks following your surgery. Generally 2-3 weeks after surgery you will begin outpatient physical therapy at a facility of your choice. In addition, Dr. Caldwell would like to see you 6 months and then yearly after surgery for a routine examination of your new hip. You may require additional appointments after surgery if Dr. Caldwell feels it is necessary.

As you can see, this is a major surgery and will require some work and time on your part for 3-6 months after surgery to recover successfully. Please consider this when planning the date of your surgery. Dr. Caldwell generally requests that you donate 2 units of blood prior to a total hip replacement because most patients lose enough blood during the surgery to warrant a post-operative blood transfusion. If you are unable to donate blood prior to surgery for any reason, you can still have the hip replacement but you must agree to receive banked blood after surgery if Dr. Caldwell feels it is medically necessary. If you are strictly opposed to this for any reason, you must notify Dr. Caldwell prior to your surgery being scheduled.

Prior to your surgery, Dr. Caldwell requires that you have the following:

1. An appointment with your primary care physician who must provide medical clearance for your surgery. Once your surgery date has been scheduled you should contact your primary care physician to schedule this appointment.
2. A pre-op appointment at the hospital. This appointment will be scheduled for you. If the time does not work for you, you will be able to reschedule it yourself.
3. An appointment with Dr. Caldwell roughly 1 week prior to surgery so he can answer any last minute questions you may have.
4. If you see any specialty physicians such as a cardiologist or a pulmonologist, you may also need an appointment with them before surgery.

As stated earlier, total hip replacements have been performed for many years with very successful results. However, as with any surgery, there are risks associated with this procedure. Although the risks are rare they include, but are not limited to, the following: an area of decreased sensation or numbness near your incision site; leg length discrepancy; formation of a blood clot in your lower leg that can break off and travel to your heart, lungs or brain (i.e. deep vein thrombosis); a reaction to the anesthesia such as nausea/vomiting, stroke, heart attack or in very, very rare circumstances death.

We hope you enjoy your new hip. If we can be of any further assistance please feel free to contact our office at # 510-451-6266.