

## Total Hip Replacement: Direct Anterior Approach

### Overview

This is a protocol that provides you with general information and guidelines for the initial stage and progression of rehabilitation according to the listed timeframes. Specific changes may be made by the care team as appropriate given each patient's operative findings.

### Questions

If you have any concerns or questions after your surgery, during business hours call **763-441-0298** or Candice at **763-302-2613**. You may need to leave a message.

### Address

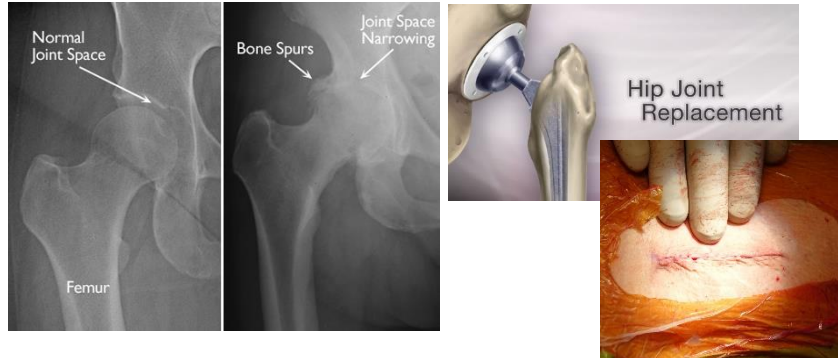
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Otsego, MN 55330

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### Team Members

Nathan Dumm, PA-C  
Candice Johnson, Care  
Coordinator



Osteoarthritis of the hip causes pain and stiffness. It can make it hard to do everyday activities like bending over to tie a shoe, rising from a chair, or taking a short walk.

Because osteoarthritis gradually worsens over time, the sooner you start treatment, the more likely it is that you can lessen its impact on your life. Although there is no cure for osteoarthritis, there are many treatment options to help you manage pain and stay active. After these options have failed, knee replacement can restore function, activity and improve pain.

**Direct anterior hip replacement** is a minimally invasive surgical technique. This approach involves a 3 to 4 inch incision on the front of the **hip** that allows the **joint** to be **replaced** by moving muscles aside along their natural tissue planes, without detaching any tendons. This allows for a quicker recovery.

### Locations

EXCEL Program:

- Patients who qualify for the EXCEL Program undergo surgery at Blaine Orthopedic Surgery Center. Patients stay overnight in their own private suite with a personal nurse. Physical therapy is performed on location. Patients are discharged home the next day.

Mercy Hospital:

- Patients who do not qualify for the EXCEL Program undergo surgery at Mercy Hospital. There is a 2-3 day hospital stay with discharge home or to a rehabilitation facility. Physical therapy is started immediately and social workers help plan for discharge.

## Pre-Operative Protocol

- A physical will be done by your primary care doctor within 4 weeks of your surgery date. Candice (my care coordinator) will assist you with setting up your surgery date and your pre-op physical. Your primary care doctor will clear you for surgery and make recommendations regarding medications or pre-operative testing if needed.
- A Joint Replacement Class is available to those interested in attending. It is optional.
- If you need any dental work done, it should be completed prior to surgery or at least 6 months after surgery. Dental work causes bacteria to enter the blood stream which can increase the risk of infection. Dr. O'Keefe recommends antibiotics for all dental work following joint replacement for the remainder of your life. This minimizes the risk of infection.

## After Discharge

### 0 – 4 Weeks

- A waterproof dressing is used and is left in place until seen back in clinic. Patients may shower with the dressing in place and reinforced with saranwrap or plastic wrap.
- Follow up in clinic 2 weeks after surgery with Nathan PAC. Typically sutures are dissolvable and do not have to be removed. Pain medication refills can be done.
- Swelling and bruising is normal. Compression stockings can help limit swelling in the foot and leg.
- A blood thinner is used for 4 weeks to minimize risk of a blood clot. This usually involves Aspirin 325 mg tablets twice per day.
- A walker or cane is helpful for balance and mobility until balance and strength improves.
- Most patients do not require physical therapy.
- If you experience constipation, over the counter laxatives can be used.

### 4 – 8 Weeks

- At 6 weeks patients return to clinic for a recheck and repeat xrays. Patients are usually very mobile by this time.
- Some residual pain is not uncommon
- Dental appointments are not recommended until 3 months after surgery

### Beyond 8 Weeks

- Patients make most of their recovery during the first 6-8 weeks. Most patients will continue to make improvement for even up to a year following surgery.
- The only long-term restrictions are no running or jumping. Most other activities are allowed.
- Additional follow up is at 6 months and then one year. If people are doing well follow thereafter is in 2 years.
- Patients will use antibiotics prophylactically one hour prior to dental work as a lifetime recommendation.