



Frequently Asked Questions About Total Hip Replacement

Dr. Samuel Carlson

WHAT SURGICAL APPROACH DO YOU USE?

Dr. Carlson performs the majority of his primary total hips through a direct anterior approach. Dr. Carlson prefers an anterior approach for several reasons. An anterior approach allows for a reduced risk of dislocation relative to other approaches. Furthermore, a direct anterior approach allows for easy use of technology intraoperatively, which helps Dr. Carlson be more accurate and precise with positioning the total hip components and restoring a patient's leg lengths. A direct anterior approach also allows for rapid recovery and outpatient surgery. There are pros and cons to every total hip approach. The most important factor is choosing a surgeon who is fellowship-trained and performs total hips multiple times per week.

WHERE WILL I HAVE MY SURGERY?

Dr. Carlson's team typically performs total hip replacements at Twin Cities Orthopedics Crosstown Surgery Center and Eagan Orthopedic Surgery Center with the Excel program. However, if your surgery needs to be performed at a hospital, surgery will be performed at Orthopedic Institute at Ridgeview Hospital in Chaska or at Fairview Southdale. Please visit TCOmn.com/Samuel-Carlson to view the most current list of locations and hospital affiliations.

WHAT TYPE OF ANESTHESIA DO YOU USE?

Spinal anesthesia is our preference for the majority of patients. If, however, our anesthesia providers determine you cannot have a spinal, we will use general anesthesia. Ultimately, this is a decision made by you in coordination with the anesthesiologists and Dr. Carlson.

WHAT ARE THE RISKS INVOLVED WITH TOTAL HIP REPLACEMENT?

As with any surgery, there are many risks involved. The most common risks include, but are not limited to, wound healing problems, infection, blood loss, periprosthetic fracture, neurovascular damage, component loosening, limb length inequality, dislocation, persistent pain, lateral thigh numbness, thromboembolic disease, blood clots, and medical complications related to anesthesia such as heart attack, stroke, and even death.

WHAT IS THE RATE OF INFECTION AFTER TOTAL HIP REPLACEMENT?

The rate of infection varies in the literature, but, for primary total hip replacements, the rate of infection is around 1% nationally.

WHAT CAN I USE FOR PAIN AFTER SURGERY?

You will have pain after surgery. Our goal is to make sure this pain is well-controlled with oral pain medication. At our joint replacement center, we employ a multimodal pain management strategy combining Tylenol, NSAIDs, muscle relaxants, and short-acting narcotics for a limited time.

WHO PRESCRIBES MY MEDICATION?

Any medication not prescribed by Dr. Carlson should continue to be managed by the provider who initially prescribed it. Dr. Carlson and his team do not manage medical problems such as high blood pressure, heart disease, diabetes, asthma, or other chronic medical conditions. Dr. Carlson will typically give you pain medication in the immediate postoperative period and short-term use of anticoagulants.

HOW LONG SHOULD I WAIT AFTER MY HIP REPLACEMENT SURGERY TO HAVE DENTAL WORK DONE?

Dr. Carlson recommends waiting at least three months after a total hip replacement before proceeding with dental work. Within the first year after surgery, Dr. Carlson recommends taking prophylactic oral antibiotics prior to any dental work.

WILL I NEED TO TAKE MEDICATIONS TO PREVENT BLOOD CLOTS?

Yes, following total hip replacement, Dr. Carlson will prescribe medication to decrease your risk of blood clots. Dr. Carlson typically prescribes Aspirin 81mg twice daily for six weeks. If a patient is determined to be high risk for a postoperative blood clot, Dr. Carlson will prescribe a stronger anticoagulant such as Lovenox, Eliquis or Xarelto. The most important way in which you can reduce your risk of blood clots after surgery is to mobilize multiple times throughout the day.

HOW LONG WILL I BE IN THE HOSPITAL?

Most patients will have their total hip replacement performed in the outpatient setting and will not be admitted to a hospital. If a patient does have surgery at the hospital, most patients will be discharged the day after surgery.

HOW DO I TAKE CARE OF MY INCISION?

You will have a waterproof bandage that will be put on at the time of surgery. Typically, the bandage is left in place for one week and then can be removed by the patient. Dr. Carlson closes the majority of his incisions with dissolvable suture underneath the skin. These sutures do not need to be removed. Once the dressing is removed, patients do not need to put any additional dressing over the incision. Please monitor the incision for drainage, warmth, and redness. Please contact Dr. Carlson's team immediately if you have questions or concerns about your incision.

HOW SOON CAN I TAKE A BATH OR SHOWER?

Most patients will have a waterproof dressing and can shower right away after surgery. We recommend letting the water run over the dressing and pat the dressing dry after the shower. You will not be able to take a bath or submerge the incision until the incision is completely healed, which usually occurs around 4-6 weeks after surgery.

WHAT DO I DO ABOUT POSTOPERATIVE CONSTIPATION?

It is very common to have constipation postoperatively. This may be due to a variety of factors, but it is especially common when taking narcotic pain medication. A simple over-the-counter stool softener (such as MiraLAX) is the best prevention for this problem. In rare instances, you may require a suppository or an enema. Mobilizing after surgery can help decrease the risk of constipation.

SHOULD I USE ICE OR HEAT AFTER TOTAL JOINT REPLACEMENT SURGERY?

Ice should be used for the first several weeks after total hip replacement surgery. Ice can help with pain and swelling. Do not place ice directly on the skin, place it over clothing or a towel. Do not keep the ice in place for more than 30 min.

I HAVE INSOMNIA AFTER TOTAL HIP REPLACEMENT SURGERY. IS THIS NORMAL? WHAT CAN I DO ABOUT IT?

Insomnia is a common complaint following hip replacement surgery. Non-prescription remedies such as Benadryl or melatonin may be effective. If insomnia continues to be a problem, medication may be prescribed for you by your primary care physician.

WHEN CAN I DRIVE A CAR?

You cannot drive while taking narcotic pain medication. Once you are off narcotic pain medication, you can drive once you have full control of your leg when moving it from the gas to the brake. Dr. Carlson also recommends waiting until you are no longer reliant on a walker. If it is your right hip that is replaced, it will take a little longer to return to driving than if your left hip is replaced. Do not use your involved leg to operate machinery for at least six weeks after surgery.

WHEN CAN I RETURN TO WORK OR HOBBIES?

Discuss returning to work or hobbies with Dr. Carlson and his team. There is a lot of variability with returning to work depending on one's occupation.

WHEN WILL I BE ABLE TO WALK AFTER SURGERY?

You will walk the day of surgery and you will start working with physical therapy as soon as you are ready. Patients typically begin physical therapy within a few hours of surgery.

WHAT ARE MY RESTRICTIONS AFTER SURGERY?

You will walk and work with physical therapy the day of your surgery. Most patients start walking with a walker, graduate to a cane, and then walk with no assistive devices. Following surgery, we recommend you take it easy for the first 1-2 weeks, but we expect your activity to progress week-by-week as you can tolerate. It is important not to “overdo it” in the first few weeks after surgery. Most patients do not need formal physical therapy following total hip replacement. However, if a patient wants to work with physical therapy after surgery, Dr. Carlson is happy to prescribe physical therapy.

IS SWELLING IN MY LEG NORMAL?

Yes. Swelling involving your entire lower extremity can be normal even for 3-6 months after surgery. To decrease swelling, elevate your leg and apply ice for 20 minutes at a time (3-4 times per day). If swelling is unresponsive to ice/elevation and/or associated with calf pain or shortness of breath, contact Dr. Carlson’s team immediately.

WHAT PRECAUTIONS SHOULD I KEEP IN MIND?

Inform doctors and dentists of your hip replacement before having any surgery, podiatry procedures, dental work, or other tests or procedures.

WHEN DO I FOLLOW-UP WITH DR. CARLSON AND HIS TEAM?

- Your first appointment will be a wound check 10-14 days after surgery
- Your second appointment will be six weeks from surgery
- Your third appointment will be three months from surgery
- If you are doing well at the 3-month appointment, your next appointment will be one year from surgery

You can always contact Dr. Carlson’s team between visits if you have questions or concerns and we are happy to see you anytime.

WHEN SHOULD I CALL DR. CARLSON’S TEAM?

- Your surgical leg is cool to the touch, dusky in color, numb, or tingles
- You develop a temperature of 101 degrees Fahrenheit or higher
- Your incision is red, tender, has drainage, or signs of infection (pain, swelling, redness, odor, warmth, and/or discharge)
- You develop bright red bleeding from your incision
- You have nausea and vomiting that won’t stop
- You have severe pain that cannot be relieved with your typical pain medication dose
- You notice calf pain and leg swelling that won’t decrease with elevation or you have sudden onset of difficulty breathing at rest

WHEN CAN I RESUME SEXUAL ACTIVITY?

You can resume sexual activity after 2-3 weeks. A firm mattress is recommended. Be the passive partner for the first six weeks after surgery.

HOW SOON CAN I PLAY GOLF?

It is okay to begin swinging a club at six weeks post-op. Start with putting and chipping and advance as comfortable. Most patients are playing and hitting a driver at least three months post-op.

Unfortunately, Dr. Carlson does not guarantee that surgery will lower your handicap!

Our team's goal is to provide the best possible care we can. Thank you for trusting us with your care.

Dr. Carlson's contact information:

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