

**3** MINUTE
READ

What to Expect During Hip Replacement Surgery

The thought of having your hip replaced can seem overwhelming. It may help relieve some anxiety if you know what to expect. Read on for a simple explanation.

The thought of having hip replacement surgery may seem overwhelming, but simply speaking, you're just replacing worn out parts with new parts. The damaged portions of the bones are removed and resurfaced with metal implants and polyethylene (plastic) cushions.

Hip replacement is a reliable and reproducible surgical procedure with good long-term outcomes and survivorship; however, there are risks associated with it.

Depending on the complexity of the procedure, the operative time may vary, but on average hip replacement takes one to two hours to complete. Although each surgery is different, below is a simplified summary of what you can expect on the day of a standard hip replacement surgery.

- 1 Generally, you won't be able to eat or drink after midnight in preparation for surgery.
- 2 You'll **typically** arrive at the hospital about two hours before your scheduled surgery. During this time, you will review and sign required paperwork. The nurses will take you to your room and get you prepared.
- 3 A small tube (IV) is inserted into your arm. This tube is used to administer antibiotics and other medication during your surgery.
- 4 You'll discuss the options of a spinal or general anesthesia with the anesthesiologist prior to surgery. The option that's best for you may be dependent on your medical history and your surgeon's preference. You'll be given sedative medication prior to entering the operating room, this often makes it difficult to remember details on the day of surgery.
- 5 Once you are asleep, a urinary catheter may be inserted, and compression stockings and/or pneumatic sleeves are put on both legs. The urinary catheter is used commonly with spinal anesthetic and may also be used until you have increased mobility. The compression devices are used to reduce the risk of blood clots in the legs, which is one of the most common preventable complications after joint replacement.
- 6 Your operative leg will be prepped with a sterilizing solution and sterile drapes will be applied.
- 7 A skin incision is made. This can be in the front, or side, of your hip based on your surgeon's preference. To expose the joint, the soft tissue and muscles are split along their natural tissue planes. A common misconception is that the muscles are cut; this is not the case with any surgical approaches to the hip.

- 8 Through this exposure your surgeon can see your hip joint. With a total hip replacement, both the ball and socket portions of the joint must be replaced.



Specialized instruments are used to accomplish this goal. Prior to placement of the final implants, trial implants are used to ensure that the hip has good stability throughout a functional range of motion and your leg lengths are equalized.

- 9 Once all bone preparations are completed, the final implants are placed. Many of these implants will not require cement, which will allow for immediate weight bearing. If your bone quality is not optimal, your surgeon may use cemented implants instead.

- 10 Following completion of the surgery, the surgical site is closed in layers with absorbable sutures. A sterile bandage is placed and, depending on your surgeon's preference, a surgical drain may be placed.

- 11 You're then taken to the recovery room, where you will be closely monitored. Most patients spend one to two hours in the recovery room depending on how quickly they awaken from anesthesia.

- 12 Pain is normal after hip replacement surgery. This will be managed with pain medication per your surgeon's instructions. Most surgeons use a combination of treatment options to manage your pain. This often begins before surgery and continues after surgery. It's important that you are proactive in your pain management.

- 13 Once you are fully awake, you'll go to your hospital room and in most cases, you will be up moving the day of surgery.

References

Written by Dr. Thomas Aleto who received remuneration as a Zimmer Biomet consultant for writing this article.

Disclaimer

This material is intended for patients. All content herein is protected by copyright, trademarks and other intellectual property rights, as applicable, owned by or licensed to Zimmer Biomet or its affiliates unless otherwise indicated, and must not be redistributed, duplicated or disclosed, in whole or in part, without the express written consent of Zimmer Biomet. ©2021 Zimmer Biomet.

Zimmer Biomet is a medical device manufacturer that provides products and related services. Zimmer Biomet is not a medical professional and does not practice medicine.

The persons in these advertisements are models and not actual recipients of Zimmer Biomet products and services.

Not for distribution in France.

Results are not necessarily typical, indicative, or representative of all recipient patients. Results will vary due to health, weight, activity and other variables. Not all patients are candidates for this product and/or procedure. Only a medical professional can determine the treatment appropriate for your specific condition. Appropriate post-operative activities and restrictions will differ from patient to patient. Talk to your surgeon about whether joint replacement is right for you and the risks of the procedure, including the risk of implant wear, infection, loosening, breakage or failure, any of which could require additional surgery.

3752.1-EMEA-en | 08.12.2021