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Total Hip Replacement-Anterior Approach

What is total hip replacement-anterior approach?

- A total hip replacement replaces the worn parts of your hip joint. The upper end of your thighbone (femur) will be replaced with a metal ball and your hip socket will be replaced with a metal shell and plastic liner.
- In the anterior approach, the hip joint is accessed by entering through the front of the body and going between the hip muscles that help hold the hip joint in place. Smaller incisions are possible with this procedure versus traditional hip surgery.
- The anterior approach to total hip replacement is becoming more popular because it is less invasive, hospital stays are shorter, and recovery and rehabilitation are quicker for patients. This less invasive surgery is especially appropriate for patients who are active and eager to return to work and their daily activities as quickly as possible.
- Most people can return to work in 4 weeks to 12 weeks.
- Depending on your health condition and assistance at home, home care or a short term stay at a rehab facility may be necessary to assist with your recovery and rehabilitation.

What happens on the day of surgery?

- Surgery will take approximately 2 hours.
- You will have a small dressing on your hip.
- You will have therapy on the first day of surgery, if not the next day. You will be evaluated for home by walking and doing stairs. You will use a cane or a walker for ambulation.
- You will go home the next day if you are cleared by therapy.

Immediate Post Op

- Limit activity for 24 hours.
- Be sure you have someone to drive you home and stay with you for 24 hours.
- Do not drive until instructed to do so.
- If you had general anesthesia, a sore throat may be experienced. Drink cold fluids, chew ice chips, or use throat lozenges to help relieve discomfort
- Increase activity as tolerated.
- Use ice packs one hour on/one hour off, especially for the first 24-48 hours.

Your Recovery

- You will likely have a bandage called Prineo which is a mesh/glue combination. Do not pick or pull at this. It will be removed on your first follow up visit.
- You may shower over the dressing. Just pat dry. No tub baths or whirlpools or other activities in which the incision is submerged.
- Swelling in the operative leg is normal for 3-6 months after surgery. Normal swelling is reduced in the morning and will accumulate during the day. Reduce swelling by elevating your legs or lying down. You may use ice.
- Follow the exercises given to you by the physical therapist.
- Take medicine as directed.
- **Pain medications can make you constipated. Use over the counter colace or miralax or your choice of stool softener or laxative.**
- If you smoke, we strongly encourage you to stop. Smoking slows your body's ability to heal.
- Take your blood thinner as prescribed to help prevent blood clots. This most commonly is aspirin.
- Follow up with Dr Akre or the nurse practitioner 10-14 days after surgery.

Call the doctor if:

- Pain does not get better after taking pain medicine
- Unusual drainage from your surgical site
- Fever above 101° and chills
- Inability to urinate
- Loose stitches or incision comes open
- Incision bleeds through large bandage
- Signs of infection which may include: pain, swelling, warmth, redness, drainage, red streaks from incision, fever
- Signs of blood clot which may include: pain in the calf, back of the knee, thigh or groin; redness and swelling in your leg and groin
- **IF YOU EXPERIENCE CHEST PAIN AND/OR DIFFICULTY BREATHING, CALL 911.**