

Mark S. Sanders MD FACS
Presurgical Total Hip Replacement Information
Page one of three

All surgery carries risks. This document has been compiled to educate patients on the risks/complications of **Hip Replacement**. At the Sanders Clinic, we recognize these risks and take preemptive action to minimize their occurrence. **THE MOST IMPORTANT RISK FACTOR FOR POSTOPERATIVE COMPLICATIONS IS ENTIRELY WITHIN THE PATIENT'S CONTROL. THESE PROCEDURES CAN NOT BE SUCCESSFULLY PERFORMED ON THOSE WHO CONTINUE TO USE TOBACCO OF ANY FORM.**

1. **Nerve or Vessel injury.** These are uncommon complications. Avoidance of these problems is accomplished with a careful surgical technique. Immediate recognition and repair of an injured structure is indicated in such cases. Sometimes temporary interruption of nerve function occurs secondary to swelling around the nerve. These resolve with time.
2. **Thrombosis/embolism.** This is a complication that can occur after surgery. It is a blood clot that travels through the vein and becomes lodged in either a vein somewhere in the body, or the lungs. It is more commonly seen in the lower extremities (thigh or calf), but may also occur in the upper extremities (arms). For surgically appropriate cases, spinal anesthesia has been shown to reduce the risk of blood clots. To further reduce the risk, Dr. Sanders' postoperative plan may include early motion, ambulation, therapeutic exercise and the use of compression stockings, foot pumps, mechanical venous compression devices, aspirin and other blood thinning medications. All patients must discontinue the use of tobacco (nicotine constricts blood flow by constricting the veins), and all patients must be up and walking no later than the day after their procedure.

It is important for patients to understand the warning signs of Thromboembolic disease.

The most common signs and/or symptoms that the patient may notice and report include: **Excessive swelling of the limb**—not including ecchymosis or black and blue marks, which are common and expected to be seen under the skin; **Soreness in the calf or arm; Rapid heart rate; Rapid breathing rate; Shortness of breath; Chest pain; and Fever.**

If you experience a rapid heart rate, rapid breathing, shortness of breath and or chest pain, call 911 and Dr. Sanders at 713-907-6076. These symptoms are serious and require immediate medical attention

3. **Disturbed wound healing.** This problem is preemptively addressed by ensuring that patients are on a high protein diet with adequate caloric intake. Placing Platelet Rich Plasma (spun down from the patient's own blood) into the wound has shown to accelerate wound healing. Avoiding certain anticoagulants in the early period leads to less accumulation of blood in the wound.

Mark S. Sanders MD FACS
Presurgical Total Hip Replacement Information
Page two of three

4. **Early or late infection.** This is a very serious event and can occur in less than 1% of patients when antibiotics are given before surgery. The incidence is further reduced by preoperatively culturing the nose of patients, in order to identify the presence of Staphylococcus bacteria. Those patients who harbor these bacteria can be treated with nasal antibiotic ointment and a different preoperative antibiotic. Regular care of the surgical wound, by showering with Hibiclens soap and applying an antibiotic ointment, will keep the wound from being colonized. Treatment of a deep infection involves surgical removal of the prosthesis, replacement of the prosthesis with a temporary spacer, intravenous antibiotics for no less than six weeks, and then replacement with a new total hip prosthesis. Patients with hip prostheses must inform all of their physicians before invasive medical or dental procedures are performed so that those practitioners can prescribe an appropriate antibiotic in advance of that particular procedure.
5. **Hematoma.** This is blood that accumulates in the wound and may require a return trip to the operating room for evacuation. We strive to prevent this problem by taking down the tourniquet to electrocoagulate the small bleeding vessels in all surgeries, use of Platelet Rich Plasma to jump start the coagulation and healing process, and an adequate cold/compression dressing. This device is called the Cryocuff* and is an important part of the process.
6. **Loosening of the prosthesis.** This complication occurs after a long period when repetitive and excessive impacts cause the bone-cement-prosthesis interface to fail. It is characterized by late pain. In as much as Dr. Sanders does not regularly install hip prostheses in younger more active patients, and senior citizens are typically not involved in high impact activities, this is not a common event, but is likely in younger and more active people.
7. **Assisted weight bearing for several weeks postoperatively and the need for range of motion exercises.** After surgery two handed support with a walker or crutches are necessary for no less than six weeks. All surgical procedures are associated with stiffness in the part, and attention must be paid from the day of surgery to obtaining and maintaining full motion of the hip.
8. **Fractures and Dislocations.** After hip replacement, patients are not immune from further injuries. Dislocations can occur in the early postoperative period by inappropriate positioning of the limb. Late fractures of the femur are best prevented by avoiding high risk activities and even simple falls in the elderly. While these are not common, when they occur they require operative fixation. Dr. Sanders utilizes reliable and time tested hip prosthesis with the latest instrumentation. These advances have made these problems far less common than in the distant past.

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9. **Medical Complications.** Surgery always carries risk of complications remote to the operated part. At the Sanders clinic, we do not regularly do hip replacements on young people. Older people may have heart, circulatory, pulmonary, kidney, arterial, venous, and diabetic problems. Our total hip replacement patients typically are seen before surgery by an internal medicine doctor; undergo vascular tests read by a vascular surgeon /or radiologist, and frequently by a cardiologist also. Spinal anesthesia reduces the incidence of medical complications, but despite our best efforts, they still occur.

I have read this document and have had my questions answered by Dr. Sanders and his staff. I agree to completely avoid any and all tobacco products from this day forward.