

Total Hip Replacement

Front/Side Approach (Anterior/Lateral)

To help you prepare for your hip replacement, we gave you 2 booklets:

- Preparing for Your Surgery and Hospital Stay**
- Before, During, and After Hip and Knee Replacement Surgery** (from Vancouver Coastal Health)

There are different ways to do this surgery. Your surgery is being done using a specific approach called the 'anterior lateral' or front/side approach.

With this approach, there are some differences in the recovery. This sheet highlights the differences.



How is the surgery done?

The surgeon makes a cut (incision) about 10cm (4 inches) long starting at the tip of your pelvic bone down towards the front of your thigh. Muscles are separated to see the joint. The surgeon replaces the head of the thigh bone (femur) and puts the new hip socket. The surgery usually takes 1.5 to 2 hours.

Most people go home 1 to 2 days after the surgery. It depends on your health before the surgery and your recovery.

Specific Instructions

Weight bearing

Your surgeon has allowed you to put this much weight on the leg with the new joint:

- Full weight No weight
- Partial weight (20 to 50 per cent) _____
- Toe-touch weight (5 to 20 per cent) _____

Your incision

- Take the bandage off 5 to 7 days after surgery.
- Some white tapes (steri-strips) might be left on your incision. Do not remove. Let them fall off on their own.
- Continue to take showers for the next 2 weeks.

Support your new hip

- Keep your toes pointing ahead when standing, sitting, or lying down.
- When lying on your side, place a pillow between your knees.
- When lying on your back:
 - Place a pillow on the outside to keep your leg from rolling out to the side.
 - Place a pillow under your knee and thigh.

Appointments after surgery

See your family practitioner* _____ days after surgery.

My appointment is on: _____

See your surgeon on: _____

X-ray before your appointment Yes No

*Family practitioner refers to family doctor or nurse practitioner

Precautions for the next 6 weeks

Hip dislocation after the anterior lateral approach is rare. This means you will not need the same type of hip precautions as those for the traditional approach. **You can bend your hip past 90 degrees.**

However, to help the muscles around your new joint heal, you still have some precautions.

- **No twisting movements**

Take small steps when you turn corners to keep from twisting or pivoting on your foot. Do not twist your upper body to look over your shoulder.

- **No backward stretching movements**

Do not take long steps forward.
Do not step backwards with the operated leg.
Do not lunge forward on your good leg, leaving your operated leg behind.
Do not lift your hips off the bed while lying on your back.
Do not lie on your stomach.
Do not let your operated leg ‘fall’ off the side of the bed when getting up.

- **No crossing movements**

Do not cross your ankles or legs when lying or sitting.
Do not step across in front of your other leg when standing or walking.

Path to Home Guide

This gives you an example of a person’s recovery in hospital after surgery.

	After Surgery		
	Surgery Day	Day 1	Day 2
Nutrition	Fluids to diet as tolerated	Diet as tolerated	Diet as tolerated
Activity	Stand at bedside with help Leg exercises	Up in chair for meals Walk with physiotherapist Up to bathroom Leg exercises	Up in chair for meals Walk 3 or more times Leg exercises Getting ready to go home
Deep Breathing Exercises	10 times every hour	10 times every hour	10 times every hour
Pain Control	Medicine by intravenous (*PCA) Pills Pain at a level comfortable for you	Medicine by intravenous (PCA) Pills Pain at a level comfortable for you	Pills Pain at a level comfortable for you
Tubes and lines	Intravenous Incision drain (possible)	Intravenous capped Incision drain taken out	Intravenous taken out

* PCA – Patient Controlled Analgesia is a pump connected to your intravenous that lets you give yourself pain medicine when you need it.