

orthonorth

HIP REPLACEMENT: A GUIDE



Fellow of the Royal Australasian
College of Surgeons



About your surgeon:

Dr Andrew Ellis is a specialist orthopaedic and trauma surgeon with decades of practice in St Leonards, Sydney. He specialises in orthopaedic reconstructive procedures of the lower limb, specifically the hip and knee in adults. He is also a highly experienced orthopaedic trauma surgeon and has unique experience in neuromuscular conditions. He has spent more than two years training and working overseas in specialist centres of excellence.

Dr Ellis continues to innovate in adopting leading technologies in arthroplasty surgery at **North Shore Private**, Royal North Shore, and Ryde Hospitals.

Tailored to your biomechanics, his hip surgery practice is patient specific with use of detailed planning, computer analysis of kinematics (joint movement) and using all surgical approaches, such as the Direct Anterior Approach or posterior as needed.

Dr Ellis' ethos has always been **patient-first** medicine, putting you and your needs as the centre and core of his practice.

MAKING THE CHOICE - WHEN IS SURGERY RIGHT FOR ME?

Dr Ellis will consider your need for surgery based on your level of pain, your functional capacity, your medical history and physical capability. Your decision to go ahead with surgery should be considered when you feel fully informed.

Hip replacement surgery is a major procedure, and it's important that you consider both its **risks** and **benefits**.

You should have exhausted all other **effective treatments** before choosing surgery.

A HEALTHY HIP:

The hip is one of your body's largest weight-bearing joints.

It consists of two main parts: a ball (femoral head) at the top of your femur that fits into a rounded socket (acetabulum) in your pelvis. Bands of ligaments connect the ball to the socket and provide stability to the joint.

WHY DO I NEED MY HIP REPLACED?

In a healthy hip, the bone surfaces of your femoral head and acetabulum have a smooth durable cover of articular cartilage that cushions the ends of the bones and enables them to move easily. All remaining surfaces of the hip joint are covered by a thin, smooth tissue called synovial membrane. The parts work in harmony so that you can move easily without pain. As arthritis develops, this smooth movement becomes painful and restricted, until you reach the stage where you feel the effect of arthritis every day.

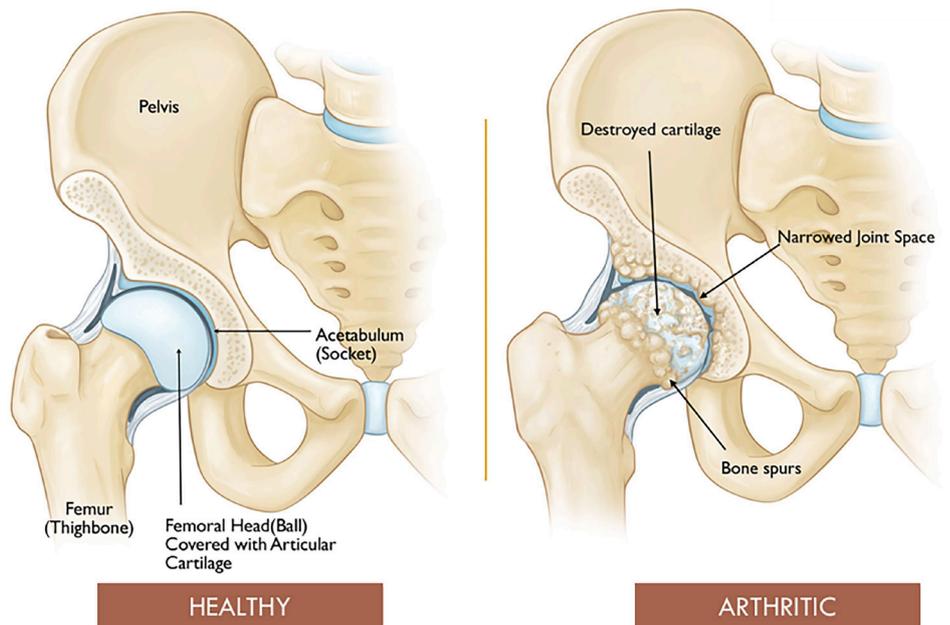


Image Source: "Osteoarthritis of the Hip," OrthoInfo, American Academy of Orthopaedic Surgeons

WHAT CAN I EXPECT FROM HIP REPLACEMENT?

Hip replacement is a major procedure and requires effort and commitment to your recovery, both by you and your surgeon, Dr Ellis.

Most people who have hip replacement surgery feel a dramatic reduction of pain and a major improvement in their ability to achieve everyday activities of daily living. After surgery, you can expect that your hip pain will be improved, that your range of motion increases with physiotherapy as you strengthen any muscles that might have deconditioned, and to return to most activities and exercises that you enjoy.

However, it's important to know that you will be advised to avoid certain activities for the rest of your life, like long distance jogging and high-impact sports.

Even with normal use and activities, an artificial joint develops some wear over time. High impact sports accelerates wear and may cause the prosthesis to loosen and become painful, leading to further surgery later on.

Getting fit and ready for surgery

Keeping fit with low impact exercise or physiotherapy (prehab), stopping smoking and maintaining a healthy weight are simple methods to personally improve your outcome. Look out for your skin, avoid cuts and abrasions to prevent infection.

Take a look at the **Arthritis Foundation of Australia** for some suggestions on exercising with arthritis.

WHAT ARE THE RISKS ?

Hip replacement is considered a highly predictable and safe procedure but its risks are real and should be carefully considered by prospective candidates.

Most patients are highly satisfied with their outcomes, but some can be disappointed with their choice or the result.

You should be aware that serious complications do occur and may necessitate further surgery and/or treatment slowing your recovery.

These include:

- Blood clots (deep vein thrombosis)
- Fracture
- Nerve injury
- Dislocation
- Infection
- Loosening in the short or long term
- Prosthesis wear in the long term.

Both you and Dr Ellis will work together to avoid adverse results from surgery. You can help by informing Dr Ellis of your other health conditions, regular medication or concerns that you have prior to surgery. Blood thinners, arthritis and diabetes medications are examples.

If you have further questions, please ask!

Once you've made the choice to proceed to hip replacement, let **Dr Ellis** and his staff know and we'll get the ball rolling! You can expect, pending your health issues, to have your surgery within four to six weeks.

STEP ONE: Imaging

Our prosthesis engineers use special CT/x-rays to design your surgical plan and choose an implant tailored to your specific biomechanics.

We will book this radiology appointment for you well prior to surgery.

Please ensure to attend this appointment as the planning studies are required for your operation.

STEP TWO: Preadmission

It's important to attend preadmission at North Shore Private to assess your fitness for surgery.

Any health issues that might affect your recovery should be discussed with the team, and a general health assessment will take place to make sure your pathway is a smooth one!

Please complete a **NSPH booking form** prior. Dr Ellis' staff will arrange a time for you to attend.

STEP THREE: Preoperative Check

You'll see Dr Ellis for a last check roughly a week before your date of surgery.

You'll review with Dr Ellis the results of preadmission and your imaging, and make sure that everything is ready.

Now's a good time to ask further questions.

SURGERY

Admission is usually on the day of surgery.

Dr Ellis and his anaesthetist will see you before your operation to check your condition and answer any last questions.

The operation lasts about two hours and you will stay in the operating room for 4 - 5 hours. Dr Ellis will ring your nominated relative at this time, to let them know that all is well. You will begin to walk on the day of surgery or early the next day with the hospital physios.

DISCHARGE

Your hospital stay will last roughly two to five days.

Once fit to leave, you have several options. Rehabilitation as an inpatient is one choice, but you can also recover well with physio at home or by attending an organised outpatient program.

There are many options for home based rehab, discuss this with Dr Ellis' staff and your insurer to find out.

WEEK 1-6: RECOVER and REHABILITATE

This is the time to work hard with your physio and rehab team. Some movements will be restricted in the first six weeks to protect the surgical wound and your new hip as it heals. You will be on crutches, a frame or using a stick for the first few weeks.

Whether you're at home, attending a day program, an inpatient or working with private physios, keep active and moving!

It's important to know that you can't drive during this time for the first four to six weeks until Dr Ellis gives the okay. With the anterior approach, driving can often occur at four weeks.

Be prepared to be in some pain but as time passes, you'll wean from your pain medication.

Dr Ellis will see you at 6 weeks post-op with an x-ray, but is always **available** if you have any worries.

WEEK 6-12: NORMALISE and STRENGTHEN

During this time, you'll start to be able to recommence your normal recreation, exercise and social activities. As you regain your strength, your new hip should now allow you to do the things you might have stopped because of pain.

Just keep in mind that your prosthesis and bone is healing, so avoid activities that place twisting forces on the leg and hip - breaststroke swimming should be avoided for the first six months.

Dr Ellis will see you again at the 12 week mark, making sure that you've made it through the first three months.

Most people will return to full time work early in this period.

HOW CAN I IMPROVE MY RECOVERY?

Being diligent about rehabilitation and physiotherapy in the first weeks will hugely improve your outcomes.

Home Based Rehab - A popular solution, these programs are usually covered in the majority by your health fund. If you choose not to go to rehab, they offer in home supported care, physiotherapy and online consultations, often with prehabilitation sessions before your surgery. Check with your insurer if you are eligible.

Options include the **Patient Ally Program** with physio Ilze de Klerk or **Ramsay Connect**.

Wound Care - You will have stitches along your wound or a suture beneath your skin. The stitches will be removed two weeks after surgery, usually by your GP. The dressing applied at surgery will also be removed at this time.

Avoiding Problems after Surgery

Blood Clot Prevention - Follow the advice of Dr Ellis carefully to reduce the possibility of developing blood clots, which can occur in the first weeks of recovery. Take the prescribed medication and wear your TED stockings for six weeks.

Look out for:

- Pain in your calf and leg, unrelated to the incision
- Tenderness or redness of your calf
- Swelling of the thigh, calf, ankle or foot
- Warning signs that a clot has travelled to your lung include:
 - o Shortness of breath
 - o Chest pain, particularly with breathing

Notify Dr Ellis immediately if you develop any of these signs. If it's an emergency, call an ambulance or go to the nearest hospital.

Avoiding Falls - A fall during the first few weeks after surgery can damage your new hip and may result in a need for more surgery. Listen to your physios and keep using your walking stick, frame, crutches or handrails until your flexibility and strength are

HIP REPLACEMENT – the SPECS

Every year, new advances are made to orthopaedic technology and surgical techniques - Dr Ellis' years of experience and new engineering innovations come together to give you a safe and reliable prosthesis.

Implant Designs - the hip joint is a ball-and-socket joint, where the spherical head of the femur moves inside the cup-shaped socket, or acetabulum, of the pelvis. Your implant will be a combination of ceramic against polyethylene or ceramic as the bearing surfaces. The 'bearing surfaces' are the parts that move together (the ball and socket). The parts used to support the bearings are made of titanium or high grade stainless steel.

Three components are required in a hip prosthesis to duplicate the joint:

1. The **stem** (which fits into the femur and provides stability)
2. The **ball** (which replaces the spherical head of the femur)
3. The **cup** (which replaces the worn-out hip socket)

Dr Ellis uses the innovative **Hip 360** alignment system to place the implants into your hip joint. This system is a patient specific plan, 3D printed cutting guide and laser guided alignment, based on analysis of the special CT scans taken prior to your surgery.

It is designed to ensure that your new joint **mimics** the natural position of your hip joint when sitting, standing and bending forward. as closely as possible, to prevent possible complications such as edge loading of the prosthesis, restriction in range of motion or possible dislocation due to malalignment.

How much does hip replacement cost?

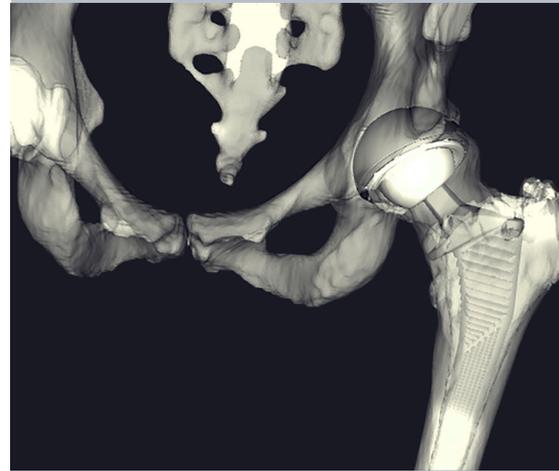
Your private health insurance should cover the majority of your care. Check your level of cover to ensure that the stay in hospital, the prosthesis and rehabilitation are all covered.

Dr Ellis will discuss his fees with you. Well before surgery, you will be provided with a quotation for surgery for informed financial consent. Dr Ellis uses **the AMA schedule of fees** as the basis of his part of the professional costs of the operation. He works closely with a specialist anaesthetist of great experience, who will charge separately, and whose likely fees can be confirmed preoperatively.



Direct anterior approach versus the posterior approach?

Dr Ellis will discuss the surgical approach (i.e. where and how the incision for surgery is made) with you before surgery. Depending on your biomechanics and other health conditions, he will choose an approach that gives you the best outcome. Research shows that the different approaches have negligible discrepancy in outcomes in the long term, though the direct anterior approach has a lower rate of dislocation and less restrictions in the first six weeks.



Further information:

Throughout the text, we have highlighted these resources. Please follow for further information:

Arthritis Foundation Australia
Arthritis NSW
Osteoarthritis Chronic Care Program, RNSH
American Academy of Orthopaedic Surgery
Osteoarthritis Research Society International

At Home Rehab Services:

Ramsay Connect
Patient Ally Program with Ilze de Klerk
Rehabilitation in the Home
Medibank Rehab in the Home

North Shore Private Hospital Admissions

CONTACT US:

Suite 203, Level 2,
AMA House, 69 Christie St,
St Leonards NSW 2065

info@orthonorth.com.au

Ph: (02) 9460 9100

F: (02) 9437 3789