

WHAT TO EXPECT AFTER HIP REPLACEMENT

Hip Replacement Surgery



With arthritis, the weight bearing surfaces of the hip joint become worn away. They are no longer smooth and free running and this leads to stiffness and pain as the bone of the thigh bone (femur) grinds on the socket in the pelvis.

A total hip replacement replaces these surfaces with plastic and metal. The hip end of the femur is replaced with a smooth metal component, which fits into the end of the thigh bone. This articulates with a cup which replaces the socket in the pelvis.

The surgery is performed via an incision (cut) down the side of the hip of about 15cm in length. The hip joint is dislocated and the round head on the top of the thigh bone is removed and replaced with the metal component. The cup in the pelvis is replaced with a new cup lined with either plastic or ceramic. When your surgeon is satisfied with the position and movements of the hip, the tissue and skin are closed with stitches (sutures).

Posterior Approach



The approach is the pathway the surgeon takes to reach the hip during the operation. The Arthroplasty Society of Australia notes no single hip replacement approach is proven superior. NSORG surgeons most commonly use the posterior approach, a safe and reliable method with excellent long-term outcomes which offers several benefits for patients:

Excellent access and visibility for accurate placement of hip components.

Muscle-sparing technique – the main hip muscles are split rather than detached, which supports recovery.

Flexibility – suitable for a wide range of hip shapes, sizes, and implant designs.

Proven track record – decades of reliable results, with very low complication rates.

With careful surgical technique and modern implants, the risk of dislocation is very low, and outcomes are comparable to any other approach. What matters most is that the operation is performed safely and reproducibly by a surgeon experienced in the technique.

Day of Surgery



You are usually admitted to hospital on the morning of surgery. The hospital staff will call you to advise your admission time. You need to take relevant x-rays, current medications and their prescriptions.

On the day of surgery, you will meet with your surgeon and anaesthetist before the operation. Your anaesthetic will be given in the operating theatre. This may be a general anaesthetic (where you are fully asleep) or a spinal anaesthetic (which numbs the lower half of your body), combined with sedation or a general anaesthetic to keep you comfortable.

You will wake up in the recovery ward and then be transferred back to your room.

You will be encouraged to stand and take a few steps on the same day as your surgery with the use of a walking frame.

Early Recovery after Surgery



Your physiotherapist will assist you to get out of bed and walk a short distance. This will be progressed over a few days, till you are independently mobile.

You will be encouraged to get up and out of bed as much as possible, and shown exercises to improve the strength and regain the range of motion of the hip. In most instances you can take as much weight on your leg as comfortable. The exercising will cause some discomfort and swelling, however this is a normal part of the healing process. An ice pack should be used regularly to help reduce the pain and swelling.

After a few days you should be walking reasonably comfortably for short distances, be able to manage stairs, and dress and care for yourself independently.

We encourage you to take all of your meals sitting out of bed and dress in normal loose fitting comfortable day clothes.

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Hip and Wound Care

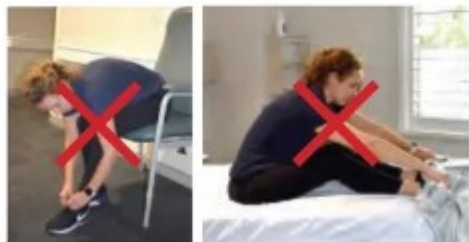


Immediately after surgery some hip discomfort and swelling is normal, and is just part of the healing process. Ice packs should be used regularly to help reduce the pain and swelling around your hip. You will be given regular pain relief.

The hip wound sutures are dissolvable and do not need to be removed but the wound will remain covered until healing is complete (around 10 days). When you leave hospital your hip wound will be covered with a waterproof dressing.

Once the dressings are removed the wound may appear slightly red and raised with small scabs which are normal.

Hip Precautions for 6 weeks



Surgeons may recommend you follow the hip precautions for six weeks to reduce the risk of dislocation. **This applies to patients of Dr O'Sullivan, Dr Gooden and Dr Sundaraj**

1. **YOUR HIP SHOULD NOT BE FLEXED MORE THAN 90 DEGREES**
Chair seat height should be knee height or higher, with arm rests to enable you to get out of it easily. Deep lounge chairs should not be used. Don't bend forward to pick up items and don't lean forward to put on socks and shoes. Use a wedge cushion in the car or for low seats.
2. **NO CROSSING OF YOUR LEGS**
Do not cross your legs when you are sitting down, standing up or lying down.
Keep your knees apart when bending to reach between your legs, rather than reaching to the outside of your leg.
3. **NO TWISTING OF YOUR LEG**
Keep feet facing the direction you are going, rather than feet planted and then twisting
4. **SLEEPING:** You should sleep on your back, or on the side that is not operated on, with a pillow between your legs
5. Avoid **LIFTING** or carrying anything heavy

Going Home



Most patients stay in hospital for 3-5 days, and then go home. Wherever possible we encourage you to go home to continue your rehabilitation. Current evidence including **our published research** suggests that routine prolonged stay in rehabilitation hospitals is not beneficial.

The hospital staff will guide your ongoing treatment in the form of either **home visits, outpatient rehabilitation classes** or a self directed exercise program. You will be provided with medications to take home to manage your pain. You should schedule an appointment with your GP for a check up within the first week of going home.

Most patients will be walking with crutches or a stick and be able to manage stairs, and dress and care independently.

Once home we encourage you to perform your exercises regularly and commence a walking program. **Activity trackers** such as an apple watch or fitbit can be useful to track your activity level. In general aim for 1000 steps per day in week one and increase your goal by 1000 steps each week.

What to expect in the first few months



It is common to have some soreness, stiffness and some swelling around your hip for 3 months after surgery, especially with activity.

Local **numbness** around the wound is not uncommon. The hip may also feel slightly **warm** for this period.

Pain medication should be tailored to the individual symptoms. Narcotic medications should be ceased as soon as tolerated.

Sleep disturbance in the first few months is common.

Walking is encouraged as exercise, and an excellent goal is about 7000 steps per day for healthy adults over 65 years.

Return to work depends on the type of work you do and your ability to travel.

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Driving



Most people can usually return to driving after a hip replacement once they can safely control the car—particularly being able to do an emergency stop without hesitation or pain.

Studies suggest that driving **reaction times and strength usually normalise around 4-6 weeks** after hip replacement surgery. This is why most people are advised to avoid driving until at least this point—especially if the **right hip** has been replaced, since that leg controls the accelerator and brake.

Key factors before resuming driving:

No longer taking strong painkillers (like opioids) that impair reaction or judgment.

Able to walk comfortably and bear weight on the leg.

Good control and strength in the hip, with adequate range of motion.

Practice in a safe setting first, such as an empty car park, before going on the road.

Sports and Activities



Swimming, golf, walking, cycling, lawn bowls, gardening and social tennis are examples of excellent options to explore to keep fit after hip replacement. However, you should plan to refrain from exercises such as pilates, golf and social tennis until 2-3 months after surgery.

With all sporting activities it is advised to progressively increase intensity as your hip symptoms tolerate. For example for **golf** get comfortable at the driving range or putting green, and plan to use a cart initially. For **tennis** practice with a friend and start with doubles format. For **cycling**, start on a stationary bike.

High-impact sports involving jumping, running, and quick pivoting, such as basketball and football, should generally be avoided. Activities which put your body into extreme poses at end of range, such as yoga, are not recommended at any time after hip replacement.

If you are enthusiastic about a particular sport, please seek instructions from your surgeon.

Travel and Flying



It is usually safe to take a short flight a week after surgery as long as you do not have blood clots in your legs. Long flights are best avoided during the first few months after surgery, as there is a risk of deep vein thrombosis (blood clots in the legs).

If you must travel in the first few months, we recommend you wear TED stockings, mobilise throughout the flight as much as possible and keep your legs elevated when seated during the flight if possible. If it is necessary to travel long distances, then speak to your GP or surgeon prior to doing so. They may recommend you take some preventative medications.

You should not plan significant travel which would involve a lot of daily walking for at least 3 months after hip replacement surgery.

Dental Procedures



After joint replacement current evidence suggests that routine use of antibiotics for all dental procedures is not indicated. Rather this decision should be based on the expected associated risk of infection associated with the procedure. For routine non surgical dental treatments, including extractions no antibiotics are required, unless otherwise indicated.

Prophylactic antibiotics may still be considered for patients with high risk such as

- Immunocompromised status: Patients with weakened immune systems are at a higher risk.
- Recent surgery: A dental procedure within the first three months after a joint replacement is a higher-risk situation.
- Infection from a dental problem: Dental treatments for established tooth infections are more likely to require antibiotics.

PREPARING FOR HIP REPLACEMENT

Preadmission Appointments



You should arrange to attend the Mater Hospital **preadmission clinic** before surgery to be meet with an Anaesthetist and hospital staff. If you live remotely this can be organised over the telephone. You can discuss your medical history and options for your anaesthetic. This should be scheduled for 2-4 weeks prior to your surgery. Phone: (02) 9900 7494

Prior to you appointment complete the online admission and registration form, and have your pre-operative blood tests. If your Surgeon has asked for a review with a cardiologist or Physician, have this prior to your Pre-Admission appointment.

You should also contact the **Mater Continuous Care Team** who can assist in your preparation for surgery and

Managing Medications



You should disclose to your anaesthetist if you are taking any blood thinners, hormone tablets, diabetes or weight loss medications. Your anaesthetist will give you individual advice, but in general stop arthritis medications such as **anti-inflammatories** for one week prior to surgery as they increase bleeding. Take only panadeine or paracetamol for pain relief during this period.

GLP-1 receptor agonists (such as semaglutide [Ozempic, Wegovy], dulaglutide [Trulicity], Tirzepatide (Mounjaro) are being used for both diabetes and weight management. GLP-1 medications slow down stomach emptying. This can increase the risk of vomiting or aspiration (food or fluid going into the lungs) during anaesthesia. These medicines are usually paused a few weeks before surgery. Your anaesthetist will give you specific instructions for your individual case.

Mobility & Equipment



Ensure you have supportive and comfortable **shoes**, with a flat grip sole that fully enclose your feet

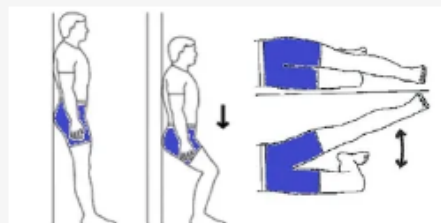
Walking aids: you will likely use crutches or a stick when you return home. These can be purchased or hired before surgery. Before surgery, practice and get comfortable using these aids around your home.

Bathroom aids: a raised toilet seat, shower chair, and non-slip mats can make bathing safer and can be hired.

Pet care: make arrangements if you have pets that may get underfoot or need walking.

Transport: arrange who will drive you home from hospital and to follow-up appointments (you won't be able to drive for several weeks).

Strength and Exercises



Some simple exercises can be beneficial in improving the strength of your leg before surgery which may assist your post operative recovery. You may benefit from an appointment with a **physiotherapist** for a personalized program.

Use of a **stationary exercise bike** is encouraged.

Some other **simple exercises** are

1. Wall squats from 0-90 degrees of knee flexion.
2. Side Leg Lift. Lying on your side with the bottom knee bent, slowly raise and lower your leg
3. Hip Extension. In a standing position, slowly lift your leg backward, keeping your knee straight.
4. Bridging. Lying on your back with your knees bent, slowly raise your buttocks from the bed, keeping your stomach tight.

Walking is encouraged as exercise, and an excellent goal is about 7000 steps per day for healthy adults over 65 years.

This **video** available on the Mater Hospital website may also be a useful guide.

Preparing your home



Make Moving Around Safer

Clear walkways: remove loose rugs, cords, and clutter to prevent tripping. Ensure hallways, stairs, and bathrooms are well lit. Check that any stair rails and grab bars are secure.

Set Up Comfortable Living Spaces

Make sure you have a firm, supportive **chair** with arms that is not too low, to make standing up easier. Chair seat height should be knee height or higher, with arm rests to enable you to get out of it easily. Deep lounge chairs should not be used.

Bed height – Your mattress should be high enough that you can sit without your hips bending past 90°.

A **raised toilet seat** makes it easier to sit and stand without bending too much.

Plan for Meals & Essentials

Stock up on groceries: freeze easy meals or prepare healthy options ahead of time.

Keep essentials handy: place frequently used items (phone, TV remote, medications, water bottle) within easy reach at waist level.

In the kitchen move frequently used items out of low or high cupboards so they can be easily accessed.

Preparing for Surgery with Diet



Eating well rounded meals in the weeks before surgery emphasizing complex carbohydrates and especially high quality proteins which will support recovery and strength.

Protein intakes of 1.2-2.0g/kg/day is recommended in the weeks before surgery. Supplements can be helpful in achieving these goals. If you have diabetes, it is important to keep blood sugar under good control — this lowers risk of infection and helps healing.

Alcohol increases bleeding risk and may interact with anaesthetic so is best avoided in the week before surgery. **High-salt foods** may increase swelling and blood pressure.

Eat a **balanced meal the night before**: lean protein, vegetables, and whole grains, and avoid alcohol and heavy, fatty, or spicy meals that can upset your stomach.

You will usually be asked to fast from midnight the day before surgery which means you should have no food, and drink clear fluids only.

NSORG Outcomes of Hip Replacement



Since 2015, the surgeons of the **North Sydney Orthopaedic Research Group** have followed more than **5,500 patients** before and after hip and knee replacement surgery. We collect information at before surgery, 6 months, and 12 months after surgery to understand recovery and outcomes.

Satisfaction With Hip Replacement

94% of patients said they would have the same surgery again. At 6 and 12 months after surgery, over 9 in 10 patients were satisfied or very satisfied with their results.

Pain Relief

Before surgery, average hip pain was 6/10. At 12 months, pain improved to less than 1/10. Only 20% of patients had little or no pain with walking before surgery, at 12 months, this improved to 98% of patients.

Activity Levels

In a smaller study of 160 patients who wore a wrist-worn step counter: At 6 months, patients walked 130% more steps each day compared to before surgery. 70% were more active than they were before their operation.

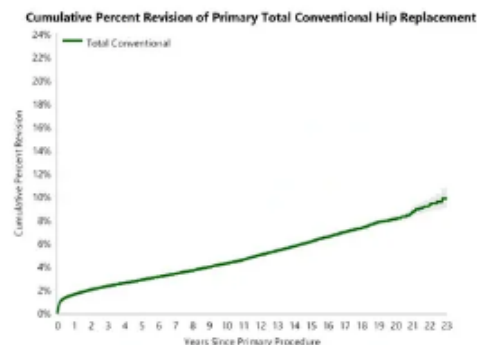
Depression and Anxiety

In our study of 3624 hip & knee replacement patients:
 Half reported some level of depression or anxiety before surgery. Moderate to severe depression or anxiety dropped from 21% before surgery to 8% after surgery.
 Of those with moderate to severe symptoms before surgery, 87% improved within 12 months.
 Patients with depression or anxiety tended to start with lower scores, but improved just as much (or more) than other patients after surgery.

Take-home message:

Most people experience **substantial pain relief, high satisfaction, better activity levels, and improved mood** within the first year after hip & replacement surgery with surgeons from North Sydney Orthopaedic Research Group. These results show that hip replacement can reliably improve quality of life.

Outcomes from Australian Joint Registry



The Australian Orthopaedic Association National Joint Registry (AOANJRR) tracks every hip replacement that is performed in Australia for further surgery that is required. There were **691,118** hip replacements reported to the Registry as at 2024.

The AOANJRR tracks "revision surgery" — meaning removal, replacement, or addition of any device component. After hip replacement the percentage of patients that have not had any revision surgery is 97% at 5 years, 96% at 10 years, 94% at 15 years and **92% at 20 years**. This bodes well for the long term survival of modern hip replacements.

Younger age (<55 years) especially in females, and higher body mass index (BMI)—especially BMI >40—are among the predictors for early revisions.

Hip replacement surgeries in Australia generally have **excellent outcomes**. Most patients report substantial improvements in pain, function, and overall quality of life—a finding supported by real-world data covering nearly all hip replacements in the country. The rates of needing further surgery (revision) are low, and have improved over time thanks to better implants and refined surgical methods.