

# TOTAL HIP REPLACEMENT

Before Your Surgery

## YOUR SURGERY AT A GLANCE

|                         |                                                                                                                                                                                                                             |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SURGERY</b>          | Both sides of the worn hip joint (ball and socket) are replaced, using the <b>anterior approach</b> through the front of the hip, between the muscles                                                                       |
| <b>HOW LONG</b>         | About <b>60 minutes</b>                                                                                                                                                                                                     |
| <b>ANESTHESIA</b>       | <b>Spinal anesthesia</b> , plus long-acting pain medicine injected around the joint during surgery                                                                                                                          |
| <b>WHERE</b>            | Proliance Surgery Center at Valley (PSCV) or Valley Medical Center (VMC), both in Renton. We will tell you which. <b>Most people go home the same day.</b> Some stay 1 night at Valley Medical Center                       |
| <b>AFTER SURGERY</b>    | Full weight from day 1 with a <b>walker</b> . <b>No hip precautions</b> , but no bridging or resisted hip-flexor exercises for <b>6 weeks</b> . PA visit at <b>2 weeks</b> . Clinic visit with X-rays around <b>6 weeks</b> |
| <b>PHYSICAL THERAPY</b> | <b>Prehab before surgery</b> . After surgery, a <b>home exercise program</b> first. Formal PT only if we order it, or after your PA visit at 2 weeks                                                                        |

### Do these now, before surgery

- **Do physical therapy before surgery (prehab)** to prepare your body and learn the home exercise program you will follow after surgery.
- **Arrange a driver** and someone to stay with you for the first 24 hours.
- **Start your skin disinfection 5 days before surgery.** We will give you detailed instructions at your pre-op visit. This is a critical step in preventing infection.
- **Get your handicap placard** at a DMV office, using the application from your clinic visit, so you do not have to deal with it while recovering.

## About Your Condition

Hip arthritis happens when the smooth cartilage covering the ball (femoral head) and socket (acetabulum) of the hip joint wears away over time. As the cartilage thins and disappears, the bones begin to touch each other directly: what we call "bone-on-bone." This causes friction with every step, which leads to inflammation, pain, and a gradual loss of motion.

The classic symptom of hip arthritis is **pain in the groin**, deep in the front of the hip near the crease of your leg. You may also notice stiffness when you first stand up, less range of motion (trouble putting on socks or getting in and out of a car), a limp, and pain that wakes you at night. Groin pain that spreads into the thigh or knee is also common.

Why surgery: surgery is recommended when conservative treatments, such as physical therapy, anti-inflammatory medicines, cortisone injections, and activity changes, no longer give you an acceptable quality of

life. The right time is personal. It is when the hip is limiting you in ways that matter to you, and when you are ready to commit to the recovery.

## About Your Surgery

A total hip replacement replaces both sides of the damaged joint. The ball is removed and replaced with a ceramic ball attached to a metal stem placed in the thigh bone (femur). The socket is resurfaced with a metal cup and a smooth plastic liner. The four parts are: a **titanium cup** (press-fit so bone grows into it), a surgical-grade **polyethylene liner**, a **ceramic ball**, and a **titanium stem**. The surrounding muscles and most of the hip capsule are left intact.

I use the **anterior approach**, going through the front of the hip between the muscles rather than cutting through them. Because no muscles are cut, patients usually have less pain after surgery, a faster return to function, and a much lower risk of dislocation than with the traditional posterior or lateral approaches.

### No hip precautions

There are **no restrictions** on sitting, bending forward, crossing your legs, or chair height. The usual precautions after a traditional hip replacement do not apply with the anterior approach. The only restrictions are **no bridging and no resisted hip-flexor exercises for 6 weeks**.

Surgery usually takes about **60 minutes**. In the vast majority of cases, this is an outpatient surgery at the Proliance Surgery Center at Valley (PSCV) or Valley Medical Center (VMC), and you go home the same day. In some situations, because of age or health, it is done at Valley Medical Center with **1 night in the hospital**.

The surgery is done under **spinal anesthesia**. Spinal anesthesia avoids general anesthesia in most cases, which means less nausea and grogginess. During surgery, a long-acting pain medicine mixture is also injected around the joint and into the joint capsule.

### Risks of surgery

Infection (about **0.5%** with modern infection prevention), blood clots, a difference in leg length, nerve injury (usually temporary), the implant loosening over time, a fracture of the bone around the implant, and dislocation (**well under 1%** with the anterior approach). A small area of numbness on the outer thigh is common and usually fades over 6–12 months. We will work together to make your recovery as smooth as possible and lower these risks.

### Learn more and watch the videos

My website covers hip arthritis, anterior hip replacement, and recovery in more detail. [merrittsurgery.com/surgeries/hip-arthritis-and-replacement](http://merrittsurgery.com/surgeries/hip-arthritis-and-replacement)



Scan to learn more  
and watch videos

## The Day of Surgery

*What to expect, step by step.*

### 1 A couple of days before

The nursing staff will call to confirm your check-in time and when to stop eating and drinking.

**2 Check in**

Check in at the front desk at your assigned time. In the pre-op area, with your family, our nurses will help you change, start an IV, and review your health history.

**3 Meet the team**

I will meet with you to review the plan, and the anesthesia team will explain their approach.

**4 Surgery**

When the operating room is ready, you will walk back with a nurse. After anesthesia is given, you will not remember anything until the recovery room. While you are in surgery, your family can pick up your post-operative medicines at the pharmacy (next to the surgery center at PSCV, or near the operating rooms at VMC).

**5 Recovery room and going home**

You will be monitored until you are awake, have some crackers and juice, and are comfortable. Then you will change into your clothes and be wheeled to your car. **You need someone to drive you home and stay with you for the first 24 hours.**

## After Surgery: What to Expect

Pain, swelling, and limited motion in the hip are normal after surgery. The **first five days** are usually the hardest. After that, most people notice a real turning point as pain decreases and function improves quickly. You may put **full weight** on your leg from day 1, with a walker for the first **1–2 weeks**. Most people move to a cane around week 2 and use no device by **4–6 weeks**.

### The "Quiet Hip": your first two weeks

The anterior approach leaves the muscles intact, but the work done during surgery still causes inflammation around the hip flexors. People who feel too good and become too active in the first two weeks can develop painful **hip flexor tendinitis**. **Ice the front of your hip 20 minutes on, 20 minutes off** while awake, even if you feel fine. Keep your activity modest, and avoid aggressive hip flexor exercises during this time.

### The "No Bridging" rule: 6 weeks

For the first **6 weeks**, do not do bridging exercises (lying on your back and lifting your hips). This lets the front of the hip capsule heal. Also avoid **leg lifts against resistance** (resisted hip-flexor exercises) for 6 weeks. Beyond these two rules, you have very few limits with the anterior approach, and no rules about sitting, bending, or crossing your legs.

**Physical therapy:** most hip replacement patients do well with a structured **home program** after surgery. This means walking, the exercises you learn in prehab, and a gradual return to activity. Formal PT after surgery starts only if we order it, or after your PA visit at 2 weeks if you are struggling with your home program.

The timeline below shows what to expect. Everyone heals at a different pace, so this is a general guide, not a strict schedule. I will guide your progress based on your healing.

| When | What to expect |
|------|----------------|
|      |                |

|                   |                                                                                                                                                                                                                                                                                     |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Week 1</b>     | Pain and swelling are at their peak. This is normal. Walk with a walker inside the home, a little farther each day. Home exercises: ankle pumps, quad sets, hip abduction slides. Ice the front of the hip 20 minutes on, 20 minutes off while awake. Elevate the leg when resting. |
| <b>Weeks 2–3</b>  | Most people move from the walker to a cane around week 2, once they feel safe and balanced. Walk a little farther each time. <b>Walking is your most important rehab tool.</b> Stationary bike may start at 2 weeks. Light desk work around <b>3–4 weeks</b> .                      |
| <b>Weeks 4–6</b>  | <b>Most people walk without any device by 4–6 weeks.</b> Return to swimming and low-impact activity. Clinic visit with X-rays at 6 weeks: the bridging and resisted hip-flexor limits are lifted, and you are cleared to gradually return to activity.                              |
| <b>Months 2–3</b> | Return to hiking, golf, cycling, pickleball, and swimming. Function improves quickly in this phase. If you do formal PT, it is usually complete by 3 months. Keep up your home strengthening program on your own.                                                                   |
| <b>12 months</b>  | Full recovery. Your hip keeps gaining strength and feeling more natural through the first year. Modern implants are designed to last <b>20–30 years or more</b> . Over 90% of patients report dramatic pain relief and a much better quality of life.                               |

### Driving

- **Right hip:** usually 3–4 weeks.
- **Left hip (automatic car):** usually 2–3 weeks.
- You must be off narcotic pain medicine and able to brake quickly and confidently.

### Dental work

For **1 year** after your hip replacement, you will need an antibiotic before dental procedures. Let your dentist know you had a joint replacement.

## Preparing for Surgery

### Medicines and supplements before surgery

- The pre-op nurse will tell you when to stop eating and drinking.
- **Stop fish oil, vitamin E, and herbal supplements 5 days before surgery.**
- **Tell us** if you take a blood thinner (such as Eliquis, Xarelto, warfarin, or Plavix) or a weekly diabetes or weight-loss injection (such as Ozempic, Wegovy, or Mounjaro). These may need to be stopped earlier.

### Physical therapy before surgery (prehab)

Physical therapy before surgery is recommended to strengthen the hip and gluteal muscles, improve motion, and learn the home exercise program you will follow after surgery. The stronger you go into surgery, the stronger you come out.

## Nutrition

What you eat has a direct effect on how well you heal. Start good nutrition before surgery and continue through your recovery. Our nutrition guide explains what to take and how much: [merrittsurgery.com/surgeries/nutritional-optimization](https://merrittsurgery.com/surgeries/nutritional-optimization)



Scan for the nutrition guide

## Ice machine: my #1 recovery recommendation

An ice machine is the single best investment you can make for your recovery. It makes icing **20 minutes on, 20 minutes off** easy, without the risk of frostbite, and is far easier than ice bags or gel pads. Our clinic staff can fit you for one before surgery and show you how to get the most out of it. Stock up on bags of ice: the machine can use a bag a day. **Scan the code to learn more or buy one.**



Scan for recovery tools

## Get your home ready

- Sleep on the ground floor for the first 1–2 weeks to avoid stairs.
- Remove throw rugs and other fall hazards.
- Set up daily items within arm's reach (medicines, phone, remote, water, charger).
- Have pillows ready for elevation.
- Manage pets that might cause falls. **Falls are the main safety risk in early recovery.**

## Day-of-Surgery Checklist

- ☐ Verify your check-in time and follow the instructions on when to stop eating and drinking
- ☐ Wear comfortable, loose clothes (sweatpants work well)
- ☐ No perfume or lotion on your skin
- ☐ Remove jewelry or leave it at home
- ☐ Ice machine and bags of ice ready at home for when you return
- ☐ A driver, and someone to stay with you for the first 24 hours
- ☐ If you are under 18: one family member must stay at the surgery center or hospital during the entire surgery

## Contact Information

|                              |                                             |
|------------------------------|---------------------------------------------|
| Questions about your surgery | (425) 656-5060                              |
| PSCV Surgery Center          | (425) 226-2041                              |
| Surgery scheduling           | (425) 528-7155                              |
| Pre-op nurse                 | (425) 291-1465                              |
| Billing                      | (425) 291-1414                              |
| PSCV address                 | 4009 Talbot Rd S, Ste 200, Renton, WA 98055 |
| VMC address                  | 400 S. 43rd Street, Renton, WA 98055        |