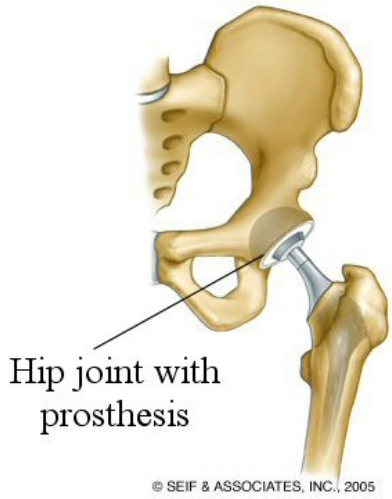
Hip Hemiarthroplasty

The hip joint is located where the upper end of the femur meets the pelvis socket (*acetabulum*). The femur, or thigh bone, looks like a long stem with a ball on the end. The acetabulum is a socket or cup-like structure in the pelvis, or hip bone. This "ball and socket" allows your hip to move.



During Hip hemiarthroplasty, your surgeon removes the diseased bone tissue and cartilage from the hip joint. The healthy parts of the hip are left intact. The head of the femur (the ball) and the socket (*acetabulum*) is replaced with new, artificial parts. The new hip is made of materials that allow a normal movement of the joint. This surgery usually lasts 2 to 3 hours.

The purpose of this surgery is to reduce pain and improve range of motion. It is one of the most successful joint replacement surgeries. It most often greatly improves the quality of life.

BEFORE SURGERY

- Do not eat or drink anything prior to surgery as directed.
- You should be present one hour prior to your procedure. Check in at the admissions desk for filling out necessary forms if not preregistered. There may be consent forms to sign prior to the procedure. Should friends or family accompany you, there is a waiting area available for them while you are having your procedure.

LET YOUR CAREGIVERS KNOW ABOUT THE FOLLOWING:

- Allergies
- Medications taken including herbs, eye drops, over the counter medications, and creams
- Use of steroids (by mouth or creams)
- Previous problems with anesthetics or Novocaine
- Possibility of pregnancy, if this applies
- History of blood clots (*thrombophlebitis*)
- History of bleeding or blood problems
- Previous surgery
- Other health problems

BEFORE AND AFTER YOUR SURGERY

Prior to surgery an IV (intravenous line for giving fluids) may be started. You may be given an *anesthetic* (medications and gas to help you sleep) during the procedure. After surgery, you will be taken to the recovery area. There a nurse will watch and check your progress. You may have a *catheter* (a long, narrow, hollow tube) in your bladder following surgery. The catheter helps you pass your water. Once you're awake, stable, and taking fluids well, barring other problems you'll be returned to your room. You will receive physical therapy until you are doing well and your caregiver feels it is safe for you to be transferred home or to an extended care facility.

HOME CARE INSTRUCTIONS

- You may resume normal diet and activities as directed or allowed.
- Change dressings if necessary or as directed.
- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.

SEEK IMMEDIATE MEDICAL CARE IF YOU DEVELOP:

- Swelling of your calf or leg or develop shortness of breath or chest pain.
- Redness, swelling, or increasing pain in the wound.

- Pus coming from wound.
- An unexplained oral temperature over 102º F (38.9º C) develops.
- A foul smell coming from the wound or dressing.
- A breaking open of the wound (edges not staying together) after sutures or staples have been removed.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

Document Released: 01/02/2008 Document Re-Released: 11/30/2009
ExitCare® Patient Information ©2011 ExitCare, LLC.