

You will be shown how to safely climb and descend stairs, how to get into and out of a seated position, and how to care for your hip once you return home. It is a good idea to enlist the help of friends or family once you do return home.

Before you leave the hospital, your therapist will show you a variety of exercises designed to help you regain mobility and strength in your hip. You should be able to perform these exercises on your own at home.

Most people are ready to go home between three to five days after surgery; however, some people may go to a separate rehabilitation facility, which your surgeon should discuss with you before surgery. Many people will go directly home and begin supervised therapy either at home or as an outpatient. When at home, it is extremely important to continue with your exercises as your surgeon has instructed.

## Recovery

Exercise is necessary for proper healing. Your surgeon may recommend therapy to assist with gentle leg movement, strengthening, and mobility exercises between 24–48 hours after surgery. Therapy will begin in the hospital and usually continues after discharge for approximately six weeks.

Diligent physical therapy, proper diet, and a willingness to follow all of your surgeon's recommendations will contribute to a successful recovery after surgery. Most patients are able to walk without support and drive three to six weeks after surgery. Activities such as golfing, playing doubles tennis, and swimming can usually be resumed after a thorough evaluation by your surgeon. Always follow your surgeon's recommendations as recovery time will vary for each patient.

Most patients are typically not allowed to participate in high-impact activities or contact sports. These types of activities place extreme amounts of pressure on the joints, which could lead to complications. Ask your surgeon which activities you should avoid after surgery.

Your surgeon should set a follow-up schedule for the first year after surgery to evaluate your progress. You will be seen annually thereafter. Complications can occur with implants, so it is important to see your surgeon if you notice any unusual changes regarding your new joint.

## Summary

We realize that the decision to have surgery is sometimes difficult. Millions of others have made this choice, allowing them to return to more active lifestyles. It is important that you make the best decision for yourself. This brochure is not intended to replace the experience and counsel of your orthopedic surgeon. If you have any further questions, please speak with your orthopedic surgeon.

\* DeFrances CJ, Hall MJ, Podgornik MN: "2003 National Hospital Discharge Survey. Advance data from vital and health statistics," No. 359, Hyattsville, MD: National Center for Health Statistics, 2005.

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my hip hurts



Your guide to  
**Osteoarthritis  
and Hip Replacement Surgery**

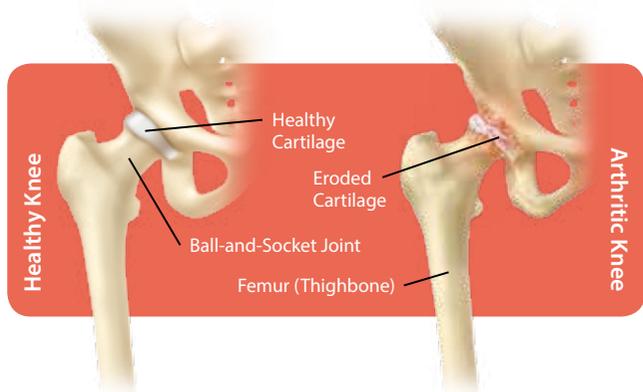


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## Your guide to understanding **Osteoarthritis and Hip Replacement**

Joint deterioration can affect every aspect of a person's life. It is common for people to ignore the symptoms of osteoarthritis in its early stages, but as the disease progresses, activities like walking, driving, and standing become challenging, painful, and very difficult.

This brochure will help you understand basic hip anatomy, arthritis, and total hip replacement surgery. This brochure is for educational purposes only and is not intended to replace the expert guidance of your orthopedic surgeon. Any questions or concerns you may have should be directed to your orthopedic surgeon.



### **The Hip**

The hip is a ball-and-socket joint that allows the leg to move in a variety of positions. The femoral head (ball) rides in the acetabulum (socket). The joint is lined with a lubricating tissue called cartilage, which cushions the joint as it moves and bears weight.

Osteoarthritis, the most common form of arthritis, is a wear and tear condition that affects joint cartilage, and it typically develops after years of constant motion and pressure in the joints. As the cartilage continues to wear away, the joint becomes increasingly painful and difficult to move.

Unfortunately, cartilage does not have the ability to repair or replace itself like other tissues in the body. Once cartilage is damaged or destroyed, it's gone for good. If conservative treatment options fail to provide relief, your surgeon may recommend total hip replacement.

### **Total Hip Replacement**

Total hip replacement can be an extremely successful surgical procedure. The first total hip replacement surgery was performed more than 40 years ago, and since then, millions of people have received hip replacements. Hip replacement surgery has become a fairly common procedure, with nearly 300,000 being performed every year in the United States alone.\* Total hip replacement, also called arthroplasty, involves removing the diseased bone and cartilage and resurfacing it with orthopedic implants. During surgery, the joint is exposed by an incision made on the side of the hip. The affected portion of the "ball," or head of the femur, is removed to allow for the replacement hip component, which is made of a biocompatible (body friendly) metal alloy such as cobalt chromium or titanium.



The "socket," or acetabulum, is then shaped to accept the new socket, which is pressed into place.

There are several materials that can be used to line the socket in your pelvis, including polyethylene (plastic) and metal. It is important to discuss these options with your surgeon.

Total hip replacement is performed while you are under anesthesia. There are various types of anesthesia available and your surgeon will explain your options to you before surgery.

The length of surgery may be approximately 1½–2 hours. Care before surgery and time spent in the recovery room can add an additional two to three hours before you are back in your hospital room.

### **Complications**

While uncommon, complications can occur during and after surgery. Some complications include, but are not limited to, infection, blood clots, implant breakage, malalignment, and premature wear, any of which can require additional surgery. Although implant surgery is extremely successful in most cases, some patients still experience pain and stiffness. No implant will last forever, and factors such as the patient's post-surgery activities and weight can affect longevity. Be sure to discuss these and other risks with your surgeon.

There are many things that your surgeon may do to minimize the potential for complications. Your surgeon may have you see a medical physician before surgery to obtain tests. You may also need to have your dental work up to date and may be shown how to prepare your home to avoid falls.

### **After Surgery**

After surgery, you will receive pain medication and begin physical therapy. It is important to start moving your new hip as soon as possible after surgery to promote blood flow, to regain motion, and to facilitate the recovery process. You should be out of bed and walking with crutches or a walker within 24 hours of your surgery.

