

Jonathan Payne, MD

1010 Prince Ave., Suite 700

Athens, GA 30606

Office: (706) 613-5880

Total Hip Replacement

A **direct anterior total hip replacement (THR)** is a minimally invasive surgical approach where the surgeon accesses the hip joint from the front, avoiding cutting major muscles. This technique often leads to faster recovery and less pain compared to traditional approaches. Here's a typical timeline for surgery and recovery:

Surgery Process

1. Preoperative Preparation

- **Medical Evaluation:** Blood tests, imaging (X-rays, MRI/CT scans), and cardiac clearance (if needed).
- **Medications:** Blood thinners may be stopped before surgery.
- **Fasting:** No food or drink typically after midnight before surgery.
- **Anesthesia:** General anesthesia or spinal anesthesia with sedation is used.

2. Surgery (About 1–2 Hours)

- **Incision:** A small (~3-5 inch) incision is made at the front of the hip.
- **Muscle Preservation:** The surgeon works between muscles without detaching them.
- **Bone Preparation:** The damaged femoral head is removed, and the acetabulum (hip socket) is cleaned.
- **Implant Placement:** A prosthetic cup is inserted into the hip socket, and a prosthetic femoral stem is placed inside the femur with a new ball joint.
- **Closure:** The incision is closed with sutures or staples, and a sterile dressing is applied.
 - A waterproof dressing is applied. You may shower right away and leave the dressing in place.

Recovery Course

1. Immediate Postoperative (Most patients are able to go home the same day; some may have to stay overnight in the hospital 1 night)

- **Pain Management:** Multimodal pain management.
- **Early Mobilization:** Walking within 24 hours with a walker.
- **Physical Therapy (PT):** Light exercises to prevent stiffness and blood clots.
- **DVT Prevention:** Blood thinners, walking regularly, and ankle pumps.

2. First 2 Weeks (Home Recovery)

- **Mobility:** Gradual increase in walking distance; avoid excessive bending and twisting.
- **Incision Care:** Keep the wound clean and dry; sutures/staples are removed around 10–14 days.

- **Pain Control:** Transition to over-the-counter pain medications.
- **Exercise:** Continue home PT exercises as instructed.

3. Weeks 2–6

- **Increased Mobility:** Walking longer distances, reducing reliance on assistive devices.
- **PT Progression:** Strength and balance exercises.
- **Driving:** Often allowed after 4 weeks (if off narcotics and able to move leg safely).

4. 6 Weeks – 3 Months

- **Return to Normal Activities:** Light exercises like swimming or stationary biking.
- **Full Hip Strengthening:** More advanced PT exercises.
- **Work:** Sedentary jobs can resume around 4–6 weeks; physical labor may take 3+ months.

5. Full Recovery (3–6 Months)

- **Most Patients:** Feel near normal around 3 months, but full bone healing and muscle recovery can take up to a year.
- **Activity Restrictions:** High-impact activities (running, jumping) should still be avoided.

Potential Risks

- **Infection, Blood Clots, or Dislocation** (though less common with the anterior approach)
- **Nerve Injury** (can cause temporary numbness)
- **Leg Length Discrepancy**

Here are some **key post-op exercises and precautions** to help you recover safely after a **direct anterior total hip replacement (THR)**.

Essential Post-Op Exercises

These exercises help restore strength, flexibility, and circulation. Start gently and progress as tolerated.

First 2 Weeks (Gentle Movement & Circulation)

1. Ankle Pumps & Circles (Prevent blood clots)

- Move your foot up and down (pumping motion) and make small circles.
- **Do:** 10 reps every hour while awake.

2. Quad Sets (Strengthens thigh muscles)

- Sit or lie down with your leg straight. Tighten the thigh muscle (press knee down).
- Hold **5 seconds**, release.
- **Do:** 10 reps, 3–4 times per day.

3. Heel Slides (Improve knee & hip flexibility)

- Lie on your back, slide your heel toward your buttocks, then straighten.
- **Do:** 10 reps, 2–3 times per day.

4. Glute Squeezes (Strengthen buttocks)

- Squeeze your glute muscles and hold for **5 seconds**.
- **Do:** 10 reps, 3–4 times per day.

  Weeks 2–6 (Increasing Strength & Mobility)

5. Seated Knee Extensions (Strengthens thighs)

- Sit in a chair, straighten your leg, hold **5 seconds**, lower slowly.
- **Do:** 10 reps, 3 times per day.

6. Standing Hip Abduction (Strengthens outer hip)

- Hold onto a sturdy surface, lift your leg **sideways** without leaning.
- **Do:** 10 reps, 2 times per day.

7. Standing Hip Flexion (Mimics walking motion)

- Lift your knee toward waist (not past 90°).
- **Do:** 10 reps, 2 times per day.

 Weeks 6+ (Building Endurance & Balance)

8. Mini Squats (Advanced strength)

- Hold onto a chair, bend knees slightly, keep back straight.
- **Do:** 10 reps, 2 times per day.

9. Step-Ups

- Step onto a low step, then step down slowly.
- **Do:** 10 reps, 2 times per day.

10. Stationary Cycling or Swimming

- **Low impact** cardio improves endurance and strength.

 **Precautions (What to Avoid)****For the First 6–12 Weeks:**

- ✗ No extreme bending** (avoid hip flexion past 90°)
- ✗ No twisting or pivoting** on the surgical leg
- ✗ No crossing legs** (keep legs in a neutral position)
- ✗ No high-impact activities** (running, jumping)
- ✗ Use assistive devices** (walker, cane) until cleared by your surgeon