Complications of Total Hip Replacement

The three most commonly discussed complications of a total hip replacement are dislocations, infection and blood clots in the leg.

Dislocation: Hip dislocation is the most common complication, occurring in 2% of all hip replacments on an annual basis. Nevertheless, this is typically preventable both from the patient's standpoint as well as the physician's. From the physician's standpoint, it is Dr. White's obligation to make sure that the total hip components are placed in an appropriate postion to reduce the risk of dislocation as much as possible. From the patient's standpoint, there are certain positions that need to be avoided following a hip replacement. At this point, our physical therapists have reviewed these with you in detail. Specifically, increased flexion or internal rotation of the hip joint would put your hip at risk for dislocation. Your hip should not be flexed greater than 90 degrees. You shouldn't cross your leg across the middle of your body, and you should avoid excessive internal rotation (turning your toe in) of your leg. (No sititng in low chairs and don't cross your legs). Remember, when getting in or out of a chair or bed you need to put your legs apart. Be sure to follow these restricitons for 6 weeks.

Infection: Infection occurs in approximately 1% of patients undergoing total hip replacement. It is a serious complication. We minimize this by administering antibiotics immediately before the surgery as well as 24 hours post operatively. In addition, we adhere to a strict operative protocol to minimize your risk. If you notice any signes of infection (fevers, significant swelling, reness or new drainage from your wound, please alert the office immediately (303-321-1333).

Also, please alert your physician or dentist before any procedure is performed on you, as you should have antibiotics before this procedure to prevent an infection in your total joint. (This is for life.)

Blood Clots: Blood clots in the legs, specifially the calves ("DVTs") or lungs ("PEs") are a risk in the first 2-4 weeks post operatively. "DVTs" can occur in either leg, not just the surgical leg. Symptoms include swelling, redness, pain and warmth to the touch. Should any one of these symptoms occur it warrants a trip to your local ER to get an ultrasound to rule out a DVT. The symptoms of a PE are sudden shortness of breath or chest pain. Should either of these symptoms occur, they warrant a call to 911 as they can be life threatening.

Our current protocol for preventing post operative blood clots is to:

- Begin sequential compression stockings (SCDs) to keep the blood flowing in the lower extremities, directly post operatively, beginning on the operative room table. A home unit is also recommended for continued use at night for 2-4 weeks post operatively.
- After surgery TED hose, compression stockings, are placed on your legs and worn primarily during the day for 2-3 weeks following surgery. They can be worn at night if desired. The SCDs can be worn over top of them as well if desired.
- Start a blood thinner (anticoagulant medication) as soon as possible post operatively, and continue for 4 weeks. For most patients I typically use Ecorin 325mg twice daily for 1 month.