



## ORTHOPEDIC CENTER FOR JOINT REPLACEMENT & SPORTS MEDICINE, P.C.

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### FAQ - Frequently Asked Questions about Total Hips

#### **Who is Dr Van Horne?**

I am an orthopaedic surgeon who specializes in total joint replacements. I am Harvard Fellowship trained in total joint replacement/adult reconstructive surgery, meaning I took an extra year of specialty training in Boston to be able to do the difficult hips/knees and revision hip/knees. I did over 800 total joints that year. My extra training and experience makes the regular hips and knees much easier as well. A Fellow of the American Academy of Orthopaedic Surgeons means I am both Board Certified and a member of orthopaedics most prestigious society. I take regular exams and continuing education to remain a member.

My professional interests include research and design of new equipment. At present I am involved in national hip and knee outcome studies, viscosupplementation of the hip and knee and designing new total hip equipment.

I speak regularly at meetings on total hip replacement, total knee replacement, and joint lubricants. I have taught courses on how to perform revision knee replacements.

#### **Why did he come to Grants Pass?**

It is the Climate! I got tired of a 1 ½ hour commute each way every day, I wanted a nice place for my kids to grow up, and someone with my special skills was needed in southern Oregon. I have patients come to me from all over southern Oregon especially for revision or infected hip and knee replacements.

#### **1) How long is the surgery?**

About 2-3 hours.

#### **2) How long will I be in the hospital?**

3 to 4 days.



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### **3) Do I need to go to a rehabilitation hospital?**

To go home safely you must be able to:

Walk 150-250 feet with a walker.

Perform your hip exercises independently.

Get in and out of the bed by yourself.

Get in and out of the bathroom by yourself.

Get in and out of the house by yourself.

Move up and down any stairs you have at home.

Get in and out of a car by yourself.

If you cannot do these activities or do not have adequate help at home, you will need a short stay at a rehabilitation hospital.

### **4) Will my insurance pay for a rehabilitation hospital?**

Medicare and most insurances will pay for a stay at a rehabilitation hospital if you are not safe to go home or do not have adequate help at home.

### **5) What kind of hip replacement does Dr. Van Horne use?**

I use the SROM femoral stem and the Pinnacle acetabular cup. Johnson and Johnson/ DePuy Orthopaedics, the largest maker of total joints in the world, make both.

### **6) How successful are total hip replacements?**

99.5% of the SROM total hip replacements put in are still functioning well at 10 years. A total hip replacement will eliminate 85-95% of your pain, and 95% of patients love their total hip replacements.



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### **7) What kind of fixation is used for the hip - cemented or bone ingrowth?**

Bone ingrowth.

### **8) What kind of bearing surface will I have?**

Both metal on plastic and metal on metal are available. You and I will decide which is best for you.

### **9) Does Dr. Van Horne do Minimally Invasive hip Surgery (MIS)?**

Yes, but I think a better term is Minimal Incision Hip Surgery. I use only one incision, generally 3.5 to 5 inches long. Incisions even two years ago were 10 to 14 inches. MIS really means doing the same surgery and using the same hip replacement, but doing it through a much smaller hole. Of course, bigger people get bigger cuts!

### **10) Will my legs be the same length?**

I strive to give you an anatomically correct hip, a hip that recreates what you should naturally have. Generally, this makes your leg lengths within  $\frac{1}{4}$  inch of each other; however, the most important factor I must consider is the stability of your new hip. If I have to make your leg long to make the hip stay in the socket, you will forgive me if you have to wear a small shoe lift on the other side to balance you out. If you dislocate your hip because I didn't make it stable, you won't forgive me.



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Other factors involved in leg length include arthritis in the other hip, old fractures, previous total hip replacements, scoliosis, and degenerative arthritis. Any of these problems can make your leg feel long even if it is perfect.

### **11) Why does my leg feel long?**

Even if I make your legs exactly the same length, you will probably feel long for the first 2-3 months. Among other things, you have been walking out of kilter, your leg was short, and your pelvis was tilted. You will feel long until you level your pelvis out and correct your gait.

### **12) Why does my foot turn in?**

The muscles in your groin are tight because of your arthritis. Rather than cut the muscles during surgery, I prefer to let you stretch them out. Just think about walking with your foot straight and it will correct.

### **13) How many total joint replacements does Dr. Van Horne do per year?**

Between 180 and 200.

### **14) Should I donate my own blood?**

If you are in good health, generally you can donate two pints of blood. For a first time hip replacement, if you donate blood, you shouldn't need other blood.



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### **15) Can my family donate blood?**

Blood banks charge approximately \$400.00 per pint to have a family member donate blood. This is normally not covered by insurance.

### **16) Is blood bank blood safe?**

The risk of getting AIDS is about 1 in 875,000.

The risk of getting hepatitis is about 1 in 120,000.

### **17) How long do I use a walker or crutches?**

8 weeks.

### **18) When can I put weight on my leg?**

Unless you have a special situation you can put full weight on your leg the day after surgery. You will be using a walker or crutches.

### **19) When can I drive?**

8 weeks – Insurance companies say you aren't safe until then.

### **20) When can I shower?**

About 5 days after surgery if your wound is okay. Physical therapy will tell you when it is safe.

### **21) How long do I wear the compression stocking?**

2 weeks or when you get your staples removed.

### **22) When do I get my staples out?**

2 weeks – your first follow-up office visit.



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### **23) Why do I have to wear the knee immobilizer?**

I make you use it to keep from dislocating your new hip at night. A knee immobilizer keeps you from getting into positions where you can dislocate your hip. Be happy. Some surgeons make you strap a big foam triangle between your legs and you can only sleep on your back.

### **24) How long and when do I have to wear the knee immobilizer?**

6 weeks but only at night in bed.

### **25) When can I sleep on my side?**

Right away, as long as you have your knee immobilizer on and a small pillow between your legs.

### **26) When can I bend my hip more than 90 degrees?**

3 months

### **27) When can I kneel on the ground?**

6 months

### **28) Does Dr. Van Horne do the surgery?**

Yes, I have assistants who help me, but I do the surgery.

### **29) When can I have sex?**

Men: On his back with partner on top - when he is comfortable at about 3-4 weeks.

Spooning - 6 weeks.

In the top position - 6 months.



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Women: On her back with her partner on top - when she is comfortable at about 4-6 weeks.

Spooning - 6 weeks.

Partner on their back with patient on top - 6 months.

### **30) Why do I have to take a blood thinner after surgery?**

There is a small chance of blood clots (DVT – a deep vein thrombosis) forming in your legs, breaking off and going to your lungs (PE – a pulmonary embolism). This could kill you. The compression stockings, foot squeezers, injectable blood thinner and aspirin all work to prevent blood clots.

### **31) Why is my leg swollen after surgery?**

The most common cause is fluid retention. If you are on a water pill (diuretic) it may need to be adjusted – call your primary care physician. Bleeding in your leg after surgery can cause thigh, scrotal, and leg swelling. It will go away with time. New swelling in the lower leg or calf pain can be a sign of a blood clot. Call your medical doctor or me immediately.

### **32) When can I travel?**

Anytime after 6 weeks but you will be at an increased risk for blood clots and you will need to take precautions for 6 months, i.e. an aspirin a day before and while you travel.

### **33) After my surgery, when will I get out of bed and walk?**

The average patient will be able to:

Day One: Get out of bed, sit in chair and take a few steps using a walker or crutches.



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Day Two: Walk 50-100 feet using a walker or crutches.

Day Three: Walk 150-250 feet and be able to go up and down steps using a walker or crutches.

### **34) Will I have therapy after I go home?**

You will have a physical therapist and/or occupational therapist come to your home for 3-5 visits. They will make sure your home is safe and that you are doing your exercises correctly. When they are done you should be independent in all your home exercises. It is your responsibility to do your exercises for the next 6 weeks. I have done 5% of the work. It is now your turn and responsibility to do the other 95%.

### **35) Why only a few visits of physical therapy after my replacement?**

Your hip needs to grow solidly in place so it won't dislocate. I do not want an overly aggressive strengthening and motion program until you are healed. At 8 weeks I will review your progress and order more therapy if you need it. Most of the time additional physical therapy is to help you level your pelvis and correct your abnormal gait.

### **36) Should I do exercise before my hip surgery?**

Yes, the more active and stronger you are before surgery the faster you will recover. I recommend a water wellness or water aerobics program for 1 or 2 months before surgery.



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### **37) When can I go back to regular exercise after surgery?**

I will review your progress at 8 weeks post surgery. I generally recommend a return to water exercise for two months if you don't need more physical therapy. In some people with special needs (return to work) and who are in excellent physical condition, I will return them to more aggressive physical therapy and especially water exercise at 4 weeks .

### **38) Will I set off the metal detectors at the airport?**

Yes, I will give you a card explaining that you have had a hip replacement. Still expect them to search you.

### **39) When are my appointments after surgery?**

Your first appointment is at 2 weeks with my physician assistant or my nurse practitioner. They will remove your staples, check your progress, and answer your questions. At 8 weeks, I. will review your progress, answer questions and progress your activity.

### **40) Will I need antibiotics for surgery or dental work to protect my hip from infection?**

Yes, it is recommended you have antibiotics for dental work, many kinds of dental procedures, and some other surgeries for 2 years after total hip replacement. Always tell your dentist or surgeon that you have a hip replacement. Your dentist, surgeon or I will write a prescription for your antibiotics.



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### **41) How do I get refills for my pain medications?**

Call your pharmacy Monday thru Thursday 9am-3pm. The doctor on call will not refill your pain medication at other times because of narcotic seeking drug addicts.

### **42) How long will I need pain medication?**

Everyone is different, but 2-6 weeks is average.

### **43) Why does Dr. Van Horne change my pain medicine?**

Your body becomes rapidly accustomed to narcotics, and it is better to switch them every few weeks.

### **44) What kind of anesthesia does Dr. Van Horne use?**

I prefer a continuous femoral nerve block and a general anesthesia/spinal. The nerve block will control most of your pain for 3 days. You need less narcotics with the nerve block, so your chances of nausea, vomiting, pneumonia, over sedation and falling are greatly reduced. If you need more pain medicines, you just have to ask for them.

### **45) What can I do to get myself ready for my hip replacement?**

Exercise. Water wellness and water aerobics are best. The more active you are and the more you exercise before surgery, the faster you will bounce back from your hip replacement.

### **46) What do I have to arrange for my return home?**

You need someone to drive you home. You will need someone to drive you on errands and to doctors' appointments for 8 weeks. For the first week you go home, you will need



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someone to check on you to make sure you are O.K. They should be able to help you with things like putting on socks, getting in/out of the shower, laundry, cooking, & cleaning. Over the next 6-8 weeks, as your activity level increases, your need for assistance will decrease in your daily activities.