



# Patient Resource Guide

HIP REPLACEMENT

**Craig Loucks, MD FRCSC**

**Orthopedics & Spine at Inverness**

[www.ColoradoHipAndKnee.com](http://www.ColoradoHipAndKnee.com)

# Welcome!

Dr. Loucks is passionate about helping our patients lead active and healthy lifestyles and we are pleased that you have chosen us for your hip replacement! Whether it is climbing stairs, walking an 18-hole golf course or downhill skiing, we want you to be comfortable with most any activity you desire to do. We are here to help you prepare for your Hip Replacement Surgery and will provide excellent care for you during your recovery. Many people will be a part of your team along the way including your surgeon, physician assistants, nurses, physical therapists, and our office staff.

As a patient, your involvement before and after your surgery is essential for a fast and successful recovery. Your personal motivation and desire for a positive outcome is most beneficial to you!

This Patient Resource Guide, in conjunction with our website and educational videos, will serve as a guide to prepare you for your upcoming surgery and rehabilitation. Enclosed, you will find some helpful information that will lead you through the entire process and answer many of the questions you may have. You will be receiving additional information about your surgery date and time, as well as other things you need to do before, during and after surgery. We have provided this handbook to help organize the important information, so it is readily available in the coming weeks.

Our team strives to provide a high level of service with superior quality of care that you deserve while recovering from hip replacement surgery. We are here to help you so contact us with questions, so you are comfortable with your surgery and path to recovery.

We look forward to helping you reclaim the healthy and active lifestyle you desire!



# Table of Contents

<b>Meet Our Team.....</b>	<b>3</b>	Anesthesia	
<b>Patient Education Videos.....</b>	<b>5</b>	The Operating Room	
<b>Pathway to Surgery.....</b>	<b>6</b>	Recovery	
<b>KEYS to a Successful Recovery .....</b>	<b>7</b>	What to Expect After Surgery	
<b>Understanding Your Hip</b>		Preparing to Return Home	
<b>Replacement Surgery .....</b>	<b>8</b>	Equipment You Will Need at Home	
Common Causes of Hip Problems		The Trip Home	
Hip Replacement Surgery		<b>Transitioning Home .....</b>	<b>32</b>
Risks of Joint Replacement Surgery		Pain Medication After Surgery	
What Results Are Typical		Resuming Your Medications	
<b>Preparing for Your Hip</b>		Activity	
<b>Replacement Surgery .....</b>	<b>16</b>	Managing Swelling	
Help from Your Team		Incision Care	
Scheduling Your Surgery		Diet and Rest	
Insurance Information		Fever/Pneumonia/Blood Clot	
Scheduling a Pre-Op Physical Exam		When to Call the Surgeon	
Exercise Before Surgery		Life After Joint Replacement	
Medications		Follow-up Care	
Preventing Surgical Site Infection		<b>Exercise and Mobility.....</b>	<b>40</b>
Tips for Preparing Your Home		Exercises	
Preparing for Your Surgery Day		Mobility	
Countdown to Surgery		<b>Implant Information.....</b>	<b>44</b>
The Day Before Surgery		<b>Location Information.....</b>	<b>46</b>
<b>Your Day of Surgery .....</b>	<b>26</b>	<b>Hotel Information .....</b>	<b>46</b>
Check In for Surgery		<b>Contact Us.....</b>	<b>47</b>
Family Waiting		<b>Notes.....</b>	<b>48</b>

**Superior Care**  
**with Modern Techniques**

# Meet Our Team

Dr. Craig Loucks is a founding partner of Orthopedics & Spine at Inverness and started in private practice in Denver in 2003. In 2004, he and his partner, Dr. Greenhow were the first surgeons in Denver to perform Anterior Minimally Invasive Hip Replacement Surgery (AMIS). He is a teaching and design surgeon for various Hip and Knee techniques and products. Since 2006, Dr. Loucks has been an invited speaker and proctor for surgeons across the US and internationally. Since 2013, he has pioneered Outpatient Total Joint Replacements in Denver. He sees patients of all ages with a variety of conditions related to hips and knees including complex joint revisions and reconstructions. Dr. Loucks is double board-certified in Orthopedic Surgery as both a Fellow of the Royal College of Physicians and Surgeons of Canada and through the American Board of Orthopedic Surgeons.



**Angie Schack**  
Physician Assistant



**Alex Latham**  
Physician Assistant



**Mel Ciotti**  
Medical Assistant



**Lara Sisneros**  
Surgery Scheduler



**Jill Currie**  
New Patient Coordinator

**"Dr Loucks is the quintessential doctor. Skillful, knowledgeable, caring, energetic, approachable, punctual, fastidious with wound closures, has time for patients; all this wrapped up with a healthy dose of humour!"**  
S.P.



Dr. Loucks has an experienced and highly skilled team that aims to provide high quality of care that is focused on you. Each team member is specially trained to help ensure a safe procedure and good outcome with an excellent experience. Your team includes:

**Orthopedic Surgeon:** The physician who will perform your joint replacement and oversee your care.

**Physician Assistant:** The PA will assist your surgeon in the operating room and manage your care and recovery process.

**Anesthesiologist:**  
The anesthesiologist will explain and administer the suitable medications to keep you comfortable and relaxed during surgery.

**Hospitalist:** A physician who may follow your medical care during your hospital stay and will work with your surgeon to meet your needs.

**Case Manager:** Available at hospitals only, they help plan your transition from the hospital to your home or rehab facility and arrange for any services you may need in your transition home.

**Physical/Occupational Therapy:** Our therapists will help you gain strength and motion in your new joint and help you perform your exercises correctly.

**Medical Assistant:** Our MA's can help answer questions in the weeks following your surgery, facilitate refills of pain medications, assist in paperwork when you return to work and help you manage the days and weeks during your recovery.

**Surgery Scheduler:**  
Our surgery scheduler coordinates your surgery date and other appointments related

to your procedure. They verify insurance coverage and ensure you have all the information you need leading up to your surgery.

**Surgical Assistant:** A surgical assistant helps with the technical aspects of surgery and is necessary for tandem operating rooms. They perform tasks under the direction of the surgeon.



**"I could not be more impressed with the experience. Dr. Loucks is not only a phenomenal doctor, but the staff from PA's to office support have been first class, professional, knowledgeable and courteous."**

**M.A.**

Dr. Loucks and his team created several Patient Education Videos for you to review. Patients find these videos to be helpful in minimizing anxiety around surgery, learning how to prepare for surgery and knowing what to expect.

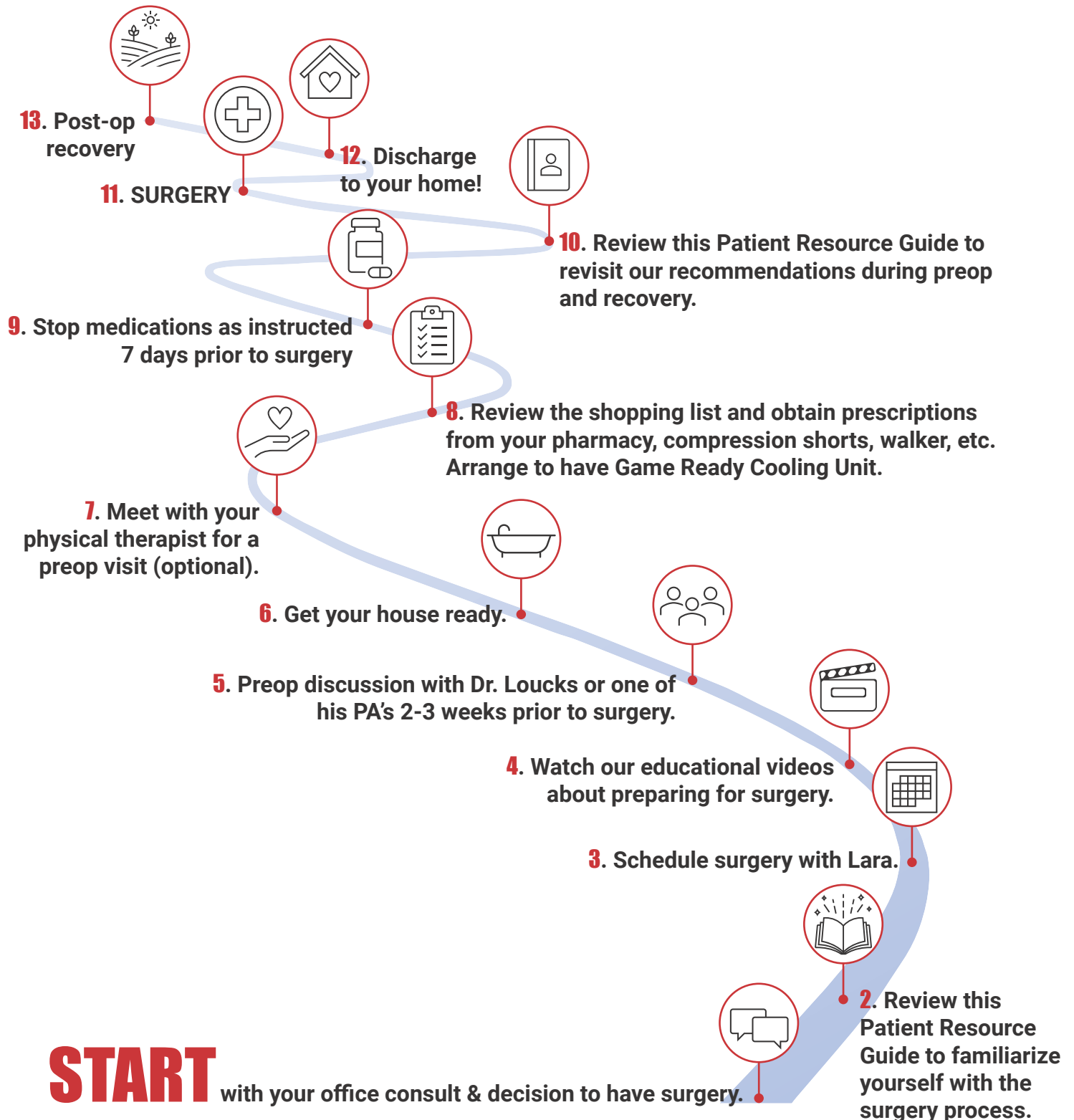
Visit [www.ColoradoHipAndKnee.com](http://www.ColoradoHipAndKnee.com) to find our online Patient Education Videos.

- Overview of Hip Anatomy, Arthritis and Anterior Hip Replacement
- The Biology of Hip Replacements
- Experience with the Anterior Approach
- Future Trends in Anterior Hip Replacement
- Benefits of Anterior Hip Replacement
- Longevity of a Modern Joint Replacement
- The Anterior Approach Versus Other Hip Replacements
- Hip Resurfacing Versus Total Hip Replacement
- Preparing for Elective Hip or Knee Surgery
- Pre-Op Planning for Hip Replacement
- Informed Consent and Risks Associated with Total Hip Replacement
- After Surgery Care
- Modern Techniques for Management of Post-Operative Pain Following Hip Replacement
- Recovery from Hip Replacement

## VIDEOS TO HELP YOU PREPARE FOR SURGERY

- Meet Our Team: Angie Schack, Physician Assistant
- Planning for a Hip Replacement
- How to Prepare for Surgery
- What to Expect the Day of Surgery
- Spinal Anesthetic for Hip and Knee Replacements
- Applying Ice and Compression
- How to Care for Your Incision
- How Much Pain Will There Be After Surgery?
- First Getting Up to Walk
- How to Prevent Post-Op Blood Clot/DVT
- Concerns Once You Get Home
- Activity Following Hip Replacement
- Returning to an Active Life
- Follow-Up Care
- The Importance of Nutrition in Orthopedic Surgery
- Patient Testimonial

# Pathway to Surgery



# KEYS to a Successful Recovery



Our minimally invasive surgical techniques will result in you feeling great in just a short period of time! **HOWEVER**, you cannot rush biology so please adhere to these guidelines so that you do not jeopardize having a great result.

**FALL RISK:** We inject a bunch of local anesthetics around your hip to try and reduce your pain postoperatively. As a result, the muscles around your hip and knee may not function normally for a few days. Be very careful that you do not fall!

**TAKE IT SLOW:** Remember that local anesthetic we put in there..... You will not have the pain fibers giving you feedback telling you that you are doing too much, bending too much, or pushing your walking too hard.

**Weeks 1 and 2:** Focus on limiting your step count, ice/cooling, compression, and anti-inflammatories if appropriate. Your body has been significantly traumatized because of surgery and the physiologic response is normal with inflammation and swelling. This 1st phase is focused on taking it easy and reducing swelling and inflammation as much as possible.

**Weeks 3 and 4:** Continue with measures to reduce swelling and inflammation. Continue with gentle stretching and range-of-motion exercises but do not overdo it! Slowly increase your step counts and activity levels. Upper body exercises and core strengthening (abdominal) are reasonable to do at this point. Avoid lower body exercises other than the gentle stretches we recommend.

**Weeks 5 and 6:** You can start some light (low resistance) exercises using your lower body (for example walking on a treadmill, using a stationary bike or elliptical trainer). Do not do anything with significant resistance and we do not want you to lift any weights or do any strength training on your lower body yet!



If you behave yourself and things are going well, after your 6-week follow-up visit we will allow you to go back to your regular routines!



# Understanding Your Hip Replacement Surgery

## COMMON CAUSES OF HIP PROBLEMS

### What is Osteoarthritis?

Arthritis is a general term meaning joint inflammation. It is a specific type of wear and tear on the joints that affects nearly 21 million Americans. As we age, the chance of developing osteoarthritis increases and is the most common type of arthritis.

Osteoarthritis breaks down the cartilage in joints and can occur in almost any joint in the body. It is most common in the hips, knees, and spine. Cartilage is the rubbery material on the end of the bones that acts as a shock absorber and provides a smooth, gliding surface.

Over time, the cartilage may break down and wear away. This can lead to the bones rubbing together which causes pain, restricts motion of the joint and can be very uncomfortable during many daily activities.

### What Does Arthritis Look Like?

#### Normal Hips



There is good space between the ball & socket joint and smooth bony surfaces at the joint which represents healthy cartilage and bone.

#### Severe Arthritis of Both Hips



These hips are bone-on-bone with complete loss of cartilage and joint space with jagged bone spurs on the ball and socket.

## What are the Symptoms of Osteoarthritis?

- Joints that are sore and achy, especially after activity
- Pain after overuse or when joints are inactive for long periods of time
- Joint swelling
- Joint stiffness

## What are the Causes of Osteoarthritis?

There are several factors that lead to developing osteoarthritis including family history, obesity, previous fractures involving a joint, prior surgery on a joint and overuse.

## What is Rheumatoid Arthritis?

Rheumatoid arthritis is an autoimmune disease that causes the tissue that surrounds a joint to become swollen and inflamed. It causes destruction in multiple joints throughout the body. RA has a genetic disposition and requires laboratory testing by a rheumatologist for diagnosis. It affects about 1% of Americans of all age groups and women more than men.

## What are the Symptoms of Rheumatoid Arthritis?

- Symptoms that develop gradually over the years or very quickly.
- Stiffness and joint swelling.
- Ligaments that stretch and become loose.
- Decreased range of motion.
- Pain

## What Treatment Options are Available to Alleviate Hip Arthritis Pain?

1. Live with the symptoms.
2. Lifestyle modifications including weight loss and avoiding painful activities.
3. Physical therapy
4. Gait modification tools such a brace, cane, walker, special shoes or shoe inserts.
5. Medications including NSAIDs - ibuprofen, Advil, naproxen, Aleve, Celebrex, meloxicam, Mobic or Tylenol.
6. Anti-inflammatory diet or supplements such as glucosamine and turmeric.
7. Injections such as cortisone (a steroid) or PRP (platelet rich plasma) into the hip joint.
8. Total hip replacement to remove damaged cartilage and bone to improve pain and function.

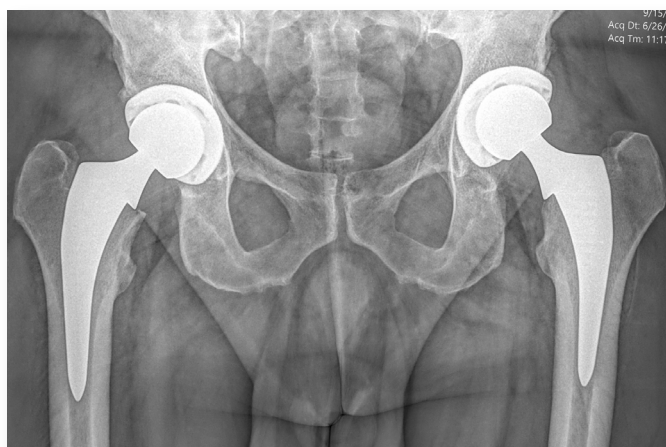


# HIP REPLACEMENT SURGERY

Your hip is made of two basic parts that work together, creating a smooth motion. When arthritis develops, the cartilage becomes damaged and wears away, eventually requiring replacement. Total hip replacement surgery involves replacing the ball and socket with an artificial joint made of metal, ceramic, and plastic. The materials used are well-made and designed to last a very long time inside your body. Your orthopedic surgeon will take under consideration many factors including age, bone quality and the shape of your joints to determine the kind of hip replacement which is best for you.

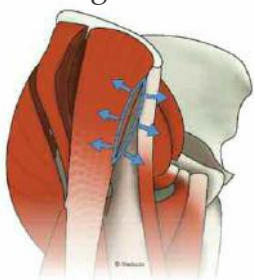
## Total Hip Replacement

Hip replacement surgery requires your surgeon to remove the damaged ends of the two bones and insert new artificial surfaces. Your orthopedic surgeon will resurface the hip socket of your pelvis with a metal shell and plastic liner. The upper part of your thigh bone (femur) will be fitted with a metal stem and ceramic ball that fits on the top of the stem. The new ball will glide and move within the newly lined hip socket.



## The Direct Anterior Approach

The direct anterior approach is a surgical technique that is used to access the hip joint through the front of the hip. With this approach, your surgeon does not need to cut or detach muscle from the pelvis or femur during the procedure. This allows for quicker healing time, less pain and immediate stability of your new joint. Directly following an anterior approach hip replacement, patients are allowed to bend their hip freely and walk on the new hip right away. Some patients may be good candidates for the “bikini incision” that follows the natural lines of your skin. Your surgeon can tell you if this might be an option for you.



**“As I hike, climb and enjoy life again, I recognize how much I had given up before the surgery.”**  
**L.F.**

## Important Considerations About Hip Replacement Surgery

1. Hip replacement is for individuals who have pain most days of the week. You have likely changed or significantly modified your lifestyle. You probably dread stairs, long lines and walking long distances. Most patients cannot put on their socks and shoes easily or have significant trouble doing so.
2. The American Academy of Orthopedic Surgeons (AAOS) expects that 90% reduction in your pain compared to before surgery is an excellent outcome. Understand that the national academy does not think you will be pain-free after hip replacement.
3. The AAOS suggests it takes 10-12 weeks to achieve reasonable function. This can be a long recovery and most of our patients are doing well by 6-8 weeks. Please remember that healing of bone and soft tissues cannot be rushed.
4. Highly active individuals with high demands have the LEAST satisfaction with hip replacement.
5. In 1 out of 500 patients, the bone does not bond to the metal components the way we want it to. This may lead to further surgery to get the results you are looking for.
6. Most patients who have hip replacement surgery will see an improvement in their ability to walk distances, shop, climb stairs and chase their grandkids. No surgeon can make you 18 again. Having a realistic assessment of what hip replacement can give you improves the odds that you will be happy with your surgery.
7. It takes at least 6-12 weeks to return your sleep pattern back to normal after surgery.
8. You can have a hip replacement at any age but waiting until you are 90+ years old to decide to have a hip replacement is not a great idea. In select cases, it may be possible at this age but the whole family as well as several different physicians all need to be on board.
9. Previous surgery to the hip increases risk during and after surgery. Patients can experience a slower recovery because of scar tissue from the previous surgery. You will need to have more patience and work a bit harder than those who haven't had previous hip surgery.
10. Patients can have MRI/CT scans in the future with no problem.
11. Lastly, most hip arthritis patients have some associated arthritis in the lower spine. We will see patients do very well for the first 3-4 weeks and then suddenly have trouble putting weight on their leg. This is almost always the spine acting up. If this happens, let us know. We will check the hip first but be prepared for us to manage the spine through medications and sometimes a referral to physical therapy or a spine specialist for a steroid injection. This happens in 1 out of 50 patients.



## THE RISKS OF HIP REPLACEMENT SURGERY

Hip replacement surgery is major surgery, and although advances in technology and medical care have made the procedure very safe and effective, there are risks. These risks should be carefully considered before you decide to have surgery. We encourage you to discuss the potential risks with your surgeon, primary care physician and your family.

Every measure will be taken by our team of experts to minimize your risks and avoid complications. Complications are rare but they do sometimes occur. We will do our best to avoid the most common issues which include:

**Blood Clots:** Blood clots or deep vein thrombosis (DVT) and Pulmonary Embolism (PE) can develop in a leg vein or in your lungs after joint replacement surgery and are very dangerous. You are at elevated risk for developing a blood clot for a month following surgery so you will likely be on a blood thinner for a period of time to minimize this risk.

**Infection:** Infection is very rare in healthy patients. Patients with chronic health conditions such as obesity, diabetes or liver disease are at higher risk of infection after surgery. Superficial wound infections are usually treated with antibiotics. Deeper infections may require additional surgery.

**Nerve, blood vessel and ligament injury:** Damage to surrounding tissues including nerves, blood vessels and ligaments are possible but extremely rare. Commonly, there is numbness in areas near the incision which usually, but not always, improves in 6-12 months.

**Wound healing:** Occasionally, surgical incisions heal slowly, particularly if you smoke, are obese, take corticosteroids or have a disease that affects the immune

system such as rheumatoid arthritis or diabetes.

**Hematoma:** Bleeding into a joint can occur immediately after surgery or develop later. This may be accompanied by pain and swelling and can sometimes be confused with infection.



**Seroma:** A seroma is a pocket of fluid that has accumulated between the skin and muscle tissue, just under the incision. Sometimes this appears like a “hot dog” under the skin. This can be prevented by wearing compression shorts after surgery and limiting your activity. The fluid can turn into infection, so prevention is key!

**Instability:** After surgery, your joint may feel a bit unstable, or you may notice a pop or clicking sensation. This will normally improve as muscles regain their strength, and your body heals the tissues around the new joint.

**Wear:** Your joint replacement is a mechanical device that will wear over time. The rate of wear may depend on your age, weight, and activity level. Avoiding high-impact activities will extend the life of the implant.

**Dislocation of the hip:** This is extremely rare with a hip replacement done through



the direct anterior approach, as your hip is very stable immediately following surgery. We recommend you refrain from a combined motion of hip extension and external rotation at the same time.

**Changes in the Length of Your Leg:**

After hip replacement, slight changes in the length of your leg may occur. The change is typically small and is usually not noticeable.

**Loosening of the joint:** Over the long term, loosening of the artificial joint may occur with wear or if tissue grows between the joint and your bone. This may require revision surgery.

**Fracture:** Although rare in your skilled surgeon's hands, fractures may occur at the time of surgery. If this occurs, we may protect your weight bearing for a short period of time or you may require an extended procedure for placement of a plate, screws, or cables to support the bone as it heals.

**Malalignment:** The alignment and position of your implant is evaluated multiple times throughout your surgery

with x-rays and visual inspection. Your surgeon will make every effort to restore natural alignment.

**Residual Pain & Swelling:** Pain after surgery is normal and expected but should dissipate with time and healing. It may take up to a year for these symptoms to resolve. There may always be some residual swelling and stiffness in a prosthetic joint.

**Noise or Squeaking:** Painless noises are often normal due to the metal and plastic composition of your implant and will diminish over time. When pain, swelling or deformity are associated with noise, that is a sign your joint needs evaluated by your surgeon.

**Range of Motion:** Within hours of your surgery, you will begin to walk and perform exercises that help improve the strength and flexibility surrounding your new joint. Even after physical therapy and an extended recovery period, some people are not able to regain full motion. Our team will make every effort to minimize the chance of this occurring so that you can perform normal activities with ease.

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**You can help reduce your risks for complications by:**

- Reducing or eliminating the use of tobacco and alcohol before and after surgery.
- Being compliant with managing your diabetes, if applicable.
- Maintaining a healthy diet.
- Using good hand washing techniques.
- Performing your exercises as directed by your surgeon or physical therapist.
- Limiting high impact activities as directed by your surgeon.
- Losing weight if you are overweight.

There are several health markers that can help us predict before surgery if you will have a good outcome. All these guidelines are based on evidence-based studies in correlation to optimal outcomes in hip replacement surgery.

- **BMI** – Body Mass Index is a ratio of your height and weight. A high BMI is shown to lead to postoperative complications such as infection and wound problems. We encourage a BMI of 40 or less.

- **WBC** – An elevated white blood count can be an indicator of infection somewhere in your body. We like to see a WBC level below 10.0.
- **HgbA1C** –Diabetic patients are at higher risk for infection and delayed wound healing because of the extra sugar in their bloodstream. One way we monitor average blood sugar level is with a Hemoglobin A1C test. We like to see a level of 7.0 or below. If it is higher than 7.0, we will likely postpone your surgery until you have better control of your blood sugar level.
- **Albumin** - Albumin is a protein in your blood that correlates to your liver and kidney function. It should be above 3.5. If your albumin level is low, this may correlate with postop surgical site infection, pneumonia, urinary tract infection and blood infections.

These markers are a routine part of your preoperative medical clearance by your primary care physician before surgery. You do not need to ask them to specifically test these things...it's already in the plan!

## WHAT RESULTS ARE TYPICAL?

You can expect a successful outcome from your hip replacement surgery. Generally, patients have less pain and more mobility following surgery. You can resume most of the activities you enjoyed before the onset of arthritis. Your new hip joint should be functional 20 to 30 years, or more!

The most common recommendation we give to our patients after surgery is to *SLOW DOWN!* Patients feel quite good early in their recovery, so they try to push their activity, thinking this will speed up the recovery process. This is an outdated way to think about recovery from surgery and may actually cause you to delay healing. We cannot rush biology and it will take your hip several weeks for your bone and soft tissues to fully recover. Give us 6 weeks of following our recovery guidelines while taking it easy and the return on your investment will be well worth it!

### What else can you do that may speed up your recovery?

Dr. Loucks recommends using cold therapy to improve your results and to aid with the healing and recovery phase of hip replacement surgery. Cold therapy will reduce post-



operative pain, swelling, inflammation and can lead to a quicker recovery after surgery. Calf squeezers are another excellent recovery aid which can minimize your risk for post-operative blood clots.

These adjunct therapy devices are easy to use, comfortable and portable. Our office will give you further information on how to obtain these devices.

### **What is the difference between having my surgery at the hospital versus an outpatient surgery center?**

There are many variables that help us determine if your surgery would best be performed at the hospital or surgery center. This is based on your overall health status, your mobility before surgery, how much help you will have at home after surgery and where your insurance dictates you must go.



There is no difference in the procedure no matter where your surgery is performed. Your surgeon, his physician assistants, the anesthesiologist, and the remainder of the surgical team are highly trained at each facility we utilize. The equipment, special operating room table and surgical technique are identical at each facility. The care provided at each location is of the highest quality and we strive to help you feel comfortable so that you have a good outcome and enjoyable experience.

### **Is it safe to go home the same day as my surgery?**

Yes! We have been safely performing outpatient joint replacement surgery since 2013 and currently, many of our patients discharge home the same day. Most patients wish to recover in the comfort of their own home instead of at a medical facility. Of course, if you need further medical observation, we will recommend that you remain at the surgical facility overnight with our medical staff.

### **Will the hip replacement wear out? What then?**

Starting with your first step, the plastic bearing between the metal parts begins to wear. We know it is quite durable and should last decades, but it still wears over time. If the plastic wears out enough, the ligaments become slack and a feeling of instability results.

If you experience a lot of swelling, pain or giving way, you may require a revision surgery. We will perform some tests to determine what needs to be replaced. Many times, it is only the plastic part that needs replaced and that procedure is a much easier recovery than the index surgery. It is hard to predict what type of problem you might have in the future so come see us if you have any issues.

# Preparing for Your Hip Replacement Surgery

We want to help you and your family to be fully prepared for your joint replacement experience, so we recommend that you carefully review this Patient Resource Guide and our educational videos before your surgery.

## HELP FROM YOUR TEAM

We strongly recommend that you invite your family member or friend that will make up your recovery team or “coach” to our clinic for your pre-op appointment. It is a good idea for them to review this booklet and the online educational videos, so they are familiar with the recovery plan. Your team members can make all the difference, especially in the weeks before and after your surgery with their support and encouragement. Patients that have a “coach” DO BETTER!

Although you will be mobile, you will need assistance with daily activities for the first 7-10 days after surgery. Please plan accordingly.

## SCHEDULING YOUR SURGERY

Once Dr. Loucks has recommended that surgery is your best option, you may schedule your surgery. Our surgery scheduler will contact you. Please review your schedule carefully before making a commitment to a specific date to avoid scheduling conflicts.

### Timing of Surgery

For many years, there has typically been a 5-to-6-month waitlist to secure your place on Dr. Loucks’s surgery schedule. This is due to the high demand from patients for a high-quality surgical experience and the positive outcomes that Dr. Loucks provides. This push from patients has led Dr. Loucks to develop multiple options on the path to scheduling your surgery.

These are the options for locking in your surgery date:

- **First available** – Typically scheduled 5-6 months from booking in the first available spot. We bill your insurance as usual.
- **Concierge Program** – Managed by 365 Surgical, this allows you to skip the





line and utilize a reserved spot on our schedule for an additional fee outside of insurance. You will have your surgery within 1-2 months from booking. This program comes with numerous extra benefits. We bill your insurance as usual.

- **Cash Pay Option** – Surgery is scheduled for 1-2 months from booking in a reserved spot. No insurance is utilized.
- **Cancellation List** – Our surgery scheduler keeps a list of folks that would be willing to take an earlier spot should someone be moved.

*No matter which option you choose, you will have our high-quality care, attention, and positive surgical experience.*

### When to Schedule if Having Both Hips Replaced

If you need both hips replaced, we recommend separating your procedure dates by a minimum of 6 weeks. By that time, you will be well on your way to recovery after having the first one done so you should do fine proceeding with the second side.

We rarely perform both hip replacements at the same time. The risks are just not worth it. There is an increased risk of infection, longer time under anesthesia, increased blood loss and incidence of blood clots, plus a longer time in surgery. We want you to have the best outcome possible so performing one hip at a time is the preferred method.

## INSURANCE INFORMATION

Hip replacement surgery is a covered benefit under nearly all health plans. We accept most insurance plans, and our financial advisors work behind the scenes to help authorize your surgery. This can occur no sooner than 30 days before your scheduled surgery date. If you have specific questions, we recommend you contact your insurance company directly for further information.

Our goal is to provide each patient with the best estimate of charges and payments to ease the uncertainty that the financial aspect of health care can sometimes bring. We believe that this is a critical component of your overall experience. The hospital or surgery center will communicate with you the estimated amount due for both the surgeon and the hospital one to two weeks prior to your surgery date.

## SCHEDULING A PRE-OP PHYSICAL EXAM

**It is important that you have a pre-op physical exam with your Primary Care Provider prior to surgery.** Contact your primary care provider to schedule an appointment so the exam will be completed within 30 days prior to your surgery. Please have your physician send your exam information and surgical clearance to our fax at 303-699-5486.





In addition to a physical exam, you will need to undergo a series of tests to ensure you are healthy and ready for joint replacement surgery. The tests must be completed **within 30 days of your surgery date**, or we may require them to be repeated. These tests may include:

- Blood tests
- Urine test
- Electrocardiogram (EKG/ECG) within 6 months
- Chest x-ray

We recommend that you complete these tests prior to your preoperative visit with Dr. Loucks or one of his PA's. Your results will be reviewed and if any significant risk factors are revealed, additional tests may be ordered, or your surgery may be postponed. Any abnormal tests will be shared with you.

We strongly encourage you to not schedule these appointments for the week before surgery in case further testing is required. It may postpone your surgery.

### **If you have a history of Heart Disease**

**If you have a history of heart disease, please also see your cardiologist to obtain approval for surgery.** Further testing may be required by your cardiologist prior to clearing you for surgery. We will need the results from any stress test or echocardiogram (ultrasound of the heart) you have prior to surgery.

### **If you have Diabetes**

Diabetic patients will need to have a hemoglobin A1C level drawn as well. **We require that you have an A1C level of 7.0 or less to proceed with surgery.** If your hemoglobin A1C is elevated, we may postpone your surgery until you are below 7.0. An elevated number is directly related to an increased risk of infection and problems with healing your wound, so we want to be sure you are optimized for having the best outcome from your surgery.

### **Your Preoperative Appointment with Dr. Loucks or his PA**

Approximately 2-3 weeks prior to your surgery, you will meet with Dr. Loucks or **one of his physician assistants** for a preoperative discussion. **We prefer to have this appointment in person but if you live far away from our office, we may do it over the phone.**

The purpose of this appointment is to ensure that you are ready for surgery. Dr. Loucks or one of his physician assistants will review your past medical history, allergies, and your medications. They will also confirm that all appropriate and necessary testing has been completed and the results are acceptable. They will also review pain management options for after your surgery and go over the risks and benefits of the procedure. Please bring your primary care physician and pharmacy contact information with you to this visit.

For patients that are scheduled to have their surgery at Advent Health Castle Rock Hospital or Sky Ridge Medical Center, there may be an additional appointment with the Pre-Admission Testing nurse or hospitalist physician.

## EXERCISE BEFORE SURGERY

Prior to surgery, it is important to try to stay active. Any walking and stretching exercises you can do before surgery can help in your recovery phase. You should become familiar with the exercises in the Exercise and Mobility section of this guide. If you practice before surgery, you'll already be familiar with the movements and the exercises you'll be doing in the recovery phase, so they won't be a surprise to you. Plus, your leg will be stronger going into surgery!

Keep in mind that the exercises are designed to strengthen muscles around your joints and improve mobility. The exercises may not always be easy, but they are an important part of your recovery process and will help you long-term.

### Pre-Op Physical Therapy

We recommend you go to an optional Pre-Op Physical Therapy consultation where you will:

- Have a consultation with your physical therapist.
- Review expectations during your recovery.
- Measure your function and mobility before surgery so they can monitor your progress.
- Show you how to use assistive devices (walker, crutches) so you are ready to get walking right after surgery.
- Review proper body mechanics.



You can go to any physical therapist you like, just let us know where to send the referral!

## MEDICATIONS YOU MAY TAKE PRIOR TO SURGERY

You may continue to take your prescription medications as directed by your surgeon or PA. You may take over-the-counter medications such as Tylenol (acetaminophen), Claritin and Benadryl leading up to your surgery. Your Primary Care Physician, anesthesiologist or your surgeon's team will instruct you on which medications you may take the morning of surgery. Take these medications with a small sip of water.

## MEDICATIONS YOU MUST **STOP** TAKING PRIOR TO SURGERY

Some medications you take routinely may be harmful during surgery. If you take any of the following medications, you must stop taking them 7 days prior to your surgery: Anti-inflammatory medications (such as ibuprofen, Motrin, Advil, Aleve, naproxen, meloxicam, Celebrex, or diclofenac).

Vitamins, herbal supplements, prescription diet medications, methotrexate and other rheumatoid arthritis medications should be stopped 7 days prior to surgery. Phentermine must be stopped 14 days prior to surgery.

If you take blood thinners, anticoagulants, and antiplatelet agents (such as Coumadin, Plavix, Eliquis), Aspirin or compounds containing aspirin, the physician who prescribed them should make the recommendation as to when to stop them before surgery.

**Do NOT take the day of surgery** – ACE inhibitors (lisinopril, Zestril, etc.), ARBs (losartan, valsartan, etc.), oral diabetes medications.

**DO take the day of surgery** – Beta Blockers (atenolol, metoprolol, etc.), Calcium Channel Blockers (amlodipine, verapamil, etc.), thyroid medications, seizure medications, and diabetics need to take insulin.

You may resume your vitamins and supplements 1-2 weeks after surgery.

**"I am now back riding my bike, swimming, hiking and walking my dog every day!"**

**L.B.**

## PREVENTING SURGICAL SITE INFECTION

There are many steps you can take to help prevent surgical site infections.

**Pre-Surgery Bathing:** You will be instructed to shower with a special cleanser (Hibiclens or other anti-microbial soap/wipes, such as Dial Soap) for FIVE days prior to your surgery. When showering, use a clean towel to dry your body, dress in clean clothes and put clean sheets on your bed before surgery.

**Pre-Surgery Nasal Ointment:** Since we all have bacteria that live in our nose, your surgeon recommends Mupirocin, a prescription nasal ointment that will decrease (decolonize) the amount or number of bacteria. Use the ointment for FIVE days prior to surgery. The fewer bacteria you carry into the hospital or surgery center in your nose and on your skin, the lower your risk of after-surgery infection!

- Either our office or the hospital will provide you with information at your preoperative appointment for obtaining the nasal ointment and body wash. If your instructions differ, follow the advice you received when you obtained the prescription or wipes.

**Dental Care:** All dental work, including cleaning, must be completed at least SIX weeks prior to your surgery. You **MUST** call the office if any dental problems arise prior to your scheduled surgery date. If you have an infection in your mouth, this **MUST** be resolved prior to surgery, or your procedure may be postponed. We recommend you wait 2-3 months after surgery before resuming dental care.

**Smoking:** We strongly recommend you stop smoking for at least SIX weeks before and SIX weeks after your surgery. Smoking delays wound healing, affects your overall bone quality, and increases your risk for infection to develop at your surgical site.

**Shaving:** It is very important that you do not shave your legs or use any hair removal products anywhere near the surgical area for seven days prior to surgery. Studies show there is an increased risk of surgical site infection associated with shaving. This is due to the microscopic cuts in the skin that allow bacteria to enter the body.

**Illness:** If you become ill with a fever, cold, sore throat, flu, covid, or any other

illness within 1-2 weeks of your surgery, please contact our office.

**Skin Rash:** Broken skin or rashes should be reported to our team.

**Clean Hands:** Hand hygiene is very important. Your caregivers should use alcohol-based hand sanitizer when entering your room. Frequently washing your hands with soap and water also helps to prevent the spread of infection.

**Compression Shorts:** For our hip replacement patients, we HIGHLY recommend you wear compression shorts (bike or running shorts, Spanx, or other tight-fitting garment) continuously for 2 weeks after surgery. The compression will help to minimize the swelling and chance for fluid to collect around your incision.

**Nutrition Before & After Surgery:** Anyone undergoing surgery induces a whole-body “surgical stress response” where the body reacts to the stress or “trauma” of having surgery. This response manifests as salt and water retention, increased oxygen consumption, stress on multiple organs such as the

heart, liver, and kidneys, plus there is a breakdown of lean body mass or muscle tissue. In other words, the body is working overtime to maintain its normal functions.



We also realize that after surgery, some patients lose their appetite or don't have quality nutrition until they are back on their feet. Research supports nutritional intervention before and after surgery to reduce the stress response on the body. Optimizing your nutrition with proper protein and carbohydrate balance has been

proven to improve surgical outcomes. Patients are showing improved overall well-being and comfort with less nausea, pain, anxiety, weakness, and hunger immediately postop.

There are numerous options for nutritional supplements on the market so use what works best for you. Dr. Loucks offers a product that is specific to joint replacement recovery. It helps maintain muscle mass, improves wound healing, and may lead to a better outcome following surgery. Contact our team for more information about ordering.

## TIPS FOR PREPARING YOUR HOME

You and your family may want to consider these tips to help ensure that your home is safe and comfortable when you return from your surgery.

- Purchase a non-slip bathmat for inside your tub/shower.
- Check every room for tripping hazards. Remove throw rugs and secure electrical cords out of your way.
- Determine which items from dressers, cabinets, and shelves you'll need immediately after returning home. Any items you use often should be moved to counter height to avoid excessive bending or reaching.
- Plan on using a cordless phone or cell phone. They can be tucked away in a pocket, carried easily, or set within reach.
- Make sure stairs have handrails that are securely fastened to the wall.
- If you have pets, you may want to





consider boarding them for a few days after you return home.

- A chair with a firm back and arm rest is recommended during your recovery. A chair that sits higher will help you stand more easily. Chairs

with wheels should NOT be used under any circumstances.

- To minimize cooking, prepare meals in advance and freeze them. Alternatively, you can purchase prepared meals for convenience.
- Install night lights in bathrooms, bedrooms, and hallways.
- Avoid yard work for 10 days prior to surgery. Make arrangements for outdoor work such as snow shoveling, gardening or cutting the grass for at least 2 weeks after surgery.
- Do laundry ahead of time and put clean linens on your bed.
- Arrange for someone to collect your newspaper and mail.

Your safety is our primary concern. We require that your spouse, family member or friend stay with you after your surgery until you are able to perform activities of daily living independently and safely, usually 7-10 days after surgery.

## PREPARING FOR YOUR SURGERY DAY

### Items to Pack:

- Clean, comfortable, loose-fitting clothing such as elastic waist pants, shorts, skirts, or jogging outfits for your trip home from the hospital or surgery center.
- Tennis shoes or shoes with flat, rubber bottoms. Do not bring tight fitting footwear, as your feet may swell following surgery. Do not bring slides or backless slippers.
- Eyeglasses or contact lens case with solution and denture storage.
- If you use a breathing machine (such as a CPAP) and are expecting an overnight stay, bring your machine, mask, and hose.
- Your insurance card.
- Credit card number or check to make any necessary co-payments.
- Your personal walker, crutches, or cane, labeled with your first and last name.
- Give your advance directive, either a living will or durable power of attorney for health care to the surgery center. If you do not already have an advance directive, forms may be available at the hospital or surgery center.
- Reading material for your enjoyment.





- This Patient Resource Guide.

#### Items to Leave at Home:

- Jewelry, cash, or valuables of any kind should be left at home or in the care of a trusted loved one.
- Ice packs or cold therapy unit and other devices that you may have received from our office.

## COUNTDOWN TO SURGERY

### 8 Weeks Before Surgery

- Schedule your surgical clearance physical exam with your primary care physician to be completed approximately 4 weeks prior to surgery. Do not leave this appointment for the week before surgery in case further testing is required by your doctor.
- Begin making arrangements for someone to accompany you to your preoperative appointments, to transport you to the hospital or surgery center on the day of surgery, be present for discharge instructions after surgery, to drive you home after you are released from the hospital or surgery center, and to stay with you when you return home after surgery for 7-10 days.

### 6 Weeks Before Surgery

- All routine dental work, including cleaning, must be completed six weeks prior to surgery OR you need to wait for 2-3 months after surgery. You MUST call the office if any dental problems arise prior to your scheduled surgery date.
- Stop smoking.

### 4 Weeks Before Surgery

- Surgical clearance appointment with your primary care provider. Some patients will need clearance from their cardiologist also.
- Perform any ordered tests such as lab work, chest x-ray or EKG.
- Begin a daily exercise program (stretching, walking, etc.)
- Be sure you have compression shorts to wear for the first 2 weeks following surgery. You can find bike/running shorts, Spanx or other tight-fitting garment at Amazon or any store that sells fitness clothing.

### 2 Weeks Before Surgery

- Watch “Videos to Help You Prepare for Surgery.”
- Start making home preparations.
- Stop taking anti-inflammatory medications such as ibuprofen, Motrin, Advil, Aleve, naproxen, Celebrex, or diclofenac.
- Stop taking prescription diet medications, herbal supplements, vitamins, phentermine, methotrexate, and other rheumatoid arthritis medications.
- Start the nutritional supplement, if using.

## 10 Days Before Surgery

- Avoid yard work until cleared by your surgeon. This is to avoid any damage to your skin.

## 1 Week Before Surgery

- Be sure you have completed your preparation appointments:
  - Pre-op appointment with Dr. Loucks or one of his Physician Assistants.
  - If your surgery is at Advent Health Castle Rock Hospital or Sky Ridge Medical Center, you will have a Pre-Admission Testing appointment with a physician or nurse at the hospital.
- As instructed by the prescribing physician, stop taking blood thinners, anticoagulants, and antiplatelet agents such as Coumadin or warfarin, Plavix, aspirin, and compounds containing aspirin.
- If you become ill, have broken skin or develop a rash, please call our office.
- Complete final preoperative laboratory tests 5-7 days before surgery if ordered.

## 5 Days Before Surgery

- Reduce alcohol consumption.
- Begin packing your bag for your hospital or surgery center stay.
- Plug in and charge portable leg squeezers and familiarize yourself with the cold therapy unit, if using.
- Begin using the prescribed nasal ointment twice daily.
- Begin using the body wash or anti-microbial soap/wipes when showering.
- Fill any prescriptions you may have received at your preoperative appointment.

## 1 Day Before Surgery

- Stop eating solid foods and drinking fluids 8 hours prior to surgery. Avoid mints and gum. Limit your intake of alcohol the evening prior to surgery to 1 drink to avoid the risk of dehydration. It is fine to enjoy a glass of wine or your favorite cocktail with dinner the evening before surgery.
- Get a good night's rest!

## Day of Surgery

- Wear clean, comfortable clothes. Avoid wearing any fragrances, deodorants, lotions, makeup, or nail polish.
- Take any medications as instructed during your preoperative testing with a sip of water.
- Report to the check-in area on time.

**"Prior to surgery, I was in pain 24 hours a day. I couldn't sleep and that made me irritable, not to mention that living with constant pain stinks! To say I highly recommend Dr. Loucks would be a gross understatement. He's fantastic!"**

**R. R.**

## THE DAY BEFORE SURGERY

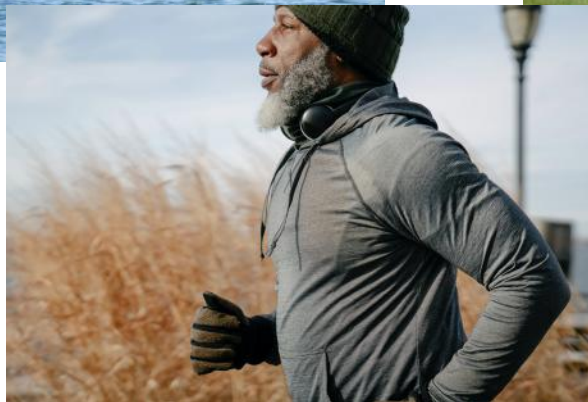
**You may eat or  
drink as desired  
until 8 hours  
prior to surgery**

The surgery center will contact you 2-3 days prior to your surgery day to let you know what time you need to arrive at the facility. For example, if your surgery is on a Monday, they will contact you the Friday before.

On the day before surgery, you should perform your normal daily activity. Try to relax, knowing you will have a better quality of life and return to a more active lifestyle after your surgery and recovery is complete. You have prepared yourself well for your big day. Get some exercise, meditate, stretch, read a book, or simply relax at home. Minimize anxiety and do some activities you enjoy.

Gather home medications such as inhalers, blood pressure medication or other specialized medications and bring them with you the day of surgery.

You will not be admitted to the hospital or surgery center until the day of your surgery. Please make arrangements for lodging if needed the night before.



# Your Day of Surgery

The day of your surgery will be a busy one! Please remember to not eat or drink anything, including mints or gum, after midnight the evening prior to your surgery. There may be several hours that pass between the time you check in and the time that your surgery is completed. Please be patient. Bring a book or something to do while you wait. Your family should also be prepared to wait a few hours.

It is important that you arrive at the hospital or surgery center with plenty of time to check in and prepare for surgery. You will be instructed on your expected arrival time.

Wear comfortable clothes. Avoid wearing cologne, perfume, or fragrances of any kind. Deodorants, creams, lotions, and shaving creams should be avoided. Do not wear makeup or nail polish.

Although you may feel that your orthopedic team asks some redundant questions, it is important to verify information for your safety. It is our priority to provide you with the highest quality of care.

**Please give the hospital or surgery center staff your cell phone number and your family's cell phone number so that we may contact them at any time.**

## CHECK IN FOR SURGERY

After you check in at registration, a wristband will be applied at this time. If you have any allergies, an additional wristband may be applied. It is important for you to verify that all information on your identification bracelet is correct. We will be asking you to confirm this information many times throughout your hospital stay as one way of ensuring your safety.

After you are guided to the preoperative area, you will be asked to change into a hospital gown. Your clothes and any items you brought with you will be placed in a bag with your name on it.

Just before surgery, a nurse will review your medical record, take your vital signs, clean the surgical site, and make sure everything is in order. Sometimes, additional tests may need to be performed. Your nurse will start an IV to allow medication and fluids to flow directly into your bloodstream.



Dr. Loucks, his physician assistant and the anesthesiologist will visit you in the pre-op

holding area prior to surgery. Among other things, your surgeon will ask you to identify which joint is being operated on and he will mark the surgical site with a special marker. Your anesthesiologist will meet with you and review the anesthesia plan.

## FAMILY WAITING

On the day of surgery, your family member or friend will be able to stay with you until you are ready to be transported to the operating room. At this point, they will be escorted to a family waiting area where they will wait for approximately 1-2 hours while you have your surgery.

Once your hip replacement surgery is complete, Dr. Loucks will contact your family members or friend to discuss your procedure.

Please give the preoperative nurse your cell phone number and your family member's cell phone number so that we may contact them at any time.

## ANESTHESIA

Your anesthesiologist will review your medical history and conduct a brief interview with you. Keep in mind that there is some redundancy in this process; this is intentional so that we get the most accurate information possible. They will discuss the anesthesia options, with risks and benefits to each.

### Spinal Anesthesia

Most patients of Dr. Loucks receive a spinal anesthetic with sedation for their hip replacement surgery. We prefer spinal anesthesia for 3 main reasons: simplicity, postoperative pain control and avoidance of general anesthesia. General anesthesia is an option for patients if a spinal anesthetic is contraindicated.

Prior to the spinal procedure, you will be given a sedative through your IV, not to make you unconscious but rather to provide relaxation and relieve the natural anxiety patients have prior to surgery. The spinal anesthetic is conducted in the sitting position. The low back is prepped sterilely and a local anesthetic (e.g., lidocaine) is injected to numb the skin and blunt all but a mild sensation of pressure. A very small gauge needle is inserted through the numbed area between the backbones and into the spinal canal. Local anesthesia is injected, and the needle is removed, completing the procedure. In most cases, the procedure takes less than five minutes.

Following the spinal, your legs will begin to get warm and numb. The loss of sensation due to the local anesthetic generally lasts a few hours.

Also, in the operating room, you will receive an additional intravenous sedative. Patients sleep for the duration of the surgery and awaken when the sedative is discontinued at the end of the procedure.



## THE OPERATING ROOM

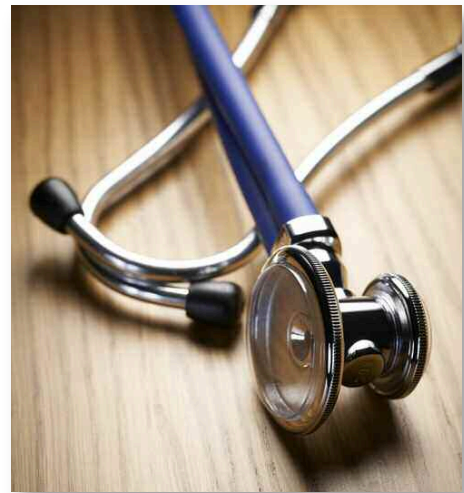
Inside the operating room, you will be cared for by a team of physicians, physician assistants, nurses, and skilled technicians. The total time required for your surgery will be different from patient to patient depending on the complexity of your procedure. Generally, most hip replacement surgeries last between one and two hours, including preparation time.

## RECOVERY

After surgery, you will be transported to the Post Anesthesia Care Unit (PACU) or recovery room while you recover from the effects of anesthesia.

Nurses will check your vital signs such as blood pressure, respiratory rate and heart rate while monitoring your progress as you begin to regain movement and sensation in your lower extremities.

Your nurse will encourage you to take deep breaths, apply calf compression devices to help with circulation and apply ice packs to your hip to reduce pain and swelling. Over the next couple of hours in the recovery room, your nurse will help you to sit at the edge of the bed, stand and walk. They will assist you to the bathroom so we can be sure your bladder is fully functional before you go home. Sometimes it is that last thing to wake up!



## WHAT TO EXPECT AFTER SURGERY

### Managing Your Pain

Some pain is to be expected immediately following surgery and there are a lot of ways we can help to reduce the intensity of pain you feel. The nurses will elevate your leg, put some ice on your hip and ensure you are comfortable as you are waking up. Pain medications will be provided through your IV as needed.

To reduce the need for pain medicine after surgery, just before your wound is closed at the end of surgery, we inject a mixture of 6 medications around your incision and new joint. This combination will last 48-72 hours after surgery and should significantly help you feel more comfortable and allow you to mobilize early in the recovery. You may notice a spike in your pain once the medicine wears off so be sure to rest, ice and take pain medicine if needed.

Communication is an important part of helping us manage your pain. We encourage you to share information with your nurses about any pain you experience. Be as specific as possible. For example, where is the pain? How often do you feel pain? What does the

pain feel like: is it sharp, dull, aching and spreading out? On a scale of 1 to 10, where 10 is the worst pain imaginable, how would you rate your pain?



For most patients, the spinal anesthetic wears off after four to five hours. When this occurs, you will start taking pain medications by mouth.

### Getting Up to Walk

We know you want to heal as fast as possible so you think the more you do and the further you push yourself, the quicker you will recover. This mindset typically BACKFIRES!

Remember when you sprained your ankle as a kid while playing soccer, tennis or running? You probably learned pretty quick that you needed to stay off it, rest and ice your ankle. When did your ankle start feeling better? It was when the swelling went away! Recovering from hip replacement is no different from a sprained ankle.

Your activity level *directly* relates to how much swelling and pain you have after surgery. Swelling is normal and expected but this is what causes much of your pain and discomfort. We recommend you try hard to keep swelling down by icing, elevating your leg, and limit your activity. You wouldn't do a 90-minute workout the day after you sprained your ankle, would you? NO!

We recommend you **GET UP AND WALK** for 5 minutes every hour using your walker, crutches or cane for support and safety. Take several **SHORT** walks throughout the day. A short distance means to the bathroom and back or to the kitchen and back. Don't overdo it! Doing too much will cause more swelling and a slower recovery. Use your walker or cane until you feel stable on your feet. Typically, most hip replacement patients are able to walk independently by 2-4 weeks, or sooner.



Starting the day after surgery, you may begin a gentle exercise routine, see the Exercise and Mobility section of this booklet. These exercises are designed to help increase

strength and flexibility in the joint. Ultimately, the goal is for you to perform activities of daily living, such as walking, climbing stairs, and getting in and out of bed and up and down from a chair or toilet.

Use your smart phone, step tracking watch or pedometer to monitor your daily steps. We will give you more detailed instructions after surgery, but we want you to aim for NO MORE than 1,000 steps per day in the first week of surgery. By week three, you should not be exceeding 2,000 steps per day and by week six, no more than 4,500 steps per day.

**"I was in so much pain right before surgery, I could hardly drive or put my socks and shoes on! Literally HOURS after my surgery, I felt an immediate increase in range of motion and a decrease in overall joint pain."**

**D. D.**

If you follow our recommendations, you will likely reach post-op milestones BEFORE other patients following outdated protocols. You will also likely have less pain than what other patients do. However, comparison is the root of all evil! We don't recommend you compare your recovery to your friends or with what you read online from Doctor Google. Everyone has their own individual experience. People respond to pain differently. Their anatomy, the surgical technique or surgeon was likely different from yours! Your experience is your own.

### Physical Therapy

Following hip replacement, we recommend doing the exercises in this guide and simple walking for the first 2 weeks after surgery. At your 2-week follow-up visit, we will determine if you need formal physical therapy. A lot of times, our hip patients recover well without seeing a therapist. If we do recommend therapy and you have a specific therapist you would like to see, please let our team know or we can arrange one for you.

### Early Restrictions after Hip Replacement

Although a dislocation is extremely unlikely, you should follow our Anterior Hip Precautions for 6 weeks. This means you should not extend (putting your leg behind you) the hip in combination with external rotation (turning your leg outward) of the hip. You should not pivot around the operative leg. Additionally, you should avoid excessive repetitive straight leg raise exercises, marching and heel slides for the first 6 weeks. This will allow for the muscles that were stretched in surgery to recover appropriately.

We recommend waiting 3 months before resuming your yoga practice as sometimes excessive stretching can loosen the ligaments around the hip which will put you at risk for dislocating your hip. Otherwise, you may do routine, non-strenuous activity as tolerated. Stairs are ok, just don't overdo it!

### Home Health Care

If you think you might want to have home health care after your surgery, check your insurance plan to see if you have this as a benefit. Our team can help arrange this for you.

### Going to a Rehab Center for Extended Recovery

We do not recommend patients go to a rehab center after surgery unless necessary due to their circumstances at home or other health conditions. In order to qualify to go to a

rehab center, your surgery MUST be performed at the hospital and the case manager will arrange your rehab stay. You also MUST qualify to enter rehab. Medicare requires a 3-night stay in the hospital before moving to the rehab facility. Quite often, our patients do so well that they are ready to leave the hospital before the 3rd night. Rehab centers are breeding grounds for infection and complication risk is high so recovering at home is the best option. If you feel you will need to go to a rehab facility, please discuss this with our team and we will help make the necessary arrangements.

## PREPARING TO RETURN HOME

Home is the best place for you to recover! You will be ready to go home once you are able to walk safely and perform your exercise program and your surgeon or physician assistant determines that you are ready for dismissal. You must arrange for someone to stay with you when you go home, or you will not be released from the hospital or surgery center in a timely manner. Most patients are ready for discharge home later in the day of their surgery or one day after surgery.

Before you go home, we will make sure that all your discharge needs are met. Our team typically sends in any prescriptions at your pre-op appointment. Any last-minute items will be arranged.

## EQUIPMENT YOU WILL NEED AT HOME

### Shopping List

Here is a basic shopping list of the supplies you might need for your recovery. We will give you a more detailed list specific to you and your recovery plan at your pre-op visit.

- Walker
- Cane
- Glad Press N Seal
- Compression Shorts
- Cold Therapy
- Nutrition Supplement
- Fitness Tracker or Pedometer
- Leg Lift Strap
- Reacher

You will need to use a walker or crutches for the first 2-3 days after surgery. Your legs may still be numb from the anesthesia, so we ask that you be as safe as possible when getting up to walk. You should plan to bring a walker or crutches with you the day of your surgery. If available, the hospital or surgery center may issue one to you. The nursing staff or case management services can assist you in obtaining other home equipment if needed, but extra items may not be covered by insurance.

## THE TRIP HOME

You will need to arrange for your family member or friend to drive you home. To make your ride more comfortable, your driver should bring pillows for your comfort, slide your seat back and recline the seat slightly. Whether traveling by vehicle or plane, it is vital that you do ankle pumps and walk for 5-10 minutes every 1-2 hours. This will help prevent blood clots and joint stiffness.



# Transitioning Home

## PAIN MEDICATION AFTER SURGERY

Pain is common and to be expected after hip replacement surgery. You will likely be on pain medicine or have a combination of medications to provide adequate relief. Plan to take your pain pills approximately 30 minutes prior to doing your exercises to help control the soreness that often accompanies activity in the first few days after surgery.

As mentioned earlier in the Managing Your Pain section of this booklet, we use a multi-modal regimen for pain management. At the time of your procedure, your surgeon will inject a cocktail of pain medication that will last up to 48-72 hours after surgery. This greatly reduces the need for oral pain medication. However, when the medicine wears off, you may notice a small spike in your pain. Should this happen, rest, and apply ice to your surgical site and take your pain medicine as we recommend.

**If you need a refill of your pain medication, please call our office at 303-699-7325, 8 am - 5 pm, Monday through Thursday. We will refill the medication within 72 hours.**

Our team will review your specific pain management plan during your pre-op visit and again in the pre-op area prior to surgery. All these instructions will be written down for you.

Pain medications may cause nausea, constipation, and a light-headed sensation. Drink plenty of fluids, eat some fruit and take a stool softener to prevent constipation. We can prescribe anti-nausea medication or laxatives if necessary. Do not drink alcohol or drive while taking narcotic pain medication.

**Contact our office at 303-699-7325 if you have any questions about taking your medications.**

## RESUMING YOUR MEDICATIONS

Resume your home medications as instructed by your physician.



Hormone replacement medications should be held for 2 weeks following surgery since they increase your risk of developing blood clots. If you must take them, please notify your surgeon, and understand that there is a higher risk for DVT (deep vein thrombosis) or blood clots while you are recovering from surgery.

Vitamins and supplements may be resumed 1-2 weeks after surgery.

## ACTIVITY

You will receive a detailed post-op packet of information that reviews specific exercises and activity after surgery. Follow the recommended daily step count and work hard to keep swelling down around your hip. Going slow is the best way to recover to allow



your skin and soft tissues heal from the trauma of surgery. That's not something you can rush!

You may bear weight as tolerated on the surgical leg unless instructed otherwise by your surgeon. You may go up and down stairs but limit this to just a couple times per day. Follow the Anterior Hip Precautions as mentioned previously.

You may resume walking on a treadmill or elliptical in 2-3 weeks after surgery when you feel more stable on your feet. Avoid increased resistance at first and slowly progress as you feel comfortable.

We recommend you avoid long walks, resistance exercise, yoga, Pilates, lifting weights, running, or jumping for 6 weeks following surgery.

## MANAGING SWELLING

It is normal to have swelling around your hip, thigh, knee and down to your foot and ankle. You may experience bruising of the upper and lower leg down to the foot and ankle. Swelling will gradually increase, usually peaking between days 4 and 7, and then gradually decrease. However, swelling may persist for 3 months or longer after surgery.

### Cold Therapy

Cold therapy will reduce post-operative pain, swelling, inflammation and can lead to a quicker recovery after surgery. You may use ice or gel packs or a cold therapy unit. You should aim to ice your hip 40 minutes per hour in the first weeks after surgery. Our office will give you further information about cold therapy options.

### Elevate Your Leg

Elevating the operative leg in the first few weeks will help reduce swelling around your hip and minimize swelling down your leg.

### Compression

We highly recommend that hip replacement patients wear a compression garment (bike or running shorts, compression shorts, Spanx, or other tighter-fitting garment) to minimize swelling around your hip and thigh. These garments are helpful especially for the first 2 weeks and should be worn continuously. Wearing compression socks will help reduce swelling at the knee and to the foot.

If the compression socks you receive from the surgery center are too uncomfortable or difficult to put on, some patients do well switching to thigh high EdemaWear stockings. These are a fuzzy stocking that can be rolled up the leg and work well to reduce swelling. They do not prevent blood clots so you will need to wear calf squeezers at the same time. You can order the EdemaWear stocking at [www.compressiondynamics.com](http://www.compressiondynamics.com) or Amazon. See website for sizing details.

## INCISION CARE

Keep your incision clean and dry. You may be instructed to leave your bandage in place until your follow-up visit. You may shower 2-3 days after surgery, covering the incision with plastic or saran wrap (Glad Press 'n Seal works the best). Use regular soap. Do NOT apply creams, ointments, or lotions to the incision until cleared by your surgeon or physician assistant (usually 3 weeks after surgery).

Avoid soaking your incision in a tub bath or participating in any water activities until the incision is completely healed, closed, and no longer draining. This typically occurs 3 to 4 weeks after surgery.

**If you have any concerns about your incision, please notify our office at 303-699-7325**

## DIET AND REST

Eat a healthy diet to promote healing. You may experience a decreased appetite after surgery. This is normal and should gradually resolve.

You may sleep on your back or on your side. You may prefer a pillow between your legs for comfort if on your side.

### Trouble Sleeping

It is well known that having a joint replacement can disrupt sleep patterns – sometimes as long as 3 months!

Here are some tips for a good night's sleep:

- Get up at the same time most days.
- Exercise the same time each day.
- Keep daytime and nighttime separate.
- Keep your bedroom cool & as dark as possible.
- Do not spend excessive amounts of time awake in bed.
- Do not worry, think, plan, or worry about sleep in bed.
- When awake and can't sleep, get out of bed and engage in a relaxing activity such as reading, TV, puzzles, games, etc.
- Caffeine is OK in moderation but avoid within 6 hours of bedtime.
- Reduce alcohol. It can make you drowsier before you want to go to bed, and it will wake you during the night.



- Try melatonin, Tylenol PM, Advil PM or Benadryl for a sleep aid. Contact your primary care physician if you feel you need a prescription for sleep.

Remember that acute insomnia is a normal response to surgery.

## FEVER

Low-grade fever is common within the first 48-72 hours after surgery. Generally, this is a result of inflammation after surgery or shallow breathing that affects the lungs. Please report a persistent temperature of 101 degrees or higher.

## PNEUMONIA

Because your lungs tend to become “lazy” as a result of the anesthesia, secretions may pool at the base of your lungs, which may lead to lung congestion or pneumonia.

- **Deep Breathing Exercises:** You should deeply inhale through your nose and exhale through your mouth at a slow and controlled rate.
- **Incentive Spirometer:** This device may be given to you while in the hospital. This simple device gives you visual feedback while you perform your deep breathing exercises. Your nurse will demonstrate proper technique.

## BLOOD CLOT/DVT

Hip replacement surgery places you at HIGH risk for blood clotting for a month following the surgery. We recommend several preventive measures to minimize your risk for developing a blood clot or Deep Vein Thrombosis (DVT). Be sure to complete the entire regimen of blood thinning medication as prescribed.

If we have you on Aspirin, it is OK to take Ibuprofen (Advil/Motrin) for pain management. It is ok to combine the two medications. If we have you on a stronger blood thinner (i.e. Xarelto, Lovenox, Eliquis, etc.) we advise you NOT to take Ibuprofen (Advil/Motrin) until you have completed the blood thinner regimen. After discontinuing the blood thinner, you may resume Ibuprofen.

You will also be sent home with elastic “anti-embolism” compression stockings, and we suggest the use of pneumatic compression devices (calf squeezers) for your calf muscles. We recommend you wear the stockings and use the calf squeezers for 2-3 weeks following surgery. You should also continue to perform “active ankle pumps” and mobilize several times a day to keep the blood circulating in your legs.

Should you develop signs or symptoms of a DVT (deep vein thrombosis or blood clot), call your doctor immediately or go to the nearest emergency room for evaluation. *Symptoms to watch for include unusual pain or tenderness in one or both legs (calves particularly), warmth and/or redness or discoloration in the skin of the affected leg, swelling that is worse in the morning and doesn't improve with elevation, shortness of breath.*



## WHEN TO CALL THE SURGEON

After surgery, you may experience some worrisome or even alarming sensations, symptoms or have a concern that you aren't sure how to manage. We will provide you with a packet of detailed information on what to watch for, how to manage things you experience after surgery and when to call your surgeon.

### Who To Call with Your Questions

Dr. Loucks has a large team of support staff, and each person covers a specific part of your surgical experience. We understand it can be tricky to know who to voice your questions to!

**Concierge Patients Only** – As a benefit of your concierge package, Dr. Loucks is available for questions you want to discuss directly with him via text or phone call.

**ALL Patients (including Concierge):** Please follow the below guidelines to have your questions answered efficiently:

	Mel	Lara	Jill	Game Ready	365 Surgical
Prescription Refills – Monday to Thursday, allow 72 hour response time	X				
Medical problem – medication question, allergic reaction, wound concern, etc.	X				
Questions related to surgery or the surgical procedure	X				
Questions related to your recovery from surgery	X				
Equipment or supplies	X				
Game Ready Cooling Unit	X			X	
Medical clearance questions before surgery		X			
Surgery Scheduling or questions on timing of surgery		X			
To schedule post-op appointments	X		X		
Questions about the 365 Concierge Program or Care Box					X

## Contacts:

**Mel** – Mel.Ciotti@adventhealth.com

**Lara** – Lara.Sisneros@adventhealth.com

**Jill** – Jill.Currie@adventhealth.com

**Game Ready Representative** – Taylor at 303-888-8035 or taylorpadilla0891@gmail.com

**365 Surgical Concierge** – kerry@365surgical.com or chelsea@365surgical.com

The PA's are often in surgery or busy seeing patients in clinic so we prefer that you contact Mel first and she will pass your question to the first available PA.

## LIFE AFTER JOINT REPLACEMENT

### Driving

You may resume driving when you have regained complete control of your leg (usually within 2-3 weeks after surgery) and are no longer taking narcotic pain medications. The decision to resume driving is up to you. Please do so safely. Consider if you had to hit the brakes **HARD**, would you be able to do it without pain? We are not responsible for determining if you are safe to drive after surgery. **YOU** are responsible for your safety as well as others.

### Traveling

If you are traveling to Colorado to have your surgery with us, you may certainly fly home within a few days of your surgery. If you travel for work or have a vacation planned, we highly recommend you wait at least 4 weeks after surgery before you do so. In the first week after surgery, when traveling by car or plane, you should attempt to change position, stand, or walk for 5-10 minutes every 1-2 hours. Active ankle pumps should also be performed if you are sitting for long periods of time.

Because your new artificial joint contains metal components, you will likely set off the security systems at airports. This is normal and should not cause concern. **You**



**do not need a special medical card to clear airport security**, just let them know you have an implant. Metal detector screenings follow universal protocols that allow people with joint replacements to proceed after confirmation that no threat exists.

### Exercise and Activity

Exercise and an active lifestyle are important parts of health. Most patients can enjoy many activities and lead a full life. There are some activities, such as high impact activities, that should be avoided. Running, jumping, heavy weightlifting or contact sports are not recommended. Participating in these activities or activities like them may damage your joint or cause it to wear down much more quickly. Yoga is not recommended for 3 months after hip replacement surgery due to increased risk for dislocation. Low impact activities such

as swimming, walking, hiking, biking, gardening, and golf are encouraged for hip replacement patients.

### Dental Care

Following joint replacement surgery, it is important to notify your dentist that you have a hip replacement. It is essential that you obtain a prescription from your surgeon or your dentist for a prophylactic antibiotic to be taken one hour PRIOR to any dental cleaning or procedure for 1 year after surgery. We recommend you wait 2-3 months after your surgery before any dental procedure or cleaning. Be sure to remind your dentist of these requirements to reduce the risk of developing an infection in your joint.

### Sexual Activity

Sex can safely be resumed approximately 2-4 weeks after surgery if there is no pain.

### Return to Work

Depending on the type of activities you perform, it may be 1-3 weeks before you return to work but can be up to 10-12 weeks.

### Reducing Risks of Infection in Your New Joint

To reduce your risk of infection, antibiotics may need to be administered prior to any invasive test, procedure, or surgery. The physician or surgeon performing the procedure should prescribe antibiotics if indicated. You do not need antibiotics with a colonoscopy or dermatology (skin) procedures. It is important to treat any active bacterial infection as soon as possible.

**“2 Weeks later I was  
walking with no pain,  
no limp and no joint pain!  
This is absolutely amazing.”  
SS**



## FOLLOW-UP CARE

After surgery, we like to follow-up with you throughout your recovery. For the patients that live locally, we like to see you in person so we can check your wound, evaluate your joint motion, and get x-rays of your new implant. For our patients that live a distance from us in Denver, we would like to continue to care for you during your recovery period and we have several ways of doing so.

For any of our patients that live either near or far and are unable to see us in person, our team can arrange a telephone discussion or telemedicine visit. If there are any issues that come up during recovery, we may request a photo of your surgical incision be sent to us via secure email or text. We may also request that you have an x-ray taken and sent to us so we may evaluate your implant over time.

You will see your surgeon or physician assistant for a follow-up appointment at:

- 2 weeks
- 6-8 weeks

**Out-of-town patients:** We can give you bandage instructions and recommendations for remote follow up with us. You may also see your primary care physician at 2 weeks post-op to remove the dressing and check your wound if you prefer. If you are able, return to our office for a post-op visit 6-8 weeks after surgery for an x-ray and examination. Alternatively, we may arrange for an x-ray in your hometown and have you send it to us.

If you experience any difficulties or have questions regarding your recovery, please contact our orthopedic team.

**"I was walking without a walker on the first day after hip replacement surgery and I took almost no pain medication. Within a week, I was able to drive a car. I am now walking smoothly and back to all routine activities. I expect to be skiing this spring!"**

**G. S.**





# Exercise and Mobility

These exercises are vital in helping you return to your normal activities and are designed to help increase leg flexibility, strength, and function. Practicing the exercises at home prior to your surgery will help to make the exercises easier after your surgery also.

## PHASE 1: BEGIN THESE EXERCISES THE FIRST DAY AFTER SURGERY

1. Active Ankle Pumps – In bed or sitting in a chair, point your toes up, down and in circles. Perform 2 sets of 10 repetitions.
2. Quad Sets – Lie with your leg straight and toes pointed toward the ceiling. Tighten the muscle on the top of your thigh, keeping your thigh on the bed while attempting to raise your heel slightly off the bed. Hold your muscles tight for ten seconds. Perform 2 sets of 10 repetitions.
3. Supine Hip Abduction – Lie on your back on a firm surface. Tighten your thigh muscle so that your knee is straight. Move your leg out to the side, keeping your knee straight with your foot and knee pointing to the ceiling. Return to starting position. Perform 2 sets of 10 repetitions.
4. Buttocks Squeeze – Lie on your back with your legs straight. Squeeze buttocks together. Hold your muscles tight for 10 seconds. Perform 2 sets of 10 repetitions.
5. Seated Knee Extension – While sitting in a chair, straighten your leg at the knee while keeping your back upright. Slowly lower your leg to the starting position. Perform 2 sets of 10 repetitions.

## PHASE 1: BEGIN THESE EXERCISES 7 DAYS AFTER SURGERY

1. Sit to Stands – Start by sitting in a chair with armrests and rise to a standing position. Push with your arms to assist if needed. Slowly lower yourself back to sitting. Progress to sitting and standing without the use of your arms. Perform 2 sets of 10 repetitions.
2. Standing Knee Bends – Hold onto a chair, table or counter for balance and bend your knee on the surgical side, moving your foot toward your buttocks and keeping your thighs parallel. Slowly return to starting position. Perform 2 sets of 10 repetitions.
3. Standing Hip Abduction – Hold on to a chair, table or counter and stand on your non-surgical leg. Keeping your trunk upright, straight knees and toes pointed forward, move your surgical leg out to your side and slightly back. Lower your leg slowly to the starting position. Perform 2 sets of 10 repetitions.
4. Standing Buttocks Squeeze – Hold onto a chair, table or counter and squeeze

your buttocks muscle so that your leg extends backwards, keeping your knee straight and trunk upright. Return slowly to starting position. Perform 2 sets of 10 repetitions.

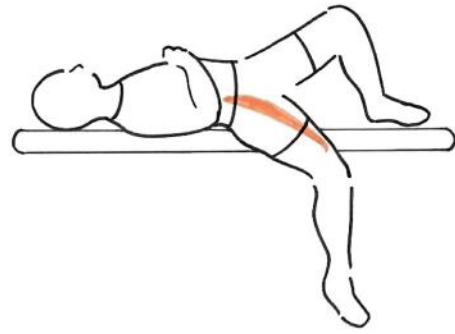
In 1-2 weeks, when able to stand on surgical leg without pain, perform this exercise on opposite leg as well.

5. Side-lying Hip Abduction – Lie on your uninvolved side, with lower knee bent for stability. Keep knee straight on your surgical side, lifting leg upward by using the muscles on the side of your hip. Return to starting position. Perform 2 sets of 10 repetitions.

### How to Stretch Your Hip Flexors

Your hip flexor muscles and tendons get stretched and stressed during surgery and the recovery period, so we recommend you do these stretching exercises to avoid tightness and pain in the front of your hip.

For this exercise, lay down on your bed or sofa and position your surgical hip towards the edge. Let your surgical leg drop down to the floor or onto a stool and allow gravity to do the work in stretching the front of your hip. This will stretch the Iliopsoas Muscle.



For a deeper stretch to the Rectus Femoris Muscle, use a towel or exercise band to help pull your heel back toward your buttocks. You will feel a deep stretch in the front of your hip.

Stop these exercises if you feel too much pulling or pain in the front of your hip or feel a popping sensation.

**Remember, if some of the exercises are too difficult or don't work for you, it's ok!**

## MOBILITY: WALKING WITH AN ASSISTIVE DEVICE

### Walker

Move your walker or crutches first, then your surgical leg, followed by your other leg, take equal step lengths.

**Heel to Toe Gait:** When walking with a walker, stand tall and look ahead (not at the floor), bend your hip to take a step, and, keeping your toes pointed straight ahead, set your heel on the floor first. Take equal step lengths.

For better balance, stay in the middle of your walker. Do not step beyond the front of your walker.

Use your walker until you can walk confidently without a limp. If you find yourself holding onto the wall or other objects while walking, you need to continue to use your walker.



## Cane

You may transition to a cane when you are able to stand on your surgical leg without support. A cane is generally used to improve balance. It should not sustain a large portion of your body weight.

Cane height is usually about one half the user's height. If the cane is a proper fit, your elbow will be flexed 15-20 degrees when you hold the cane while standing.

For walking, hold the cane in the hand opposite the surgical leg. If your surgery was on your Right hip, hold the cane in your Left hand and vice versa.

Start walking! Move the cane forward at the same time as your surgical leg and put your weight on them together, allowing the cane to absorb more strain than the leg. Do not use the cane to step with your non-surgical leg. It will get easier with practice!

## Stairs

"Up with the Good. Down with the Bad."

Stairs are ok to do at any time after surgery, even the same day! Go slow, one step at a time.

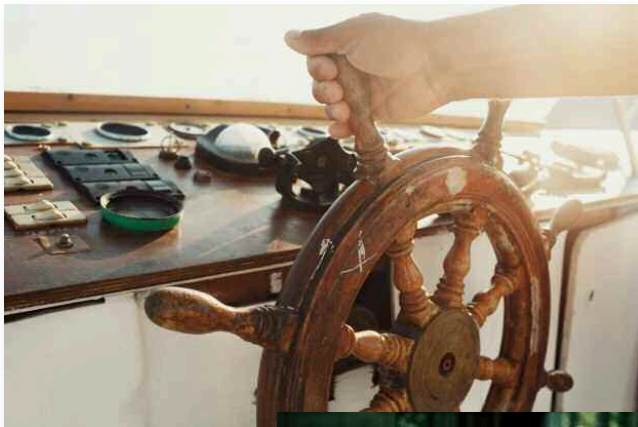
To walk upstairs with a cane, put one hand on the railing and the cane in the other hand. Step up with your "good" or non-surgical leg and then bring your surgical leg to the same step.

To walk downstairs, put your hand on the railing and cane in the other hand. Take the first step with the surgical "bad" leg and cane at the same time, then bring down your strong leg.

## Mobility – Bed, Chair/Toilet, Tub/Shower and Car

- Getting out of bed
  - Scoot your bottom and hips to the edge of the bed.
  - Slide your legs off the edge of the bed while using your arms to help sit up
- Getting into bed
  - Slide your surgical leg forward for comfort and sit on the edge of the bed.
  - Scoot your bottom and hips back, bring your legs onto the bed. You may need to hook your non-surgical leg under the surgical leg to help bring it onto the bed.
  - Scoot up in bed using your arms and non-surgical leg.
- Standing from chair/toilet
  - Scoot to the edge of the seat, keeping your surgical leg forward for comfort.
  - Push from the armrests or toilet to stand.
- Sitting in chair/toilet
  - Back up (using a walker or crutches) until both legs touch the chair or toilet.
  - Slide your surgical leg forward for comfort, reach back for the armrest, handle or toilet and then sit slowly.

- Tub/Shower Transfers
  - o A shower chair may be used for comfort but is not required.
  - o Stand near the shower lip.
  - o Step over the shower lip with your non-surgical leg first and then your surgical leg.
  - o Back up to the shower bench or seat, if using.
  - o Slide your surgical leg forward for comfort, reach back for the chair or bench and sit slowly. If available, use hand-held shower and/or long-handled sponge to avoid excessive bending.
- Car Transfers
  - o Slide the seat of your car as far back as possible and if able, recline the seat. If needed, place a pillow on the seat to make it level. Two-door cars work best for access, but sedans are fine for car transfers. SUVs and trucks should be avoided for transfers due to the difficulty of getting in and out of the vehicle.
  - o Back up to the car using your walker (or crutches). Reach back to the car seat or dashboard for support.
  - o Slide your surgical leg forward as you sit down on the edge of the seat.
  - o Scoot back on the seat as far as possible and lean back as you swing your legs into the car.
  - o To get out of the car, reverse the above procedure.





# Implant Information

Every patient is different, however, if this is the first joint you have had replaced, more than likely, we will use an implant made by Medacta. Dr. Loucks trusts the products made by Medacta and has been using their hip and knee implants since 2008. If you have had your joint replaced previously and need it revised, your surgeon may choose to use components made by a different manufacturer.

Medacta International is the innovative maker of our Total Hip and Total Knee Implants. Their motto is “Quality in Motion” and their goal is to allow patients to regain a healthier and more active lifestyle. Medacta is one of the fastest growing orthopedic implant companies over the past 20 years. Medacta is based in Switzerland and is represented in 40 countries worldwide. For more information, visit [www.medacta.com](http://www.medacta.com).

## HIP REPLACEMENT

The AMIS or Anterior Minimally Invasive Surgical technique used by Dr. Loucks has many potential benefits including:

- No muscles or tendons cut.
- Significantly shortened rehabilitation and faster return to daily activities.
- Decreased post-operative pain.
- Less blood loss and smaller scars.
- Reduced risk of dislocation.
- Specialized operating room table allowing x-ray guidance via anterior approach.

The majority of our Total Hip Replacement patients will have implants made of titanium with a highly porous plasma spray coating. There are four components to the implant, all are available in varied sizes for an individualized, custom fit.

- The acetabular cup/shell is made of a titanium alloy with a highly porous plasma spray coating with an interior mirror finish. The outer coating of porous titanium helps to promote bony ongrowth.
- The shell liner is highcross crosslinked polyethylene.
- The head is ceramic, although occasionally metal will be used.
- The tapered wedge stem is made of a titanium alloy with a porous coating to stimulate bony ongrowth, has great flexibility and is highly biocompatible.



The Medacta implants are preferred based upon:

- Low wear rate: implants and tools designed specifically for the Anterior Approach
- Low dislocation rate
- Increased Range of Motion
- Excellent clinical results
- Low risk of metal ion leakage



### What if I have an allergy to metal?

On occasion, we have patients that report an allergy to metal or specific metals that are used in our implants. Most of these patients have no issues with these implants. Just because your skin has a positive “patch test” does not mean you will adversely react to the alloy in these implants. Your surgeon will discuss the current scientific evidence in the literature if you have significant concerns about metal allergy. We also have position statement with supporting literature from the American Association of Hip and Knee Surgeons (AAHKS) that we can provide if requested.

### What is a fixed-bearing versus dual mobility implant and which one will I get?

One of our biggest concerns with hip replacement is the risk of dislocation. Having your surgery through the anterior approach significantly reduces the overall risk of dislocation when compared to the posterior approach. We want to reduce the risk even further by using an implant with a superior mechanical advantage.

A hip replacement is a ball-in-socket mechanism designed to simulate a human hip joint. There are two types of bearing surfaces that Dr. Loucks uses: fixed-bearing and dual mobility. The fixed-bearing is a traditional prosthesis where a plastic liner is inserted into the metal hip socket and does not move. The ceramic head will rotate within the plastic liner.

A dual mobility bearing has a very large plastic liner seated in the metal hip socket. The ceramic head snap-fits within the plastic liner. Both the plastic liner and the ceramic head rotate within the metal hip socket.

There are advantages and disadvantages of using a dual mobility bearing. There is increased stability of the joint due to the large plastic liner and ball. Since the larger size is difficult to dislocate, it virtually eliminates the risk of dislocation. A disadvantage would be that patients can develop increased hip flexor tendonitis because the large ball irritates the surrounding soft tissues.

Potential candidates for the dual mobility bearing are those with a history of a spinal fusion, anatomically small pelvis, ligament laxity, morbid obesity, and other high dislocation risks. The fixed bearing is appropriate and does very well for all other patients who have no risks for dislocation.

# Location Information

## SURGERY CENTERS

### OCC Surgery Center at Inverness

Address: 135 Inverness Drive East  
Englewood, CO 80112  
Phone: 303-220-0810

### Castle Rock Surgicenter

Address: 4700 Castleton Way, Suite 101  
Castle Rock, CO 80109  
Phone: 720-519-1418

### Advent Health Care at Castle Rock Hospital

2350 Meadows Boulevard  
Castle Rock, CO 80109  
Main Phone: 720-455-5000

### Advent Health Outpatient Surgery Center at Castle Rock Hospital

2360 Meadows Boulevard, Palmer Building, Unit 100  
Castle Rock, CO 80109  
Phone: 720-455-8100

### Sky Ridge Medical Center

Address: 10101 RidgeGate Parkway, Lone Tree, CO 80124  
Main Phone: 720-225-1000

## HOTEL INFORMATION

### TownePlace Suites by Marriott

10664 Cabela Drive  
Lone Tree, CO 80124  
Phone: 303-708-9664  
[www.marriott.com/DENTL](http://www.marriott.com/DENTL)

### Holiday Inn Express

610 Genoa Way  
Castle Rock, CO 80109  
Phone: 303-688-0888  
[www.igh.com](http://www.igh.com)

### Drury Inn & Suites at Denver Tech Center

9445 E. Dry Creek Road  
Englewood, CO 80112  
Phone: 844-201-2622  
[www.druryhotels.com](http://www.druryhotels.com)

Contact Lara to inquire about special pricing at these hotels for Dr. Loucks' patients!

# Craig Loucks MD FRCSC

HIP & KNEE SURGEON

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WEBSITE  
[www.ColoradoHipAndKnee.com](http://www.ColoradoHipAndKnee.com)

# Thank You

*for choosing Dr. Loucks for your hip replacement.  
Our team looks forward to helping you reclaim the  
healthy and active lifestyle you desire!*

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Created by Banyan Tree Health Solutions, LLC



# Notes