

Frequently Asked Questions-

Total Hip Replacement (Arthroplasty)

Doctor Duke is a Diplomate of the American Board of Orthopaedic Surgery and a Fellow of the American Academy of Orthopaedic Surgeons and the American Association of Hip and Knee Surgeons. He has done over 5,000 knee replacements and 9,000 total joints (Hips and Knees) over his 25 year career. This experience has allowed him to refine his technique, using the most current, thoroughly proven methods available to achieve his main goal: a safe, effective, and lasting hip replacement with minimal pain and downtime. He believes strongly in surgery as a last resort, and will always prescribe the best available courses of conservative medical treatment before moving to surgery. These include anti-inflammatory medications, steroid injections, physical therapy, and more. If surgery is the only option, he takes care to address each patient's unique situation with them in the office pre-operatively, as this dialogue keeps patient and doctor on the same page, which is the key to successful surgery. Please read below for some frequently asked questions about this procedure.

Am I a good candidate for a total hip replacement?

There is no age limit for a Total Hip Replacement. Candidates must be motivated, determined, and engaged. We have found that teamwork is crucial to a successful outcome.

Surgical Approach/Technique-

When performing a Total Hip Replacement, Doctor Duke prefers to use the "Anterolateral Approach". When performing the surgery, the approach is from the anterior (front) side of the hip joint, which is directly opposite to the traditional posterior approach. This allows the doctor to work between the muscles, avoiding cutting or 'releasing' them. This translates to quicker recovery times, less pain, better mobility (including no postoperative bending restrictions), and happier patients.

Due to differences in anatomy, this approach cannot be performed on every patient; however, it is Dr. Duke's preference. He will discuss his thoughts on the best approach for your case at your pre-operative consultation.

The Recovery Process

How long will I be in the hospital?

Patients are typically in the hospital for 1-2 days after surgery. Some stay as long as 3.

What is the rehabilitation process?

Rehab actually starts before surgery with our specialized "Prehab" hip exercise program.

Post-operative rehabilitation begins as soon as the patient is comfortable moving. There is rehabilitation in the hospital, which begins the day of surgery. After leaving the hospital, the patient may choose to have rehab done at home, in a group setting, or at a physical therapist's office. Typically, 6-8 rehab

sessions are enough to get you back to normal daily activities on your new hip. Weight bearing is as tolerated immediately. Patients typically graduate from walker to cane to independent in 2-4 weeks. We expect return to dynamic activity, such as golf, dance, pickleball, etc, in 6-8 weeks or sooner if the patient is strong and confident.

What sort of medications will I need to take? Blood thinners? Pain Meds?

We use traditional blood thinners as needed only, with Aspirin as the alternative.

For pain management, we utilize a “rapid recovery” pain medicine protocol with multiple medications around the clock to speed recovery and minimize pain and side effects.