

Understanding
treatments
for hip pain.



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Table of Contents

Why does my hip hurt?	2
Diagnosis	4
Nonsurgical treatments	5
What is a hip replacement?	6
What risks are involved?	7
What is it like to have total hip replacement surgery?	7
What can I expect after surgery?	9
Notes	11

Renew your passion for living.

If hip pain is keeping you from the things you love, you and your doctor may decide it is time for hip replacement surgery. While there are many important factors to consider, keep in mind that surgical treatments are designed to reduce pain and restore function.

This brochure is intended to provide an overview of hip pain and treatment options and should be reviewed with your orthopaedic specialist. It does not include all of the information needed to determine eligibility for hip replacement or for the proper use and care of hip implants. Please consult your orthopaedic specialist for more information.

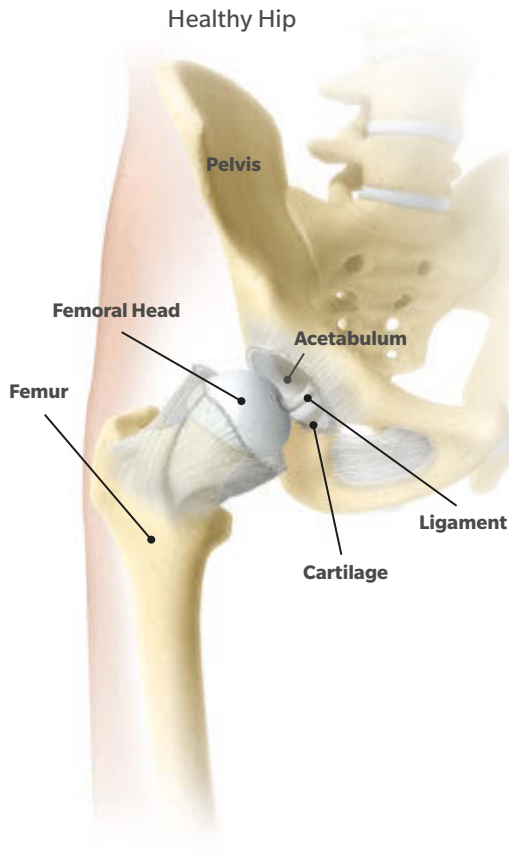
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The information herein is of a general nature and does not represent or constitute medical advice or recommendations and is for general education purposes only. This information is not meant to replace the specific verbal and written recommendations and instructions provided by your surgeon for your specific situation. Patient treatment plans and outcomes will vary.

Why does my hip hurt?

If your hips ache, you have lots of company. Over 52 million Americans suffer from arthritis.¹ To understand why your hip hurts, it is important to understand how a healthy hip joint works.

Your hip is a ball-and-socket joint: A ball (femoral head) at the top of the thighbone (femur) fits into a rounded socket or cup-like cavity (acetabulum) in your pelvis. Bands of tissues called ligaments form a capsule that connects the ball to the socket and holds the bones in place. A layer of smooth tissue called cartilage cushions the surface of the bones to help the ball rotate easily in the socket.



Osteoarthritis (OA) is the most common type of arthritis and it can affect any joint in the body.² However, OA is most common in hips and knees. When OA affects the hip joint, the cartilage cushioning the bones softens and wears away causing the bones to rub against one another. This bone-on-bone contact causes pain and stiffness that can increase over time.

Osteoarthritic Hip



Diagnosis

Early diagnosis of arthritis* and tailored treatment are crucial in slowing or preventing damage to your joints. Only a physician can determine if you have arthritis, based on:

- the overall pattern of symptoms
- medical history
- physical exam
- X-rays and other imaging techniques
- lab tests

The good news about arthritis in the hip is that it can be treated. Here are some signs that it might be time to talk to your doctor:

- Pain persists or recurs over time
- Pain worsens after exercise or other weight-bearing activities
- Pain prevents you from sleeping
- Stiff or swollen hips
- Difficulty walking or climbing stairs

*Arthritis is a disease that typically worsens over time, so it is common for treatment to involve more than one approach and change over time. For some people, lifestyle changes, medications, and walking aids are effective to alleviate the pain. For others, hip replacement surgery, may be the only long-term solution. Together, you and your doctor can determine the best treatment options for you.

Nonsurgical treatments

Pacing your activities helps protect your joints. This involves alternating periods of activity with periods of rest, so your joints don't tire from the stress of repeated tasks.

Assistive devices may help you maintain mobility, while easing joint stress and pain. For example, shoe inserts called orthotics are designed to support, align, and improve the function of your foot. In turn, they may lessen the pressure on your hips. Canes are traditional devices that can work quite well.



Heat/cold therapies

The use of heat or cold over joints may provide short-term relief from pain and stiffness. Cold packs can help reduce inflammation and swelling, and may be useful for flare-ups. Heat can aid in relaxing muscles and increasing circulation.

Medication

Both prescription and over-the-counter medications can be used to treat the symptoms of osteoarthritis and control pain. Commonly used medications include but are not limited to aspirin-free pain relievers, anti-inflammatory drugs, corticosteroids, disease modifying drugs, and sleep medications when pain prevents or interferes with sleep.

It is important to talk with your doctor about all medications and dietary supplements you are taking or considering taking, even those available without prescription.

What is a hip replacement?

In hip replacement surgery, the damaged bone surfaces and cartilage are removed and replaced with implants. The procedure is intended to give you restored mobility and to reduce painful bone-on-bone contact.

Total hip replacement

To replicate the action of your natural joint, a total hip replacement has four parts: a socket (cup), liner, ball (head) and stem. The cup is typically made of metal and fits into the natural hip socket. The liner is most commonly made of a medical grade plastic called polyethylene. The head implant forms the ball of the hip and sits in the liner to form the joint. Finally, the stem fits into the thighbone (femur) and is made of metal.



What risks are involved?

It is important to understand the risks involved. There are potential complications both during and after surgery. Generally, these include infection, blood clots, pneumonia, implant loosening, nerve damage, bone fracture and implant breakage; any of which can require additional surgery. While joint replacement is generally successful in lowering pain levels and increasing mobility, some patients will continue to experience pain and your doctor may permanently restrict certain activities that could damage and wear your new hip parts. Ask your doctor to explain other surgery risks.

What is it like to have total hip replacement surgery?

Before surgery

If you and your surgeon decide that total hip replacement is right for you, there are a number of tasks to complete before surgery day. Typically, your procedure will be scheduled well in advance, giving you time to make necessary plans. Your surgeon may recommend a physical exam by a primary care physician to verify that your health allows you to proceed with surgery.

It may also be necessary to finish any required dental work to help prevent infection.



During surgery

On the day of surgery, an intravenous tube (IV) will be inserted into your arm to administer necessary medications and fluids during surgery. You will then be taken to the operating room and given anesthesia.

The surgery usually takes 2 to 4 hours, although this is dependent upon the severity of the arthritis in your hip. Compression stockings and pneumatic sleeves will likely be put on both legs.

The procedure is performed through an incision in the area of the hip. The damaged portion of the ball-end of the thighbone (femur) is removed and replaced with the new ball and stem components. The stem may be stabilized with or without cement. The damaged surface of the socket is smoothed in preparation for the insertion of the new socket. The ball and socket are then joined. When the surgeon is satisfied with the fit and function, the incision will be closed and covered with dressings. You will also find small drainage tubes coming out of the hip to drain fluid from the wound.

Recovery

As your anesthesia wears off, a nurse will be with you and may encourage you to cough or breathe deeply to help clear your lungs. You also will be given pain medication. When you are fully awake and stable, you will be taken to your hospital room. Your hip will remain swollen and tender for a few days and initially may appear bruised.

What can I expect after surgery?

When you are back in your hospital room, you will begin a gentle rehabilitation program to help strengthen the muscles around your new hip and regain your range of motion. On the day of surgery you may be asked to sit on the edge of the bed and dangle your feet. You will also learn how to protect your new hip while doing daily activities.

As soon as possible, usually within the next 24 hours, your physical therapist will help you start walking a few steps at a time. As you heal you will progress from walker or crutches to a cane. Before you are dismissed from the hospital, an occupational therapist will also show you how to perform daily tasks at home with your new hip. For example, he or she will instruct you on how to go to the bathroom, how to dress yourself, how to sit or stand, how to pick up objects, and many other tasks.

You will need someone to take you to physical therapy or may need to go to a rehab facility during recovery.



After about 2 to 4 days, or when your surgeon determines that you have recovered sufficiently, you will be discharged. Upon returning to your home, you will need to continue taking your regular medications and continue physical therapy as directed by your surgeon or physical therapist. Walking, remaining active, and practicing the required exercises are the quickest ways to full recovery. Within 6 weeks, you will likely have a follow up appointment with your surgeon to check on the progress of your recovery.



Notes:

[illegible]

[illegible]

1. Arthritis – Quick Stats”. Centers for Disease Control and Prevention. www.cdc.gov/arthritis/press/quickstats.html
2. Handout on Health: Osteoarthritis.” National Institute of Arthritis and Musculoskeletal and Skin Diseases. www.niams.nih.gov/health_info/osteoarthritis/#5

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Moving beyond pain.

Zimmer Biomet understands that making the decision to have joint replacement surgery can be stressful and difficult. This guide was designed to help you understand hip replacement. Knowing what to expect is not only important for making the best possible decision about hip replacement surgery — it's your first step toward recovery.

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