How Fast Will I Recover?

Everyone Recovers at a Different Rate

As my very good friend Alan Ray always says,

"Remember, this is not a race, you have already won, you are now pain free."

I believe that as patients we tend to have a selective memory when it comes to reading other patients post op stories. We read the super hero recoveries and secretly believe we will be one of them, remembering ONLY the really phenomenal recoveries. I know I did and was extremely disappointed that I was not out running a marathon at three months post op.

Some of the top Doctors share their typical post op re-hab protocols here and below.

I honestly do believe most of us have selective memory and only choose to remember the superstar recoveries. I think the reality is that the majority of patients do recover on the slower side which in fact is more the average side. Many that believe their recoveries are slower choose not to post, thinking they will discourage others from having the surgery. This is MAJOR surgery; we all seem to forget that. If you ever watched one of the videos of a live surgery, you would realize that a lot of trauma goes on during the procedure. With all that happens, our bodies need time to heal. Plus this surgery gives us all a ‘chance’ at our full active lives back. Our rehab and recovery is up to us. The surgeon did his/her job, now it is up to you to relearn how to walk again... correctly. Do your PT exercises religiously as well as your PT walks but without overdoing it.

Remember that your recovery will be like a roller coaster ride, you will have your up days and you will have your down days. Some days you will feel like you are full of energy, then the next day you could hit a wall. It is all normal. Leg length discrepancy or the illusion of it is very common. I don't think I have ever spoken to one person that did not have the feeling that one leg was longer or shorter than the other immediately after surgery. I think it took a couple of weeks or so for mine to disappear, but boy, I will tell you, my leg literally felt like it was a good two inches longer than the other leg! But then again, Dr. Bose did lengthen my operated leg by about half an inch.

Take your time; listen to your body. With my first left hip done back in 2005, I waited to go back to work part-time at about two and half months post op, full time at three months. I know that there is NO way I could have gone back to work at two weeks; my mind would not have been all there. It was hard to keep my attention span for very long; I am not sure if it was still all the meds that were in my system, but I do know I could not think very clearly for several weeks after surgery. However, James an MD, or Lemaman (Dr. Weeden did his surgery), posted on SH message board that he went back to work in a busy ER at 14 days post op, then got home and worked out, and did 20 minutes on an elliptical machine right after! He was still on crutches but fully functional. That is definitely one end of the bell curve as far as time to fully return to work in a non-sedentary job.
Read the many stories from other patients and do a search for slow recoveries on the Yahoo surface hippy site.

As far as extremes go, you will get some patients that return to running a marathon, two days short of three months post op, like one triathlete Cory Foulk, return to skiing at four weeks post op like Mark Baer (Dr. Su), and while others will return to full out surfing at six weeks post op like Scott Tinley (Dr. Rogerson). Then you will get the majority of patients that will just take their time and slowly return to normal day-to-day activities and lose their crutches in a month or two months or some even three months. Some patients will be put on very restrictive post op rehab protocols due to having very complicated hip conditions. Remember, the above super star recoveries are just a few out of the thousands of stories and patients that have posted on the yahoo surface hippy support group. The average and normal are what we tend to consider; when in reality they are not slow, they are more the average.

Recovery times also vary by surgeon. Check to see what your doctors post op rehab protocol is. If you are a runner and your doctor recommends that you never run again, maybe it's time to look for another doctor? There are different approaches to surgery that cut and disturb different muscles that can add or shorten recovery times. Some doctors have a 90-degree restriction, some do not.

Variables That Can Affect Recovery Times

Your attitude going into surgery! - Some may not look at this as important; I believe it is very important. The power of positive thinking! Going into surgery, fully trusting in your surgeon and believing you will have a positive outcome can help tremendously.

Surgeon and the surgery - The approach he/she uses, muscles that are cut and or disturbed, tendons that are re-attached or not, how the surgical staff handles the dislocation of your hip (too rough has caused things such as knee injuries), the type of anesthesia used and how you handle that personally.

Your hip condition - Your age, your athletic condition going into surgery, how long you have limped and compensated for the bad hip, your muscle mass or loss of it due to the bad hip, how your body deals with trauma, how your body handles anesthesia and pain meds, successful placement of your resurfacing device, PT and sticking to doing the instructed exercises religiously, walking and listening to your body. If it hurts, stop.

Things to remember

Start up pain/stiffness: Remember that it is common to have start up pain. This is where you first stand up and start walking, you will find yourself limping for the first few steps due to a stiff feeling in your hip. It takes several steps to shake it off but you limp first. Even if you walk it off, then sit down just for a second, stand up again and it comes right back. I remember for me at about 5 months post op, thinking that this would never go away and being very frustrated. I posted about it and others told me it was common and it would eventually go away around 6 months or so. Well, at 7 months post op, I woke up one day, and it was gone for good and never came back. So expect that this usually will disappear anywhere from around six months to a year.

Clunking: it is common to experience clunking, a sensation that the metal is somehow rubbing against the metal, it is actually ligaments or soft tissues moving around, this will more than likely disappear with time. Mine decreased in frequency until it completely went away after two years post op. I have also heard people call it the sensation of movement.
or a clicking without any sound, whatever you call it, if you are experiencing it, you know what this means.

Leg Length Discrepancy: It is common to have the feeling that one leg is longer than the other right after surgery. This also usually disappears with time. Do NOT wear a shoe lift until you are at least six months out and your body has had the time to adjust itself. I have heard of PT’s immediately telling a patient to use a shoe lift at only a few weeks out from surgery, do NOT do this unless your doctor tells you it is OK. What will happen is that your body will adjust to wearing the shoe lift and you will never even out. I remember feeling like my operated leg was about two inches longer after surgery. It took a couple of months for it to feel even from what I can remember.

Low Grade Fever: Remember a low grade fever is common after any major surgery, it is only a concern if it goes above 101. I had a 99.7 or 100.3 fever on some days following surgery

Night Sweats: Another pretty common occurrence is night sweats following surgery. The body has been through a huge trauma and it is trying to release all the toxins that are in the meds you have been on or are on. Some patients wake up completely soaked, others have it mild. I know of several patients that said their beds were soaked and they even had to change shirts several times during one night. I had it mild, but it was still irritating. I would feel cold and yet I would be sweating and hot, it was the weirdest thing.

Swelling: Swelling also can occur but not in all patients. Some docs tend to have all their patients swell significantly and even provide a special ice machine to help with it. I have heard of patients that swelled up and said their leg looked like an elephant’s. Others, like me experienced no bruising or swelling post op. The important thing to remember if you do swell up is to keep your feet elevated, toes above the heart at all times that you are at rest. AND ICE, ice and more ice. It is best to prevent swelling from getting started, once it does, it will take a lot more to reduce it. If you sit at a desk or computer, make sure you get up at least every 30 to 45 minutes to walk around and stretch. It is NOT good to sit still following major surgery, you risk blood clots by doing so. Make sure you also WALK, walk and walk some more, plus do your designated PT exercises religiously. You have to keep the circulation going.

Numbness around incision: Another pretty common occurrence is the feeling of numbness around your incision, that will vary as far as length of time it will last, but very common following a major hip surgery like this. I think mine lasted for quite a few months lessening with time.

Heel Pain: Another pretty common occurrence is heel pain, this is due to the pressure of the foot constantly being on the bed, similar to a bed sore. It is a heel pressure sore. The thing I found helped the most was to place a pillow or two under my ankle and calf to raise my foot so my heel did not touch the bed.

Tired and exhausted: It is also common to feel tired or exhausted a lot. I know I felt tired for upwards to three months post op, gradually decreasing with time. Your body has just been through a tremendous amount of trauma, it needs time to heal; you will be tired for a reason.

Emotions
Besides your physical recovery being like a roller coaster, many also find their emotions become a roller coaster ride. A lot of patients will find themselves all of a sudden crying for what appears to be no reason whatsoever. I know I cried a lot and did not understand why. I guess it is similar to what they call post partum depression, this is a post surgery depression. It could be the release of all those years of pain we have gone through, for some it is the effects of the anesthesia wearing off, others have been so involved in researching and obsessed with thinking hips 24/7, that once it is all over, we feel left with sort of a "what now" feeling and not knowing what to do with our emotions. Just know that this too is common and will pass.

Summary

Finally the best advice you can follow is to listen to your doctor; you may have special restrictions due to your own individual case, do not try to keep up with the super recoveries, realize that we are all unique. And ultimately, Listen to your body! It will tell you when you are tired, if it does, rest. It will tell you if it hurts, if it does, stop. Then walk, walk and walk some more.

And to quote my friend Alan Ray again,

"On any given day, in any given workout, do a little less than you think you can. That will give you a greater reserve of strength for the next session."

The night sweats, swelling, mild fevers, sleepless nights, start up pain WILL all eventually go away and you will feel whole again. You are now officially a Surface Hippy.

Vicky

Various Doctors Typical Post op Rehab Protocols

Dr. Scott Ball: Recovery is gradual and somewhat variable from patient to patient. Most patients are pretty comfortable getting around without assistive devices (crutches or cane) within 2 to 3 weeks. I encourage patients to use an exercise bike right away as a "motion machine" pedaling with the non-operative leg and letting the operative leg go along for the ride. My patients typically get home physical therapy (where the therapist comes to the house) for a few weeks. However, frequently patients progress faster than the home-based therapist can push them. About half of my patients will continue with outpatient therapy for longer than a month. I use blood thinners; typically injectable (Lovenox), and TED stockings for 2 weeks after discharge from the hospital.

Dr. Vijay Bose: At home they walk with a pair of crutches usually for about 10-15 days and when completely comfortable discard the crutch on the side of the operation first. Then when the other crutch is also felt unnecessary, this is also discarded. Walking, climbing stairs or cycling can be done for long periods of time. There is no post-op restrictions after a Hip Resurfacing operation and the patient can use it as a "normal hip". However the soft tissues around the Hip Joint, which were contracted at the time of the hip disease, will take time to relax following the excellent movement that has been restored in the hip. Hence if there is pain while attempting a certain activity like sitting on the floor, it implies the patient is not yet ready for that particular activity. One can give a gap of about a week and then try it again. Like wise the activity level improves in a stepwise manner till the soft tissues also become normal. Patient is...
ready for sports (inclusive of contact sport) at about 3 months post-op.

Dr. Michael Clarke: Weight bearing as tolerated day 1. Crutches/walker until OK with a cane or no aids. Non impact exercises from Day 1. Hip precautions for one month. Non-impact sports at 6 weeks (e.g. golf). Impact sports and running at 6 months.

Dr. Koen De Smet: There are no restrictions anymore, 10 days 2 crutches, 10 days 1 crutch. 3 weeks subcutaneous heparines. 3 weeks below knee TED stockings. Ice, PT.

Dr. Thomas Gross: Phase I: Walking and minor exercises for 6 weeks. Typically crutches for 1-2 weeks, followed by a cane for 1-2 weeks. Phase II: Progressive walking and exercises between 6 weeks and 6 months full return to all activities including running after 6 months. Almost no one needs formal PT. Recovery from a posterior approach is not difficult. A lot more work may be required if the abductor muscles are impaired by a lateral or anterolateral approach. For blood thinners I use Arixtra daily self-administered injections for 10 days and baby aspirin for 1 month thereafter. With a minimally invasive technique, a rapid recovery program and the above anticoagulation regimen, I have had less than 0.5% blood clots and no pulmonary emboli in 1500 cases. In the last 300 cases, I have not even had any blood clots. I don’t use Ted stockings. They offer little benefit and make patients miserable. I wouldn’t wear thick nylons if they paid me. Ice is an excellent adjunct for pain control in the first few days after surgery. Patients love it. I use an ice machine on everyone who likes it.

Dr. Cynthia Kelly: The typical recovery is 3 days in the hospital (2-4 days range) with patients up and out of bed with physical therapy as soon as possible. Patients begin to weight bear as tolerated immediately and use crutches for as long as they are needed for comfort and safe ambulation. Most patients feel using crutches for about 3 weeks is advantageous for ease of walking and speeding recovery. I advise patients to follow the 90 degree restriction for 6 weeks.

Dr. William Macaulay: Typical patients are 90% improved in 4 to 6 weeks. Last week I saw a gent back who got bilateral MOMHRs (5 and a half weeks post surgery) who has squatting over 700 pounds (against medical advice).” 90 degree restriction? I use 120 degree flexion restriction for MOMHRs after the spinal wears off (2 hours post surgery). Never seen a dislocation; Walker? Usually one day; Crutches Cane? Usually off cane in 2 to 4 weeks amount of time?; Blood thinners? Multimodal approach use aspirin for low risk patients; TED stockings? None; Ice? As desired; PT typically 6 wks

Mr. Derek McMinn: The evidence from a DEXA study on BHR patients published from Japan is that the bone density in the proximal femur returns to normal 1 year after operation. The at-risk period for femoral neck fracture following the BHR is in the 6 months after surgery. I advise patients not to return to impact sport for 1 year after surgery. For those patients who want to road run, I get them running on a treadmill at 10 months post-op and they resume road running at 12 months post-op. My unit published on activity level after resurfacing some years ago in a group of patients who followed those rules. In young men with a single osteoarthritic hip resurfaced, 92% played sport and 62% played impact sport. The ladies were not quite as active, but you can see from the publication that they still had an impressive activity level. In the total group their 10-year implant survival is 99.8% showing that high activity introduced at a sensible time does not deteriorate the results.”

Dr. Michael Mont: Patients are restricted only in the first five weeks to 50% weight bearing and a 90° rule and no crossing their legs. After five weeks, they advance to full weight bearing with absolutely no restrictions on position and they start strengthening. In summary, they use a cane or crutch for the first five weeks with some restrictions of motion and these are lifted at five weeks. We are presently working on some advanced rehabilitation protocols that should be used for young patients. I believe that many of the rehabilitation protocols that have been used in the past were developed for typical patients that are getting standard total hip replacements who might have an average age of approximately 72 years. In my patient population, the average for resurfacing is 48 years and patients want to return to higher-level activities and may need different protocols. We are presently prospectively analyzing these protocols.
thinners, if patients have any history of any problems, are used for 42 days, but typically I will use aspirin for five to six weeks with mechanical compression stockings. We often use ice for post-operative pain."

Dr. Thomas Schmalzried: "The patient is the biggest variable in the process. "Fully recovered" is also patient dependent. Is the patient a homemaker or a professional athlete? I place no restrictions on my patients after surgery."

Dr. Edwin Su: "The typical rehab protocol is weight bearing as tolerated on the operated leg, using a walker the first few times the patient gets up. Then, we will advance you to using two crutches, either the axillary (armpit) or lofstrand (forearm) crutches, depending on your preference. They are used like walking sticks, so you are still putting full weight on the leg and walking with alternating steps. I like you to use the crutches for walking for about 2 to 3 weeks. They are to provide additional stability so that you don't fall and for my peace of mind. Many patients are able to walk 1 mile at a time, at 2 weeks after surgery. At this point, the best thing for your recovery is simply walking, and you will be able to do exercises on your own. We will send a therapist to the house 2-3 times per week to help guide you, but before long, you will be independent. You can also ride a stationary bicycle, swim, and exercise your upper body in the gym during this time. I don't impose any 90-degree restrictions postoperatively. In fact, I find it important to begin mobilizing your hip. After 2-3 weeks of using 2 crutches, you'll advance to 1 crutch or a cane. Shortly thereafter, within another week or so, you'll be walking without anything to help you. At this point, you will be ready to go to outpatient therapy. The main purpose of outpatient therapy is to mobilize the hip and strengthen the muscles around the hip. In addition, after the first postoperative visit, I will show you some stretches to help you regain the motion. This phase of therapy will last about 1-2 months. You may begin to play tennis, golf, and cycle outdoors at about 6-8 weeks postoperative. I like you to remember that the hip is still healing at this point, and heavy lifting over 50 lbs and impact activities should be avoided until you are 6 months postop. After 6 months postoperative, I remove all activity restrictions — it's your hip! In general, I use a full strength, coated aspirin (325 mg) twice a day for 1 month following surgery as your blood thinner. Certain patients will require stronger blood thinners. TEDS stockings can be very helpful if you experience swelling, and would be used while a patient is up and around during the day (since fluid tends to accumulate by gravity)."