

Minimally Invasive Hip Replacement Surgery

A safe surgery, a happy patient . . .

The minimally invasive procedure for hip replacements has been successful

Jim Honermann climbed Harney Peak eight weeks after having a total hip replacement. In the spring of 2006, Honermann had minimally invasive hip surgery, a procedure designed to reduce blood loss and decrease trauma to tissues.



Hip replacements began in the 1960s and involved a 20-inch incision and cutting bone. "It was a destructive operation, often with complications," says Dr. Bob Suga, physician at Orthopedic Institute.

A minimally invasive hip replacement is the newest version of the surgery. While not all surgeons are trained to do the minimally invasive procedure, those who are say patients are asking for it. The goal of the procedure is to do the least amount of damage to the anatomy, requiring a smaller incision, less anesthesia time, a shorter hospitalization and a quicker recovery, Suga says. Less trauma and hospital time mean minimal complications, which help reduce medical bills. The incision generally is 3-5 inches long. But the size of the patient determines the size of the incision and the implant; smaller patients have smaller incisions and implants, larger patients have larger cuts and implants. The incision is sealed with super glue and covered with a clear plastic dressing until the next doctor's appointment. The surgery takes about an hour and the anesthetic is like taking a light nap with regional anesthesia to numb the leg, Suga says. Patients get out of bed as soon as the anesthesia wears off.

Honermann was instructed on exercises and post-op expectations from his wife, who's a nurse, and his three physical therapist daughters. He practiced the exercises before the surgery and says that kick-started his recovery.

He took Suga at his word when "he said, 'You can put as much weight on it as you can stand.' I used crutches for a couple of days and a cane for a week. Then I lost the cane and stopped using it," Honermann says. Besides hiking and working, Honermann also golfs, bikes and mows the grass.



Another successful surgery

George Nimi was having hip pain every day. X-rays showed the cartilage was gone – bone was rubbing on bone. Even though both hips has arthritis, the left hip hurt the most, says the 75-year-old Sioux Falls man.

"After two to three blocks, the pain was so bad I had to stop walking."

In May 2006, he had a minimally invasive hip replacement. "My recovery took about two months. I was fairly well without crutches or a walker after that, but about that time my right hip started to bother me." He had surgery on his other hip this May. His second procedure went just as well.

"I'm over the hump. The hip doesn't bother me at all. I have a few muscle aches, but I think that's from muscles getting used to being used." Nimi walks a mile in the morning and a mile at night and is pleased with his progress. There's no lingering joint pain for either man. "There's a certain amount of pain when they cut into your body, but the pain down my leg was all gone, the hip pain was gone" right after surgery, Honermann says.



Patients getting the minimally invasive procedure have less pain, and are up moving around earlier and easier than the standard surgical patients, says Tami Satterlee, a physical therapist at Avera McKennan Hospital. "They're weight bearing as tolerated. Post-op day one, they're up and walking." The skin isn't stretched or pulled by sutures or staples, which helps, too.

Patients are instructed on exercises before they go home from the hospital, Satterlee says. They are taught how to walk with crutches, a walker or a cane and learn strengthening and range of motion exercises. Out-patient therapy is not required. Patients can't drive for six weeks and must avoid squatting and bending the hip 90 degrees, Suga says.

The surgery is life-changing for many people.

Nimi has relatives out west who have had hip replacements. "I have a sister-in-law and a brother-in-law, both had hip replacements this summer and neither of them are doing as well. They aren't pushing themselves to walk. Neither of them had the minimally invasive procedure," Nimi says.

"My advice to anyone is to get on their feet and start moving just as soon as they can. The more you move early on, the shorter your recovery time is going to be," Nimi says. The surgery has brought such dramatic results for Honermann, he loves to share.

"The pain down the leg is about what kills you. I couldn't get a good night's sleep," Honermann says. After the surgery, "I was like a reformed alcoholic," he says and laughs.

"After I had it done, I felt so good that when I'd see someone limping, I would want to go over and tell the person to get in and get it done," he says.

"Lots of people wait to get it done. Then they can't get around and exercise; they sit around and eat too much. Don't wait until you're too old to get it done, (the pain and inactivity) will make you old before you can get it done."