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## **Total Hip Replacement Discharge Instructions**

### **Follow-Up Appointment**

- ◆ You will need to follow up in the office within 2 weeks of your surgery.

### **Caring for your incision**

- ◆ In most cases you will leave the hospital with the dressing that was applied in the operating room. We would like for that dressing to remain intact until your initial follow-up appointment. If, for some reason, the dressing becomes loose, wet, or otherwise damaged, you may remove it and reapply a dry gauze covering. Do not attempt to apply any antibiotic ointments or other treatments to the incision.
- ◆ The dressing is waterproof and you may shower normally without affecting the dressing. If the dressing does become damaged and requires removal, you may still shower normally as long as the incision is not actively draining. Simply wash the area with soap and water and pat dry with a towel. Apply clean dry gauze to the incision.
- ◆ You should not swim or get in a hot tub for 6 weeks. Be sure to discuss this with your doctor at your 6 week follow-up.
- ◆ Your stitches are absorbable and do not need to be removed.

### **Pain control at home**

- ◆ Initially, you will be on a strong oral pain medication (such as a narcotic). Most people are able to wean off of their strong pain medication after 1 month and are able to switch over to an over-the-counter medication (such as Tylenol).
- ◆ Be sure to take your medication only as directed. If you think you may run out of pain medication, please call the office before you run out. It often takes a day or two to process the refill request. Medication refills should be requested during working hours and can not be done on the weekends.
- ◆ Avoid taking any over the counter NSAIDS (ibuprofen, naproxen, etc.) during the first 2 months as they may delay or prevent ingrowth of the prosthesis.
- ◆ Ice should be used for the first few weeks, particularly if you have a lot of swelling or discomfort. Apply for 3-45 minutes at least 4-6 times daily.
- ◆ It is very common to have constipation post-operatively. This may be due to a variety of factors, but is especially common when taking narcotic pain medication. A simple over-the-counter stool softener (such as Colace) is the best prevention for this problem. Be sure to take in adequate amounts of

water during the day. In rare instances, you may require a suppository or enema.

### **Hip Precautions**

- ◆ Initially, you will climb stairs leading with your non-operated leg when going up stairs and lead with your operated leg when going down stairs. You can use the phrase, “Up with the good, down with the bad” to help you remember. After 6 weeks, you can perform stairs in a more regular pattern.
- ◆ **If you underwent a *direct anterior hip replacement***, you do not have formal dislocation precautions. You should always be careful to avoid any position that feels uncomfortable but the following restrictions do not apply to you.
- ◆ **If you underwent a *posterior hip replacement***, you should avoid bending at the hip more than 90 degrees, crossing your legs, and turning your toes inward. Avoid low chairs and furniture because they require too much bending at the hip in order to get up. If you must reach to the floor when seated, always reach between your legs, not to the outside. Use an elevated toilet seat to avoid excessive bending of the hip. If possible, use a chair that has arms. The arms provide leverage to push you up to the standing position. When sitting, position your legs so that you can see your inner thigh, calf and foot (not the outside). If your physician orders different precautions, you will be instructed on them by your physical therapist.
  - Follow these precautions very carefully for the first 12 weeks. You should always avoid extreme positions of the hip.
  - You may sleep on your operative side whenever you feel comfortable. You may sleep on your non-operative side at 4 weeks with a pillow between your knees unless otherwise instructed by your surgeon.

### **Physical Therapy**

- ◆ The physical therapist plays a very important role in your recovery. You will see a physical therapist soon after your operation and throughout your stay at the hospital. When you go home, you may have a therapist come to visit you. If you go to a rehabilitation hospital, you will receive therapy there. Your therapist will help you walk, regain motion, build strength, and help you reach your post-operative goals. Your therapist will keep your surgeon informed of your progress. The most important exercise you can do is walking.
- ◆ You will be instructed by your physical therapist on appropriate exercises and given a list to follow. Choose 3 exercises from each of the sections (lying down, sitting, and standing) and do them 2 times during the day. The following day choose 3 different exercises from each section. Continue these until you have done all the exercises then repeat.
- ◆ Most people will not require outpatient physical therapy after the home therapy is completed. You will continue home exercises.

- ◆ Everyone heals from surgery at a different pace. In most cases, you will leave the hospital using a walker. You will then be allowed to advance to a cane outdoors and no support around the house. You will gradually return to normal function without any assistive devices. You should use an assistive device until you can walk without a limp.
- ◆ You may begin using a stationary bicycle without resistance after 2 weeks starting with 5–10 minutes and gradually build up your endurance.

### **Blood clot prevention**

- ◆ Without proper prevention, blood clots can be very common after joint replacement surgery. Therefore we recommend using a blood thinner beginning shortly after your surgery and continuing for several weeks until your activity has increased and your risk of developing blood clots has decreased. There are several types of blood thinner and your specific situation will determine which type of blood thinner you will receive.
- ◆ Compression stockings (TEDS) should be used for the first 2 weeks in order to help reduce swelling and improve circulation. You may wear them longer, especially if you find that your ankles swell without them. You may remove them at night.
- ◆ You may be given a mobile leg compression device (Compression Solutions) at your pre-operative appointment. These are similar to the leg compression device used in the hospital to prevent blood clots. They should be worn as much as possible while at home for the first 3 weeks after surgery. Since they are portable, you should attempt to wear them for 20 out of 24 hours daily.

### **Resuming Activity**

- ◆ Driving: If you had surgery on your right hip, you should not drive for at least 6 weeks. After 6 weeks, you may return to driving as you feel comfortable. If you had surgery on your left hip, you may return to driving if you feel comfortable, as long as you have an automatic transmission. Be careful getting in and out of a car, and avoid crossing your operated leg over the other. **DO NOT DRIVE IF TAKING NARCOTICS!**
- ◆ Work: Typically, if your work is primarily sedentary, you may return after approximately 1 month. If your work is more rigorous, you may require up to 3 months before you can return to full duty. In some cases, more time may be necessary
- ◆ Travel: You may travel as soon as you feel comfortable. It is recommended you get up to stretch or walk at least once per hour when taking long trips. This is important to help prevent blood clots. Use your portable leg compression device while traveling.
- ◆ You may set off the machines at airport security depending on the type of implant you have and the sensitivity of the security checkpoint equipment. The TSA has issued a policy that can be found on

[www.tsa.gov/travelers/airtravel/specialneeds](http://www.tsa.gov/travelers/airtravel/specialneeds). Basically, they will conduct a pat-down and/or wand evaluation of anyone who has metal hardware that sets off the detector. No card or note is necessary. Be sure to plan accordingly; wear loose fitting clothes and permit extra time for security screening

**Other common issues**

- ◆ Many patients have difficulty sleeping at home following hip replacement surgery. Non-prescription remedies such as Benadryl or Melatonin may be effective. If this continues to be a problem, medication may be prescribed for you.
- ◆ It is not uncommon to have feelings of depression after your hip replacement. This may be due to a variety of factors such as limited mobility, discomfort, increased dependency on others, and/or medication side effects. Feelings of depression will typically fade as you begin to return to your regular activities. If your feelings of depression persist, consult your internist
- ◆ It is not uncommon to feel as though your leg lengths are different. At surgery, leg lengths are assessed very carefully and an attempt is made to make them as equal as possible. Sometimes, the new hip has to be lengthened in order to obtain proper muscle tension (to help avoid hip dislocation). Wait 6 months before making any final judgments about your leg lengths. Your muscles and body take time to adjust to a new hip. In rare cases, a shoe lift may be prescribed for a true difference in leg lengths. In most cases, however, no treatment is necessary.

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| <p><b>Normal things about your new hip:</b></p> <ul style="list-style-type: none"> <li>▪ Clicking noise with hip motion</li> <li>▪ Skin numbness near or around your incision.</li> <li>▪ Swelling around hip, knee and/or lower leg</li> <li>▪ Warmth around hip</li> <li>▪ “Pins and needles” feeling at or near incision</li> <li>▪ Dark or red incision line</li> <li>▪ Increased bruising</li> </ul> | <p><b>Abnormal things about your new hip:</b><br/>(Call the office immediately if you experience any of these)</p> <ul style="list-style-type: none"> <li>▪ Increasing redness, particularly spreading from the incision</li> <li>▪ Increasing pain and swelling</li> <li>▪ Fevers (&gt;101 F)</li> <li>▪ Persistent drainage from your wound</li> <li>▪ A sudden “giving way” of your hip with inability to bear weight</li> <li>▪ Ankle swelling that does not decrease or resolve overnight with elevation</li> <li>▪ Bleeding gums or blood in urine/stool</li> </ul> |
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