Orthopaedic Sports Specialists, P.C.
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Post Operative Instructions

Total Hip Replacement

Your Post-Operative Bandages:

Once you leave the hospital your post-operative dressing has two layers that you need to understand in order to properly care for your hip following surgery. Your incisions were closed with a single long dissolving stitch, which were covered with small white tapes called Steri-Strips. Your Steri-Strips should be left in place for 12 days after surgery, or until they fall off on their own. The second layer is gauze adhesive dressing. This can be discontinued when your wound is dry.

Calf-high plastic pneumatic stockings are used for the first 3 days after surgery to decrease the risk of getting a blood clot in your legs. White thigh high Ted Hose are used for 4 weeks after surgery to prevent calf swelling. For the first week they are worn day and night. Beginning the second week after surgery they can be worn only during the day.

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Elevation & ICE:

One important goal following surgery is to minimize swelling around the hip. The best way to achieve this is with the frequent application of ice and by keeping the leg elevated.

Washing & Bathing:

You should be careful to keep the wound clean and dry for the first 5 days after surgery. It is OK to shower directly over your Steri-Strips (they won't come off) beginning on the fifth day after surgery if the wound is dry and there is no drainage. It is also OK to use soap on your leg and over the Steri-Strips. This shower should be quick. I would prefer that you do not take a bath until 2 weeks after surgery. It is OK to go into a swimming pool 4 weeks after surgery.

The yellow discoloration you will find on your leg is a long lasting surgical prep called DuraPrep. This is used because it will kill bacteria on your skin hours longer than old fashion iodine surgical preps. This yellow discoloration will not come off with soap and water, instead you will need rubbing alcohol to remove it. This can be done the 5 days after surgery unless it is causing your leg to itch, then it can be removed sooner.

In order to prevent a hip dislocation, be careful bending over in the shower. I request that a shower chair be used for at least the first 2 months after surgery. Discuss the safest methods of bathing with your physical therapist before your first shower.

Limited Weight Bearing, Walking & Crutches:

Patients with a cemented hip replacement can put their full weight on the operative leg immediately after surgery. Patients with a Press-Fit hip replacement are usually allowed full weight bear; however there will be the occasional patient who will only be allowed to put 50% of their weight on the operative leg. Both your physical therapist and I will be sure to let you know if your weight bearing is limited.

We encourage all of our patients to start standing and walking the day after surgery. Physical therapy begins on the first day after surgery - while you are in the hospital. Even though you have an Epidural in your back, it is fine to start standing, sitting, and walking. Do not attempt to walk on your own, since it will take a while to get your balance - please wait for your physical therapist or nurse to help you.

We start walking with the use of a walker. As your skill and strength improves you will advance to a quad-cane or regular cane. Each patient will advance at their own pace, with some patients switching to a cane in days while others will take weeks. Discuss your progress with your therapist each day to ensure that you advance your towards your goals.

You have a: _____ Cemented Hip Replacement
____ Press-Fit Hip Replacement

Physical Therapy

In-patient: From the first day after surgery physical therapy is critical to a successful hip replacement. While in the hospital you should see the therapist twice a day. The goals while at the hospital are transfer (moving from the bed to chair to standing), walking with a walker, and range of motion exercises. The most important part of your physical therapy training is the prevention of a hip dislocation. The therapist will work side-by-side with you as your learn how to safely move around.

In-patient Rehabilitation Center: Some patients will go from the hospital to a rehab center. On of our most important goals during this phase of your recovery is improving the function of your hip. You should receive therapy two times a day. Your therapist will work on the quality of your gait and help you go up and down stairs.

Out patient in Home Therapy: Whether you went home from the hospital or for the rehab center you should have in home physical therapy until you can go to a out patient physical therapy center. The social worker will make these arrangements before you go home.

Out patient Physical Therapy: The goal of physical therapy is to first assess how your hip responded to the surgical procedure, therefore they will remove your dressing and look at your wound. They will re-introduce you to your hip so that you feel comfortable with your surgery and aren't afraid to start doing things. Your therapist will start range of motion, gait, and strength exercises on your first visit. If they find anything unexpected they will let Dr. Joyce know right away.

Sleeping:

In order to decrease the chance of dislocating your hip, while in the hospital we use a bed pillow place between you legs. I want you to continue with this practice for 4 weeks after surgery. If you are more comfortable with the abduction pillow you can use that instead. Make sure you have the pillow in place when you sleep on your side. You can sleep on your operative hip 5 days after surgery.

Follow up appointment:

We try to give all of our patients a follow-up office visit at the same time we schedule your surgery. Sometimes I find things, or do things, I didn't anticipate during your surgical procedure, therefore I may want to see you in the office sooner than originally planned. Typically I want to see my patients in the office 2 weeks after surgery. Since there are no stitches to remove we can go several days longer if necessary.

Prevention of Blood Clots:

Blood clots can form in your legs after big operations such as a hip replacement. We take several measures to minimize the chance of this serious complication. Beginning during your operation we put plastic pneumatic stocking on your legs. These are continued for 3 days after surgery. You can feel these stockings get tight and then loosen as they improve circulation in you legs. While I know that these stockings are hot and uncomfortable, they dramatically decrease your risk of getting a blood clot.

Once your Epidural catheter is removed from your back, it is safe to begin a "blood thinner". I use an injectable medication called Lovenox. I will continue this medication for 10 days after you leave the hospital. Many patients (or there spouse) learn how to do the injections themselves, but for those that don't, a nurse will come to your house to administer the daily injection. Because you are taking this "blood thinner" I stop the use of NSAIDs form of arthritis medication (such as Motrin or Naprosyn) which can also interfere with blood clotting. It is acceptable to take Vioxx or Celebrex with Lovenox. After you have finished with the Lovenox injections you should take one baby aspirin a day (325mg) for 6 months.

. **Driving:**

There are restrictions on driving after surgery and precautions that should be followed once your get back to your car. Don't rush things. When you first begin driving, do it with someone else in the car to give you feedback on how you are doing. Start with short trips and gradually work your way up to long drives. You can consider driving 3 to 6 weeks after surgery if you fully consider the following points:

First, for those who own cars with automatic transmission, if you had right knee surgery you will need more time before driving than those patients with left knee surgery.

Second, when you first start driving, you should have someone else drive you to an empty parking lot where you can safely practice. Only when you feel comfortable should you begin short trips around town.

Third, you should not drive if you are still taking significant doses of pain medication. Narcotics will slow your reflexes and dull your judgment.

Fourth, you should not drive until the pain in the knee has decreased to a tolerable level and the knee has more than 90 degrees of motion.

Fifth, driving is easy, sudden and unexpected stopping is difficult. If you need to stop the car suddenly, pain may slow your reflexes as you reach for the brake pedal. Practice this in a safe setting before going out on the road.

Dislocations:

A feared complication of hip replacement surgery is a dislocation. Dislocations occur when you move your leg into a position that allows the ball to pop out of the socket. Understanding how to move your leg during your daily activities is the key to preventing this problem. Thinking through your actions before you move avoids dangerous situations.

Dislocations happen when your hip is flexed, your knees are together and your foot rotates outward. The safe position is with your knees far apart, your hip bent less than 90 degrees and no hip rotation. If this sounds complicated, pay attention to your therapist and she/he will go over and over it until you understand what we mean.

Most dislocations occur in the shower or bathroom!

Medications:

Pain control: I will usually Vicodin (hydrocodone) which is a strong narcotic pain medication. It will begin to work within 15 minutes after taking it with a maximal effect in one to two hours. For some sensitive patients, when taking the first few doses of Vicodin you may experience nausea or an episode of vomiting. The best way to prevent this is to take the medicine with a little food, start with just one pill, and be patient while the medicine begins to work. Usually, after the first few doses the nausea will go away. If the nausea persists, it is possible that a similar response will occur with other narcotic pain pills. If you take a full dose of this medication for more than 4 or 5 days it can lead to constipation. Normally, Vicodin is taken every 6 hours but if the pain is severe, it can be used every 4 hours.

In addition to the Vicodin, I will prescribe Oxycontin, a long acting narcotic, at a very low dose. The goal of this medication is decrease the general level of pain 24 hours a day and therefore decreases the need to take as much Vicodin.

Other Medication: Colace to soften you stool, Vitamins and Iron replacement. Resume your pre-operative medications.

Ibuprofen: One unusual complication of hip replacement surgery is the formation of extra bone around the hip joint, a condition known as heterotopic ossification (HO). If HO sets in your hip can be stiffer than it should. It takes 2 or 3 months for HO to form after surgery. One medication, Ibuprofen, may reduce the incidence of this complication. I prescribe ibuprofen (800mg three times a day) for 4-6 weeks after surgery to prevent HO. While ibuprofen is also an antiinflammatory and a pain pill, I am prescribing it for a property that may have been unfamiliar to you. For patients that can not take any aspirin products or have a history of stomach ulcers, I will not prescribe this medication.

What to watch out for:

- ∞ Pain that is increasing every hour in spite of the pain medication.
- ∞ Drainage from the wound more than 5 days after surgery.
- ∞ Increasing redness around the hip (some redness is normal)
- ∞ Pain or swelling in your calf
- ∞ Fever greater than 101^{o}
- ∞ Increasing pain with walking.
- ∞ Locking or catching within the hip that is getting worse not better.
- ∞ Unable to keep food or water down for more than one day.

Who To Call for Questions and Problems:

If you are having problems, or there are questions you need answered then please call our office at 860-652-8883 and our nurse will help you. We are open between 8:30 and 4:30 pm, Monday through Friday.

We realize that after surgery some problems or questions are urgent and can not wait until normal working hours. Under these circumstances please call 860-652-8883 anytime (24 hours a day, 7 days a week) and the doctor on-call, or myself will return your call. If you do not receive an answer within 20 minutes, there may be a problem with the beeper so please call again.

If an emergency were to occur you can always go straight to the emergency room for immediate attention.

Wishing you - All the Best,

Michael Joyce, MD