

Discharge Instructions for Total Hip Arthroplasty

Emergency Contacts:

Office Number: (312) 432-2466; ask for Ashley Rademacher

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Activity:

As tolerated, you may get up and around as much as you feel is comfortable. For the first couple of days after surgery, you may be tired and should take it easy. Be careful not to rush and take your time with getting up and walking. While we encourage you to work on ambulating, it is normal to have increased swelling and pain after a long day of activity in the first 4-8 weeks. Do not hesitate to take your pain medicine for this pain and ice and elevate your lower extremity.

Maintain your hip precautions for the first 3 months. You may resume sexual activity 3 weeks after surgery; however, you must strictly abide by your hip precautions for the first 3 months. A description of acceptable positions can be found in your pre-operative folder.

There are three main precautions:

- (1) Avoid bending your hip more than 90 degrees.*
- (2) Do not cross your legs.*
- (3) Avoid excessive rotation of your leg, either in or out.*

Physical Therapy:

Home therapy should be arranged for the first 5-10 days after your discharge from the hospital, if you are unable to start outpatient therapy immediately. Outpatient physical therapy should start no later than 14 days after surgery—please find a local facility and arrange sessions for 3 times a week (again remember to keep track of your progress). Typically, you will require between 4 and 8 weeks total of physical therapy.

In the first 2-3 weeks focus on walking normally and use assistive devices as necessary. You will be given a handout of acceptable exercises to perform at home. This protocol should be followed twice daily above and beyond your other exercises. Most of the physical therapy for a total hip replacement is walking, feel free to walk inside or outside as tolerated.

Pain Medications:

Please refer to the attached schedule for the first 2 weeks of medications. If you are having increased pain when your dose of Oxycontin is due, you can take a Vicodin dose at the same time. The Vicodin takes 20-30 minutes to take effect while the Oxycontin is slow acting (do not double your dose of Oxycontin or crush/cut these pills). The Oxycontin is meant to be tapered, do not stop using this medication abruptly as it may lead to withdrawal symptoms. As the Oxycontin dose tapers and your activity level increases you may require more Vicodin (this is a normal phenomenon). Please refrain from taking anti-inflammatory medications (Advil, Motrin, Aleve, Celebrex, etc...) for the first 6 weeks after surgery. Recent evidence has shown this may decrease the ability of your bone to bond to the prosthesis. **If your pain is not under control following the attached schedule, please call the office to discuss, do not make changes on your own.**

Sleeping:

Patients often find it difficult to sleep through the night during the first 4-6 weeks after surgery. If you are having difficulty falling asleep, please try over the counter Benadryl 25 mg a night. If this remains ineffective, please call the office and we can prescribe a short course of medication.

You may sleep on either side, whichever one feels more comfortable. Please sleep with a pillow between your legs for the first 3 months after surgery to avoid dislocations while sleeping. Refrain from sleeping on your stomach for the first 3 months after surgery.

Aspirin:

Please take 325 mg of Aspirin twice daily with food starting the day after your surgery. The Aspirin is enteric coated and should be relatively gentle on your stomach while providing an anticoagulation effect to your body. Combined with early activity this is an effective regimen to appropriately thin your blood and prevent blood clots.

Antibiotic Prophylaxis:

You will need antibiotics one hour prior to any invasive procedures (dermatologic, GI, GYN, dental, etc...) for at least the first two post-operative years. Please avoid any of these procedures for the first 3 months after your total joint arthroplasty. Consult the attached sheet on antibiotic prophylaxis or call the office if there are any questions.

White TED Hose Stockings:

These will help decrease swelling in your lower extremities after surgery. Please wear them for a total of 3 weeks on both legs. It is recommended to wear them during the day and remove them at night as well as daily for routine hygiene.

Stool Softener:

You should start taking the Senokot-S two days prior to surgery and continue it twice daily until you have a normal bowel movement. Even after you have resumed normal bowel habits, continue the stool softener until you have completed your course of narcotic pain medication (both Oxycontin and Vicodin). Stop the stool softener if you start to experience loose or watery stools at anytime.

If you are feeling constipated despite the Senokot-S, you can go to your local drugstore and purchase Magnesium Citrate (green bottle) to help. Alternatively, you may try either Dulcolax suppositories or Fleet enemas as needed.

Wound Care:

Do not clean your wounds with peroxide or alcohol. You can shower 48 hours after surgery if there is no drainage from your wound; but, please refrain from taking a bath or swimming in a pool or hot tub for 5 weeks. After showering, thoroughly dry your wound. A small amount of drainage, either yellow or pink, is normal in the first 24 to 48 hours after surgery. If this persists, increases, or is associated with a fever above 101.5 degrees, please contact the office and come in for evaluation. While your wound is draining it is best to keep it covered with a dressing.

You may start using vitamin E creams and lotions 3 weeks after your surgery if your wound is healed.

When to call the Doctor or PA:

- Fever greater than 101.5 degrees
- Increased drainage or swelling
- Pain not controlled by pain medication
- Inability to bear weight on your operative leg
- Severe insomnia

Follow-up appointments:

Please call (708) 236-2599 to schedule your appointment after surgery. Typically, you will be asked to follow-up at 2 weeks after surgery, 6 weeks, 3 months, 6 months, and 12 months. Annual follow-up is then requested after the one-year visit.