**Post-Operative Instructions: Total Hip Replacement or Hip Hemiarthroplasty**

**Your post-op appointment is on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your post-op prescriptions have been sent to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your post-op appointment is at** *(check one)***:**

 UOC Altoona, 3000 Fairway Dr, Altoona, PA 16602, Phone: 814-942-1166

 UOC Roaring Spring, 121 June Dr, Roaring Spring, PA 16673, Phone: 814-231-2101

 UOC Bedford, 125 Willow Grove Dr, Everett, PA 15537, Phone: 814-231-2101

 UOC DuBois, Rice Complex, 90 Beaver Dr, Building D, Suite 211, DuBois, 15801, Phone: 814-231-2101

 UOC Huntingdon, JC Blair Memorial Hospital, 1225 Warm Springs Ave, Huntingdon, PA 16652,

Phone: 814-231-2101

 UOC Ebensburg, 1100 West High St, Ebensburg, PA 15931, Phone: 814-231-2101

 UOC Johnstown, 1450 Scalp Ave, Suite 301, Johnstown, PA 15904, Phone: 814-942-1166

Hip precautions

For the first three months after surgery, it is very important to follow your hip range of motion precautions! Do not flex your hip up more than 90°. Do not cross your legs. Do not internally rotate the hip (i.e., rotating the knee inward while swinging the foot towards the side). Failure to adhere to these restrictions may cause your hip to dislocate (i.e., come out of the socket). If your hip dislocates, you must immediately go to an emergency room to have it put back into the joint. Sometimes surgery is required to relocate the hip. Recurrent dislocations may lead to an early failure of the hip. If you follow these rules, the risk of dislocation is very low. At the end of three months, you no longer need to follow these precautions.

Ice and elevation

During the first few weeks after surgery, it is very important for you to elevate the leg and apply ice to the hip as much as possible. You may apply ice to your hip for 20 minutes at a time every 1 to 2 hours while awake. The more you can ice your leg the less pain and swelling you are going to have. While icing your leg, occasionally rotate your ankle clockwise and counterclockwise to improve circulation and help prevent blood clots. When you elevate your leg, you may put cushions or pillows under the calf or heel, but do not put anything behind the knee!

Pain

Some pain after surgery is normal and should be expected! You may be prescribed a narcotic medicine to help relieve your pain. While we will refill your medication during your early recovery, we will wean down over time the dose of narcotic that is prescribed. We will not provide anyone narcotics on a long-term basis.

You have been prescribed the following pain medication *(see checked box)*:

 Oxycodone IR (an as-needed pain medicine)

 Hydrocodone/acetaminophen (an as-needed pain medicine)

 Acetaminophen/codeine (an as-needed pain medicine)

 Tramadol (an as-needed pain medicine)

Please take medication only as prescribed. We will not be able to refill any prescriptions if medication is taken in excess of the prescribed dose.

You may also be prescribed an anti-inflammatory medication (Celebrex or Mobic). If your insurance does not cover this medication, you may take over-the-counter ibuprofen or naproxen in its place. Do not take any additional over-the-counter anti-inflammatories (ibuprofen, naproxen) if you are taking Celebrex or Mobic. If you are prescribed a medication containing acetaminophen, do not take any over-the-counter medicines that contain additional acetaminophen (aka Tylenol). It is normal to require some form of pain medication temporarily after surgery.

Blood thinners

You may be prescribed a medication to lower the risk of blood clots following surgery. This will be called into your pharmacy. Please take the following medication as prescribed *(see checked box)*:

 Aspirin 81mg twice daily x 30 days

 Lovenox 30mg subcutaneous injection twice daily x \_\_\_\_\_\_ days

 Xarelto 10mg daily x 35 days

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Additional medications

You may be prescribed additional medications depending on the type of surgery performed and your anticipated recovery *(see checked box)*. These will be called into your pharmacy:

 Zofran – an anti-nausea medication to use to decrease nausea from pain medication or anesthesia

 Docusate – a stool softener to prevent constipation

 Celebrex or Mobic – an anti-inflammatory medication to decrease your pain, swelling, and hip inflammation

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Wound care and bandaging

For the first 7 days after surgery do not allow your bandage to get wet. Getting your bandage wet will increase your risk of infection. You will need to change your dressings 7 days after surgery. Follow the steps below to change your bandage:

* 1. Remove the silver dressing from the hip.
  2. If you have stitches, staples, or steri-strips over your incision, do not remove them! We will remove any stitches, staples, or steri-strips in the office at your postoperative appointment.
  3. To clean your hip, dampen a piece of gauze or a cotton ball with either hydrogen peroxide or rubbing alcohol and pat the skin around your incision.
  4. Cover your incision with clean gauze and tape if draining or bleeding. Bandaging supplies can be found at any drug store or large store such as Wal-Mart or Target.
  5. Change the bandage daily. If you are having absolutely no drainage from your incision, you may leave the incision open to air.

Slight or occasional drainage is normal in the first few days after surgery. If you are having a lot of drainage, such as soaking a bandage in less than 30 minutes or heavy drainage lasting more than 3 days after surgery, please call the office to speak to your surgeon’s nurse or physician assistant.

Bathing

Initially after surgery you should sponge bathe yourself. Clean the area around your incision as directed above. Do not put any creams or lotions on your incision. If your incision is completely dry, you will be allowed to begin showering 1 week after surgery. When you do this, you may let soapy water run over the incision, but do not scrub the incision. You may not take a bath or get into a pool or Jacuzzi until given permission to do so. Do not begin showering if you are having drainage from your incision.

Compression stockings

Compression stockings are frequently not necessary immediately after surgery unless you are remaining immobilized for a longer period of time. You are encouraged to move around your home several times per day starting the day after surgery. If you are having any significant swelling in your legs that does not improve with ice and elevation, please contact the office, and we may prescribe compression stockings to be worn by you. For some outpatient surgeries, you may be provided with sequential compression devices (SCDs) to be worn at home. If you have been provided with SCDs, it is important for you to wear them as prescribed.

Rehab and home care

If you are admitted to the hospital after surgery, you will either be transferred to a rehabilitation facility to continue your recovery or will return home following your discharge. If you go to a rehabilitation facility, they will continue your wound care and physical therapy. They will also coordinate your return to home once you have met their requirements for discharge. If you return home immediately following your hospital stay or if this is an outpatient surgery, you will receive visiting nursing care and home therapy for a period of time. The hospital and our office will coordinate these services for you.

Reasons for concern

If you have any of the following signs, please call our office at any time:

* + Redness or excessive drainage around the incisions.
  + A temperature greater than 101.5°.
  + Persistent numbness or weakness in your leg.
  + Pain, redness, tenderness, or significant swelling in your calf or pain in the calf when the foot is pulled upwards. This may be the sign of a blood clot and should be reported to the office immediately. Do not massage your calf or you may dislodge a clot.

Infection

The most common causes of infection following joint replacement are bacteria that enter the bloodstream during dental procedures, minor medical procedures (such as a colonoscopy), urinary tract infections, or skin infections. These bacteria can travel through the body to your joint replacement and infect the prosthesis. You may be asked to take antibiotics before any dental or surgical procedure for the first 2 years after your surgery. Please contact the office prior to any such procedure so that we may prescribe you the appropriate antibiotic. Possible signs of an infection are a persistent fever above 101.5°, increased redness, pain, or swelling around your incision, drainage from around the area of the incision, or increased pain with activity or at rest.

Activity and physical therapy

You are allowed to perform the following activity with your operative leg *(see checked box)*:

 Non-weight-bearing – you may not put any weight or pressure on your operative leg. All your weight must go on the nonoperative leg. You will need to use crutches or a walker until you are allowed to put full weight on your operative leg.

 10% weight-bearing (toe-touch) – you may only put enough weight on your operative leg to keep your balance while standing. You will need to use crutches or a walker until you are allowed to put full weight on your operative leg.

 50% weight-bearing – you may only put half of your weight on your operative leg to keep your balance while standing. You should weigh yourself on a bathroom scale. Set off the scale and then begin to step on the scale with your operative leg only. When the scale reads half of your full weight, that current feeling in your leg is what you want to reproduce while walking. You will need to use crutches or a walker until you are allowed to put full weight on your operative leg.

 Weight-bearing as tolerated– you may put as much weight on your operative leg as is comfortable. You may need to use a walker or crutches to walk comfortably until you feel ready to walk without them.

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Once you are prescribed outpatient physical therapy, you will receive a prescription for therapy at one of your postoperative appointments. This will occur once it has been determined that you no longer require in-home therapy. Take the prescription to a therapist of your choice. You must bring your prescription to your first therapy appointment because they will be unable to start therapy without it.

If your surgery was performed as part of a Worker’s Compensation claim, it is a state law that we must define any tasks that you can perform. We are unable to list you as fully disabled beyond the first few weeks after surgery. All work restrictions and allowed activity will be reported to your employer and Worker’s Compensation insurance carrier.

You will initially use a walker to help you walk after surgery. As you feel more comfortable walking, you will be switched to a cane. You should use your cane in the hand opposite of the hip replacement. You may discard the cane when you feel that you are ready to walk without any assistive device. Every patient is different in how long it takes to walk without a cane, and some may take a couple of weeks, while others take longer than a month. Physical therapy will guide you through this process.

Driving an automobile

Do not drive an automobile until someone from your surgeon’s team says that it is okay to do so. You will be allowed to drive a car once you are able to walk with a cane and feel that it is safe for you to drive. You must also be off any narcotic pain medication before you are allowed to drive. Most people return to driving about a month after surgery.

Sleeping and insomnia, appetite

You may have some difficulty sleeping after surgery. This is not uncommon but typically resolves within a few months. Taking your pain medication at bedtime may help you fall asleep easier. Some patients may also lose their appetites after surgery. Your appetite will return with time, but it is important for you to eat healthy meals after surgery to help with your healing. You may experience constipation from the narcotic pain medication, and a stool softener or laxative will help with this issue.

Numbness

It is common to feel some numbness in the skin around the incision after surgery. This area of numbness will become smaller over time, but you will likely always have a small area of numbness adjacent to the incision.

Sounds made by prosthesis and metal detectors

You may feel some soft clicking of the metal and plastic in the hip prosthesis while walking. This sensation will often diminish with time, and most patients tolerate it well. Your new hip prosthesis may activate metal detectors, and you should tell the security agent about your hip replacement if this occurs.

Prescription refills

For prescription refills and questions please try to call the office early in the day to expedite our call to a pharmacy. If you leave a message, please include your name, phone number, date of birth, name of medication requested, any drug allergies, pharmacy name, and pharmacy phone number.

Questions or problems

If you have any questions or concerns, please contact the office at 814-942-1166. When the office is closed, there is someone on call for emergencies only. If you have an emergency, please call the office or go to the nearest emergency room.

*We at University Orthopedic Center wish you a speedy recovery! We will do our best to help you as you recuperate from your surgery. Please call us if you have any questions or concerns.*

*Thank you!*