

## DR. MCCLELLAN'S POST-OPERATIVE INSTRUCTIONS: TOTAL HIP ARTHROPLASTY

### Day of Surgery

- You will be admitted and meet the nursing and anesthesia team. Dr. Cherry will see you and sign your operative side.
- Anesthesia will place your spinal anesthetic in the pre-op area.
- Your surgery will be performed and last approximately 1 – 2 hours. Upon waking, you will notice a dressing and ice pack on your hip.
- You will remain in the recovery room for 1 – 2 hours, then be transferred to your room on the orthopedic floor.
- If you are scheduled as an OUTPATIENT hip replacement, you will be up walking, then you'll be discharged home. When you arrive home, your team will be waiting for you in the driveway and Dr McClellan will personally call you that night or the next morning

### Day 1 Post-Op (IF staying overnight)

- You will have bloodwork drawn in the morning.
- Dr. McClellan or his PA will come by to check on you and discuss the details of your surgery.
- Physical therapy will evaluate you in the morning. You will start getting out of bed and ambulating with a walker. They will instruct you on hip motion exercises.
- Use your cold packs as instructed. This will decrease swelling and minimize pain.
- Social services will discuss your discharge plan.
- 95% of Dr. McClellan's total hip patients are discharged on day 1. The rest go home on day 2. This depends on how well you feel. Patient generally seems to feel better in their own home environment, and the risk of exposure to "bad bugs" is much lower. Rehab is rarely necessary and difficult to get in with increasing harsh insurance requirements.
- You will be taking Aspirin 81mg twice for 4 weeks to decrease the risk of a blood clot. If you have risk factors, you'll be on Xarelto or Eliquis and not aspirin.

- You won't need any compression stockings.
- You will be given a prescription for pain medicine upon discharge (Day 1 discharge is usually in the afternoon).
- You will most likely have a VAC dressing post-operatively. This will keep your incision dry as well as aid in early healing. The batteries will wear out, and the VAC will lose suction around day 7 – 8 post-op. At that time, you may turn off the device but keep everything intact until your first post-operative visit. If the dressing appears to be saturated, please call our office.
- You are permitted to shower immediately with the VAC. Do not soak the dressing – let the shower flow on your opposite side, and pat dry the plastic. Once the dressing has been removed, you may shower normally with the incision exposed. Do not rub the area – simply let soapy water run over the incision and lightly pat dry.

#### Day 2 Post-Op

- If you were not discharged on day 1, you will most likely be discharged on day 2.
- Physical therapy will ambulate with you while evaluating your progress.
- Discharge will generally be around 11-1 pm.

#### Day 3 – 14 Post-Op

- You will start home or outpatient physical therapy.
- Your therapy prescription will be given to you upon discharge from the hospital.
- You should continue doing your home exercises.

#### Week 2 Post-Op and Forward

- You will have your first post-op appointment, which should have been scheduled for you by our office. This appointment will be to check your incision, progression of therapy, and pain control.
- You will continue to use a cane or a walker until you feel safe enough to stop using it.
- After this visit, you will be scheduled for a 6 week post-op appointment. X-rays will be taken to evaluate the prosthesis. You will continue to advance range of motion.

- By 3 ½ to 4 months after surgery, you should have almost full range of motion and may resume most activities. You may have some pain around the hip with certain activities – this is completely normal.
- You will be scheduled for a 1-year post-op appointment after your 4-month appointment.

Pain: The immediate post-op period after hip replacement surgery can be painful. However, the degree and frequency of the pain is generally much less than knee replacement surgery. You should take your pain medicine as you need it, especially prior to physical therapy and bedtime. Your pain will decrease, and you may transition to a milder pain medicine (with fewer side effects, such as Tylenol) as soon as possible. It is common to have pain at night that interferes with sleep – this can last for several months. Pain medicines can cause nausea and constipation – do not take more than you need. The way Dr. McClellan does the hip surgery, you won't need actual narcotic pills.

You may be prescribed one or more of the following medications:

1. Celebrex – this controls inflammation and makes pain medications more effective – it will be taken twice a day.
2. Tylenol – a pain medicine that can help decrease your pain – you should take 1000mg 4 times a day.
3. Tramadol – a pain medicine that can be taken every 4-6 hours (instead of Oxycodone) as needed to control your pain.
4. Aspirin 81mg – blood thinning medication to help minimize the risk of development of blood clots.

\*\*unfortunate side effects of pain medication include nausea and constipation – if you experience these issues or have any questions about your post-op medications, call UOC at (814) 231-2101 for assistance/advice on how to manage these issues

Hip replacement surgery does not require a lot of aggressive physical therapy. Learning to walk safely and obeying hip precautions are most

important. While in the hospital, you will be shown a series of home exercises – you should perform these exercises 3 – 4 times daily in addition to physical therapy. You should walk several times a day. Try not to be standing for more than an hour at a time during the first 4 weeks post-op as you may experience more swelling. You may progress from a walker to a cane to walking independently as you feel comfortable.

\*\*Remember to contact UOC at (814) 942-1166 if you develop any signs of infection, which include increased swelling, pain, redness, drainage from incision, warmth, fever, chills, or severe pain unrelieved by pain medication, or any unusual chest pain or shortness of breath. It is normal to run a low-grade fever after surgery. If your fever is consistent at 101.0 or higher, you will need to contact the office.

The following are part of Dr McClellan's Team:

Brett Beech PA-C

John Vargo PA-C

Lauren Conrad PA-C

Tara McCaulley RN (Total Joint Coordinator)

Karen Noel MA-Dr McClellan's nurse

Cindy Wright MA-Brett Beech's nurse

Cheryl Davis RN-John Vargo's nurse