

Discharge Instruction Packet for Total Hip Replacement Surgery

IMPORTANT PLEASE READ CAREFULLY

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Pre-operative Hip Replacement Instructions

Appointments:

- Primary Care appointment for medical clearance for surgery, should be done 2-3 weeks prior to surgery.
- Medical specialist (Cardiologist or Pulmonologist) appointment for medical clearance for surgery, should be done 2-3 weeks prior to surgery.
- The Joint Replacement Education Class should be done 1-2 weeks prior to surgery.
- Blood work needs to be done 2-3 weeks before surgery.
- Pre-operative appointment with Dr. Thoms 1-2 weeks before surgery.
- After surgery visits: you will have 2 pre-scheduled visits at 2 weeks (with Dr. Thoms) and 2 months (with PA Austin Renaud) after surgery. There may be additional visits after surgery for a range of motion check, if necessary.
- Physical Therapy: the home therapy group typically calls a few days prior to surgery to introduce themselves and discuss the home layout.

Medications:

- The week prior to surgery, you must stop all anti-inflammatory medications (NSAIDs), vitamins, supplements, fish oil, homeopathic, and naturopathic medications. Aspirin is safe to keep taking in order to protect your heart.
- Diabetic medications should be stopped 24 hours prior to surgery, except for insulin. Insulin dose will be adjusted by your medical doctor or endocrinologist.
- If you take a blood thinner, this will be addressed at the pre-operative visit by Dr. Thoms
- Your medication list will be reviewed by Dr. Thoms at the pre-operative visit, and any specific instructions given at that time. It is **VITAL** that your medication list be up to date with Dr. Thoms, otherwise proper instructions cannot be given.

Post-operative Hip Replacement Instructions

You have just undergone a total hip arthroplasty. This set of instructions will guide you for the next 2 or 3 months. I will outline my expectations as well as what is considered normal.

Bandage Care:

- You have a waterproof bandage covering your hip. This was placed in a sterile fashion over the incision at the end of surgery. In order to decrease the risk of infection, **THIS IS TO REMAIN IN PLACE.**
- I will remove the bandage when you are seen in the office for your 2 week post-surgical visit. There are no staples or stitches that will need to be removed. The skin is sealed with a “skin glue” to allow for improved healing and reduced infection risk.
- You are allowed to shower beginning 48 hours after surgery—the bandage is waterproof and will not leak.
- If you attend a rehabilitation unit after your hospital stay, the nurses are instructed to leave the bandage in place. Not all nurses understand this however, so please make it your responsibility to prevent them from changing your bandage.
- If you receive sequential compression devices for your lower legs, please wear these for 2 weeks after surgery.

Medications:

- After surgery you are to resume all of your normal medications. If you normally take aspirin, this will be started after surgery and you are to continue taking this as part of your normal medication schedule.
- You will take blood thinning medication (Eliquis, Xarelto) starting on _____ in the evening after surgery. You will take this for 4 weeks.
- Pain management consists of ice, limited stretching, mobility, and medications. There will be pain, and that is normal. The goal is to avoid extreme levels of pain.
- Tylenol (acetaminophen) is a safe over the counter mild pain reliever that can be taken every 6 hours. Maximum recommended dose is 3000 mg/24 hours. The dose/size of the pill varies by manufacturer, so please take according to instructions on the bottle.
- Anti-inflammatory medication (Celebrex, Ibuprofen, Naprosyn, or Meloxicam) is to be taken two times per day for 4 weeks after surgery, and then on an as-needed basis.
- Muscle relaxants (Diazepam/Valium, Baclofen) can be taken every 8 hours as needed for muscle tension/pain/spasms. It can be very helpful for therapy and stretching.

- Narcotic medications (Oxycodone, Percocet, or Vicodin) may be taken for up to 4 weeks after surgery, if necessary. Addiction to narcotics is always a concern, and narcotic medication prescriptions are closely monitored at the state and federal levels. Narcotics should **NEVER** be taken to “stay ahead of the pain” as that will create addiction. They should only be taken when you have extreme pain. The goal is to minimize pain in order to allow for improved participation with physical therapy.
- Constipation may be treated with over-the-counter laxatives such as Miralax, Enulose, Milk of Magnesia, or Magnesium citrate. I recommend starting Metamucil or senna and Colace prior to surgery.
- Zofran (Ondastrenon) can be taken as needed to help with nausea

Physical Therapy:

- I expect all of my patients to focus on walking after surgery. You should **take a short walk lasting 10-20 minutes every hour** during the day. Walking stimulates healing of the muscles and bones, prevents clots from forming in your leg, and will be the first step toward muscle strengthening.
- Beginning 3-4 weeks after surgery, you may start outpatient therapy if you desire. However, not all patients feel that this is necessary. In fact, some patients wait until 2 months after surgery to begin formal outpatient physical therapy.
- Therapy can be useful in order to strengthen muscles in your hip and improve your balance. After your bandage is removed, you may begin basic muscle strengthening and coordination by going up and down stairs as well as walking up and down hills.

- Everyone will start ambulating with a walker while in the hospital or surgery center. Transitioning from the walker to crutches or a cane occurs at different times for each patient. As you become more stable on your new hip, and regain strength and balance, you may use a cane. Most people are free of all devices by 4-6 weeks after surgery.

Items that are helpful to have at home prior to discharge from the hospital:

- Adjustable adult walker.
- Elevated toilet seat.
- Extra cushioning for seats/couch.
- Grasper (to pick things up off of the floor and avoid bending at the waist).
- Shoe-assist or sock-helper (a device to help with putting on socks and shoes).
- Shower chair.
- Safety handles in bathroom.
- Remove all loose cords, carpeting, rugs, etc... from living areas to minimize the risk of falls.

What is “Normal”

- Swelling is normal, and will last for 2-3 months after surgery. Some people swell more than others. The swelling will gradually improve as you heal and perform therapy.
- Bruising is normal and may extend from your buttocks down to your toes. This will gradually improve over 3-4 weeks after surgery.
- Low-grade temperatures (up to 100.4°F), sweats, and chills are common after surgery. It gradually improves as you heal and need less medication. Tylenol may be taken to help with any of these symptoms.

- Pain is expected, but should not be severe. Pain medication should be used to control the pain and allow for improved participation in physical therapy. Pain should gradually reduce over 2-3 months from surgery.
- Aching is normal. As the ligaments, tendons, and muscles heal from the surgery this will decrease. It typically takes 4 months for this to fully resolve.
- Total healing time is usually 4-6 months from surgery.

What is “Not Normal”: please contact my office if any of these symptoms are present (860-889-7345).

- Fevers over 100.7°F.
- Severe pain that is not controlled with pain medication, or a sudden increase in pain that is worse than what you experienced in the first week after surgery.
- Drainage from the bandage that soaks through the bandage.
- Chest pain.
- Shortness of breath.

Physical Therapy after Hip Replacement Surgery:

Hip Precautions:

Avoid hip flexion over 90°. This includes no bending at the waist to get up from a chair and bending to the floor.

Use your arms to help get up from a chair, and move to the edge of the chair before attempting to stand.

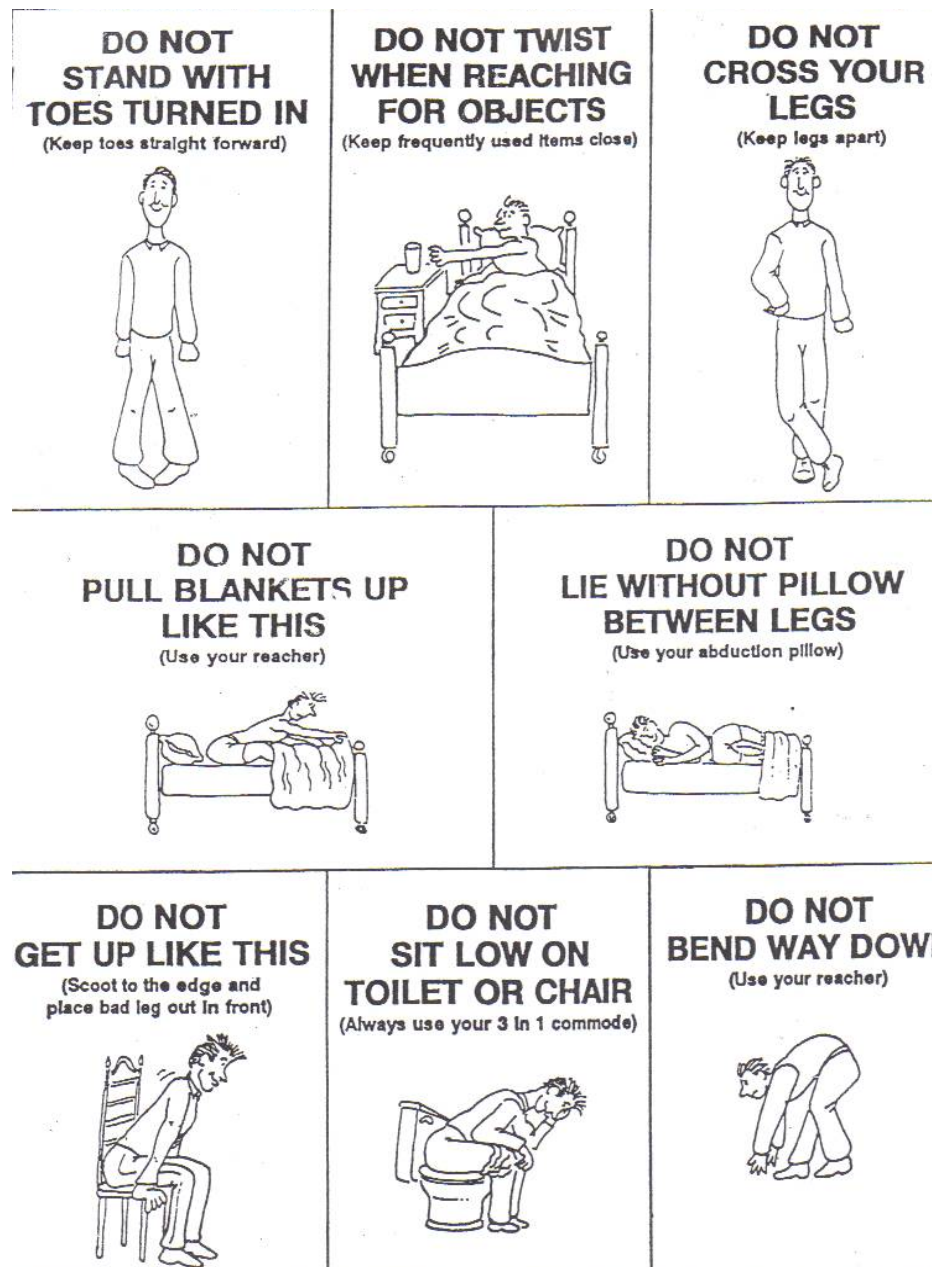
Sleep with a pillow between your legs.

Avoid internal rotation and twisting of your leg.

Avoid crossing your legs.

No hamstring or gluteal stretching or strengthening exercises for 3-4 weeks.

Keep your knees apart and toes pointed outward.



Basic Instructions/Advice for Care Givers

Pain Control

➤ Pain is expected. Be prepared, because it can get ugly.

- Things that can help: Ice, elevation, small amounts of exercises/therapy and walking throughout the day.
- Things that have been shown to be worse: taking pain medication before there is pain (this can cause addiction). Pain medications should only be taken **AS NEEDED**, and only when there is actually severe pain. The concept of “staying ahead of the pain” is part of the fallacy that can lead to addiction.
- Tylenol, anti-inflammatories, and muscle relaxers can all be taken on a “scheduled” basis. This means taking them on a set schedule based on the instructions on the bottle and on page 4 of this handout.
- “Rome wasn’t built in a day.” The same goes for joint replacements. This is a marathon, not a sprint.
- Therapy: this is the worst part, and at times requires a “bad cop” mentality. Some patients are able to manage this on their own, but some need the “bad cop” to step in and push them. It may be best if therapy time slots are scheduled throughout the day as part of a routine. Sometimes setting the alarm on a phone or a timer can help with this. Hip replacements typically progress easiest if it is small amounts done more frequently.

When to call: please see page 6 of this handout

- Medication refills (please call at least 2-3 days before you run out)
- My personal cell phone is 646-942-2274. This is for text messages only, and please use at appropriate times (daylight hours please). I will not pick up any actual phone calls.
- Typically, emergency calls happen at night because things have been getting progressively worse through the day. I would rather deal with smaller issues during the day than an emergency at night.
- For emergencies overnight, please use the office number, and the call center will direct you to the on-call provider.

Prevention of Problems

➤ Swelling.

- It happens. It is expected.
- It is not a problem and will go down over the course of 2 months if you ice and elevate.
- If you do not ice and elevate, it can become severe and lead to water blisters. Please avoid this.

➤ Dehydration.

- This can lead to dizziness. In more severe cases, the patient can “pass out”
- It is very important to make sure that the patient drinks fluids throughout the day (typically much more than they want to drink).
- If they get dizzy, put them in bed immediately and make them drink large amounts of water.
- If they do “pass out”, sometimes the patient will twitch or spasm. This can appear quite frightening, but it is normal. Just lay them down, put their feet up, and get fluids into the patient once they wake up again.

➤ Alcohol.

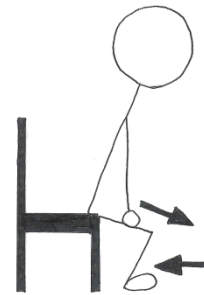
- If the patient typically drinks alcohol, please do not change the routine.
- If the patient develops confusion, hallucinations, or tremors it could be due to withdrawal. Let them have a normal amount of alcohol and take a valium. If it persists, call the office.

Phase I Exercises for Total Joint Replacements

These exercises are to strengthen muscles and increase range of motion in your joints. These exercises should not produce exhaustion, or pain that is lasting. The goal is to do these exercises twice daily.

- Do the exercises slowly and smoothly, **without** holding your breath.
- Do ice 2-3 times a day for 20 minutes as needed for pain and swelling

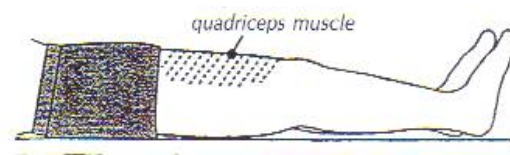
1. **Quadriceps Stretch:** Sit on a chair with an extra cushion so that your feet slightly touch the floor. Allow the knee to relax, and then bend it as far back towards the chair as possible. Hold for 5 seconds, and then relax. Avoid bending at the hip over 90 degrees. Repeat throughout the day.



2. **Ankle Pumps:** Move your feet up and down at the ankle to stretch your calf muscles and promote leg circulation. Repeat up to 100 times per day.



3. **Quadriceps Exercise (Knee Tighteners):** Lay on your back with your legs straight, push the back of your knee into the bed, tightening the muscle on the front of the thigh. Hold for 5 seconds and then relax. Repeat up to 100 times per day.

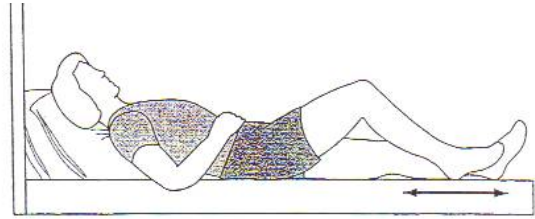


4. **Gluteal Isometric Contractions (Buttock Tighteners):** Squeeze your buttocks together. Hold for five seconds. Relax. Repeat up to 100 times a

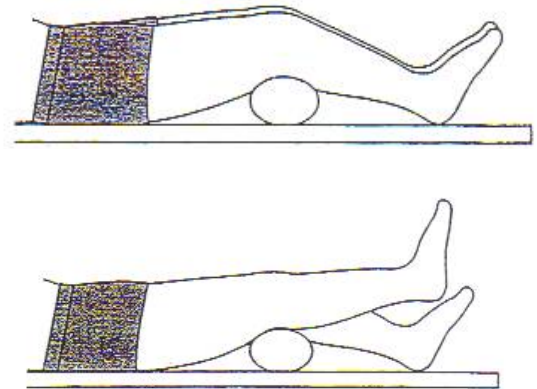


day. This exercise can also be done while sitting or standing.

5. **Heel Slide:** Lie on your back. Slide the heel of your affected leg up toward your buttocks, bending your knee while keeping your knee pointed toward the ceiling. Slowly return to the starting position. Repeat 25 times.



6. **Short Arc Quads:** Lie on your back with a towel or blanket roll under your knees. Rest the weight of the thigh on the roll. Lift the heel off the mat, straightening the knee. Do not lift your knee off the towel roll. Hold your leg straight for 5 seconds, and then slowly lower your foot. Repeat 25 times.

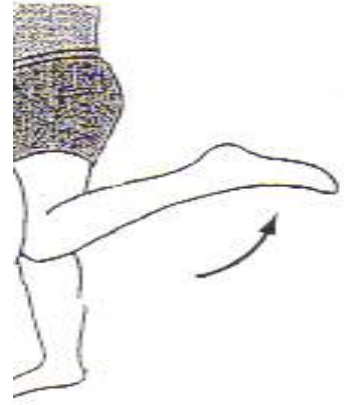


7. **Hip Extension (Standing):** Stand holding on to counter or walker for support. While keeping **affected** leg straight, begin leg backwards as shown. Repeat 25 times.

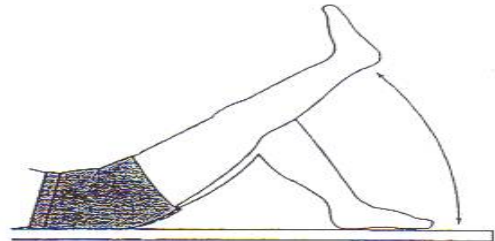


8. **Knee Flexion (Standing):** Stand holding on to counter or walker for support. Bend **affected** knee as shown. Repeat 25 times.

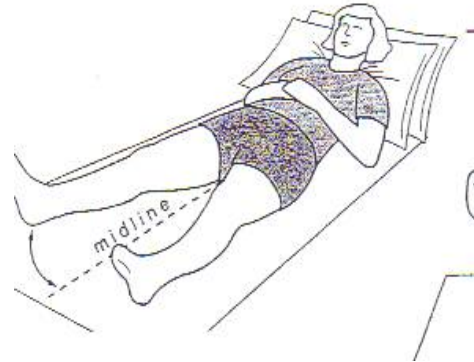
Do Not Start These Exercises Until 3-4 Weeks After Surgery:



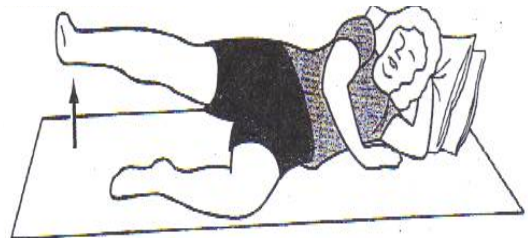
9. **Straight Leg Raise:** Lie on your back with your right leg bent at the knee. Tighten your left knee and thigh and lift your leg off the bed. Hold for 3 seconds. When lowering the leg, try to keep the leg straight, so that the back of the knee touches the bed before the heel does. Alternate legs. Repeat 10 times.



10. **Hip Abduction:** Slide your **affected** leg out to the side, keeping your toes pointed up and your knee straight. Then slide your leg back, being careful not to bring your leg past the midline of your body. Repeat 25 times. You may progress to doing this exercise while standing



11. **Hip Abduction (side lying):** Lie on your **unaffected** side with your body slightly turned toward your stomach, and the leg slightly bent at the knee for support. Lift the **affected** leg towards the ceiling, keeping your leg in line with your body. Hold 5 seconds. Repeat 15 times.



12. **Stairs:** Begin going up and down stairs for exercise and balance training. Start out slow and only 1 or 2 times 4 times per day. As you build up muscle strength, increase the number of times that you go up and down the stairs.