Dr. Brian White – Total Hip Arthroplasty
Discharge Instructions

These are your post-op care instructions from Dr. White. Please follow them carefully. If you have any questions or concerns after you leave the hospital, please contact a member of Dr. White's team at Western Orthopedics. 303-321-1333.

- **Follow-Up Appointment**: Please call 303-321-1333 to set up an appointment to see one of Dr. White's Nurse Practitioners (Katie Braun or Molly Gleason) at 10-14 days after your surgery. Be sure to communicate that this is your first postoperative appointment. If you are a traveler (typically more than 2 hours away), please see either your Primary Care Physician, your Physical Therapist, or your home-based orthopedist within that timeframe for suture removal and a wound check, then schedule an appointment with Dr. White in 6-8 weeks (around 2 months post-op). NOTE: Dr. White requires annual follow-up visits for all total hip patients.

- **Diet**: You may resume your regular diet. Drink plenty of non-alcoholic and non-caffeinated fluids. Caffeine can lead to dehydration which can worsen constipation with pain meds. A little bit of caffeine (EX: 1-2 cups of coffee) is ok to prevent a caffeine withdrawal headache, but drink plenty of non-caffeinated fluids to offset any caffeine intake. Depending on body size, your hydration goal should be somewhere between 3 and 4 liters of water each day.

- **Nicotine**: Do not use any product with nicotine, including cigarettes, vape pens, patches, gums, etc. Nicotine may prevent your labral graft from adhering properly, which could result in increased pain and additional surgeries.

- **Weight Bearing**: You can weight bear as tolerated with the use of a walker or crutches. Most patients require the use of an assistive device (walker or crutches) for the first 2 weeks.

- **Other Restrictions**: Do not flex your hip past 90 degrees. Do not cross your leg across the middle of your body. Do not turn your toe in. Each of these movements puts you at risk to dislocate your hip, one of the complications of this surgery. Also, remember to get in & out of a chair or bed with your legs apart. If you don't, you could dislocate your hip. Be very cautious to follow these restrictions for 6 weeks after surgery.

- **Dressings and Wound Care**:
    - The Mepilex dressing you discharged from the hospital with will remain in place until 1-week post op. You will remove this layer of dressing at home yourself, or with the help of a family member. Pull slowly as you remove the dressing.
    - A strip of Sylke surgical tape will be found over your surgical wound, under the Mepilex. This is the final layer of surgical closure at the skin. The Sylke should remain in place for 2-3 weeks. This will be removed at your first post-op appointment. DO NOT attempt to remove it yourself.
    - You are allowed to shower with the Mepilex dressing in place and also once it is removed with your wound uncovered. After showering, pat the area dry with a clean towel. You may place a gauze "ABD" pad over the Sylke after showering to help prevent friction against clothing. This can be held in place by a strip of tape or tucked into your underwear, briefs or leggings. Continue with this showering and dressing change protocol daily, using the supplies given to you by the hospital, until your follow up appointment in 2 weeks.

- DO NOT touch, or apply ointment to the incisions. Water can run over the incision but DO NOT scrub it.
- At each dressing change evaluate the incision for excessive drainage, redness surrounding the incision or red streaks coming away from it, increased pain, and increased temperature. There are all signs of infection.
- Monitor for redness or blistering under the Sylke. These are signs of a reaction to the Sylke. If you have questions or concerns, please call the office immediately.

- **Bathing**: Water can run over your incision while you shower, but do not apply soap or scrub it. DO NOT submerge your incision under water. Avoid baths or swimming pools until the incision is completely healed, which is typically in 3-4 weeks. You should avoid soaking in a hot tub for 6 weeks.

- **Driving**: You cannot drive until you are off of narcotic pain medications. The determination of when to drive is based on when you feel that your braking time is not affected by your surgery and you can do it safely. For the right leg, this may be at 4-6 weeks. It may be sooner on the left. Please use caution at first and consider first practicing in an empty parking lot.

- **Physical Therapy**:
  - Physical therapy after your total hip replacement is very important. Sometimes, home physical therapy will be helpful for the first week or two after surgery to achieve basic function. If this is deemed necessary by your Physical and Occupational Therapist at the hospital, the case manager at Swedish will assist you in getting this arranged. If this is not needed, then Dr. White would recommend that you see an outpatient Physical Therapist within 1 week of surgery to begin your rehabilitation process. To achieve the best possible result from your surgery, a skilled therapist is required to help you balance and strengthen the muscles around your hip. If you do not have a Physical Therapist and would like to have a recommendation, please contact us at 303-321-1333.
  - You will be given specific exercises to follow at different time frames during your rehabilitation. Follow these instructions carefully. They are listed in the rehab protocol you were given which is attached to the Physical Therapy order (referral, prescription) that you were given. It can be found in the packet you received from Dr. White. Take it with you to your first Physical Therapy appointment. If you have any questions, please phone 303-321-1333

- **First Two Weeks Post-Op**: Swelling, inflammation control, and increasing your range of motion are the primary focus for the first 2 weeks after surgery. The following will help you reach your goals:
  - **Ice**: Ice your hip 5-6 times per day for 30 minutes at a time. This can be achieved in a number of ways: ice bags, frozen gel packs, freezer wraps or frozen peas can be used. If you purchased the ice machine, use it as much as possible (using the above intervals for a total of at least 3-4 hours a day). Whatever the means, *be very diligent with your icing*. Be sure to put a layer of cloth, such as a T-shirt, next to your skin while icing, as the ice can cause frost bite.
  - **Compression (TED) Hose**: These are to be worn for the first 2 weeks after surgery. They should be worn over the calf at all times. They serve the dual purpose of decreasing the chance of blood clot formation and aid in controlling swelling in the lower extremities. You may remove them nightly to wash and inspect your skin, but you should wear them as much as possible to gain the maximum benefit. They can be difficult to put on, so you will likely need some assistance, especially on your operative leg.

- **<u>Sequential Compression Devices (SCDs)</u>**: You will be set up to have a machine for home use. You should wear them on your calves to help prevent blood clot formation. They should be worn while in bed, or when you are resting and not active, for 2 weeks. They can be worn all day, even over the compression hose if you'd like, but this is not necessary.

- **<u>A-Frame Pillow/Pink Wedge Pillow</u>**: This pillow should be used at night for 6 weeks to prevent moving your leg across the middle of your body or turning your toe in. Dr. White prefers this pillow over regular pillows as it is more secure. You can also strap your legs in either side with the Velcro straps which will allow you to lay on your side (surgery side up) with pillows behind your back.

Complications of Total Hip Replacement

The three most commonly discussed complications of a total hip replacement are:
1) dislocations, 2) infection, and 3) blood clots in the leg.

- **Dislocation**: Hip dislocation is the most common complication, occurring in 2% of all hip replacements on an annual basis. Nevertheless, this is typically preventable both from the patient's and the physician's standpoint. From the physician's standpoint, it is Dr. White's obligation to make sure that the total hip components are placed in an appropriate position to reduce the risk of dislocation as much as possible. From the patient's standpoint, there are certain positions that need to be avoided following a hip replacement. At this point, our physical therapists have reviewed these with you in detail. Specifically, increased flexion or internal rotation of the hip joint would put your hip at risk for dislocation. Your hip should not be flexed greater than 90 degrees. You shouldn't cross your leg across the middle of your body, and you should avoid excessive internal rotation (turning your toe in) of your leg. (No sitting in low chairs and don't cross your legs). Remember, when getting in or out of a chair or bed you need to put your legs apart. Be sure to follow these restrictions for 6 weeks.

- **Infection**: Infection occurs in approximately 1% of patients undergoing total hip replacement. It is a serious complication. We minimize this by administering antibiotics immediately before the surgery as well as 24 hours post operatively. In addition, we adhere to a strict operative protocol to minimize your risk. If you notice any signs of infection (fevers, significant swelling, redness or new drainage from your wound), please alert the office immediately (303-321-1333).

  VERY IMPORTANT: please alert your physician or dentist before that you have a total hip replacement. Before any planned medical or dental procedure (including teeth cleanings) is performed you must take antibiotics to prevent an infection in your total joint. This will be a life-long recommendation. Please contact Dr. White's clinic at 303-321-1333 if you ever run out of antibiotics.

- **Blood Clots**:
  - Blood clots, or deep vein thrombosis (DVT), in the legs are a major risk factor after orthopedic surgery on your hip, especially in the first 2-4 weeks postop. The risk of a blood clot developing in the leg is that it can travel to your lung and become a pulmonary embolism (PE).
  - It is important that you take your blood thinner as prescribed and wear you SCDs and/or compression hose as recommended. We recommend continuous use of compression hose and/or SCDs for the first 2-4 weeks postop.
  - Movement also helps to prevent blood clots. Be sure that you are ambulating short distances (EX: around the house) frequently throughout the day.
  - Warning signs of blood clots/DVT include:
    - Swelling, usually in one leg, and it can the operative or non-operative side.
    - Leg pain or tenderness, especially pain behind the calf, below the knee.
    - Reddish or blueish skin discoloration.
    - Leg is warm to the touch.
  - If you experience symptoms of a DVT you should go to your local emergency department, with a sense of urgency, for an evaluation. An ultrasound will be done. Should you be diagnosed with a blood clot be sure to notify Dr. White.
  - Blood clots in the legs can break away and travel to the lungs, causing a pulmonary embolism (PE). This is a medical emergency.
  - Warning signs of a PE include:
    - Sudden shortness of breath.

    - Sharp, stabbing chest pain that may get worse with deep breathing.
    - Rapid heart rate.
    - Unexplained cough, sometime with bloody mucous.
- If you experience symptoms of a PE, call 9-1-1 immediately for ambulance transfer to an emergency department.

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Post-Op Medications

Below is a list of medications you may be going home on after surgery. Specific instructions will be given by the hospital before you go home.

- **Blood Thinner**: You are prescribed enteric-coated Aspirin 325 mg twice daily for a minimum of 4 weeks (28 days) to prevent blood clots.
  - Aspirin can be purchased over the counter.
  - In some cases, instead of Aspirin, you will be prescribed a different blood thinner, such as Xarelto or Eliquis. Be sure to follow the instructions you were given and take the medications as prescribed.

- **Stool Softener/Laxatives**: Take your stool softener (Colace or Senokot) twice daily until you are off of all pain medications as they can cause constipation. In addition, it's a good idea to take a laxative daily (MiraLAX, Dulcolax, Milk of Magnesia) to help facilitate a normal bowel regimen. If you are still struggling with constipation in a day or two, despite taking both of these medications, you should try Magnesium Citrate or an enema. All of these medications can be purchased over the counter.

- **Nausea medication**: Zofran (Ondansetron). To be used as needed.

- **Pain Medication**:
  - Take pain medications with food.
  - Start tapering (weaning off) your pain medication 48-72 hours after discharge. First drop the dose (1 pill instead of 2, or a half of a pill instead of a full pill) and continue every 4 hours. You'll know in about an hour if the lower dose is effective. If it isn't, then go ahead and take the other half of your dose and wait another day to start to taper. The next step will be to begin spreading the time in between doses to 5 or 6 hours, progressing day by day. You can then begin substituting Tylenol 650mg in place of pain medications.
  - Examples of short acting pain meds: Tramadol, Norco, Oxycodone, Dilaudid
  - DO NOT drive while on pain medication.
  - DO NOT drink alcohol while on pain medication.
  - DO NOT take extra Tylenol while on pain medications while many of them already contain Tylenol. (NOTE: Tylenol in excess of 3,000mg daily, or combined with alcohol can cause irreversible liver damage.)
  - An important point: Pain medications are sedating. For safety reasons, it is important that you have a family member in charge of administering you your medications. Keep your pain medication secure in your home so they don't fall into the wrong hands.
  - Please note: Narcotics are HIGHLY ADDICTIVE pain medications. They can create constipation and lethargy. They must be used with caution. The body can adapt to them, and in order to achieve pain relief, the body may require increasing doses and ultimately become dependent on them. For these reasons, Dr. White prescribes narcotic medications with caution. They are prescribed for acute pain, but should be tapered and used sparingly.

- Also note: It is the strict policy of Dr. White's office that narcotics and other pain medications will NOT be refilled on weekends or after hours. As well, to avoid creating an addiction, Dr. White will only provide 1 refill of your short acting pain medication.
- Once you've discontinued taking pain medication, please dispose of any excess safely such as at a community drug take back event, your local pharmacy drug take back drop box, or maybe at your local police or fire station. Do not flush them down the toilet or throw them in the trash.

- **Muscle Relaxers**: To be used every 6-8 hours as needed for muscle spasms (which typically feel like a sharp, stabbing, burning or pressure type pain). Take them only if needed. Examples of muscle relaxer: Robaxin & Valium.

- **Oral Antibiotic**: You will be sent home with an antibiotic to take for 1 week after discharge to help minimize the risk of post-operative infection. Be sure to take this as prescribed.

- **For women using hormonal birth control or HRT (Hormone Replacement Therapy):** Most often you can continue to take it postoperatively. However, due to increased risks of blood clots with birth control or HRT, as well as during the postoperative phase, you may need to discontinue the therapy for several weeks. It is best to consult your primary care provider, or prescriber of these medications regarding the risks and benefits of their continued use while you recover