

Dr. Brian White
Discharge Instructions – Total Hip Replacement

- ❖ **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](tel:303-321-1333).
- ❖ **Follow-Up Appointment:** Please set up an appointment to see Shawn Karns, Dr. White's PA in 10-14 days from surgery. Be sure to communicate that it is your first postoperative appointment. If you are a traveler (typically more than 2 [hour/shours](#) away), please see either your Primary Care doctor, your Physical Therapist, or your home orthopedist at that time for [suture removal and](#) wound check, then schedule an appointment with Dr. White in 6-8 weeks. See your After Visit Summary for clinic phone numbers if you don't already have them.
- ❖ **Diet:** You may resume your regular diet. Drink plenty of non-alcoholic fluid, non-caffeinated fluids. Caffeine can lead to dehydration which can worsen constipation with pain meds. A cup or two of your morning coffee is ok so you don't get a caffeine withdrawal headache. But drink plenty of non-caffeinated fluids to offset your coffee.
- ❖ **Nicotine:** Do not use any product with nicotine, including cigarettes, vape pens, patches, gums, etc. Nicotine may prevent the healing of soft tissue and bones and prevent adequate healing of your new joint, 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 for 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 first post-op dressing change should occur on the second day after surgery, simply removing the gauze and tape.
 - A strip of Prineo surgical tape will be found over your surgical wound. This is the final layer of surgical closure at the skin. The Prineo should remain in place for 2-3 weeks. DO NOT attempt to remove it.
 - You are allowed to shower with your wound uncovered. A gauze "ABD" pad is placed over the Prineo after the shower, held in place by a stockinette dressing provided by the hospital. Continue this showering & dressing change protocol daily, using supplies provided for 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 Prineo. These are signs of a reaction to the Prineo. 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. Avoid baths or swimming pools until the incision is completely healed, which is typically in 2-3 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 in the beginning 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 Porter 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 let me know before you leave the hospital.
 - 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.
- ❖ **SWELLING, INFLAMMATION CONTROL AND REACHING YOUR RANGE OF MOTION GOALS ARE THE PRIMARY FOCUS FOR THE FIRST TWO (2) WEEKS AFTER SURGERY.** The following will help you reach your goals:
- **Ice:** Ice your hip 5-6 times a day 30 minutes at a time. This can be achieved in a number of ways: ice bags, durakolds, freezer wraps or frozen peas can be used. If you purchased an IceMan unit, 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 thin sheet of cloth such as a T-shirt next to your skin while icing, as the ice can cause frost bite.
 - **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.

- **Sequential Compression Devices (“SCDs”)**: 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 TED hose if you’d like. But this is not necessary.
- **A-Frame Pillow/Pink Wedge Pillow**: 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.