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.

- **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 hours away), please see either your Primary Care doctor, your Physical Therapist, or your home orthopedist at that time for wound check, then schedule an appointment with Dr. White in 6-8 weeks. See your discharge paperwork 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 Mepilex dressing will remain in place until 1 week post op. You will remove it at home yourself, or with the help of a family member. Pull slowly as you remove the dressing.
  - 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 the Mepilex dressing in place and also once it is removed with your wound uncovered. A gauze "ABD" pad is placed over the Prineo after the shower, held in place by a strip of tape or tucked into your underwear, briefs or leggings. 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 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 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 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 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.

Complications of Total Hip Replacement

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

- **Dislocation**: Hip dislocation is the most common complication, occurring in 2% of all hip replacments on an annual basis. Nevertheless, this is typically preventable both from the patient's standpoint as well as the physician's. From the physician's standpoint, it is Dr. White's obligation to make sure that the total hip components are placed in an appropriate postion 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 sititng 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 restricitons 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 signes of infection (fevers, significant swelling, reness or new drainage from your wound, please alert the office immediately (303-321-1333).
  - ***Also, please alert your physician or dentist before any procedure is performed on you, as you should have antibiotics before this procedure to prevent an infection in your total joint. (This is for life.)***

- **Blood Clots**: Blood clots in the legs, specifially the calves ("DVTs") or lungs ("PEs") are a risk in the first 2-4 weeks post operatively. "DVTs" can occur in either leg, not just the surgical leg. Symptoms include swelling, redness, pain and warmth to the touch. Should any one of these symptoms occur it warrants a trip to your local ER to get an ultrasound to rule out a DVT. The symptoms of a PE are sudden shortness of breath or chest pain. Should either of these symptoms occur, they warrant a call to 911 as they can be life threatening.
  - Our current protocol for preventing post operative blood clots is to:
    - Begin sequential compression stockings (SCDs) to keep the blood flowing in the lower extremities, directly post operatively, beginning on the operative room table. A home unit is also recommended for continued use at night for 2-4 weeks post operatively.
    - After surgery TED hose, compression stockings, are placed on your legs and worn primarily during the day for 2-3 weeks following surgery. They can be worn at night if desired. The SCDs can be worn over top of them as well if desired.
    - Start a blood thinner (anticoagulant medication) as soon as possible post operatively, and continue for 4 weeks. For most patients I typically use Ecorin 325mg twice daily for 1 month.

Dr. Brian White – Total Hip Arthroplasty
Discharge Medication Instructions

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

- **Blood Thinner:** You will be on a blood thinner (Ecotrin 325mg, which is coated Aspirin, or Lovenox) to prevent blood clots. Ecotrin can be purchased over the counter.

- **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.
    - Begin weaning off at about 48-72 hours after discharge as you can tolerate.
    - Start tapering 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 are 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. (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 are Robaxin & Valium.

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

- 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 gynecologist regarding the risks and benefits of their continued use while you recover.