

DISCHARGE INSTRUCTIONS AFTER DIRECT ANTERIOR TOTAL/HEMI HIP ARTHROPLASTY

These instructions are meant to compliment the information given by the nursing staff and physical therapists. They cover the most common questions and many of the areas that are unique to your surgical procedure.

Wound Care

- Dressings are to be kept clean and dry. A small amount of clear drainage or bleeding may take place. When this is happening, the dressing should be changed daily.
- You may get the incision wet when showering five days after surgery. The shower should be brief (five minutes or so) and the wound patted dry with a clean towel.
- If you have staples or stitches, they are usually removed two weeks after surgery
- If purulent material (thick white or greenish in color) is coming from the wound, or the wound is quite red on the edges, or you are having a temperature of 101.5 or higher, you should call my office and talk to me or the doctor on call.

Weight Bearing

Unless the physical therapist has told you otherwise, you can put as much weight on your hip as feels comfortable. Depending on your age, strength, and coordination, most people use the walker or crutches for three weeks with a gradual progression to a crutch or cane over the next few weeks.

Avoiding Dislocation

Physical therapy in the hospital after surgery will review this important topic with you. The restrictions are to be cautious with hyperextension, avoid the combined movements of extension and external rotation, and keep your knees apart any time you flex your hip beyond 90 degrees.

Outpatient Physical Therapy

The most important goal of physical therapy is to avoid dislocation. The next goal is to restore normal gait (walking pattern) and to improve your

Swelling

Swelling to some degree is common after joint replacement. To reduce swelling, elevation is very helpful. Lying down, with your “toes above your nose” at least 30 minutes of every two hours is a good initial recommendation. You may need more or less time elevating your leg. The white stockings are also designed to reduce swelling. Excessive swelling with pain or tenderness in the calf, redness or the lower leg, and/or increased warmth of the leg, can be a sign of a blood clot. Patients frequently call to ask if their swelling is too much, and this is impossible to tell over the phone. If you feel you are excessively swollen with pain or tenderness, it is best investigated by exam and may require an ultrasound to rule out a blood clot.

Cold Therapy

Cold therapy can help reduce pain and swelling. It should be used intermittently for many weeks, as long as you are having some swelling or discomfort in the area of the surgery. Typically, patients use it two or three times a day for up to 30-minutes at a time. It should not cause pain and there should be a thin towel between your surgical site and the cooling device. Cooling devices can be commercial devices that pump cold water about your joint or a frozen gel pack. In any case, it should feel better with the cold applied and reduce your discomfort in the first few months after surgery.

Driving

To drive you must no longer be taking pain pills (that is narcotics; Tylenol and anti-inflammatory medications are allowed). Also, you must feel strong and alert. For most people, this is between four and six weeks after surgery, depending on the side of your surgery.

Preventing Blood Clots

- The first line of defense is moving your ankles up and down. This action circulates the blood from your legs back to your heart, preventing a clot.
- Coumadin is a blood thinner that almost all patients will take after surgery, for a total of three weeks. Patients respond very differently to the same dose of Coumadin, and so the effects of the drug need to be monitored with a blood test called the Protome. Your Protome will be checked at a laboratory near you on Monday and Thursday mornings, and the results called to Dr. Kerns' office. You will be contacted if you need to adjust your dose.
- Compressive Stockings: These can prevent blood from pooling in your leg if you can use them correctly. You don't need to sleep with them on. You put them on first thing in the morning before your leg can swell. They are recommended for the first three weeks after surgery. If they just keep curling up and binding in, then they are not working and should be discontinued.

Sleeping

Surgery can throw off your normal sleep wake cycle, leaving you staring at the wall at 3 AM. To reset your sleep wake cycle, follow this program:

- No naps during the day
- Decrease your narcotic use
- Only one caffeinated beverage per day and it must be before 10AM
- No exercise or excitement after 6PM
- Go to bed and get up at the same time every day no matter if you are sleepy or not
- Allow slightly less total time for sleep than you would normally.

Narcotic Pain Medication

You will need narcotic pain medication after you leave the hospital. They can be addictive and you will be weaned from them as tolerated. If you are running low, please call the office during regular business hours for a refill. In general, refills will not be made by the doctor on call after hours, so plan ahead.

Sexual Relations

Wait until your general health has recovered, often 4 to 6 weeks. Avoid positions that would put your hip at risk of dislocation.

Dental Work (or other invasive procedures)

Unless it is an emergency, it is best to avoid dental work or other invasive procedures for 3 months after a joint replacement. When undergoing an invasive procedure, we recommend antibiotics to prevent bacteria from getting in the blood stream and infecting the joint. Please call our office for an antibiotic prescription prior to any dental work.

Phone Calls

If you have questions or problems please call (989) 583-7450. Some questions can be answered over the phone, others cannot. You may need to be seen sooner than expected to check out your symptoms.

Follow Up

Make sure an appointment has been scheduled for you at Covenant Medical Group Orthopedic Surgeryfor approximately 10-14 days after surgery