

Recovering after your
TOTAL HIP REPLACEMENT surgery

Rehabilitation from your TOTAL HIP REPLACEMENT begins the moment your surgery is completed and continues beyond the walls of the hospital.

YOUR FIRST FOLLOW UP APPOINTMENT WITH DR CONTI IS:

PAIN MANAGEMENT: Once you are discharged from the surgery center your pain will be managed by oral narcotic pain medication, most typically Percocet (oxycodone/acetaminophen) and or over the counter medications such as Tylenol or NSAIDS. Your prescription for pain medication will be E-prescribed initially to your pharmacy. Please be aware that we are committed to treating your post-surgical pain but want to prevent narcotic addiction. For these reasons we will gradually decrease the strength of your pain medications during your recovery from surgery and typically provide prescription narcotic pain medication a maximum of 2 prescriptions after surgery. After approximately 2-3 weeks we will begin use of non-narcotic pain medication as necessary which includes extra strength Tylenol and NSAIDS like advil, aleve, and ibuprofen. Please be aware that when you are taking any type of narcotic pain medication, constipation is common. It is advisable to purchase colace (docusate sodium) over the counter once to twice a day as needed for constipation. If you are a patient who takes narcotic pain medication prior to surgery and are under the care of pain management it is likely your pain management provider will continue to provide you your prescriptions for pain medications after surgery.

NAUSEA: We may have provided you a prescription for Zofran which may help in controlling any nausea. It is not unusual to have nausea while taking pain medications so we advise that you always take your pain medication with food if possible. You will use the Zofran only if you feel nauseated. The nausea should subside within a day or two of your surgery. If you are having nausea or vomiting that is not controlled by Zofran please contact our office at the numbers provided.

ANTICOAGULATION THERAPY: As discussed before surgery, one of the risks associated with any surgical procedure includes blood clot formation in your calves that can travel to your heart and/or lungs (deep vein

thrombosis/pulmonary embolism). Because of this risk we have started you on one of several types of blood thinners (aspirin, Coumadin, lovenox or Xarelto/Eliquis). You received this medication after surgery and during your hospitalization. If you received ASPIRIN, we will continue it twice daily (325mg) for 6 weeks. If you were placed on XARELTO after your surgery, this means that you are at higher risk for blood clot formation than our standard patient or have a contraindication to Aspirin. We would typically have our HIGH RISK patients also complete 6 weeks of DVT prevention medication after surgery unless otherwise indicated by Dr Conti. LOVENOX and ELIQUIS are several types of other blood thinners used in patients that who have had history of blood clots or pulmonary embolism after surgery.

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HIP PRECAUTIONS: One of the specific risks after hip replacement surgery is hip dislocation. Although we have given you a very stable new hip, you will have to closely observe the posterior hip precautions you were taught while in the hospital. The hospital and outpatient/virtual physical therapists have and will continue to advise you on these precautions and we would ask that you observe these precautions for a full three months after surgery. Observance of these hip precautions allows your hip capsule and the soft tissues surrounding the hip to heal completely, thus preventing hip dislocation. You will be provided with special appliances including an elevated toilet seat and grabber which will help in ensuring your adherence to our hip precautions and we also advise you use a pillow between your legs while sleeping during this three month period.

SHOWERING: You may not shower or bathe upon discharge from the the Surgery Center. Continue to sponge bathe until you have seen Dr Conti in the office for your first postop Visit. The Surgery Center will discharge you with several airstrip dressings for your use. We do not want for you to do any wound care, we do not want for you to apply any creams or ointments to your incision. You may change your dressing daily. Once you have seen Dr Conti for your first follow up appointment you may shower as ordered. Your wound was closed using skin staples. These staples will be removed at your first appointment in the office after your surgery. Again, we do not advise the use of creams/solutions or ointments at the incision site.

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BRUISING: Bruising and skin discoloration is expected after your surgery, please do not be alarmed by this finding. This bruising may extend into your thigh or ankle.

USE OF WALKER/CRUTCHES/CANE: You will be required to use either a walker, crutches, or cane for a full 4 weeks after your knee replacement. You may advance from walker/crutches to a cane as tolerated, but we do want you to use one or the other until your 4 week follow up with Dr Conti for your safety. At your preoperative appointment you should have been given a rolling walker for use.

ICE AND ELEVATION: Since swelling after hip replacement is typical, we would like for you to apply ice to your hip area three to four times daily during the first 2 weeks and don't be alarmed if the swelling in your hip extends into your lower leg.

RESUMING YOUR REGULAR DAILY MEDICATIONS: You will be allowed to return to the use of most of the medications you used prior to surgery at the time of your discharge from the hospital. If you were taking aspirin once per day (any dosage) prior to surgery, we will likely require you take 325mg twice daily for one month (exception is patients who are placed on other blood thinners besides aspirin in the hospital). You will be provided with a list of medications you may and may not take once home, and instructions for any new medication at the time of your discharge from the hospital.

Patients who take any type of hormone replacement therapy (estrogen/progesterone/testosterone) will not resume this type of medication for 6 weeks after surgery as this type of medications increase a patients risk of DVT/PE.

ACTIVITY/HOME MOBILITY PROGRAM/VIRTUAL PHYSICAL THERAPY: A physical therapist likely met with you prior to surgery or at the surgery center before you were discharged and instructed you on the exercises and precautions to be completed independently at home. We advise patients to complete your exercises as instructed at home one to two

times per day during the first three months after surgery. It is important to walk every hour around your home with the walker. You may put full weight on your surgery leg but may find it initially uncomfortable with eventual return to normal gait patterns. Again, we require our patients to use either a walker or a cane for a full 6 weeks after surgery. Otherwise, we suggest activity as tolerated--this means that you may be up and as active as your hip allows you to be. There are also the posterior hip precautions you will follow for the 3 months after surgery. One of the best ways to rehabilitate after your hip replacement is to walk. You will be discharged home doing self-exercises and walking. NO assisted Physical therapy is needed

RETURN TO WORK and TYPICAL ACTIVITIES: We do not have a defined period of time we suggest you be out of work or away from typical activities. Because you will be required to use a cane or walker for 4 weeks, it is typical for our patients to be away from work activities for that same period of time. It is predictable that many of our patients report feeling very well at six weeks postoperatively, although we are all unique individuals and this may vary. Our suggestion is to plan for three months recovery after your hip replacement and if you are ready to return to work or other activities sooner then we will consider this on a patient-by-patient basis. We will allow our patients to begin short game golfing at six weeks post-operatively.

DRIVING: Driving is completely restricted as long as you are on any controlled/narcotic pain medication. Assuming you have discontinued use of narcotic medication we will consider allowing driving on a patient by patient basis. The average time before driving is 6 weeks. We do not have restrictions with regard to being a passenger in an automobile after surgery. We do suggest that if you will be in a car longer than an hour, you stop periodically and walk to allow increased circulation in your legs.

FEVER: It is somewhat normal to have fluctuations in your temperature after receiving anesthesia for your surgical procedure. You may utilize over the counter acetaminophen (Tylenol) to treat any low-grade fevers but we would request your report any fevers above 101.5 degrees Fahrenheit. Additionally, should you have any mal-odorous incisional drainage, yellow/green/cloudy drainage or increasing redness with associated pain or swelling that does not resolve with rest-we would like for you to call us immediately as these could be symptoms of infection. Please remember that

when you go home you may still have some clear, yellow incision incisional drainage (serous drainage). This is not an indication of any type of infection but just a part of the healing process in the fat below the skin level. This may continue from one to five days.

URGENT/EMERGENT CONCERNS: It is CRITICALLY IMPORTANT that you understand clearly what to do in a situation that is urgent or emergent. Dr Conti and his staff are committed to addressing these needs as quickly as possible and the following is the protocol you must follow if you are in a situation requiring quick care.

If you are having CALF PAIN, shortness of breath, chest pain, wound drainage that is more than the expected/mal-odorous, increasing bleeding that is not relieved within one hour, FEVER above 101.5 F that is not improved with Tylenol or spreading redness in and around your incision, PLEASE CALL OUR OFFICE at (910) 295-0224 Monday-Friday from 8am-5pm. We will make every effort to get you into be seen in our office by a physician or physician assistant/nurse practitioner within 24 hours of your concern. *****DO NOT GO TO THE EMERGENCY ROOM UNLESS IT IS A LIFE THERANTING EMERGENCY OR YOU HAVE FIRST MADE CONTACT with DR CONTI, JAMES NICHOLS, PA-C, DAVID CATRON PA-C, BRIDGETT BAIRD RN OR Dr Conti's office staff.**

Even if a physical therapist suggests you go to an emergency room, you must contact our office prior.

SLEEP DISTURBANCE: It is very typical for patients to complain of difficulty with sleep long after hip replacement surgery. Should you find yourself unable to sleep at night we have several suggestions including the use of over-the-counter Tylenol PM or Benadryl. Additionally, when weaning off of pain medication, we suggest you begin by eliminating day time pain medication first and your night time medication last. Night time knee discomfort occurs because as you progress in your recovery, you become more active. Although this activity is desirable, the more active you are, the more swelling you will likely have. By the end of a full day, you may experience slight fatigue and increased hip swelling which causes increased knee pain. It is not typical for us to prescribe any type of sleep aids (i.e. ambien or lunesta) because these medications have potential for addiction and must be used with great caution.

ANTIBIOTICS: Dr Conti requires lifelong antibiotic prophylaxis for all dental, colonoscopy and urologic procedures, including regular dental cleanings. Additionally, we request our patients refrain from any elective dental/urologic procedures for three months after knee replacement surgery. Because infection is a serious long lasting risk after hip replacement surgery, we want to stress the importance of this protocol and respectfully request that you inform our office when you have a procedure scheduled. We will send a prescription to your pharmacy for you. You will be instructed on the use of the antibiotic tablets when you receive your prescription.

AIR TRAVEL: We do not allow our patients to travel by airplane for 12 weeks post-operatively. This is because airplane travel puts travelers at risk for developing blood clots in their legs that could potentially travel up to the heart and/or lungs. If you recall, this is also a risk that is associated with bone surgery as well. We prefer not place you in a situation where you are at great risk for a potentially fatal medical complication.

REMINDER OF Dr Conti's RULES for patients after replacement surgery: Dr Conti had you sign a contract which he believes to be very important. The contract you signed discusses his request you not have any non-urgent medical appointments, surgeries or procedures of any kind for 14 weeks after your surgery. Dr Conti additionally asks you NOT go to an emergency room unless you have spoken with a member of his office staff. Dr Conti would always rather you be seen in our office rather than going to an emergency room for care. We make every effort to get you seen and wish to communicate with you as easily as possible. We do have after hours clinic 7 days a week.

**AT A GLANCE CONTACT
INFORMATION FOR
URGENT/EMERGENT NEEDS**

Bridget Baird, RN (910) 215-2514

Dr Conti's office (910) 295-0230

Hospital On-call MD (910) 715-1000

After Hours at Pinehurst Surgical Clinic :

Monday - Friday 5pm-7pm

Saturday 9am-11am

Sunday 1pm-3pm