

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 MOORE IS:

PAIN MANAGEMENT: Once you are discharged from the hospital, your pain will be managed by oral narcotic pain medication, most typically Percocet (oxycodone/acetaminophen) and or over the counter medications like Tylenol or NSAIDS. You will likely be discharged from the hospital with your pain medication prescription (with pills in the bottle) dispensed by our First Health outpatient pharmacy. This helps us to know that when you leave the hospital you have the medications you need for home. When you begin to run out of or low on your pain medications you will need to contact our office for another prescription/refill or request a refill at your scheduled appointment with Dr Moore (keeping in mind that Dr. Moore only provides his post-surgery patients with two narcotic prescriptions after surgery). 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 for only 2 weeks after surgery. After 2 weeks we will begin use of non-narcotic pain medication as necessary. 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—to be taken once to twice a day as needed for constipation while taking any narcotic medication. Additionally, we suggest you intake prunes/prune juice, milk of magnesia, eat fiber, drink lots of water, try coffee, walk and use fleets enema as needed for constipation and severe constipation. For our chronic pain patients who use narcotics on a regular basis, it is likely that your pain management provider will continue to provide your medications after surgery.

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 in the hospital, we will continue it twice daily (325mg) for 6 weeks. If you were placed on XARELTO during your hospitalization, this means that you are at higher risk for blood clot formation than our standard patient. We would typically have our HIGH RISK patients also complete 6 weeks of DVT prevention medication after surgery unless otherwise indicated by Dr Moore or Michelle Moore, PA-C.

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.

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 shower or bathe upon discharge from the hospital but must make certain that you have an airstrip dressing over your incision at all times. The hospital will discharge you with several of these dressings for your use and we suggest you shower with a dressing on, towel off, remove the dressing you have in place and replace it with a new, clean dressing. We do not want for you to do any wound care, we do not want for We closed your surgical site using absorbable suture (meaning no skin staples). You may or may not notice some small strips across your incision. If you have these strips they will fall off on their own but you may remove them after a week or so if they do not. Again, we do not advise the use of creams/solutions or ointments at the incision site. Additionally, it is not advisable to get in a hot tub or swimming pool for approximately 6 weeks after surgery.

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 hip replacement. You may advance from a 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 Moore for your safety. Our Pinehurst Surgical team and hospital staff/discharge planners should have made the arrangements for you to have a walker for use at home (unless you informed us you already had one to use) and it is preferable to place tennis balls on the two front legs if you would like. We do not advocate the use of walkers with four wheels simply because it would put you at increased risk of falls and injury if your not use to using a four wheeled walker.

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 at Pinehurst Surgical Clinic and instructed you on the exercises and precautions to be completed independently at home. The hospital physical

therapists also instructed you during your hospital days on the same information. We advise patients to complete your exercises as instructed before and during your hospital stay at home one to two times per day during the first three months after surgery. 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. Occasionally, we will refer patients for outpatient physical therapy and or suggest outpatient therapy based on your six week follow up appointment with Dr Moore. It is unlikely Dr Moore will suggest outpatient physical therapy following the two weeks of self-therapy until your six week follow up visit with him as he wishes your swelling and mobility to increase before he considers referral for more therapy.

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. Once you have reached the point where you are 4 weeks from your hip replacement and off all prescribed pain medication you may return to driving as long as your following your hip precautions and not violating the positions required for healing. 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 Moore 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 YOU HAVE FIRST MADE CONTACT with DR MOORE, MICHELLE MOORE, PA-C or Dr Moore'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 Moore 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 10 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.

Dr Moore's RULES for patients after replacement surgery: Dr Moore 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 Moore additionally asks you NOT go to an emergency room unless you have spoken with Dr Moore himself or Michelle Moore/a team Moore member about your medical issue. Dr Moore 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. You were likely signed up for our GET WELL LOOP and will find this is the best way to get ahold of us for issues that arise.

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

Dr Moore's office (910) 295-0224

Dr Moore (910) 724-8004

Michelle Moore, PA (910) 528-0120

Bridget Baird, RN (910) 215-2514

Get Well Loop