GENESIS ORTHOPEDICS & SPORTS MEDICINE

**Jonathan Wang, MD**

# Total Hip Arthroplasty

*Discharge Instructions-*

## Comfort

- Discomfort increases 1-2 days after surgery due to the nerve block wearing off (if a nerve block was performed). This can be helped by oral pain medication. It is safe and normal.
- **Cold therapy** – This will greatly reduce pain and will help with swelling for the first 3-5 days after surgery, as well as following PT sessions
    - Some patients may be provided an ice machine to go home with
        - This is dependent on the type of surgery you had and insurance approval
        - If you were not provided with an ice machine, regular ice pack/ bag of ice can be used
    - You may use ice 20 minutes on, 20 minutes off, as often as you wish
    - Always keep a cloth barrier, such as a towel, between the cold and your skin

## Medications

***Your post op medications were sent to the pharmacy we have on file prior to surgery***

- Please reach out to our office if you need a refill of your medication, preferably, 24 hours prior to your last dose to allow time to fill

***1. Aspirin 81 mg:*** For anticoagulation to help prevent blood clots

- You must take one 81mg aspirin twice a day for 4 weeks. Do not take aspirin if you are <19yo

***2. Celebrex 200 mg:*** For antiinflammation to help pain and swelling

- Take twice a day as tolerated for post-op inflammation

**** Ok to substitute for other NSAID- Ibuprofen 600 mg twice a day can be used instead****

***3. Zofran (Ondansetron) 8 mg:*** For nausea – It is common to experience nausea from anesthesia and/ or pain medication in the first few days post op

- You can take 1 tablet every 8 hours as needed for nausea
- It is a dissolving tablet that is to be placed on your tongue – allow it to dissolve, and swallow

***4. Oxycodone 5 mg:*** For pain – This is a narcotic medication for pain, to be taken AS NEEDED

- Take 1-2 tablets every 4-6 hours as needed
- After 1-3 days, you can begin to space out the dosing/ discontinue the medication, transitioning to a step-down regimen of Tylenol and ibuprofen as soon as pain allows
- Common side effects such constipation, nausea, and cognitive impairment may occur
- It is very common to use the pain medication only at night to help sleep better or around the time of therapy so you can participate more comfortably

5. **Tylenol 1000 mg:**

- Take 1000 mg every 8 hours

**6. Pregabalin 75 mg:** for prevention of neuropathic post operative pain

- Take one tablet daily

**7. Famotidine 20 mg:** for prevention of heartburn/ acid indigestion while taking NSAIDs

- Take one tablet twice daily while taking NSAIDs (ie: Celebrex, Ibuprofen, Meloxicam, etc)

***Other medications:***

- For constipation – over the counter remedies such as Colace (Docusate Sodium) or Miralax as needed
  - Both the anesthesia and the pain medication can cause constipation

**Activity**

- Full weight bearing as tolerated. We encourage you to walk, stand, climb stairs, and perform physical therapy exercises as often as you can tolerate to improve the range of motion to your knee.
  - Please alternate activity with RICE (rest, ice, compression and elevation).
  - We would also suggest ankle pumps and circles when seated/laying for any period of time to help lower extremity circulation.
  - Do not sit for more than 30-45 minutes at one time.
- You may use a walker, cane or crutches depending on your comfort level until you feel more stable and the pain improves.
  - These devices are designed to help you feel more secure.
  - Be careful of transitions in home or at rehab between carpet and wood floors as sometimes the assistive device will catch at the transition point.
- There will be aching, swelling and limited motion for the first few weeks in particular. While pain can be controlled, unfortunately it cannot be removed completely.
  - With this in mind, we encourage you to be as active as able despite the pain because it will help in the long-term.
- Driving -- If your procedure was on the right side, we typically see you fit to drive between 4-6 weeks - this is in large part due to delayed reflexes. Physical therapy will help us determine when you are ready. If your procedure was done on the left side, you may be able to drive earlier if your pain is controlled.
  - At a minimum, no driving until you have stopped taking the narcotic.
  - Please bear in mind we want you to be safe and comfortable when you return to driving - this is a sliding scale depending on your progress.

**Wound Care**

*The bandages were applied under sterile conditions in the OR, and we want to avoid bacteria near the incision*

- Your incision is covered by a rectangular waterproof bandage. Leave this in place until your first appointment with us in the office.
  - You may shower with the bandage in place, though avoid soaking in a bath or pool.
- Please watch for drainage on the white portion of the bandage. If more than 25% of the bandage is covered by drainage, please call our office. Do not remove the bandage.
  - It was applied under sterile conditions in the OR and we do not want bacteria near the incision.
- It is OK to remove the ACE wrap and the cotton dressing if they feel too tight or to apply ice more

directly to the knee. It is a good idea to rewrap the ACE, starting from the foot and going up to the knee, to provide light compression and to prevent swelling the first week.

- If you notice more than 25% of the bandage has become saturated with drainage, or if you have any concerns about the incision (redness, draining, swelling, pain), **you can call us and send us a picture of the incision (630)-377-1188 [Press 2 to leave a voicemail]**

**Diet**

- You may eat anything you like, but it's advisable to choose light, easily digestible foods and to drink plenty of water the day after surgery to avoid any nausea/ upset stomach

**When to call your physician**

***If you require immediate attention, or feel that you are having a medical emergency please go to the emergency department for urgent work up***

- You develop a temperature over 100.3° F degrees
- You have any drainage at the incision site 5 days or later after surgery
- The surgical area becomes hot to the touch, red, intolerably painful, or swells suddenly. (Note- some warmth, pain, and swelling are normal)
- You have persistent pain and / or swelling in your calf.
- You have any additional questions or concerns. We are happy to talk to you at any time!

**Important contact information**

**Physician's office phone # (630)-377-1188 [Press 2 to leave a voicemail]**

*Please note- We are either in clinic or surgery and not answering calls in real time – Please leave a detailed message with our clinical voicemail line and we will return all voicemails within one business day. Additionally, the call center can connect you to the PA on call, however, please reserve this option for urgent inquiries only*

Oak Brook- 2425 W. 22nd St. Suite 207A Oak Brook, IL 60523 P: (630) 377-1188 F: (630) 377-7360
Little Village- 2859 S. Pulaski Rd. Chicago, IL 60623 P:(630) 377-1188 F: (630) 377-7360
St. Charles- 2900 Foxfield Rd. Suite 102 St. Charles, IL 60179 P: (630) 377-1188 F: (630) 377-7360

**Hip Precautions –** to be followed for 1 month

- Do not step backwards with surgical leg.

- No hip extension.
- Do not allow surgical leg to externally rotate (turn outwards).
- Do not cross your legs.
- Use a pillow between legs when rolling.
- Sleep on your surgical side when side lying.

**Recovery Milestones:**
Overview:

- Day 1 – Walk and climb stairs
- Day 1-3 – Begin PT
- Day 10 – Skin is closed. Deeper tissues continue healing.
- Week 5 – Discontinue anterior hip precautions
- Week 6-8 – Stop formal PT, continue HEP
- Month 3-12 – Continue strengthening and endurance training.

**Physical Therapy Protocol**

*The following instructions are intended for your physical therapist and should be brought to your first physical therapy visit, which should occur 1-2 days after the day of surgery.*

**PHASE 1** – 1-3 WEEKS POST-SURGERY

1. Patient education
    a. Continue anterior hip precautions
    b. Functional mobility / positioning training
2. Gait training
    a. With use of appropriate assistive device
    b. Weight bearing status as directed by the physician
3. Strengthening exercises
    a. Quadriceps sets
    b. Straight leg raises
    c. Heel slides
    d. Hip abduction
    e. Ankle pumps
4. Initiate closed kinetic chain exercises
    a. Proprioceptive/ balance training
    b. 1/4 squats
5. Initiate scar mobilization after 10-14 days post-operatively as needed

**PHASE 2** – 4 WEEKS POST-SURGERY AND BEYOND

1. Patient education
    a. Continue total hip precautions for 4 weeks
    b. Continued functional mobility/ positioning training
2. Progress gait training
    a. Ramps/ uneven ground

3. Progress strengthening exercises
    a. Hip abduction sidelying at 6-8 weeks
4. Progress closed kinetic chain exercises
5. Conditioning
    a. Biking
    b. Elliptical

    c. Aquatic physical therapy

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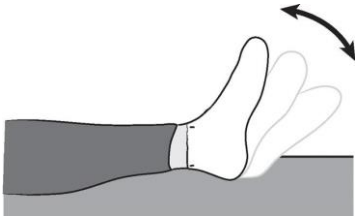
## Early Post-operative Exercises

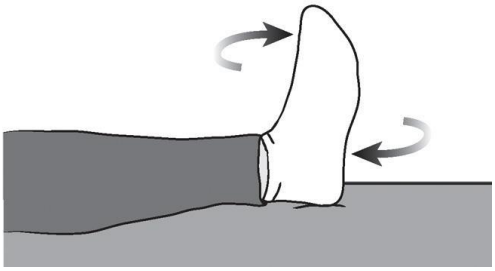
1. *Ankle Pumps*

- Slowly push your foot up and down.
- Repeat this exercise several times, as often as every 5 or 10 minutes.
- If you are watching television, you should pump your feet every time a commercial comes on.
  Begin this exercise immediately after surgery and continue it until you are fully recovered.



*2. Ankle Rotations*

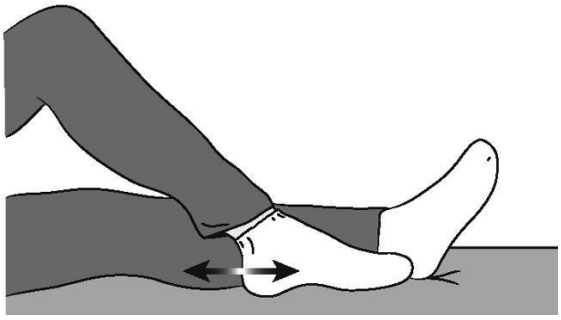
- Move your ankle inward toward your other foot and then outward away from your other foot.
- Repeat 5 times in each direction.
- This exercise should take 3 minutes.
- Do 3 to 4 sessions a day.



*3. Bed-Supported Knee Bends*

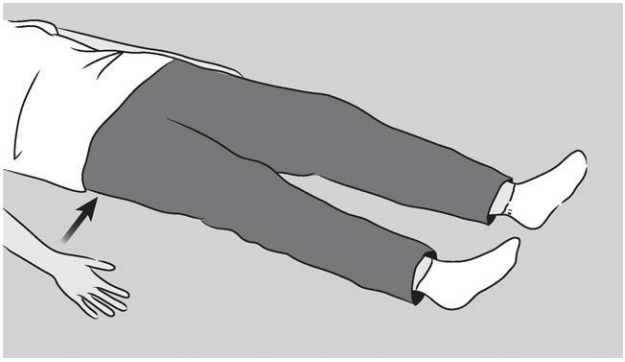
- Slide your foot toward your buttocks, bending your knee and keeping your heel on the bed. Do not let your knee roll inward.
- Hold your knee in a maximally bent position for 5 to 10 seconds.
- Straighten your leg.

- Repeat 10 times.
- This exercise should take 3 minutes.
- Do 3 to 4 sessions a day.



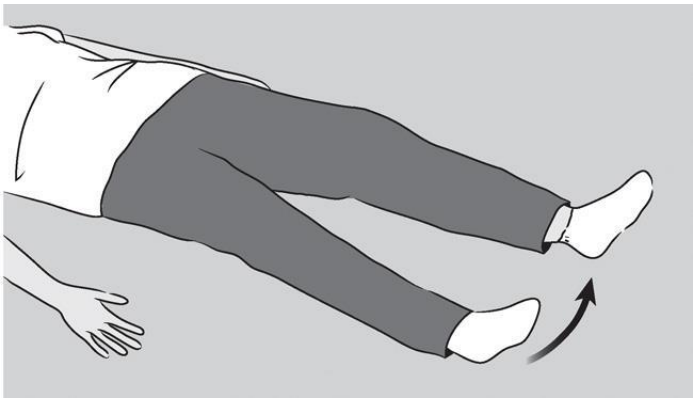
*4. Buttock Contractions*

- Tighten your buttock muscles and hold to a count of 5.
- Repeat 10 times.
- This exercise should take 90 seconds.
- Do 3 to 4 sessions a day.



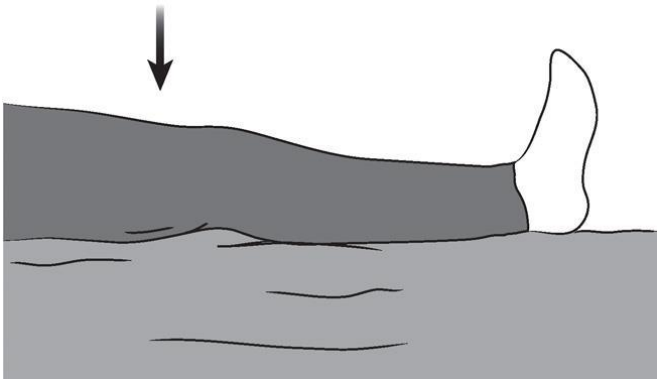
*5. Abduction Exercise*

- Slide your leg out to the side as far as you can and then back.
- Repeat 10 times.
- This exercise should take 90 seconds.
- Do 3 to 4 sessions a day



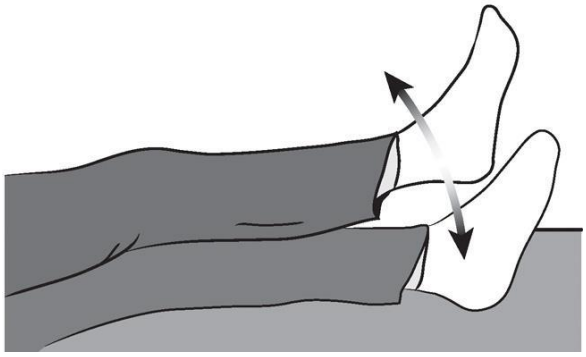
*6. Quadriceps Set*

- Tighten your thigh muscle. Try to straighten your knee. Hold for 5 to 10 seconds.
- Repeat this exercise 10 times during a 10-minute period, rest one minute and repeat.
- Continue until your thigh feels fatigued.
- This exercise should take 2 minutes.



*7. Straight Leg Raises*

- Tighten your thigh muscle with your knee fully straightened on the bed.
- Lift your leg several inches. Hold for 5 to 10 seconds.
- Slowly lower your leg.
- Repeat until your thigh feels fatigued.
- This exercise should take 2 minutes.



*8.* Standing Knee Raises

- Lift your operated leg toward your chest. Do not lift your knee higher than your waist. Hold for 2 or 3 counts.
- Put your leg down.
- Repeat 10 times.
- This exercise should take 3 minutes.
- Do 3 to 4 sessions a day.

9. Standing Hip Abduction

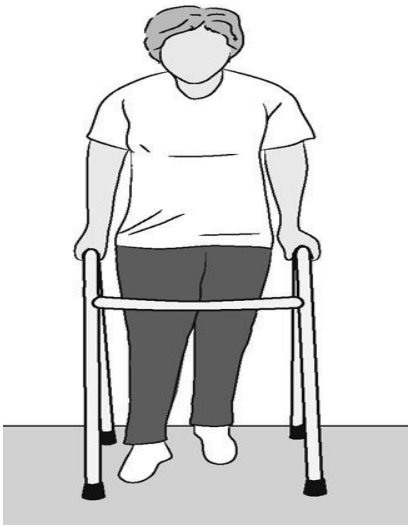
- Be sure your hip, knee and foot are pointing straight forward. Keep your body straight. With your knee straight, lift your leg out to the side.
- Slowly lower your leg so your foot is back on the floor.
- Repeat 10 times.
- This exercise should take 2 minutes.
- Do 3 to 4 sessions a day.

10. Standing Hip Extensions

- Lift your operated leg backward slowly. Try to keep your back straight. Hold for 2 or 3 counts.
- Return your foot to the floor.
- Repeat 10 times.
- This exercise should take 2 minutes.
- Do 3 to 4 sessions a day.

*11. Walking*

Proper walking is the best way to help your hip recover. At first, you will walk with a walker or crutches. Your surgeon or therapist will tell you how much weight to put on your leg.



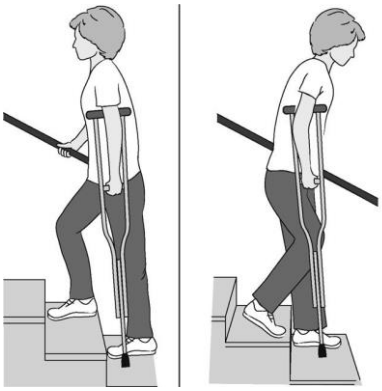
Early on, walking will help you regain movement in your hip.

- Stand comfortably and erect with your weight evenly balanced on your walker or crutches.
- Advance your walker or crutches a short distance; then reach forward with your operated leg with your knee straightened so the heel of your foot touches the floor first.
- As you move forward, your knee and ankle will bend and your entire foot will rest evenly on the floor.
- As you complete the step, your toe will lift off the floor and your knee and hip will bend so that you can reach forward for your next step. Remember, touch your heel first, then flatten your foot, then lift your toes off the floor
- Walk as rhythmically and smoothly as you can. Don't hurry. Adjust the length of your step and speed as necessary to walk with an even pattern.
- As your muscle strength and endurance improve, you may spend more time walking, and you will gradually put more weight on your leg.
- When you can walk and stand for more than 10 minutes and your leg is strong enough so that you are not carrying any weight on your walker or crutches, you can begin using a single crutch or cane. Hold the aid in the hand opposite the side of your surgery.

*12.Stair Climbing and Descending*

Stair climbing is an excellent strengthening and endurance activity, and it also requires flexibility.

- At first, you will need a handrail for support and will be able to go only one step at a time. Always lead up the stairs with your good leg and down the stairs with your operated leg. Remember, "up with the good" and "down with the bad."
- You may want to have someone help you negotiate stairs until you have regained most of your strength and mobility.
- Do not try to climb steps higher than the standard height (7 inches) and always use a handrail for balance.
- As you become stronger and more mobile, you can begin to climb stairs foot over foot.



Advanced Exercises and Activities

The pain from your hip problems before your surgery and the pain and swelling after surgery have weakened your hip muscles. In addition, the muscles around your hip prior to total hip replacement became short and tight because your hip didn't move. A full recovery will take many months, and it will take time for your muscles to recondition and get used to your new hip that moves freely. The following exercises and activities will help your hip muscles recover fully.

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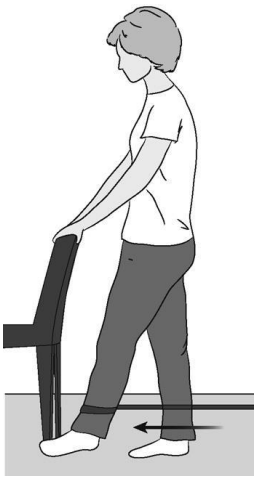
These exercises should be done in 10 repetitions, 4 times a day. Place one end of the tubing around the ankle of your operated leg and attach the opposite end of the tubing to a stationary object such as a locked door or heavy furniture. Hold on to a chair or bar for balance.

*Elastic Tube Exercises*

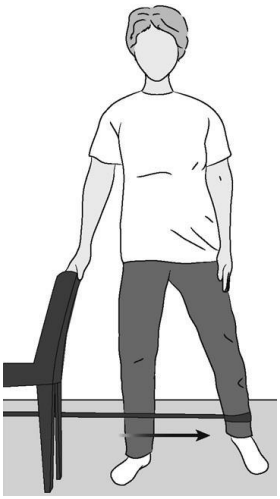
Resistive Hip Flexion

- Stand with your feet slightly apart.
- Bring your operated leg forward keeping the knee straight.
- Allow your leg to return to its previous position.



Resistive Hip Abduction

- Stand sideways from the door to which the tubing is attached.
- Extend your operated leg out to the side.
- Allow your leg to return to its previous position.



Resistive Hip Extensions

- Face the door to which the tubing is attached.
- Pull your leg straight back.
- Allow your leg to return to its previous position.

13 . *Exercycling*

Riding an exercise bike is an excellent activity to help you regain muscle strength and knee mobility.

- At first, adjust the seat height so that the bottom of your foot just touches the pedal with your knee almost straight.
- Peddle backwards at first.
- Ride forward only after a comfortable cycling motion is possible backwards.

- As you become stronger (at about 4 to 6 weeks) slowly increase the tension on the exercycle. Exercycle for 10 to 15 minutes, 2 times a day, and gradually build up to 20 to 30 minutes, 3 to 4 times a week.

*14. Walking*

- Walk with a cane until you have regained your balance skills. It is also safe to walk on a treadmill if you are concerned about walking outside on uneven ground.
- In the beginning, walk for 5 to 10 minutes, 3 to 4 times a day.
- As your strength and endurance improve, you can walk for 20 to 30 minutes, 2 to 3 times a day.
- Once you have fully recovered, regular walks of 20 to 30 minutes, 3 to 4 times a week, will help maintain your strength.