



## **Postoperative Discharge Instructions – Total Hip Arthroplasty**

Please read these instructions carefully and completely, and ask for clarification if necessary. Please direct questions to your nurse while in the hospital or facility, or via phone to Dr. Zhu's office after you arrive home **(618-288-4388)**.

### Wound Care

- Keep your bandage clean and dry.
- Some swelling and bleeding is normal after surgery, and you may see some spotting on your dressing (Aquacel). Your dressing is waterproof and will protect your incision.
- **Leave the dressing on for 7 days** after surgery. At that time, replace it with another waterproof dressing. If your dressing becomes completely filled with fluid or starts leaking, please call the office.
  - **After 7 days, remove your Aquacel dressing and replace it with another waterproof dressing.** You may have been given an extra Aquacel dressing from surgery – you can use this. If you were not given an extra dressing, you can purchase a waterproof dressing at your local pharmacy.
  - Under your dressing, you will see a clear mesh on your incision. This is called DermaBond Prineo and is part of your wound closure.
- You may shower with the waterproof dressing in place, as long as it is intact. Avoid soaking or submersion (baths, swimming, hot tubs, etc.) until your wound is completely healed, typically 3-4 weeks after surgery.
- Do **not** use lotion, ointments, antiseptics, or disinfectants (including hydrogen peroxide, rubbing alcohol, iodine, etc). They can actually damage the healing tissue.

### Pain Control

- It is normal to have pain after surgery. Our goal is to reach a manageable level, like 4-5/10. The prescribed medications should help provide relief, but often does not take away all of the pain. The first few days after surgery are often the most painful, and the pain will improve with time.
- Use narcotic pain medication (hydrocodone) sparingly, and try to gradually decrease the amount and frequency taken over the next two weeks.

### **Acetaminophen (Tylenol)**

- Take two tablets every six hours on a scheduled basis, not as needed.
- **\*\*Do not** take more than 4000 mg a day (If you take hydrocodone (Norco), remember to account for the 325mg of acetaminophen in each of those pills).

### **Celecoxib (Celebrex) or Naproxen (Naprosyn):**

- These are non-steroidal anti-inflammatory (NSAID) medications. Do **not** take these if you have previously been told by a doctor to avoid NSAIDs (such as for kidney disease, gastric bypass, etc.)

- **Discontinue all other anti-inflammatories.** If you were taking other NSAIDs prior to surgery, do **not** resume those medications. (see list of NSAIDs on last page).
- Take one tablet twice a day on a scheduled basis, not as needed.
- NSAIDs may cause upset stomach or acid reflux. You may take an over-the-counter antacid to alleviate this.

#### **Gabapentin (Neurontin)**

- Take one tablet twice a day (every 12 hours) on a scheduled basis. It may cause drowsiness.

#### **Cyclobenzaprine (Flexeril):**

- This is a muscle relaxer used to treat muscle pain.
- Take one tablet three times (every 8 hours) a day as needed.

#### **Tramadol (Ultram):**

- This is a mild opioid pain medication.
- Take 1-2 tablets every 4-6 hours as needed for **moderate to severe pain**.
- The goal is to discontinue this medication by 2-4 weeks after surgery.

#### **Hydrocodone-acetaminophen (Norco):**

- This is an opioid pain medication for severe pain after surgery.
- Take 1 tablet every 4-6 hours as needed for **severe pain**.
- The goal is to discontinue this medication by 2 weeks after surgery.
- Common side effects of opioid pain medications include drowsiness, nausea, and constipation. Do not drive or operate machinery while on it.

#### Constipation

- Opioid pain medications can cause constipation. **Sennosides 17.2 mg** was sent to your pharmacy. Take 1 tablet by mouth at bedtime as needed for constipation.

#### Nausea

- If you have nausea or vomiting, **ondansetron (Zofran)** was prescribed. You may take 1 tablet by mouth every 8 hours as needed for nausea.

#### Blood Thinner

- Although the risk of blood clots is extremely low, you have been prescribed a medication to minimize this risk.
- Take **one Aspirin 81 mg** by mouth two times per day for 30 days.

#### Ice Therapy

- Begin immediately after surgery (4x per day for 15-20 minutes, or otherwise directed) for the first 2-3 days, then at your discretion thereafter. You may use ice packs, frozen vegetable packs (peas or corn work best), or an ice machine if prescribed.
- Avoid using ice packs directly on skin to prevent damage, blistering, or frostbite of skin.

### Activity

- **You must have assistance when walking or getting up (including using the bathroom)** for 24 hours after surgery.
- Use a cane, walker, or crutches until your balance and strength improve.
- Use non-slip bath mats, handles, an elevated toilet seat, and shower chair in your bathroom.
- **Weight bearing as tolerated.**
- Don't bend at the hip or waist. Don't pick things up off the floor.
- Driving: when off narcotic pain medication and muscle relaxant, off crutches, and good leg control and strength. This usually takes about 6 weeks for most people.

### Diet

- Begin with liquids and light foods (jello, soup, etc.). Progress to your normal diet as long as you don't have nausea.

### Restrictions

- **Do not** bend at the hip past 90 degrees while lying down, sitting, or standing.
- No bending over to reach down.
- When sitting, keep your hips above your knees.
  - o Lean back when sitting (on the toilet, putting on shoes, etc).
  - o **Do not** sit in chairs with low or sagging seats.
- **Do not** cross the affected side over unaffected side.
  - o No crossing legs or bringing leg across midline of your body.
- **Do not** turn/twist leg inward.
  - o No internal rotation (turning foot in with the leg straight, or turning the knees inward).

*A wedge pillow may be used to keep you from being in any of these movement/positions while sleeping or lying flat.*



### Dental Care

- Unless it is an emergency or active infection, it is best to avoid dental work or other invasive procedures for **3 months** after a joint replacement.
- You typically do **not** need to be prescribed antibiotics for routine dental procedures in the future.

### Follow-up

- Your first follow up appointment will be about 2 weeks after surgery.
- If you don't have a follow-up appointment scheduled, please call the office during business hours to arrange an appointment.

## Emergencies

- Please call the office if you experience any of the following:
  - Excessive bleeding at the surgical site (a small amount is normal)
  - Drainage from the surgical site
  - Fever over 101 degrees
  - Worsening redness around the incision site
  - Progressive numbness, tingling, or changes in the extremity
  - Excessive nausea/vomiting
  - Difficulty breathing
- During business hours, call the office at the above number.
- If you have a medical emergency, go to the nearest emergency room or call 911.

### **List of common non-steroidal anti-inflammatory (NSAID) medications**

Aspirin (*may be taken at low dose (81 mg) with other NSAIDs*)

Celecoxib (*Common brand name: Celebrex*)

Ibuprofen (*Common brand names: Advil, Motrin*)

Meloxicam (*Common brand name: Mobic*)

Naproxen sodium (*Common brand names: Aleve*)

Diclofenac (*Common brand name: Voltaren*)

Indomethacin (*Common brand name: Indocin*)

## HOW TO MOVE AROUND

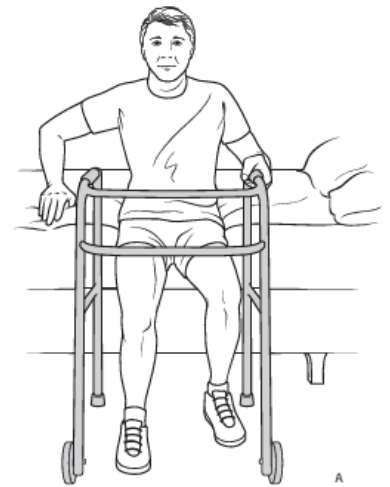
### **GETTING IN/OUT OF BED**

#### IN BED

- Back up to the bed until you feel the back of your knees touching it.
- Place your operated leg out in front of you.
- Reach for the bed with one arm and keep the other arm on the walker.
- Slowly lower yourself onto the bed. Scoot back onto the bed as much as possible.
- Lift one leg at a time onto the bed until both legs are supported.
- Continue to move legs to the center of the bed. Recline back.

#### OUT OF BED

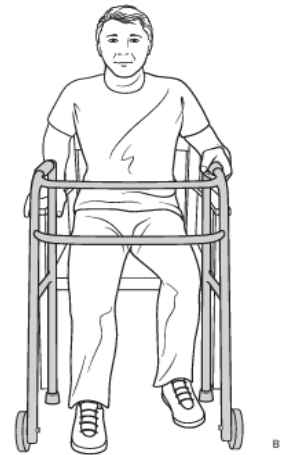
- Use your elbows and hands to lift your upper body off of the bed
- Move your legs to the edge of the bed as you turn your upper body
- Lift one leg at a time, starting with your operated leg. Rest the operated leg on the floor in front of the non-operated leg.



### **TRANSFER TO/FROM CHAIR**

#### INTO A CHAIR

- Back up to the chair until you feel the back of your knees touching it.
- Place your operated leg out in front of you. If using crutches, move both crutches to one arm.
- Reach for the armrests and slowly lower yourself onto the chair. Continue to keep the operated leg in front.
- Scoot to the back of the chair



#### OUT OF A CHAIR

- Scoot forward to the edge of the chair so both feet are on the floor.
- Place your operated leg out in front of you and keep it there.
- Bend your knee and hip on the non-operated leg and try to keep most of your weight on this leg.
- Using your hands on the armrests, push yourself with your arms and non-operated leg to stand.
- Do not use a walker to pull yourself up; that may cause the walker to tip and could result in a fall.



## CAR TRANSFER

- Have the driver open the passenger-side front door and make sure the front seat is as far back as possible. You also can have the backrest reclined to maximize your space.
- Back up to the car using your walker until the backs of your knees touch the edge of the car.
- Place your operated leg out in front of you.
- Place one hand on the walker and the other hand on the frame of the vehicle.
- Slowly lower yourself onto the edge of the seat.
- Scoot as far back as possible on the seat.
- Turn towards the dashboard (making sure not to bend torso/head forward) as you bring one leg into the car at a time. You may need help for your operated leg.
- Reposition the seat so that you can wear the seatbelt correctly.
- Have the driver close the door for you. To get out of the car, reverse the steps.
- Make sure that your walker is in front of you before you stand.

