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Patient Instructions for Total Hip Replacement

I. **Diet:** You may resume your normal diet. It is important to maintain a healthy, balanced diet while you are healing from surgery. Include plenty of fluids and eat foods high in fiber as pain medications tend to cause constipation.

II. Medications:

- **Pain Medications:** A written prescription for pain medication has been provided to you upon your hospital discharge:
 - Oxycodone 5mg** **Percocet 5/325** **Norco 5/325**
 - 1 tab by mouth every 4 hours as needed for mild to moderate pain
 - 2 tabs by mouth every 4 hours as needed for moderate to severe pain
 - Extra-Strength Tylenol:** take 2 tablets (1000 mg) three times a day for 2 weeks, then 1 tablet (500 mg) three times a day for 2 weeks, then as needed.
 - Other:** _____

Your goal is to gradually decrease the use of the narcotic pain medication over the next 2-3 weeks.

- **DVT prophylaxis as checked below:**
 - Aspirin** 81mg TWICE daily for 6 weeks
 - Other:** _____
- **Constipation:** To avoid constipation, take an over-the-counter stool softener (i.e. docusate sodium) twice daily while on pain medication. You may also need a light laxative such as senokot.
- **Vitamin D:** Your vitamin D level is low. Low vitamin D can be a factor in osteoporosis which could lead to fractures. It is recommended you take a vitamin D supplement and follow up with your primary care physician. They may want to order a bone density test, prescribe a higher dose of vitamin D or other medication for your bone health.

III. Activity

- **Rest Periods:** Gradually increase your activity on a daily basis. The amount of time you spend out of bed and the number and distance of your walks should gradually increase each day. Between activities such as walking, meals, exercises, etc., take a rest period where you can ice your hip. Limit sitting to 30 minute intervals for the next 4 weeks, in other words try to get up frequently.
- **Exercises:** You will get a handout of exercises from the therapist in the hospital. Most important is the abduction exercise and walking. Try to increase your time spent walking every day. More frequent short walks are better than one long walk. If you start having more pain cut back on the exercises and/or distance that you are walking.
- **Weight-bearing:** You may put as much weight as is comfortable on your operative leg with activity. Most patients use the walker for the first week and then transition to the cane. Use the cane until you are safe and comfortable to walk unassisted.
- **Home Physical Therapy (P.T.):** A physical therapist from an assigned home health care agency will call you to set up your first in-home appointment. He/she will begin P.T. following your discharge from the hospital. Most patients only need a 1 – 2 weeks of home P.T. visits. It is rare to need additional outpatient P.T. after the home PT is completed.
- **Impact Loading:** Low-impact activities such as walking can begin as soon as you get home. Swimming is allowed at 4 weeks once the incision is completely healed. A stationary bike is okay once symptoms allow you to safely get on and off the bike, this is usually 3-4 weeks after the surgery. Activities such as golf, tennis, hiking and dancing can usually be resumed at 3 months.
- **Icing:** Ice your hip 3-4x/day for 15-20 minutes, especially following activity such as physical therapy. Wrap ice pack in a thin towel or pillow case so ice pack is not directly on your skin. You may use anything cold: ice, frozen veggie bags, polar ice machine, etc.
- **Bathing:** Because it is difficult to get in and out of a bathtub, we recommend using a shower for bathing. A shower stall with a low entry step is recommended. You may use a high stool in the shower to sit on if there is space. Keep the incision covered in the shower for 10 days, then it is okay to let the water run over your incision. Do not soak incision in water until after your appt with Dr. Rosen.

- **Driving:** You may drive once you are no longer taking narcotics during the day, have transitioned to a cane, and feel safe/comfortable operating a vehicle. While you are traveling as a passenger for the first 6 weeks following surgery, it is advised that you get out of the car at least hourly and take a short walk.
- **Returning to work:** The decision to return to work will be based on the type of work you do, your physical stamina, and whether you have other medical conditions. This time period can be anywhere from 1-3 months following the procedure. We recommend that you avoid making any major changes in your work or retirement plans until your recovery is complete.
- **Dislocation Precautions: Do not** cross your legs for 3 months.

IV. Wound Care: You may remove your bandage the day after leaving the hospital if not already done. Steristrips have been applied to the incision for added protection, and will remain in place for approximately 2-3 weeks. You may shower while covering your incision to keep it dry for the first 10 days. After 10 days you may allow water to run over the incision and pat lightly with a towel to dry. Your incision may be warm, itchy, and slightly red for several weeks after surgery. Excessive redness, soreness, or drainage from the incision area should be reported to our office.

V. Common Problems

- **Leg & ankle swelling:** You may have some swelling in your operated leg that should gradually decrease. If swelling occurs, lie down, elevate your legs above the level of your heart, and rest. If swelling does not improve after rest, ice, and elevation contact the office.
- **Pain:** Pain may be a result of over-activity. When you are in pain, sit or lie down, elevated your legs, and rest. If the pain does not subside, take the pain medication prescribed for you. Pain is a protective mechanism that helps to prevent over-usage and should not be ignored. If you need a refill on your pain medication, contact the office. All refill requests need to be called to the office between 8 am and 4 pm Monday through Friday. We cannot refill medications at night or on weekends.

VI. Return Appointments:

You are scheduled to see Dr. Rosen on _____@_____ at the Torrey Pines location.

Call our office if you have:

- Temperature of 101° or higher
- Drainage from your incision
- Increasing redness around your incision
- Increasing pain around the incision, unrelieved by pain medication
- Excessive calf pain & swelling that does not go away with elevation and rest.

*If you have problems arise on weekdays after 5:00 p.m., or on weekends, please call the Scripps Clinic operator at 858/455-9100. Your primary physician should be called for non-orthopaedic medical conditions, such as diabetes, heart, and lung conditions.