

Hip Replacement Instruction Sheet

Dr. Solberg's Office Number is **213-455-8448**.

This information should be useful after your hip surgery. Please read this information carefully. You will receive further instructions at your next visit.

Expect to stay in the hospital about 3 days. For the first 2 days, you will receive pain medication through your intravenous tubing. The most common medications I use are morphine and dilaudid. These are very strong narcotic pain killers that have a rapid onset and a short half life in the bloodstream. Their onset is very quick (minutes) but they only last for 1 to 1.5 hours. I will combine the opiate medications with Tylenol and Celebrex (a potent anti-inflammatory medication). The side effects of narcotics are numerous, and most of them are fairly mild. They include itching, nausea and sleepiness. These are not allergic reactions which usually present with hives and a rash.

You will transition from IV pain medication to oral pain medication of the second day. The oral medications include Oxycontin (a long acting narcotic) , Norco (a short acting oral narcotic) and Celebrex (a long acting anti-inflammatory). The advantage of the oral medication is that they last longer and cover your pain better than short acting IV forms of medication.

You will have a small drain in your leg to evacuate the blood that collects around the implant. The bandage will be changed and the drain removed on the second day after surgery.

About one third of patients will go to a short term rehabilitation facility after leaving the hospital. Most of the time a determination is made after 2 or 3 days as to whether you will be able to go home or to a rehab facility. This decision is made based on a number of factors including amount of support at home and progress while in the hospital. Most people stay at rehab between 1-2 weeks.

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There are a few positions to avoid for the first several weeks after surgery. This will prevent dislocation of the prosthesis. The first is flexing your hip past 90 degrees. You routinely do this when getting up from a seated position. The angle between your hip and torso should never be less than 90 degrees (a right angle). Be careful when getting off the toilet!

Keep your knees apart when getting up from a seated position. This keeps the ball facing the socket. Avoid having your knees touch together when getting up from a seated position.

You should expect some swelling in the foot on the affected side; you will also have some bruising which may track down to your foot. This is normal.

The muscles which pull your leg out to the side will be the weakest after surgery. They will also take the longest to gain their strength back. You should do side leg raises as instructed by your therapist at least twice a day and more if you can tolerate.

After discharge from the hospital, you should sleep with at least 1 pillow between your legs. It is OK to sleep on your side or your stomach, but you should avoid bending your hips up. Avoid sleeping in the fetal position.

Just a word about dislocations. They happen infrequently, usually when you are getting up from a seated position and aren't paying attention to the position of your leg. Many people have dislocated getting off the toilet. I tell people to put a sign in the bathroom to remind them about the correct way to get up. Just make sure you pay attention to your legs when getting up.

Take your pain medication as directed by your prescription. Do not wait until the pain is intolerable to take the medication. It will take between 30-60 minutes to begin working, so take it accordingly.

Keep your incision dry, you can wrap your leg with saran wrap to keep it dry during showers. Once the oozing has stopped, leave the bandages off.

You will be on a medication called Lovenox. This medicine keeps you from getting blood clots in the leg. You will take it for about 2 weeks after surgery. The medication is injected into the skin once a day and the nurse will go over administration of the medication with you before leaving the hospital.

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Try to be patient with your progress. Remember, it will take about 2-3 months for your new hip to work well. In the mean time, you need to keep working at getting your function back. Try to increase your motion a little bit every day. Walking is the best exercise you can do.

PHYSICAL THERAPY FOR TOTAL HIP REPLACEMENT

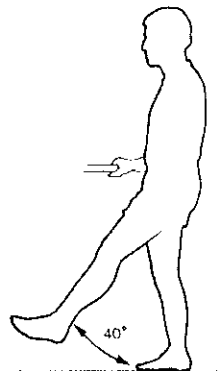
The rehabilitation after surgery is relatively simple. Getting out of bed right after surgery and taking the first few steps are a challenge, but after that it gets easier. Patients who have hip replacements recover with remarkable little physical therapy. A therapist will help while you are in the hospital, but you will usually not need to go to physical therapy after leaving the hospital. The most important activity or exercise in the recovery process is walking. In the hospital you will learn how to walk with a walker. Most patients can weight bear fully without restriction and if there are specific restrictions, your physical therapist will go over these before you leave the hospital.

Most patients have trouble with balance for the first 4-6 weeks so I recommend that you should continue using either crutches or a cane for six weeks. At that time you should see Dr. Solberg for an X-ray, and your rehabilitation will be progressed.

Exercises

Twice each day you should devote fifteen to twenty minutes to an exercise period. Three exercises should be completed up to thirty times each. They are all performed standing while holding onto a chair, walker or something sturdy for support.

1. Your weight is applied to the **unoperated** leg, and the leg that had surgery is lifted forward about forty degrees and then brought back to a neutral position. This is repeated as many times as possible, working up to thirty repetitions.

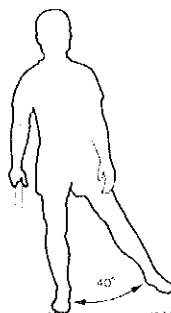


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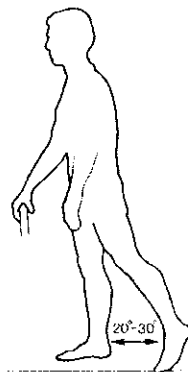
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2. The operated leg is elevated to the side about forty degrees and returned to neutral. This, likewise, is repeated and the number of repetitions is increased to thirty.



3. The same sequence is repeated lifting the leg backwards twenty to thirty degrees.



Dislocation

During the hip replacement operation, the ligaments and muscles around the hip are separated to allow exposure of the joint. After the operation, these are all sewn back very securely to the appropriate place and the healing begins. However, there is the possibility the ball can come out of the socket until this healing is complete. This is called dislocation. It is very uncommon for this to occur and can be prevented by observing some **simple precautions for three months after surgery**. Thereafter, dislocation is almost unheard of except in major trauma. The following preventative suggestions should be easy to follow:

1. Do not cross your legs. This includes while sitting and lying down. To assist while asleep in bed, you should keep a pillow between your knees. Either the pillow you brought home from the hospital which straps to your legs or a regular, larger pillow will work while you are in bed.
2. Do not flex or bend the hip past a right angle (90°). The easiest way to remember this is to keep the level of your knee **below** the level of your hip while sitting. You should **not sit** in a **low, soft** chair, sofa, or love seat. Choose a higher, firm chair to sit in. One with arms is especially good. If your favorite chair is a little too low, build the seat

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up with folded blankets or a pillow so you do not sit so low. In the bathroom, use an extension on the toilet seat **every time**.

3. Do not bend over to reach things. This might flex the hip too much. This includes reaching your feet to put socks on or to clip your toe nails, as well as picking up something you may have dropped. Use the "reach extender" you received in the hospital if you need to grab something.

Again, these precautions are only necessary for the first three months. After that, the hip is healed, and dislocation should not be a problem.

DISLOCATION DANGERS

1. DO NOT bend your hip beyond 90° (right angle).	
2. DO NOT lean forward when sitting.	
3. DO NOT cross your leg over the center or midline of your body.	
4. DO NOT sit in a chair without arms	

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5. DO NOT reach your foot by flexing or internally rotating your hip.



Special Dangers

- Low chairs
- Soft chairs
- Sofas
- Low beds

You cannot use any of these.



1. TO GET UP OR SIT DOWN

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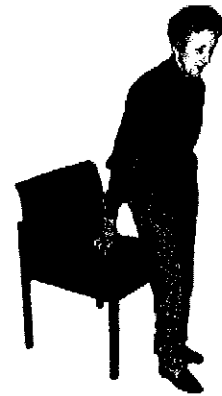
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First, put the foot of your operated leg out in front.



Then use your hands and get up. Your crutches or walker should be in hand.



2. SITTING

- Use a chair that is firm, high, and has arms.
- Keep the level of your knees below the level of your hips.



3. TO PICK UP SOMETHING FROM THE FLOOR

• Method 1

Use a reacher. You should have received one in the hospital

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Method 2

Support your body with one arm



and either

Kneel on the knee of your total hip leg.



or

Extend your operated leg behind you.



4. TO REACH YOUR FOOT

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- Only attempt to reach your foot after two months from surgery.
- Initially before your hip limbers up, you may need to reach your foot under the opposite knee.



- Getting to your foot by hip external rotation and abduction is also possible.



5. REMEMBER TO KEEP YOUR KNEES APART, AND EITHER KNEEL ON THE KNEE OF YOUR TOTAL HIP LEG OR EXTEND YOUR OPERATED LEG BEHIND YOU.

THE FIRST SIX WEEKS AFTER SURGERY

After arriving home from the hospital, it will take a number of weeks before your strength has returned to what it was before surgery. This is very normal. You should plan on taking a nap or resting at least daily for the first two or three weeks. Adequate rest and a good diet will help your recovery.

The exercises which were prescribed in the hospital and in previous sections of this booklet should be continued. They will help you regain your strength and your desired activity level. There is an optimal amount of exercise. If you find that you are too tired or that your operated joint is too sore, it may be that you are over-exercising. If

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this is the case, decrease the amount of exercise and let your leg rest for a while.

If any medical problems arise during your recovery, please call Dr. Solberg immediately. If there is any problem with your incision, this is especially important. Any increasing redness, drainage, swelling, or pain in that area should be reported. If an infection is detected early, its treatment is much easier than if it progresses. If you happen to develop a sudden shortness of breath or chest pain, this would be another reason to call for immediate consultation. This could be a problem with your lungs or heart which would need to be investigated.

How to take a shower

During your recovery, it is much better to shower than bathe. Bathing should be avoided for the first three months. A stool that sits in the shower will make it easier and eliminate the need for standing during the period of the shower. The incision should be completely healed by the time you leave the hospital. When you shower, water can just run over this area without any problem. It should **not** be scrubbed or thoroughly washed. Simply allow the water to run over the incision site and then blot it dry after the shower. As the small pieces of tape (steri-strips) begin to loosen, you may gently remove them.

Crutches or Walker

It is important during the recovery process to allow the skin, muscle and bone adequate time to heal. The muscles need to recover their strength. If a bone ingrowth prosthesis was used, time is necessary for this process to occur. This ingrowth will not happen if the joint is overstressed. Two crutches or a walker should be used at all times for six weeks to help with this process. You should use them whenever you arise from sitting or do any walking. After your checkup and X-rays at six weeks, the need for further crutch or walker use will be discussed.

Outdoor Activity

When two or three weeks have elapsed since surgery, you may feel strong enough to go for a walk outside. This is encouraged if weather conditions are appropriate. You should use your crutches and go for a short walk. This distance can be increased daily so that by six weeks you are walking up to one-half mile a day. Travel in the car is also acceptable after about three weeks. Long trips would be discouraged for about six weeks. You must remember to protect your new joint during these unusual activities. Driving should be postponed for

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approximately eight weeks, especially if the operated leg is used for gas, brake, or clutch pedals.

Sexual Activity

For the first four to six weeks after surgery, you are discouraged from participating in sexual relations. Return to normal sexual activity should thereafter be gradual, and you should take the less active role for two or three months.

Return Appointments

You should call Dr. Solberg's office to schedule an appointment three weeks after surgery. This visit will consist of a clinical and X-ray evaluation. The next phase of your rehabilitation will be outlined.

THE SECOND SIX WEEKS AFTER SURGERY

You should have just had an appointment with Dr. Solberg and had your joint examined and X-rays taken. If everything looks appropriate, he will have started you on the following advanced rehabilitation protocol to increase your strength and performance capability. You should not suddenly increase your activity level, but rather gradually advance what you are doing. If your joint or muscles are uncomfortable, you are doing too much and should cut back.

Walking

You should increase the distance you walk daily. You should work up to about a mile, and you could walk farther if you desire. You should use crutches or a cane until Dr. Solberg recommends you not to do so. Even after you stop using crutches, if you have any limp or pain, you should resume the use of a cane or walking stick to eliminate this undesirable gait pattern. As soon as the limp disappears, usually in a few weeks, you can again discontinue the use of the cane.

Hip Exercises

While standing, you can do leg "lifts" to the front, side and back. You should do about thirty repetitions of each, and as soon as this becomes easy, you can add a two- or three-pound weight to your ankle. After adding the weight, work up again to thirty repetitions.

Only one hip exercise while lying down is indicated. This is performed by lying directly on your "good" side and lifting the operated leg straight up in the air. Keep your leg straight and your toes pointed

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forward, not up. You should work up to thirty repetitions. Then add two or three pounds of weight to your ankle and work up to thirty repetitions with this weight.

Stationary Bicycle

You should ride daily for ten to fifteen minutes. The seat should be adjusted to a comfortable position, and the pedal resistance **slowly** increased. This can be gradually advanced to help build strength and endurance.

Call Dr. Solberg's Office if you notice any of the following symptoms. You may be connected with an associate if you are calling in the evening hours. Have your discharge orders and description of your procedure available.

Temperature over 101° Fahrenheit

Numbness in the foot

Increasing, severe pain in the hip

Increasing redness around the incisions

Markedly increased swelling in the leg

You have been prescribed pain medication which has a number of side effects. Most common are drowsiness, nausea and or vomiting, itching, constipation and irritability. If these are prolonged or severe, your pain medication may need to be changed. You must contact our office during business hours to have a new prescription written or a prescription refilled. After hours (after 5:00 pm or weekends), the **on call doctor will not give you a refill** or a new pain medication prescription.

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