**Discharge Instructions for Posterior Total Hip Replacement**

**Edward Ted Hudson Parks, MD**

1830 Franklin Street, Suite 450

Denver, Colorado 80218

Office: (303) 321-1333

Toll-Free: 888-900-1333

www.western-ortho.com

Prior to discharge you met with a discharge planner to determine your post-operative needs including discharge location and therapy needs. The following includes your post-operative instructions. If you have any additional questions, please contact Western Orthopaedics.

**ACTIVITY:**

Rest as needed. Your hip joint will let you know with increased pain and swelling if you are overdoing it, and it is best to take things slowly at first. Mobilize with the walker or crutches as instructed. You are allowed to sleep or lie down as you feel comfortable, but remember your precautions to help prevent injury.

* Do NOT cross your legs (at the knees or ankle)
* Do NOT rotate or twist your surgical leg inward or outward
* Do NOT bend your surgical hip more than 90 degrees (either by bending down toward your feet or by raising your knee higher than your hip when seated)

**EXERCISES:**

Continue exercises that you learned with physical therapy in the hospital. Remember that the best therapy after hip replacement is simply walking. Continue the precautions outlined above, even during exercise for the first 3 months.

**CRUTCHES/WALKER:**

Initially a walker or crutches will be needed. Unless instructed otherwise, you may put your full weight on the leg. As you are able to walk without any limp, you may transition to a cane or a single crutch after 2 to 3 weeks. Once walking again without a limp, you may transition to no gait aid. It is important that you do not progress in each stage before you are able to walk without a limp.

**ABDUCTION PILLOW:**

Please use the abduction pillow or a home pillow to keep from crossing your legs at night and at rest to help you maintain your hip precautions.

**ICE:**

It is common to experience increased pain, swelling, and stiffness for up to 6 months following hip surgery. Icing can help to decrease pain and swelling, particularly when elevating the leg. Keep ice on your knee for 20 minutes at a time, followed by at minimum 20 minutes without. Do not put ice directly against your skin/incision.

**MEDICATIONS:**

**Pain Medications:**

* You can take over the counter Acetaminophen (Tylenol) 1000mg every 8 hours to decrease the amount of stronger pain medication that you are taking. Do not exceed 3000mg per 24-hour period. Do not take with alcohol.
* You will be given a prescription for narcotic pain medications. Please take as directed. These medications are highly addictive and have many unwanted side effects including nausea, constipation, sedation, and confusion. You should take a stool softener while taking narcotic pain medications to help prevent constipation. Do not take narcotic pain medication on an empty stomach or with alcohol. Do not drive while taking narcotic pain medication. If your narcotic pain medication already has Acetaminophen in it, you need to make sure that you do not exceed the daily limit for Acetaminiophen (3000mg per 24-hour period).

**Blood Thinners:**

After an orthopedic procedure, the patient is at risk for a blood clot in the leg or lungs. To prevent this, there are several options:

**Asprin:** Take one 325mg asprin twice a day with food for 2 to 3 weeks after you get home. If you are on a regular aspirin regimen, that regimen should be stopped during this time. This will be an over-the-counter medication that can be purchased at a pharmacy.

**Lovenox:** If prescribed, you will give yourself a 30mg injection twice a day for 7 to 10 days after you get home. This is a prescription medication that will be filled at a pharmacy.

**Alternative Blood Thinners:** Coumadin (Warfarin), Xarelto, Plavix, or Eliquis. These are prescription medications that will be filled at a pharmacy. Take as prescribed.

For all blood thinner medications: Do not take in combination with other over-the-counter NSAIDs (ibuprofen, Aleve, Advil, naproxen, diclofenac, etc.).

**Other Medications:**

Stool softener, stool stimulant, laxative: While you are taking a narcotic pain medication you will need to take a stool softener, stool stimulant, laxative or a combination to reduce constipation. These are over the counter medications that can be purchased at a pharmacy. If you have not pooped 4-6 days after surgery, contact your primary care provider

**SURGICAL DRESSING:**

Keep your incision clean and dry. Change the dressing daily or more frequently if there is significant spotting. Once there is no drainage, you no longer need to change the dressing daily and can leave the wound open to the air. You can get the supplies (gauze and tape) at most pharmacies. Skin staples will be removed at your 2 week post operative visit.

**COMPRESSION SOCKS:**

TED stockings placed at the hospital should be used on both legs for at least 2 weeks post operatively. Wear at all times, but can be removed for bathing.

**SHOWERING/BATHING:**

You may shower if the surgical area is sealed with plastic wrap (i.e. saran or cling wrap) or garbage bag and tape. Remember to keep the incision clean and dry until it is completely healed. It is completely healed when there are no obvious open areas and scabbing. Do not submerge the incision in a bath, or go swimming in a pool, lake, or ocean until it is completely healed.

**COMPLICATIONS:**

Note that many of the signs of these complications, like pain, swelling, warmth, and even drainage, can be completely normal in the first few weeks after joint replacement surgery. If you are concerned about any of these symptoms, call us at Western Orthopaedics and we can help you determine if the symptoms you are experiencing are serious or not. There is a physician on call 24 hours a day.

**Signs of Infection:**

* Fever (101 degrees or above) and chills
* Increased redness, tenderness, heat, or swelling
* Unusual looking drainage (green/yellow)
* Excessive bleeding
* Numbness and tingling of the foot or toes

**Signs of Blood Clots:**

* Increased swelling and warmth
* Redness in the calf
* Severe pain in the leg or calf
* Shortness of breath
* Chest pain
* Coughing up blood

**Dislocation:**

In the first three months after your hip replacement, the tissue that holds the ball into the socket are still healing, and if your hip is placed into the wrong position, the ball can dislocate out of the socket If this happens, you will know it: there will be severe pain and you will be unable to stand or walk. The best way to avoid dislocation is to obey your precautions:

* Do NOT cross your legs (at the knees or ankle)
* Do NOT rotate or twist your surgical leg inward or outward
* Do NOT bend your surgical hip more than 90 degrees (either by bending down toward your feet or by raising your knee higher than your hip when seated)

**DRIVING:**

Return to driving is based on your ability to operate your vehicle safely and brake appropriately. This means that you:

* Have not taken narcotic pain medication for at least 6 hours prior to driving
* Are able to move your foot quickly from the gas to the brake
* Are able to stomp the brake pedal hard for an emergency stop

Use caution as you begin and practice first in an empty parking lot. Those with left sided surgeries will generally return to driving sooner than those with right sided surgeries if you have an automatic transmission.

**POST-OPERATIVE APPOINTMENT:**

A follow-up appointment should be scheduled with your surgeon about 2 weeks after surgery. Please call Western Orthopaedics to schedule this appointment. During this appointment you will have staples removed and evaluate your post-operative progress.

**HOSPITAL DISCHARGE CHECK LIST:**

* Compression Socks
* Abduction Pillow
* Narcotic Pain Prescription