

# Anterior Total Hip Arthroplasty: Inpatient Post-op Protocol



- ***What to expect in the first week***
  - It is perfectly normal within the first few days to start to experience slightly increased pain and swelling. During the surgery, I inject the soft tissues around the hip with a series of medications that helps to reduce pain after surgery. While extremely helpful with post-operative pain control, it does begin to wear off 1-3 days after the surgery. So it is expected and normal that you will feel slightly more discomfort/pain. It is therefore important to stay on top of the pain by taking the oral pain medications that have been prescribed to you. Upon discharge, the following medications may be prescribed:
    - Celebrex 200mg or 400mg daily
    - Norco 5/325mg one to two tablets every 4-6 hours as needed
    - Tramadol 50mg every 6 hours as needed
    - Aspirin 325mg twice a day for one month.
    - Protonix 40mg daily with use of ASA
  - If you have an allergy or intolerance to one or more of the above, your prescription profile may be slightly different.
  - Most patients remain in the hospital for 1-3 days. The majority of patients transition home at this time, in some cases patients require a stay in a rehabilitation facility prior to the discharge home. This is arranged by the hospital after surgery.
- ***How to deal with swelling***
  - It is extremely important to use the compression stockings for nearly the entire day. They can be removed for showers, changing clothes, and to give the skin a break for a few hours. The rest of the time they should be worn. I like for patients to wear the stockings for a period of 4 weeks after the surgery. Perhaps more than any other modality, these simple devices are the most helpful in decreasing overall swelling.
  - Elevating the leg above the level of heart, particularly while sleeping, also helps with swelling. This can be accomplished with the use of a few pillows underneath the leg.

- Ice bag or a cold pack to the hip 3 to 4 times daily for 15-20 minutes. Do not allow the wound to get wet.
- ***Incision Care***
  - As long as the dressing is not soiled, I like for the original dressing to be on for **one week** prior to changing. You can take a shower with this dressing. Do not rub the area. Let the water bead off, and pat dry.
  - If the dressing is soiled/moist, change it with a fresh, clean 4x4 gauze covered with a clear tape like bandage (tegaderm).
  - At your one week follow up appointment, I will remove the original dressing. I do like you to keep it covered while showering however for a period of 3 weeks.
  - After I see you at the one month visit, and give you approval, you may begin to use Vitamin E lotion or Mederma to help lessen the appearance of the scar.
  - If you have staples, they should be removed at 2 weeks. If you do not have staples, then there is nothing to remove, as the sutures are dissolvable.
- ***Activities***
  - You are allowed to put all of your weight on your operative leg. Maintain the precautions that were taught to you by the therapists in the hospital. Two crutches or a walker should be used initially, and then weaned down to a cane and eventually nothing at all. Everybody heals at different rates. DO NOT compare you progress to others. For some, it may be a few months before they can go without an assistive device.
  - You can walk as much as you're comfortable. There are no restrictions. However, if you are experiencing pain, LISTEN TO YOUR BODY AND STOP!
  - Sleeping: one of the benefits of the anterior approach is that the hip is very stable. Therefore, I am fine with patients sleeping on their side or back. Further, there is NO need to place a pillow between your legs.

- **Physical Therapy**
  - You will be discharged from the hospital with Home Physical and Occupational Therapy set up for you with the case coordinator at the hospital.
  - They typically come 2-3 times per week, and will help to progress you from a walker to cane as you are ready
  
- ***How to reduce the risk of blood clots***
  - For most patients, I want them to take an aspirin 325mg twice daily for one month. In addition, the compression stockings are effective at keeping your venous system flowing and less congested. Lastly, daily exercises such as walking, and pumping your calves/ankles helps.
  - If you have any predisposition for blood clots or a previous history of a blood clot or pulmonary embolism, I will design a specific protocol for you that will likely involve different medications.
  
- ***Other Medications (optional)***
  - In addition to the above pain medications, I like for patients to take Vitron C tablets (over the counter) two times daily. This will help reconstitute your blood volume, as all patients invariably lose some blood during surgery.
  - Bowel Regimen: All of the above pain medications and iron tablets, in addition to the fact that you're not as mobile as you are used to means you will likely experience constipation. It is important to drink plenty of water daily, and I would recommend taking Colace/Senna, one tablet 2-3 daily. This is an over the counter medication as well.
  
- ***Follow up***
  - Patients who stay in the hospital 1 or more nights: If you do not have staples, I like to see patients back in the office approximately 1 month from surgery. If you do have staples, I like to see you at 2 weeks to have staples removed.
  - Call 301-657-9876 to schedule an appointment. At that office visit x-rays will be taken, the wound will be examined, and certain medications will be discontinued. Other follow up visits will be at 4 months from the surgery date and then one year from the surgery

date. After that, I like to see patients every few years for routine follow up.

- When to call the doctor:
  - Sudden increase in pain
  - Uncontrolled nausea or vomiting
  - Inability to bear weight/walk
  - Fever greater than 101
  - Shortness of breath or chest pain
  - If you have to change the dressing more than twice before your one week follow up appointment due to drainage