



## TOTAL HIP REPLACEMENTS

### FREQUENTLY ASKED QUESTIONS (FAQ's):

1. **What type of joint components does Dr. Gallivan use?**

For Total Hip Arthroplasties Dr. Gallivan uses a **Stryker Accolade Hip**. These components are made of high-grade metal alloys (nickel, chromium, and cadmium), and high-grade cross-linked polyethylene plastic. Dr. Gallivan specializes in **minimally invasive total joint replacements**. This equates to a smaller incision, less blood loss, reduced hospital stays, decreased complication rates, and quicker recovery times.

For more info, reference: [www.AboutStryker.com](http://www.AboutStryker.com), or our website: [www.GallivanMD.com](http://www.GallivanMD.com).

2. **What approach/technique does Dr. Gallivan use?**

Dr. Gallivan uses a **lateral approach** for the hip, rather than a posterior or anterior approach. Dr. Gallivan has found the lateral approach to result in a very stable post-operative hip joint with predictably low rate of complications.

3. **How long is the incision?**

The incision for the hip is about 5 to 6 inches long. Mederma may be applied to the scar for aesthetic reasons and can be purchased at most pharmacy/drug stores.

4. **How long will I be in the Hospital?**

The majority of our patients undergoing a total joint replacement only stay in the hospital for **ONE NIGHT** and are released to go home the following day. We do suggest that the patient has someone to help out at home during the first week post-operatively. If you have special concerns and need to stay more than one night, please address these concerns with Dr. Gallivan and staff.

5. **What type of anesthesia will be used?**

Dr. Gallivan prefers to use **spinal anesthesia**. Therefore, the patient is numb from the waist-down for the surgery and feels no pain, but may be awake during the procedure. This helps with recovery. If necessary, a sedative may be used in conjunction.

6. **Should someone be with me at home after surgery?**

Yes, Dr. Gallivan recommends someone stay with patients for 7 days or until the patient has demonstrated adequate independence and stability.

7. **When can I walk again?**

Our patients are encouraged to walk within three hours of surgery with full weight-bearing status.

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8. **What type of anti-coagulation is used after the surgery to prevent blood clotting?**
- For Total HIP Arthroplasty Patients: Aspirin (Enteric Coated) 81 mg twice per days is used for approximately 30 days post-operatively.
  - For patients taking a blood thinner such as Coumadin or Xarelto, we will speak to your primary care provider prior to surgery. For these patients, Coumadin (Warfarin) may be used post-operatively. We will monitor the INR values twice per week via a blood test. At that point we will transfer the medication monitoring back to your Primary Care Provider or Cardiologist.
  - Please let us know if you are using any of the following medications *at your pre-op appointment:* aspirin, ibuprofen, other NSAIDs, Coumadin (Warfarin), Pradaxa, Lovenox, Heparin, Vitamin E, Vitamin K, or Fish Oil.

#### Reference

*Raphael IJ, Tischler EH, Huang R, Rothman RH, Hozack WJ, Parvizi J. Aspirin: an alternative for pulmonary embolism prophylaxis after arthroplasty?. Clin Orthop Relat Res. 2013;472:482–488*

*American Academy of Orthopaedic Surgeons. "Statins may lower blood clot risk following joint replacement surgery." AAOS, 11 March 2014.*

*<[http://www.aaos.org/news/acadnews/2014/AAOS19\\_3\\_11.asp](http://www.aaos.org/news/acadnews/2014/AAOS19_3_11.asp)>.*

9. **What is the recommendation for antibiotic prophylaxis for dental procedures?**  
Avoid any routine dental cleaning or non-urgent procedures for 6 months post-operatively. For all patients with a total joint replacement (knee or hip), each time the patient visits the dentist for any procedure, including dental hygiene (cleanings), the patient is required to take an antibiotic one hour prior to the procedure. This is currently recommended for life. Please inform us of any dental issues.
10. **I have a history of skin infections. Is this a problem?**  
Part of your pre-operative testing will include special swabs to see if you are a carrier of staphylococcus bacteria. If you test positive, you will need to scrub from the chin down, once daily for 5 days prior to your surgery with an over-the-counter *Hibiclens wash*. You will also need to apply *Mupirocin (Bactroban)* ointment to each nostril twice per day for 5 days prior to your surgery. A prescription will be provided.
- ALSO NOTE, if you or your partner or spouse has a history of skin infections, you will be prescribed the Hibiclens wash and Mupirocin ointment*
11. **Will I need physical therapy/rehabilitation?**  
Yes! Each patient will need to work with their therapist on range of motion, strengthening, and balance several times per week for as long as a few months. The physical therapist is a very important part of your team and your recovery. You will also do a home exercise program and maybe discharged from therapy when you are independent.

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**12. How can I optimize my surgical outcome?**

There are numerous ways to optimize your surgical outcome along with improving your overall health at the same time. Having a BMI (body mass index) under 35.0 is required for elective knee replacement surgery with Dr. Gallivan. To calculate your BMI, use a trusted online BMI calculator such as this one by the NIH:

[https://www.nhlbi.nih.gov/health/educational/lose\\_wt/BMI/bmicalc.htm](https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm)

To calculate it yourself, BMI is your weight in kilograms divided by your height squared in meters.

Not smoking tobacco is a requirement for elective knee replacement as well. For assistance on quitting smoking please contact your primary care physician. Smoking can delay healing and greatly increase the risk for infection.

Having an addiction or dependence to narcotic pain medications such as Norco, Percocet, or Dilaudid can increase post-operative pain and decrease the likelihood of a successful surgical outcome.

Having a nutritious and balanced diet is also a great way to help the surgical outcome.

For diabetics, a HgbA1C of below 7.0 is required for elective knee replacement surgery. Please discuss this with primary care physician or your endocrinologist.

ADD DENTAL HERE

**13. How long will it take to recover?**

The typical patient will be walking the day of surgery, with a walker, provided by the hospital. Most patients are fully weight bearing on the replaced joint. Most patients rapidly progress to using a cane with physical therapy, and then to normal walking. Some patients recover quickly, in a matter of several weeks, but total recovery is can take 4 to 6 months, or longer.

**14. Is there any special equipment or clothing I will need?**

- a. After the surgery, while in the hospital, the patient will wear **T.E.D. Anti-Embolism Hose Compression Stockings** from the feet to the thighs on both legs. This helps with swelling. The T.E.D. Hose need to be worn all day, every day until both legs are the same size, which takes about 1 month. If they are not tolerated, they may be discontinued sooner.
- b. After a *total hip arthroplasty*, patients will also require portable **Pneumatic Sequential Compression Devices (SCD's)** to wear 18 hours per day, every day for 3 weeks to help prevent dangerous blood clots. If your insurance does not cover the pneumatic SCD's, they are offered at a discounted price of \$195 from the supply company. The pneumatic SCD's are analogous to wearing a seatbelt in a car ride to improve safety.
- c. Most patients will require use of a walker in the post-op period, and then progress to a cane, then independent ambulation at a variable rate. Bike gloves are great for increasing hand comfort while using a walker.

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**15. How long will I wear the bandage after the surgery?**

You need to wear the **Acticoat** bandage/dressing for approximately 1 week after total joint replacement surgery. We will remove it in the office at your post-operative visit. This is a special post-operative, occlusive, waterproof dressing with silver anti-bacterial properties. *Do not remove it at home unless instructed to do so by a provider in our office or water becomes trapped under the dressing.*

**16. When can I shower after total joint surgery?**

You may shower 2 days after your operation, if no drainage is present at the incision. You will be wearing the **Acticoat** occlusive and waterproof dressing that protects your incision from the shower, as described above. If the incision gets wet, pat it dry.

**17. What are the hip dislocation precautions after surgery?**

*While stability has NOT typically been an issue with the lateral approach total hip replacement, you may be asked to use standard hip dislocation precautions. Avoid flexing (bending) at the hip more than 90°. Avoid low chairs/furniture because they require too much bending at the hip in order to get up. If you must reach to the floor when seated, always reach between your legs, not to the outside. Use an elevated toilet seat to avoid excessive bending of the hip. If possible, use a chair with arms. The arms provide leverage for you to push up to a standing position. When sitting, position your legs so that you can see your inner thigh, calf, and foot (not the outside). Follow these precautions carefully for the first 6 weeks. Unless Dr. Gallivan tells you to disregard the precautions.*

**18. When do my stitches or staples come out after total joint replacement surgery?**

Your stitches are absorbable and do not need to be removed. The steri-strips that have been applied can be kept in place until they fall off on their own. They will help keep the skin edges together. If they have not fallen off by 3-4 weeks, it is OK to peel them off. If you have staples, they should be removed 1- 2 weeks post-operatively in the office.

**19. When can I drive after a total joint surgery?**

If you have had surgery on your right hip, you should not drive for at least 4-6 weeks after total joint replacement surgery. After 6 weeks, you may return to driving as you feel comfortable. If you have had surgery on your left hip, you may return to driving as you feel comfortable as long as you have an automatic transmission and you are off pain medication. Be careful getting into and out of a car, and avoid crossing your operated leg over the other. **DO NOT DRIVE IF TAKING NARCOTICS.**

**20. Can I have sex after a total hip replacement surgery?**

You should wait several days post-operatively before resuming sexual intercourse. Follow your hip dislocation precautions if any. Having your legs apart is a safe position. Doctors generally allow patients to resume sexual activities as soon as they feel able. In the months following surgery, patients are generally advised to take it easy and modify their positioning to keep pressure off of the joint while it's healing.

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**21. When can I travel after total joint replacement surgery?**

You may travel as soon as you feel comfortable after total hip replacement surgery. It is recommended that you get up to stretch or walk at least once an hour when taking long trips. This is important to help prevent blood clots.

**22. Will I set off the security machine at the airport after a total joint replacement? Do I need a doctor's note about my surgery?**

You may set off the machines at airport security, depending on the type of hip/knee implant you have and the sensitivity of the security checkpoint equipment. A wallet card or letter is not helpful or required to travel.

**23. Can I drink alcohol after a total joint replacement surgery? What about smoking?**

If you are on Coumadin, avoid alcohol intake. Otherwise, use alcohol in moderation at your own discretion. You should also avoid alcohol if you are taking narcotics or other medications.

Of course, you should not smoke at all, as this jeopardizes the healing and success of your total joint replacement and significantly increases risks of complications. This includes marijuana. If you use it ingesting instead of smoking is less of a problem.

**24. Can I go up and down stairs after a total joint replacement surgery?**

Yes. Initially, you will lead with your non-operated leg when going up stairs and lead with your operated leg when going down stairs. You can use the phrase, "*Up with the good, down with bad*" to help you remember. As your leg gets stronger, you will be able to perform on stairs in a more regular pattern.

**25. What should I eat the day of the surgery?**

Nothing! Please do NOT eat or drink anything after midnight, the day prior to your surgery. If you take medication, such as blood pressure medication, you may take your pills with a small sip of water.

**26. Should I donate my own blood for the surgery?**

No, we have not found this to be necessary.

**27. Will I have a Foley catheter during surgery?**

A Foley catheter may be used during and immediately after hip replacement surgery. Urinary retention may occur requiring recatheterization.

**27. What about ALLERGIC REACTIONS?**

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Please let Dr. Gallivan and his staff know if you have any **ALLERGIC REACTIONS** to any *medications or metals/jewelry*. Let us know *when* you had the reaction and *what type* of reaction (e.g. 1999 Penicillin: rash, shortness of breath, hives, trouble swallowing, etc).

**28. When can I swim?**

You can swim when your surgical wound is healed and there are no scabs. This varies from patient to patient.

**29. Can I dance again? Ski? Hike? Surf? Doubles tennis?**

Yes! All of these are common and achievable goals after hip replacement surgery.

**30. Why can't I take NSAIDS such as Ibuprofen (motrin/advil) or Naproxen with Aspirin?**

According to the U.S. Food and Drug Administration (FDA), ibuprofen/naproxen (non-specific COX inhibitor) can interfere with the anti-clotting effect of aspirin, potentially making the aspirin less effective. Aspirin works by inhibiting platelet aggregation; thus, working as a blood thinner decreasing the risk of blood clots post-operatively. Aspirin binds to the COX-1 Enzyme. Ibuprofen (active ingredient in Motrin and Advil) and Naproxen work as an anti-inflammatory by binding to both the COX-1 AND COX -2 Enzymes. As a result, when Ibuprofen is taken concurrently with aspirin, the COX-1 enzyme can be blocked thereby reducing the anti-clotting effect as intended.

However, CELEBREX DOES NOT BIND TO THE COX-1 ENZYME. CELEBREX DOES NOT INTERFERE WITH ASPIRIN'S ANTIPLATELET AFFECT. For this reason, we use Celebrex concurrently with aspirin and NOT NSAIDS such as Ibuprofen and Naproxen post-operatively. Celebrex is also less likely to cause stomach problems such as ulcers.

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