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Post Operative Instruction Sheet

DIRECT ANTERIOR TOTAL HIP ARTHROPLASTY

You have undergone a total hip replacement using a direct anterior approach

ACTIVITY

You may weight bear as tolerated and use the walker or crutches for stability and balance at all times when out of bed. You will not damage the hip by walking on it, in fact the more you walk the better you will feel! The hip often gets stiff when sitting or lying for longer than 60-90 minutes during the first 2-3 weeks following surgery. For a successful recovery we highly encourage getting up and walking every couple of hours for short bursts of activity – no longer than 15 minutes at a time for the first 5-7 days. You will remain using an assisted walking device (walker or crutches then cane) for approximately 7-10 days.

HIP PRECAUTIONS

- No twisting
- No crossing legs
- No extension of your operative leg (this means you may not step backwards with your operative leg – it must remain in line with your other leg).

*These precautions will be explained by a physical therapist and the length of these precautions vary with each surgeon. This will be discussed in your first post-operative appointment.

BANDAGES/DRESSING/BATHING

A waterproof dressing has been placed over your incision and will remain in place until seen in our office. You may shower but try to avoid direct prolonged contact with water (we do not want your incision to get wet if you have sutures or staples still in place). Avoid totally immersing the wound in water (no baths or hot tubs) till cleared by your surgeon.

SWELLING

Some degree of swelling of your entire leg including your foot and toes is ***very*** normal and expected. It is not unusual for the swelling to get worse before it gets better in the lower leg (calf and foot especially) within the first 2 weeks. Swelling can be minimized by elevating your leg as well as changing position frequently with walking. Try to keep it elevated whenever sitting by placing operative leg up on a chair or with the legs up on a recliner. Swelling can be further controlled by use of ice or cold therapy directly over the site of surgery. Place a bag of ice or package of frozen vegetables (which nicely conforms to the surgical site) as desired for the first 7-10 days following surgery. **Never put ice or frozen vegetables directly against the skin.**

FEVER

A low-grade fever (less than 101°) is common within the first 3-5 days following surgery. A very common occurrence after surgery called *atelectasis*

is usually the cause of this. The small air sacs at the base of our lungs, called alveoli, close down during a surgery that requires oxygen assistance; they will spontaneously re-open especially when aided by deep breathing exercises. If this happens we encourage 10 deep breathes every hour to help re-open the alveoli. Alternatively the collection of blood in the surgical site, sometimes called a hematoma will cause a mild temperature elevation that will stabilize with time.
While the risk of infection is low it is important to understand some common signs of infection which include but are not limited to: redness at the wound site, excessive drainage (forcing you to change the bandage more than once a day), a consistent fever over 100.5°F, chills/sweats and/or a change in your pain pattern (i.e. increasing). If you suspect that your wound might be infected, please call the office.

BRUISING
Bleeding from the surgical site and subsequent bruising down the leg/thigh (and sometimes all the way to the calf and foot) is normal and often takes 4-6 weeks to completely resolve.

DVT (BLOOD CLOT) PRECAUTIONS
Deep Venous Thrombosis (DVT, aka blood clot) is an uncommon complication that can occur following lower extremity surgery. Starting the evening of your surgery, you will take a 325mg aspirin (which acts as a blood thinner) twice daily for 30 days. Because aspirin can cause an upset stomach, you may want to take it with food. If your stomach is normally sensitive to medications or aspirin products specifically, you have been prescribed Protonix © (pantroprazole) once daily every morning before breakfast to protect your stomach while remaining on aspirin (you do NOT have to take this if you do not need). If you are unable to take Aspirin, you will be given an alternative. If you were already on a blood thinner, you will resume it as soon as possible after surgery. Remember that Tylenol®, Motrin®, Aleve®, and other Non-steroidal Anti-Inflammatory (NSAID) medications do not protect against DVT, and should not be used for this purpose.

PAIN MEDICATION
Your baseline pain management will be with the combination of Tramadol and Tylenol. You will take 50mg every of tramadol every 6 hours (we recommend 6am, Noon, 6pm, Midnight) along with Tylenol 1000mg every 8 hours. The key to this combination is to take these medications on schedule (do not miss a dose) for the first 3-7 days after surgery. After the acute phase (first 3-7 days) you may stop or modify the regime.

If the above regime is not enough you have been prescribed Oxycodone, a narcotic pain killer (Unless you have requested an alternative). You may take 1-2 tabs every 4-6hrs as needed for breakthrough pain. The duration of narcotic pain medicine use usually spans a period of 1-2 weeks. Narcotic pain medications can cause side effects, the most common of which is nausea. To prevent this always take your medications with food, if you continue to be nauseous please call our office and we will provide treatment for the nausea and/or an alternate. Constipation is also a common side effect, we recommend taking over the counter Colace two times daily for the entire time you use a narcotic.

FOLLOW-UP

Please confirm you have a post-op appointment, with our front desk, within 7-10 days of your surgery. During this appointment we will check the incision, obtain standard post-operative x-rays, provide a physical therapy prescription if required and review your surgical findings.

PHYSICAL THERAPY

You should have already undergone your "prehab" session during which you met with a physical therapist before surgery to practice using your equipment, as well as get around your house safely. While in the hospital you will meet again with a physical therapist to continue your rehab. It will be determined at that point if you require any "in home" physical therapy – many times only a few sessions are required before you are able to safely transition out of the house and back to your normal activities of daily living. Your surgeon will discuss the continued need for PT at your first postoperative visit. Overall, the best "physical therapy" that you can do, is just walk!

TRAVEL

Extended car travel can be done 2-3 weeks after surgery, it is recommended that you stop every hour or so to walk around or stretch out. Air travel is not recommended until 4-6 weeks after surgery, as there can be is a risk of blood clots developing with airplane travel in the weeks immediately following surgery.

RECOVERY PERIOD

Recovery time varies widely among patients. Most total joint patients should expect to return to work, at least part time, after about 2 to 8 weeks. Many patients continue to experience pain (usually in the front aspect of your thigh) or sensation changes for several weeks after surgery that is similar or completely different to their pre-op pain. In most cases this is to be expected considering the stress that surgery, anesthesia, and healing can put on your body. Some patients experience entirely new sensations following surgery; some tingling, numbness, and swelling are not abnormal. If you are concerned about any symptoms you are having, please do not hesitate to contact the office.

ANTIBIOTICS

Following your total joint replacement you will need to take prophylactic antibiotics before all dental procedures. Please notify your dentist to make him/her aware that you have a joint replacement. We will prescribe these for you following your surgery. We recommend waiting at least 3 months to schedule any dental work after your joint replacement. If your dentist sees a tooth or gum infection, please contact this office. For procedures other than dental procedures, such as urologic or bowel procedures, we suggest that you contact the physician who will be performing the procedure to inquire if prophylactic antibiotics are recommended.

IN CASE OF EMERGENCY

In the event you have a true medical emergency (chest pain or shortness of breath for example) please go to your nearest ED or call 911. If you have concerns regarding changes in your recovery or medication questions please call Dr. Unger's Medical Assistant at 202-787-5601 ext 720 or email drunger.ma@wosm.com or his PA, Ashley Perkins at 202-787-5601 ext 632 or email aperkins@wosm.com (please note voice mail messages for Ashley are not checked regularly but email is checked hourly during working hours). If your call is after hours or on the weekend, your call will be patched through to the answering service, and the on call physician will help answer your questions.

List of Medications you may be prescribed or instructed to take:
denotes over the counter

- ***Aspirin 325mg twice daily x 30 days- *blood clot prevention***
- Protonix 40mg every morning before breakfast- *to protect stomach if taking aspirin*
- ***Colace 100mg twice daily – *stool softener***
- ***Tylenol 1000mg every 8 hours**
  Along with…
- Tramadol 50mg every 6 hours around the clock at 6am, Noon, 6pm and Midnight – *pain*
  - Please note this combination and dosing is not imperative but it is suggested to use for the first 2-5 days and then modify/stop as dictated by pain needs
- Oxycodone 5mg; Take 1-2 tabs every 4-6hrs as needed - ***breakthrough** pain*
  - We recommend starting with the tylenol and tramadol combination first; if not enough, then you may supplement with adding oxycodone as needed but still continuing the tramadol and Tylenol combination around the clock.