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# Guide to: Total Hip Replacement Surgery

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## Total Hip Replacement Surgery: Orientation and Preoperative Instructions Quick List

### Surgery Date/Time Requests:

- Please contact our surgical scheduler (304) 647-5114 for special date/time requests.

### 2-3 Weeks Before Surgery:

- You will attend scheduled *medical and/or cardiology* appointments that evaluate you for surgery. Pre-surgical testing is arranged by the surgery scheduler. Bring an updated list of medications with you! Be prepared to answer questions about your medical and surgical history.
- Please make sure your *dental* health has been evaluated in the past 6 months. If not, make arrangements to see your dentist.
- Make sure all *immunizations* are current and updated (for example, flu shot).
- **Disability/Work/Parking Applications** – forward all forms to Dr. Stapleton’s clinical coordinator.

### 1-2 Weeks Before Surgery:

- **MEDICATIONS**
  - **ASPIRIN** – you can continue until and the day of surgery.
  - **ANTI-INFLAMMATORY** – you can continue up until the day before surgery (such as aleve, ibuprofen, mobic, celebrex, or voltaren) unless you are undergoing revision surgery, then you would need to stop 2 weeks before surgery.
  - **Blood Thinners** (such as coumadin, xarelto, plavix, effient, etc...) – Most of these medications will need to **STOP 7 days** before surgery, some **STOP 3-5 days** before. You must coordinate this stoppage with your primary health provider or the medical team that is seeing you before surgery!
  - **Immune System** – Please call our office if you take medications that alter the immune system (for example if you have Rheumatoid Arthritis and are taking special medications). You will be required to stop some of them 2-4 weeks prior to surgery and continue holding them until 2-4 weeks after surgery.
  - **Hormone Replacement Therapy** – You do not need to stop before or after surgery.
  - **Narcotics** – Pain medication can continue up until the day before surgery. We do ask that you try to minimize usage during the time leading up to surgery.

- **PREPARE HOME**

- Consider installing safety bars in the shower and around toilet if necessary.
- Prepare your home by removing throw rugs and making sure your home is clean and free of clutter. Put commonly used items within reach.
- Make appropriate arrangements for pets. Pets should not make contact with your incision.
- Prepare meals and snacks, have a supply of nutritious meals that can easily go in the microwave, high fiber breakfast items, nuts, dried fruits, yogurts, hard cheeses, fresh fruits AND other food items high in protein are beneficial for healing. Snacking is often more appealing immediately after surgery. High fiber cereals help decrease constipation.
- Travel mugs or containers with lids are helpful. A bag, basket, or backpack can be helpful while trying to carry items.
- Please have meals prepared and frozen if you do not have a personal chef. Eating nutritious meals is important for wound healing.
- Make arrangements to have someone stay with you. You will be discharged home after a short hospital stay. **We will assess needs for after care while in the hospital.** Our goal is to have patient's return to home after discharge from the hospital.
- Patients undergoing total hip replacement surgery are asked to begin outpatient physical therapy within 2-3 weeks after surgery. Make that appointment at a facility convenient to you.
- You will use a walker, crutches, or cane after surgery depending on your needs. This will be delivered to your home the day prior to surgery or you will be provided this during your hospitalization. Elevated toilet seats are not necessary.
- Make arrangements for transportation to and from the hospital – A ride home from the hospital will be necessary as you will not be permitted to drive home. Discharge to home will be same day or 1-2 days after surgery.
- **Your first postoperative appointment** will be 2 weeks after surgery with Dr. Stapleton. Your follow up appointment will be scheduled automatically for you after surgery. If this is not scheduled, contact our office scheduler.

- **2 DAYS BEFORE SURGERY**

- Follow the instructions provided by pre-surgical testing for "Skin Preparation".
- If your nose swab tested positive for bacteria you may be asked to cleanse your nose with mupirocin prior to surgery. Only those patients who test positive will be contacted.

- **DAY BEFORE SURGERY**

- NOTHING TO EAT AFTER 10PM. NOTHING TO DRINK AFTER MIDNIGHT. Follow the medication instructions given to you at your preoperative medical appointment.
- Between 2pm-6pm you will receive a telephone call with the time to report to the hospital for surgery.

- **DAY OF SURGERY**

- CLEAN SURGICAL SITE
- TAKE ONLY THE MEDICATIONS WITH A SIP OF WATER.
- REPORT TO THE HOSPITAL at the time requested.



## Total Hip Replacement Surgery: Frequently Asked Questions & Postoperative Concerns

1. **Will I return to home or will I be discharged to inpatient rehab once discharged from the hospital?**
  - a. Most patients return home after discharge from the hospital. Most patients prefer to go home and feel more comfortable at home (quieter, cleaner which means less chance for infection) and recover faster. Please perform home exercises 2-3 times daily and walk every 8 hours (10-15 minutes) when awake.
  - b. Inpatient rehab is an option if you are not safe to go home. There will be a case manager who will assist you in making arrangements after surgery. Family/friends may be able to provide positive feedback on rehabs in your area.
2. **Will I receive homecare services when I return home?**
  - a. Homecare services will be provided only if required. This means that you will not have a nurse or physical therapist coming to your home unless this is planned ahead of time.
3. **Do I need formal physical therapy after surgery?**
  - a. All patients undergoing total hip replacement surgery are asked to begin outpatient physical therapy within 1 week after surgery. Regaining hip range of motion is a very important part of your recovery process which will be best accomplished in the outpatient setting. Make that appointment at a facility convenient to you and in-network with your insurance company. Ensure that you have a friend/family member to assist you with transportation to these outpatient physical therapy appointments.
  - b. Walking and performing your usual activities of daily living is the best therapy activity for you after your joint replacement surgery.
  - c. Walk with a walker/crutches initially but progress to a single point cane as soon as you feel comfortable. You are allowed full weight bearing as tolerated and range of motion as tolerated unless otherwise indicated by Dr. Stapleton.
  - d. While in bed, keep the operative leg elevated to decrease swelling and pain.
  - e. You may go outside, and we encourage you to do so.
  - f. Gradually increase your daily walking – both distance and length of time. You will be given exercises to do at home while in the hospital. You can ride a stationary bicycle.
4. **Do I have any restrictions?**
  - a. No running, jumping, sports, or other high impact activities...until you are seen in the office after surgery.
  - b. You will have posterior hip precautions, meaning do not flex your hip beyond 90 degrees and avoid crossing of the legs.
  - c. You may use the stairs immediately after surgery. It is suggested that you navigate 1 step at a time holding onto the bannister until you gain confidence.

- 5. Can I sleep on my side? Is it normal to have difficulty sleeping after surgery?**
  - a. You may sleep in whatever position you find comfortable including the side of your operation.
  - b. Some patients may experience difficulty sleeping and finding a comfortable position. If you are having difficulty sleeping, avoid naps during the day and limit your caffeine intake. If pain is limiting sleep, you may want to consider taking your pain medication prior to going to bed.
- 6. When can I drive?**
  - a. Driving is allowed if not taking narcotic pain medication and if you feel you are able to lift your leg to transition from the gas to the brake safely. It is best to wait a minimum of 2 weeks after surgery, or call our office first.
  - b. You do not need to be cleared by your surgeon to drive.
- 7. How long do I need to be on aspirin after surgery?**
  - a. Unless you were previously on a special blood thinner medication, we will prescribe you aspirin 81mg twice a day for 30 days after surgery. You should take this with food.
  - b. If you take a different blood thinner (xarelto, eliquis, plavix, lovenox, aggrenox, coumadin, pradaxa, etc.) please refer to the specific instructions provided to you upon discharge from the hospital. If you have any questions about this, please contact Dr. Stapleton's team.
- 8. When can I travel?**
  - a. You may travel up to 4 hours away (by car) if you feel comfortable in a car. You should stop and walk at minimum every 2 hours.
  - b. Airplane travel is best to be delayed for 4 weeks after surgery. There is no limit to airplane travel distance but we suggest you get up frequently and walk. **WE DO NOT ISSUE IMPLANT CARDS FOR SECURITY.** Your implants will likely set off the alarms and you should identify yourself to a member of the TSA as having a joint replacement.
- 9. When can I shower?**
  - a. You may shower the same day you discharge home from the hospital. Your bandage is waterproof as long as the edges are stuck to your skin.
- 10. How do I care for my incision? When can I remove my bandage?**
  - a. You should remove your surgical dressing 7-10 days after surgery.
  - b. The incision may have bumps & scabs which is normal. The area may appear dirty which is normal and is the residue from the surgical glue. Do not attempt to remove the surgical glue covering the wound. This helps to seal the wound and picking at the glue or using soaps/agents to remove the glue can result in harm.
  - c. If you have staples or sutures, they will be assessed for removal at your 2 week post-operative visit, if not the skin sutures will absorb on their own.
  - d. Do not apply lotions, creams, or ointments directly on the incision.
  - e. After you remove your bandage, you may allow soap and water to wash over the wound but you should avoid scrubbing over this area for 1 month after surgery. Pat the incision dry. No incision care needed.
- 11. When can I take a bath, swim, or go in a hot tub?**
  - a. You must wait until 1 month after your operation to submerge the operative site in water.
- 12. What is a normal diet after surgery? Will I experience constipation?**
  - a. You may resume a regular diet as tolerated. Alcohol is permitted, but only in moderation, and if not taking narcotics, 1 drink per day.
  - b. You may experience some nausea in the first 1-2 days after surgery but if this persists please contact our office. We do give medication to reduce its incidence. This may also be a side effect of the pain medication or the anesthesia. As nausea resolves, start to replenish fluids (drink water) and eat foods that are easy to digest (toast, saltines, etc.). If you experience

continued nausea/vomiting, then contact us immediately. Always take pain medication with food to decrease nausea.

- c. Constipation may also occur from the pain medications and decreased mobility. If this occurs, try to increase fluids, eat foods that are high in fiber (fruits, vegetables, beans, etc.). You may also purchase over-the-counter products such as senna, dulcolax, polyethylene glycol (ie: Miralax). If you have no bowel movement after 2 days you will need to take a laxative (example: Dulcolax, magnesium citrate (half bottle) or a Dulcolax suppository). If no bowel movement in 3 days, please contact our office or your primary health provider for further instructions.

**13. Is it normal to have pain after surgery?**

- a. Use the prescribed pain medications you were given upon discharge from the hospital. Keep your pain at a controlled level so that you are able to increase your exercises, activity, and get periods of rest and sleep.
- b. Dr. Stapleton uses a multi-modal pain medication regimen which helps you to stop taking narcotic medications as soon as possible. If you feel that your pain is not manageable or are confused as to which medications you should be taking, please contact our office.
- c. ALWAYS TRY TO STAY AHEAD OF THE PAIN, NEVER LET PAIN GO BEYOND 3/10. PLEASE REMEMBER TO TAKE YOUR PAIN MEDICATIONS APPROXIMATELY 1 HOUR BEFORE PERFORMING YOUR EXERCISES.
- d. Please note that prescriptions for Norco/Vicodin (hydrocodone/acetaminophen), Percocet, oxycodone cannot be prescribed over the weekend. Please make sure you contact our team Monday through Friday for these medications if you need additional pills.

**14. Is it normal to feel numbness around the incisional area?**

- a. Yes, it is normal to feel numbness which may resolve in 6 months to a year, but may be permanent.

**15. Is it normal for me to have a fever after surgery?**

- a. High temperatures or fevers are not unusual the first week after surgery. You may experience a temperature up to 101 degrees Fahrenheit. These temperatures are often intermittent and happen in the evenings. If you experience temperatures that persist and go above 101 degrees Fahrenheit, please contact our office.

**16. My surgical wound appears red. Is this normal?**

- a. Minimal redness can be normal as the stitches beneath the skin get absorbed. If you are experiencing this, please elevate the operative leg.
- b. If this is spreading or you are experiencing drainage from the incision, please contact our office.

**17. Is it normal to have bruising and swelling in my leg?**

- a. Swelling is normal and often increases about 2-3 days after surgery and with walking. Ice on/off every 10-15 minutes is helpful. Elevate the operative leg at heart level while in a reclined sitting position or lying flat. Do not dangle your leg for long periods (over 60 minutes) of time except while eating a meal during the first week after surgery. Swelling will travel down the leg to the ankle and foot area and can last well over 1 week from surgery.
- b. Bruising is to be expected after surgery. You may notice that bruising may affect the entire operative leg which may go as far down as the foot/ankles/toes. Sometimes the bruising will not become apparent until returning home. Please remember to elevate your leg and apply ice (20 minutes maximum), 4-6 times per day. Never put ice directly on the skin and always maintain a barrier with a sheet or towel between the ice and the skin. The bruising may persist for 4-6 weeks after surgery.

**18. Is blistering around the operative site normal?**

- a. Blistering can occur. Please contact our office for instructions on wound care for the blisters. Do not pop or drain the blisters. Keep intact.
- 19. When can I resume dental care?**
- a. We recommend that you wait at least 3 months from the date of the surgery for any elective dental procedures including cleanings.
  - b. You are no longer required to take oral antibiotics prior to any dental procedure after your total joint replacement surgery (this is a change from prior recommendations).
- 20. Can I have an MRI if I have a joint replacement?**
- a. Yes, your implants are MRI compatible.
- 21. Can I smoke cigarettes, cigars, or use other tobacco/nicotine products?**
- a. Most people are aware of the hazards that smoking can cause to their general health. But most people are not aware that smoking also affects bone and wound healing. Nicotine use increases risks of infection and poor wound healing. Thus, it is our policy that patients must not smoke at minimum 1 month prior to surgery and not restart until 1 month after surgery.
- 22. Where do I send my disability, return to work note/excuse for jury duty forms/paperwork?**
- a. Please forward all forms to Dr. Stapleton's clinical coordinator. Forms may be faxed to our office or dropped off at the office.
- May I obtain a temporary handicap placard?**
- b. Yes, please contact Dr. Stapleton's clinical coordinator.
- 23. When is my 1<sup>st</sup> post-operative appointment?**
- a. Your 1<sup>st</sup> postoperative appointment will be with Dr. Stapleton approximately 2 weeks after surgery. Please contact the office if you were not provided a date.
- 24. Do I need to go to the emergency room?**
- a. Please contact our office during regular business hours to discuss concerns regarding incision, redness, swelling or pain. Many concerns are able to be addressed over the telephone or you will be given an appointment to be seen on the next business day. If you need to go to the emergency room, please proceed to Greenbrier Valley Medical Center and a member of the team will see you.
  - b. If you are experiencing shortness of breath, chest pain, difficulty breathing or you feel as though your heart is racing, then you should proceed to your nearest emergency room.