Total Hip Replacement: Recovery after Discharge

WOUND CARE:
1. Remove Aquacel dressing 7 days from the date of surgery. You should have received an instructional sheet from the hospital on how to remove the dressing. Call 828-258-8800 if you did not receive these instructions. PATIENTS DISCHARGED TO A NURSING HOME WILL NEED AN APPOINTMENT MADE WITH DR. LANG FOR DRESSING CHANGE IN CLINIC.
2. Ok to shower with Aquacel in place. NO TUB BATHING FOR A MONTH FOLLOWING SURGERY.
3. Once Aquacel removed, apply betadine to sterile cotton ball and apply to wound. Cover with ABD or gauze pad. Do this 2x each day until your follow up appointment in clinic.
4. Between removal of the Aquacel dressing and the 2 week postop appointment with Dr. Lang, you should not get the incision wet.
5. Do NOT apply heat to your incision.
6. No Lotion, soaps, creams, or ointments to be applied to incision.
7. Do not trim incision sutures.

PAIN MANAGEMENT:
1. You have been discharged on several pain relieving medications, each of which is different in terms of how strong the medication is and how the medication works. Do not take if you have a known allergy.
   1. Tylenol (acetaminophen) - take 1000mg every 8 hours. This is a pain relieving medication. Do not exceed 3000mg in a 24-hour period.
   2. Lyrica - 75mg twice a day for TWO WEEKS. This medication acts to relieve nerve pain. You will not need a refill of this medication once completed.
   3. Oxycodeone (or other narcotic pain medication) - take 1 tablet every 4 hours only AS NEEDED for pain that is not relieved by the other pain medications. Do NOT take routinely every four hours if you are not having severe pain.
   4. Nausea is a common side effect of many pain medications. You will want to eat something before taking your pain medicine to help prevent nausea.
   5. Constipation is a common side effect of narcotic pain medication. You were discharged with a month’s worth of stool softener medication which should be taken for as long as you are requiring the narcotic pain medication. The stool softener can be discontinued when you no longer need narcotic pain medication.
2. Use conventional ice packs 4-5 times per day for 20 minutes at a time, particularly after performing physical therapy exercises. Put a towel between the skin and the ice packs.
3. It is very important to elevate the operative leg for at least 6 hours per day for the first two weeks following surgery. The leg should be elevated to the level of the heart on several pillows so that gravity works to get the swelling out of the leg.
4. No Anti-inflammatory medications such as Aleve, naproxyn, advil, ibuprofen, motrin until otherwise directed (usually at 6 weeks postoperatively).
HIP PRECAUTIONS:
If you had an ANTERIOR APPROACH hip replacement you do NOT have any precautions to follow as regards movements postoperatively.

If you had a POSTERIOR APPROACH hip replacement you need to follow these precautions for 3 MONTHS...
1. No bending waist past 90 degrees
2. No crossing legs
3. No flexing hip greater than 90 degrees
4. No twisting at the waist.

If you are not sure what type of hip replacement approach you had performed, call the clinic 828-258-8800 for clarification.

DVT (BLOOD CLOT) PREVENTION:
There are several options for prevention of blood clots following knee replacement surgery, including devices to squeeze the legs. Dr. Lang has chosen a regimen for you based on your particular risk for clotting weighed against the risk of postoperative bleeding. The particular information should be included in your discharge instructions from the hospital. If you do not receive these instructions or have any questions, call the office 828-258-8800.

DIET:
You may resume a healthy diet after surgery. Adequate nutrition and a diet high in protein helps promote optimal healing and decreases the risk of wound breakdowns and infection.

***Dr. Lang’s recommendations for optimization of nutrition:: Vitamin D 1000U daily, Calcium citrate 950mg daily and daily Multivitamin. Follow the recommendations of the nutritionist if you required one.

You will be sent home with a month’s worth of iron supplementation. Once that prescription is completed, you may begin taking a multivitamin with iron included.
Eating foods high in fiber will help combat constipation which is frequent following this operation.

MISCELLANEOUS:
No dental work (cleanings included) for 3 months from date of surgery. You will need antibiotics prior to ANY dental work, please contact your surgeon's office 828-258-8800 for further instructions.
Wear TED hose 12-23 hours per day for 6 weeks to prevent blood clots. OK to wash TED hose with cold water. Air dry to prevent from shrinking.

FOR PATIENTS DISCHARGED TO SKILLED NURSING FACILITIES (SNF):
Patients that get discharged to a SNF need to have an appointment made for a wound assessment and reapplication of an occlusive dressing (Aquacel) at postoperative day #7 in clinic.
SNFs are instructed to leave the bandage in place unless there is drainage reaching the border. If drainage reaches the border, they are instructed to call the clinic or on-call line, not remove the bandage themselves.

**IMPORTANT:**
Dr. Lang would prefer to see you himself or have one of his partners in the BRBJ Orthopaedic Urgent Care see you if there are any concerning issues to you during the postoperative period.
Please contact our office (828-258-8800) and seek medical assistance at one of our Blue Ridge Bone and Joint facilities, if you experience any of the following:
1. Fever greater than 101.5
2. Increased warmth, swelling, redness or pain at your incision/wound site
3. Drainage or bad odor at your incision/wound site
4. Numbness, tingling or discoloration of extremity
5. Inability to drink fluids due to nausea
6. Uncontrollable pain
7. Any other concerning symptoms

Please call 911 or go to your nearest emergency room if you experience any of the following:
1. Change in speech, vision or ability to walk
2. Chest pain
3. Decrease in urinary output
4. Difficulty breathing or shortness of breath
5. Seizures
6. Severe headaches, light-headedness
7. Any other concerning symptoms