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Total Hip Arthroplasty

Discharge Instructions

Comfort

- Discomfort increases 2-3 after surgery due to the injected medication wearing off. This can be helped by oral pain medication. It is safe and normal.
- **Cold therapy** – This will greatly reduce pain and will help with swelling for the first three days.
  - You may use it 20 minutes on, 20 minutes off, as often as you wish.
  - Always keep a cloth barrier, such as a towel, between the cold and your skin.
- **Medication**
  - For **anticoagulation** – you MUST take one 81mg aspirin daily for the first month to help prevent blood clots. This is the only mandatory medication.
  - For **nausea** – Zofran (ondansetron) as needed.
  - For **constipation** – over the counter remedies such as Colace or Miralax as needed. Both the anesthesia and the pain medication can cause constipation.
  - For **pain**
    - Celebrex (celecoxib) – 200mg once daily is recommended
    - A narcotic pain medication will be prescribed for you if it is deemed safe with your history and allergies. Try to manage your pain with ice and Tylenol and use the narcotic sparingly. Some patients find they do not need the narcotic at all. Common side effects such constipation, nausea and cognitive impairment may occur. Tylenol can be used as a step-down medication and is recommended as soon as possible. It is very common however, to use the pain medication at night to help sleep better or around the time of therapy so you can participate more comfortably.

Activity

- Full weight bearing as tolerated.
  - **We encourage you to walk, stand, climb stairs, and perform physical therapy exercises** as often as you can tolerate to improve the range of motion to your hip.
  - Please alternate activity with RICE (rest, ice, compression and elevation).
  - We would also suggest ankle pumps and circles when seated/laying for any period of time to help lower extremity circulation.
  - **Do not sit for more than 30-45 minutes at one time.**
- **You may use a walker, cane or crutches depending on your comfort level** until you feel more stable and the pain improves.
  - These devices are designed to help you feel more secure.
  - Be careful of transitions in home or at rehab between carpet and wood floors as sometimes the assistive device will catch at the transition point.
- There will be aching, swelling and limited motion for the first few weeks in particular.
  - **While pain can be controlled, unfortunately it cannot be removed completely**.
  - With this in mind, we encourage you to be as active as able despite the pain because it will help in the long-term.
- Driving -- If your procedure was on the right side, we typically see you fit to drive between 4-6 weeks. Physical therapy will help us determine when you are ready. If your procedure was done on the left side, you may be able to drive earlier if your pain is controlled.
  - At a minimum, no driving until you have stopped taking the narcotic. Please bear in mind **we want you to be safe and comfortable when you return to driving - this is a sliding scale depending on your progress.**

Wound Care

- Your incision is covered by a rectangular waterproof bandage. Leave this in place until your first appointment with us in the office.
    - **You may shower with the bandage in place**, though avoid soaking in a bath or pool.
- Please watch for drainage on the white portion of the bandage. **If more than 25% of the bandage is covered by drainage, please call our office.** Do not remove the bandage.
    - It was applied under sterile conditions in the OR and we do not want bacteria near the incision.

Diet

- You may eat anything you like, but it's advisable to choose light, easily digestible foods and to drink plenty of water the day after surgery. Some people experience nausea as a temporary reaction to anesthesia.

Call your physician if:

- You notice more than 25% of the bandage has become saturated with drainage.
- You develop a temperature over 100.3 degrees.
- You have persistent pain and / or swelling in your calf.
- The area around the incision becomes hot to the touch, red, intolerably painful, or swells suddenly. (Note some warmth, pain, and swelling are normal.)
- You have any questions or concerns. We are happy to talk to you at any time! If it is after hours, our answering service will page the PA on call and he or she will get in touch with you.

Hip Precautions – to be followed for 1 month

- Do not step backwards with surgical leg. No hip extension.
- Do not allow surgical leg to externally rotate (turn outwards).
- Do not cross your legs. Use a pillow between legs when rolling.
- Sleep on your surgical side when side lying.

Recovery Milestones:

Overview:

- Day 1 – Walk and climb stairs
- Day 1-3 – Begin PT
- Day 10 – Skin is closed. Deeper tissues continue healing.
- Week 5 – Discontinue anterior hip precautions
- Week 6-8 – Stop formal PT, continue HEP
- Month 3-12 – Continue strengthening and endurance training.

Physical Therapy Protocol

The following instructions are intended for your physical therapist and should be brought to your first physical therapy visit.

PHASE 1 – 1-3 WEEKS POST-SURGERY

1. Patient education
    i. Continue anterior hip precautions
    ii. Functional mobility / positioning training
2. Gait training
    i. With use of appropriate assistive device
    ii. Weight bearing status as directed by the physician
3. Strengthening exercises
    i. Quadriceps sets
    ii. Straight leg raises
    iii. Heel slides
    iv. Hip abduction
    v. Ankle pumps
4. Initiate closed kinetic chain exercises
    i. Proprioceptive/ balance training
    ii. 1/4 squats
5. Initiate scar mobilization after 10-14 days post-operatively as needed

PHASE 2 – 4 WEEKS POST-SURGERY AND BEYOND

1. Patient education
    i. Continue total hip precautions for 4 weeks
    ii. Continued functional mobility/ positioning training
2. Progress gait training
    i. Ramps/ uneven ground
3. Progress strengthening exercises
    i. Hip abduction sidelying at 6-8 weeks
4. Progress closed kinetic chain exercises
5. Conditioning
    i. Biking
    ii. Elliptical
    iii. Aquatic physical therapy