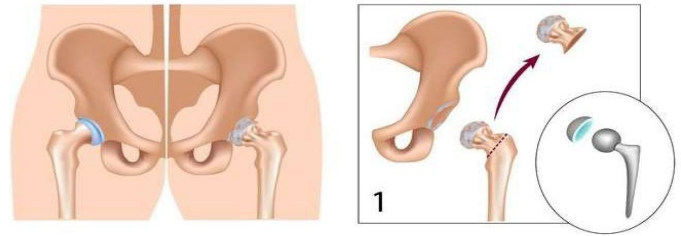


## Total Hip Arthroplasty (Hip Replacement)

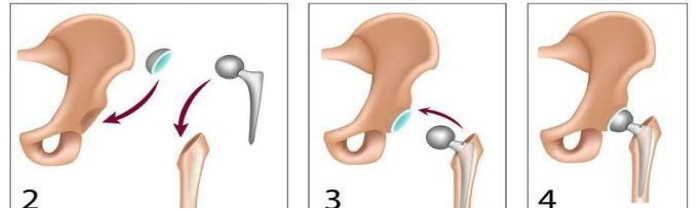
A total hip replacement involves replacing the regions of arthritic or damaged cartilage in your hip joint with prosthetic components (a new ball and socket). The new components are aligned and secured to the thigh bone and pelvis. The surgery takes approximately 1.5 hours.



### Recovery

A total hip replacement is an extensive surgery. **It is important to read through this document** to ensure your hip replacement is a positive experience and leads to a better quality of life. You should expect post-operative pain, which can vary for each patient. It can take 1 month to 1 year before you are pain free and back to all activities.

Recovery times for each patient vary. You will be given prescriptions to take after surgery. We expect that you will begin to wean from your pain medication as soon as tolerated post-surgery.



### Prior to Surgery

Share the information in this document with anyone who will be supporting you through this process. Additionally, **read the “PREPARING FOR SURGERY” document** for greater details on surgery preparation. Ask your surgical team for the “Preparing for Surgery” document if you have not received it.

**IMPORTANT:** Your surgery may be postponed if there is a change in your health status before surgery. If you begin experiencing a fever, rash, or cold, call our office immediately at (928) 773-2280.

**NO dental cleanings or dental procedures** may be performed **within 2-weeks prior to surgery.**

### Pre-Operative Testing

You will be required to go to a laboratory or testing center for basic pre-operative (pre-surgery) testing. Tests ordered may include blood tests, nasal swab tests, and electrocardiogram (EKG). Tests will be ordered at your pre-op visit, or sooner, and are expected to be done the same day at a designated outpatient service facility.

### Office Visit- Pre-Surgery

You will have a **mandatory pre-operative visit** at Flagstaff Bone and Joint, **2-3 weeks prior to surgery.**

During this office visit you can expect the following:

- Review of your current medications and discussion of medications to discontinue before surgery.
- Discussion of all necessary medications to be prescribed after surgery.
- Review of any pre-operative studies (“Pre-Operative Testing”) for surgery clearance.
- Review of surgery clearance information from your primary medical physician and/or specialist.
- The surgery facility team will ensure you will be discharged after surgery with any required post-surgery medical equipment such as a rolling walker. Per request, you may use a prescribed *non-rolling* walker or single-prong cane, which can be ordered at your pre-op appointment in advance.
- Cold therapy units are optional and available for purchase (cash-pay only). These devices provide cold therapy to your hip by circulating cold water from a main unit into a pad, which is placed around the hip. If you are interested, call our office at (928) 213-6231 to connect with our DME technician.

# What to Expect Day of Surgery

## The Hours Before Surgery

- Surgical and anesthesia consent forms will need to be signed.
- Pre-surgery sedatives and antibiotics will be administered to you through an IV.
- A nerve block will be performed by the anesthesiologist.
- Your hip will be shaved and cleaned with topical antiseptics Betadine, Hibiclens, **or Chlorhexidine**.
- You will meet with your surgeon in the pre-op area and your surgeon will answer any remaining questions you may have before surgery.
- Your surgeon will confirm and mark your surgical leg.
- You will be transferred to the operating room for your surgery.

## Immediately After Surgery

After surgery is completed, the anesthesiologist will gradually bring you out of **anesthesia**. You will be transferred to a recovery room, where you will wake up. You will have thigh-high compression stockings on both legs.

You will then be monitored in the recovery area for a few hours. Nurses will monitor your vital signs and keep you comfortable, administering any medications necessary for your post-surgery pain and/or nausea. The medications administered at the surgery center and the nerve block should provide excellent pain relief.

Immediately following surgery, you will be allowed to put full weight on your leg. A physical therapist will instruct you in walking with your walker.

You will be discharged home once the medical staff determines your pain is well managed, you can walk safely to the car with your walker, and all necessary medical equipment is acquired.

Plan to have someone drive you home and stay with you the first night (for at least 24 hours).

- **If you have surgery at Flagstaff Medical Center (FMC), or at the Arizona Specialty Hospital (in Phoenix), you might be admitted as inpatient to **stay overnight** (or to stay a few nights). Speak with your surgeon about your plan.**

**For 24 hours after anesthesia, and while taking opioid pain medication, you are deemed to be under the influence of drugs: do NOT drive, run machinery, drink alcohol, smoke, or make final decisions during this time.**

## The First Night after Surgery

- ~~Take your prescribed pain medication for the first 24 hours after surgery.~~
- Take first dose immediately upon arriving home, unless instructed otherwise.
- Pain medications will not take away all the pain but should increase your comfort level.
- Take pain medication with food, allowing 30-45 minutes for the medication to be effective.
- Take first dose of Meloxicam at 6:00 pm the night of surgery.
- Take other prescribed medication as indicated on page 4.
- Keep the surgical wound bandaging dry and intact.
- Keep your compression stockings on both legs.
- Note: the muscles in your leg may still be weak from the nerve block for approximately 24-hours following your surgery.

Call Our Office IMMEDIATELY if ANY of the following arise after surgery:

- Chills or fever above 101°F
- Severe nausea, vomiting, rash, and/or itching.
- Pain not relieved by oral pain medication.
- Sudden increase in leg pain and sudden increase in swelling in calf.
- Inability to urinate or empty your bladder.
- Signs or symptoms of infection including excessive redness, drainage, or significant hip/leg swelling.
- Discharge from the surgical wound that has an offensive odor.
- Opening (or pulling apart) of the surgical wound.

Flagstaff Bone & Joint:  
(928) 773-2280

If you have trouble breathing or chest pain, call 911.

If you feel you need URGENT MEDICAL HELP, please call 911 or go to the nearest hospital.

## IMPORTANT GUIDELINES Post-Surgery

**Dentist or Colonoscopy:** You **cannot** go to the dentist (even for a routine cleaning) or have a colonoscopy for 3 months following surgery due to risk of infection.

- These procedures may increase the risk of bacteria entering the bloodstream and traveling to your new hip joint.

**Icing:** Ice the hip at least every 1-2 hours for 15-20 minutes at a time for at least the first **3-days** after surgery. Continue to ice as needed throughout the first two-weeks. Always place a barrier between the ice pack and your skin to prevent freezing the skin. Do not put a heating pad over the incision/surgical wound. You may use a heating pad on other areas of the legs or body for aches or muscle spasms.

**Swelling, Bruising, Numbness:** Swelling into the lower leg is common following surgery and may extend into the foot and toes. The thigh, knee, and lower leg may become very discolored and bruised and may hurt away from the surgery site. It is common for your leg to feel warm. If any of these symptoms worsen or appear severe, including increased numbness or tingling, call the office.

**Bathing:** You will be expected to take **SPONGE BATHS** for the **first 2-weeks** after surgery. You may shower **ONLY if** you can keep dressing well covered and your hip stays completely dry (for example, by using plastic wrap and tape to seal your surgical area from water).

- Ensure all surfaces inside and outside of your shower are non-slip. Consider using non-slip safety shower mats or shower chair to decrease risk of falling.
- When entering the shower, place walker into shower for support. Step in with your surgical leg first. If the walker does not fit in the shower, step in backwards using your non-surgical leg first.
- **No pools or soaking** until cleared **after 6-week** follow-up appointment.

**Toilet Use:** DO NOT attempt to use your walker to pull yourself up to standing from the toilet seat; the walker is not stable. Instead, push from the seat or railing and reach forward with one hand at a time to your walker.

- In public, use handicapped restrooms. Use additional supports provided, such as grab bars.

## Medications to Take After Surgery

You will be prescribed medications to take after surgery. These medications include opioid (narcotic) and non-opioid medications to help with pain, a blood thinner to help prevent a blood clot, a stool softener (laxative) to relieve constipation, as well as antacids and anti-nausea pills to take as needed.

**We request 72-hours to process medication refills. Please notify us if you need a refill before you run out.**

**Pain Relievers (non-opioids):** take both medications on a scheduled basis for 30-days after surgery.

- **Meloxicam 15 mg:** take 1 tablet, by mouth, every day at 6:00 pm (*helps treat inflammation*).
  - BE SURE TO TAKE WITH FOOD TO AVOID UPSET STOMACH
- **Tylenol (Acetaminophen) 1,000 mg:** take 1 tablet, by mouth, every 8 hours (*for pain relief*).

\*Ice and elevation are also very beneficial to help to control post-operative pain.

**Opioid Pain Medication:** you'll be prescribed one of the following to take as needed after surgery.

- **Tramadol 50 mg:** take for breakthrough pain, *do not exceed* 1 tablet, by mouth, every 8 hours.  
**or**
- **Oxycodone 5 mg:** take for MODERATE to SEVERE pain, 1 tablet, by mouth, every 6-8 hours as needed.

\*If your pain remains poorly controlled despite taking the medication as instructed, please call our office so the appropriate changes can be made.

**Blood Thinner:** you'll be prescribed a blood thinner to help prevent a blood clot.

- **Aspirin 81 mg:** take 1 tablet, by mouth, twice daily, for 4 weeks.  
**or**
- If you have a history of blood clots, or are already on a blood thinner, you may be given a blood thinning protocol specific to you.

\*Frequent standing & walking to be performed *in addition to* taking blood thinner to prevent blood clots.

**Stool Softener/Laxative:** treats constipation by softening your stool to make bowel movements easier.

- **Colace 100 mg:** take 1 tablet, by mouth, twice daily (as needed for constipation).
- Drink plenty of water, about 8 glasses a day or more. Eat foods that are high in fiber such as whole grains, beans, fruits, and vegetables and limit dairy products to help prevent constipation.

\*If constipation persists despite taking Colace, MiraLAX and/or Senna may be added. If these do not work, milk of magnesia and enemas may be used. These medications are available at your local pharmacy over the counter (*does not require a prescription*).

**Antacid:** helps reduce risk of stomach ulcers while taking aspirin.

- **Famotidine 20 mg:** take 1 tablet, by mouth, twice daily (until no longer taking opioid pain medication).

**Anti-Nausea Pill:** to use as needed if the narcotic pain medication causes nausea or vomiting.

- **Ondansetron 4 mg:** take 1 tablet, placed under the tongue, every 6 hours, (as needed for nausea/vomiting).

\*Most nausea is relieved by reducing oxycodone dose or frequency.

## Activity After Surgery

**Walking:** Walk for 5-minutes, every hour, throughout the day (when you're awake). Gradually increase your activity and walking every day. If increasing your activity causes increased pain (pain lasting more than 2 hours), reduce activity accordingly. Rest and ice after walking and other activities.

**Stationary Biking:** Riding a stationary recumbent bike is a great option, in addition to the home exercises on pages 7-9, to regain strength and motion at the hip.

**Driving:** You may not drive until cleared by your physician. It is illegal to drive while taking opioids (narcotics). You may be released to drive once you are **no longer taking pain medication and** the following is met:

- **LEFT hip surgery:** If you drive a manual transmission, you may drive only once you have good muscular control of the leg to efficiently operate the clutch, and you are cleared by your physician. If you drive an automatic, you may drive once you can comfortably get in and out of a vehicle.
- **RIGHT hip surgery:** you should not drive until you have good muscular control of the leg and are able to brake quickly, and effectively, and you are cleared by your physician.

**Exercises:** It is important to complete your prescribed **home exercises (on pages 7-9) at least twice a day.** Performing these exercises and maintaining motion at the hip is extremely important, especially in the first two-weeks after surgery. **Starting your home exercise program prior to surgery is also beneficial to a better outcome after surgery.**

## Post-Surgery Precautions:

**Using Walker:** Use your walker whenever you are walking or standing. Do not use walker to pull yourself up from sitting position; it is not stable. Rather, push yourself up with one hand, and grab walker with other hand. Use a small grocery bag tied to walker to carry belongings; do not lift or carry items while walking.

**Entering Vehicle:** To enter passenger seat in car; push seat all the way back. Back up to seat using walker, then reach backwards to feel the chair seat and slowly start to lower yourself, reaching back with other hand as you sit.

**Stairs:** "Up with the good leg, down with the bad." To go up stairs, step up onto first step with your non-surgical (good) leg, then follow with your surgical (bad) leg, and opposite for going downstairs (bad leg first). Use walker for a curb/single step only. Use handrail or cane for support instead of walker on stairs or multiple steps.



"Up with the good leg."

### Other:

- **Get into bed** with non-surgical leg first, and out of bed with surgical leg first.
- Avoid cords, small pets, and remove throw rugs to minimize risk of falling.
- **DO NOT drive** until cleared to do so by your doctor (*reference above for more driving details*).
- Ensure you have adequate room at the side of your bed to walk with walker.
- Avoid pivoting or twisting on the surgical leg & avoid walking on slippery or unstable surfaces.
- Avoid pushing yourself to exhaustion with activity & avoid reaching far overhead or down low.
- To minimize risk of injury, *slide* any bowls, containers, pots, pans, along the counter. Do not carry them.

# Incision / Bandage / Stockings

## Incision Site

- Keep incision (surgical wound) clean and dry until your 2-week follow-up visit.
- Wear clean clothing and use clean bedding to avoid infection.
- Look for any signs of infection, including presence of drainage, excessive redness, and for large amounts of swelling or bruising. **DO NOT** remove the adhesive surgical bandage. Leave the adhesive dressing in place.
- Do not apply any creams, lotions, or ointments to the surgical area.
- If bloody drainage is noted coming from the surgical wound after you return home, **CALL US IMMEDIATELY** at (928) 773-2280.

## Surgical Adhesive Bandage

- Keep the bandage in place until your 2-week post-operative visit in the office.
- If you feel the bandage needs to be removed prior to your visit, call Flagstaff Bone and Joint.

## Thigh-High Compression Stockings

- Must be worn 24/7 for 2 weeks on both legs to help prevent blood clots.

# Post-Surgery Timelines

Most people can return to work doing seated duties within 1-2 weeks as tolerated. You should expect post-surgery pain, which varies for each patient. It can take 1 month to 1 year before you are pain free and back to all activities. Recovery times vary for each patient. **Below are general guidelines on what to expect after surgery.**

**Home Exercises:** most patients recover well after surgery with daily walking and performing the home exercise program on pages 7-9. However, if you would prefer to do formal physical therapy after surgery, discuss with your surgeon.

**Follow-up Appointments:** Below are the typical scheduled follow-up appointments after surgery.

- 2 weeks (with x-rays)
- 6 weeks
- 3 months (with x-rays)
- Annually (with x-rays)

**IMPORTANT:** although you may feel that you are doing extremely well after surgery, it is important to still attend all routine follow-up appointments at 6 weeks, 3 months, and 1 year from the date of your surgery.

## 2-Week Follow-Up Visit

During your scheduled office visit at two-weeks post-surgery, you can expect the following:

- Removal of your bandage, and assessment of your surgical incision.
- Evaluation of your pain levels and your day-to-day function.
- Assessment of hip motion.
- Discussion of discontinuing your compression stockings.
- Likely permission to resume activity as tolerated.

## Long Term Expectations

The components of your new hip joint are the result of extensive research, but, like any device, its lifespan depends on how well you care for it. To ensure longevity of your new hip, it is important you take care of it appropriately.

**Illness/Sickness:** Infections of the hip joint after surgery are not common. However, bacteria from other wounds or infections can travel to, and gather around, the metal components of your hip replacement, infecting the joint. If at any point you become sick with an infection or high fever, you should contact your primary care physician immediately for early treatment.

**Deep/Dirty Cuts or Infected Bug Bites:** After having a total hip replacement, if you sustain a deep and dirty cut, or have an infected bug bite, you will need to take antibiotics. Please call our office to obtain a prescription.

**Future Surgeries:** Moving forward, if you undergo *any type* of surgical procedure, no matter how minor, **you must take antibiotics both before and after your surgery. Prior to having another surgery performed, inform your surgeon that you've had a hip replacement.**

**Sports & Activities:** Your new hip is designed for activities of daily living and lower-impact sports. Lower-impact activities (including walking, cycling, and swimming) are highly recommended to stay active and in good health. Higher impact activities (including running, jogging, jumping, or heavy lifting) may compromise the function and longevity of your new hip and should be avoided.

## Home Exercise Program

The following exercises will help your recovery from your Hip Replacement. **Perform at least twice a day.**

### Elevated Ankle Pumps



Elevate your lower leg on a stack of pillows while lying on your back. Then, bend your foot up and down at the ankle. Perform this exercise as much as possible throughout the day to prevent blood clotting and reduce swelling.

**Repeat 20 times.**

**Perform throughout the day while at rest.**

### Quad Sets (towel under knee, optional)



While seated (or laying on your back), straighten the surgical leg in front of you while pressing the back of your knee down into a rolled towel (or the ground) by tightening your thigh muscles. Hold for 3 seconds, pressing down into the towel or ground, then release. Maintain normal breathing, do ***NOT*** hold your breath.

**Repeat 20 times.**

## Home Exercise Program- Page 2

The following exercises will help your recovery from your Hip Replacement. **Perform at least twice a day.**

### Gluteal Squeezes



Lie on your back. Then squeeze your gluteal (buttocks) muscles, hold for 3 seconds, then release. Always maintain a normal breathing pattern, do NOT hold your breath.

**Repeat 20 times.**

### Abdominal Bracing

①



While lying on your back, tighten your stomach muscles (core). As you draw in your belly button, press your lower back flat against the ground. Hold this position for 5 seconds, then release.

**Repeat 20 times.**

②



### Heel Slides



Lie on your back with both legs straight. Then, slide the heel of your surgical leg toward your bottom as far as you can, straighten your leg back out, and repeat.



**Repeat 20 times.**

### Supine Marching



While **lying** on your back, with your knees bent, pull in your abdominals (i.e. activate your core muscles), and slowly lift one foot a few inches off the floor. Hold this position for a moment, then slowly lower the foot back down. Alternate between lifting your right and left foot, while using your stomach muscles (core) to keep your spine and pelvis from moving.

**Repeat 20 times.**



## Home Exercise Program- Page 3

The following exercises will help your recovery from your Hip Replacement. **Perform at least twice a day.**

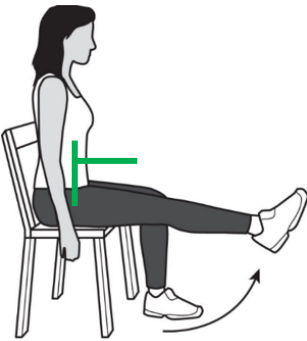
### Pillow Squeeze (hip adduction)



Lie on your back with your knees bent. Place a folded pillow between your knees. Press your knees together, squeezing the pillow firmly. Hold for 5 seconds, then release.

**Repeat 5 times.**

### Seated Knee Extension



Sit upright on a chair or couch with both feet flat on floor. Lift your foot, trying to straighten the knee as much as you can while using your thigh muscles. Hold this position for 1-2 seconds, then relax.

**Repeat 20 times.**

### Heel/Calf Raises



While standing (and using chair or countertop for support), raise up onto your toes, lifting your heels off the ground.

**Repeat 20 times.**

### Walker Squats



While standing with your walker, bend your knees to do a small squat (lowering about 3-4 inches). Return to a standing position. Position a chair behind you (under your buttocks) in case you have difficulty returning to a standing position.

**Repeat 20 times.**