

Dr. Nuelle Total/Partial Hip Replacement: Discharge Care Instructions

Your Recovery

Thank you for allowing us to help you with your hip replacement surgery. We hope that you had a good stay with us. These discharge instructions are meant to help remind you of how to help us provide the best care to you while you continue your recovery at home.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your health care team if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

How Can You Care For Yourself at Home?

Activities for Daily Living

- **Diet**
 - You should be able to get back to your usual diet at home.
 - Some patients will lose weight in the first 1-2 weeks after surgery. This is normal.
- **Showering**
 - If your dressing is clean and dry, you may shower as directed by your surgeon.
 - You will change the dressing after 5-7 days as directed by your surgeon.
 - If you can see the wound drainage on your dressing, you should not shower, sponge bath only.
- **Exercise**
 - Please look at Physical Therapy notes below on instructions for exercises.
- **Lifting**
 - Do not lift anything heavier than 10 pounds.
 - Do not lift weights for 12 weeks.
- **Driving**
 - You are not allowed to drive until cleared by your surgeon. Your reaction time should get back to normal within 4-6 weeks of surgery.
 - When you return to driving, do not drive while taking pain medications.
- **Work/School**
 - Your surgeon will let you know when you are able to return back to work/school at your follow up appointment.

Weight Bearing

- You may put full weight on the leg of your hip replacement.
- You will start using a walker or crutches like you did in the hospital. You will be allowed to progress to a cane or to walking without an assistive device when your walking is back to normal with the assistive device you are using.
- You will have posterior hip precautions (PHP) in place for 6 weeks after surgery.

Physical Therapy

- You will be working on exercises at home that you were shown before or during your hospital stay.
- You may be working with a physical therapist in your home or may work with them in a clinic.

Hip Stability

You have had a hip replacement surgery and your surgeon recommends that you follow dislocation precautions to prevent posterior (back of the hip joint) instability.

- You should avoid allowing the thigh to come up beyond a 90-95 degree angle from your waist/body.
- You should avoid allowing your thigh to come across the midline of your body when you are sitting in a chair or getting up from a seated position
- You should avoid allowing your knee to rotate inward or allowing your foot to rotate outward
- When putting on socks/shoes it is better to use an assisting tool or rotate your knee outward while putting them on reaching between your legs. Don't reach around the outside of your thigh in order to put your socks/shoes on.
- You should use your arms to help you to get up from a seated position. You should never lean forward to pick objects up from the floor while you are sitting in a chair.
- When you are picking objects off the floor, keep your legs at shoulder width apart or wider with your toes pointed outward
- You may cross your ankles when sitting in a chair. We do not recommend that you cross your legs at the knee level.

Incision/Wound/Injury Care

- It is important not to touch your wound or to allow it to get wet before your staples or sutures have been removed.
- It is not uncommon for wounds to have some fluid draining from them during the first 3-5 days after surgery.

- If your wound is draining for more than 7 days after surgery, you should call your surgeon's office.
- Never apply Neosporin or Bacitracin ointment on or near your wound.
- Your first dressing change will occur 5-7 days after surgery. If you have home health, your nurse or physical therapist may assist you. You are being discharged with waterproof dressings to take home with you.

Dry Wound

If you have a dry wound after your first dressing change, you may place one of the waterproof dressings on your wound.

- Make sure the edges are nicely sealed and then you may shower.
- Change the waterproof dressing every 5-7 days until your sutures, staples, or other wound closure device have been removed.

Draining Wound

If your wound is draining, place an absorptive dressing over the wound. You can fold a 4X4 Gauze pad in half to fourths and place pressure on the wound and this may help to slow down the drainage.

- You may place the waterproof dressing over the 4X4 Gauze pads.
- If your dressing is clean and dry, you may put the waterproof dressing on and shower.
- You or your home health nurse will change the dressing every 1-2 days until the drainage from the incision has stopped.
- If you can see the wound drainage on your dressing, you should not shower, sponge bath only.
- If the wound is still draining 7 days after your surgery, you need to call your surgeon's office.

Suture/Staples

If your wound has sutures or staples over the skin, these will be removed between 14-21 days after your surgery. The time for suture/staple removal is directed by your surgeon.

- Once the sutures/staples have been removed you may allow the wound to get wet in the shower.
- Do not scrub the wound in the shower or when drying the wound.
- Pat it dry with a clean dry towel.
- Do not submerge your wound in water, including a bath, hot tub, swimming pool or any other body of water, until the wound is fully healed.
 - This will generally be 4-6 weeks after surgery.
 - You should not go swimming or get in a hot tub until your surgeon clears you for this activity

Wound Problems

Problems with skin wounds/incisions are uncommon, but should be brought up with your surgeon as early as possible.

- If you notice any of the list below, please call our office immediately.
 - Incision/wound is red
 - Becoming more painful
 - Draining fluid
 - Separating

Thigh/Leg Swelling

Leg swelling is normal after surgery. Over 95% of the time it is just a response to the surgery and healing process. It will slowly get better within 3-6 months for most patients.

- You may apply an ice pack over your dressing to help with around your hip. Please place a towel or other cloth between the ice-pack and your leg to keep the skin from getting too cold.
- If you have swelling in your legs or feet, you can lie down and elevate your legs as needed to decrease swelling. If you have compression stockings (TED hose), you may wear these during the day to help control swelling from being on your feet.

Blood Clot Prevention

You have been asked to wear one or more devices on your legs to help prevent blood clots after your surgery.

Compressive Stockings (TED Hose)

These can prevent blood from pooling in your legs if you can use them correctly. You don't need to sleep with them on.

- You put them on first thing in the morning before your leg can swell.
- They are used for the first 3 weeks after surgery.
 - Remember your hip precautions while taking them on and off.

If they just keep curling and binding in, then they are not working and should be taken off.

Medications

You will be discharged with the following medications that are related to your hip surgery.

- Blood Thinning Medication if not taking any such medication prior to surgery (Aspirin): This is being used to help prevent blood clots from forming in your leg or lungs. You will be taking one tablet (325 mg) every day for 6 weeks.
- Do NOT take any other blood thinning medications while taking this medication unless told by your surgeon.

- Blood Thinning Medication if taking such medication prior to surgery (Lovenox): This is being used to help prevent blood clots from forming in your leg or lungs.
 - You will receive one shot per day until your normal blood thinning medication levels have been reached.
 - Do not take any other NSAIDS (Ibuprofen, Excedrin, Advil, Aspirin, Aleve) while taking this medication, with the exception of Celecoxib.

Anti-Inflammatory Medication (Celecoxib)

This medication has been shown to be effective in helping with reducing pain and inflammation that is caused from surgery. Your insurance may not cover the cost of this medication.

- You will be given a prescription for 2 weeks of medication, if you can take this medication.
- If you have a history of bleeding from your stomach or intestines, stomach upset, an allergy to anti-inflammatory medications (NSAIDs), kidney disease, or an allergy to sulfa medications you should not be taking Celecoxib.
- If your insurance does not pay for Celecoxib, we can prescribe Meloxicam as an alternative medication for use.
- Do not take any other NSAIDS (Ibuprofen, Excedrin, Advil, Aleve) while taking this medication.

Pain Medication (Hydrocodone, Oxycodone or Hydromorphone)

You are being discharged with one of these medications to help you manage pain. Our goal is to help make your pain manageable and to allow you to work with physical therapy to make your hip strong.

- At first, you may need the medication as much as the prescription allows.
- Over time, you should be able to decrease how much or how often you are taking the medications.
- You should not need the stronger pain medications by 4-6 weeks after surgery.
- At that point, you should be able to take Tylenol or anti-inflammatory medications.
 - Avoid taking more than 3,000 mg of Tylenol (acetaminophen) in a day.
- If you need a pain medication refill, please call during daytime hours. **Pain medications cannot be refilled on nights and weekends.**

Stool Softener (Senna or Docusate)

Less walking, pain medications, and drinking less liquids can lead to constipation. You are being discharged with a medication to help prevent constipation.

- If you are having difficulty with return of normal bowel function while at home, please call our office.

When Should You Call For Help?

Contact Our Nursing Staff if You Have Any of the Following Concerns:

- Chills / Fever with a temperature greater than 101 degrees Fahrenheit (38.5 Celsius).
- Increased redness with warmth and swelling, or bleeding/drainage from the wound
- Nausea / Vomiting not relieved with medications intended to help with this.
- No bowel movement for 2 days in a row
- Separation of the edges of your wound
- Swelling, numbness, or increased pain in your arms or legs
- Concerns that could be related to a blood clot (less than 2 of 100 patients)
 - Pain in the calf, back of knee or thigh; with new fever, swelling
- Concerns that could be related to decreased circulation (less than 1 in 500 patients)
 - Pale, blue/purple color, increased pain, and/or cool to touch in your arms or legs
- If the wound is still draining 7 days after your surgery, you need to call your physician's office and return for your surgeon to look at your wound.
- Our office contact information is as follows:
 - Our office: 210-804-5995
 - TSAOG main line: 210-804-5400

Call Your Doctor Now if you experience any of the following:

- If you have not been given a restriction on your motion, and you are having any problems getting your hip fully straight.
- If you have concerns related to your hip or overall health besides an emergency.
- If your concerns are more related to medical conditions that you had before your surgery, we will help you address these with your primary or referring physician.

Call 911 Anytime You Think You May Need Emergency Care. For example, call if:

- You passed out (lost consciousness).
- You have severe trouble breathing.
- You have sudden chest pain and shortness of breath, or you cough up blood.