

## **TOTAL HIP ARTHROPLASTY**

It is important to us that all of our patients know what to expect before surgery, during their hospitalization and after surgery. We are fully committed to providing outstanding care to our patients. Please communicate any questions or specific needs regarding your surgical care.

### **Office Visits**

Planning begins with your first visit. At this visit, x-rays of your hip, a health history, including current medications and other medical problems are discussed. The objective of the first office visit is to determine whether hip surgery is necessary. This decision is based on many factors including the degree of pain, the severity of limp, extent of activity restriction and your overall dissatisfaction with your hip condition. Your current health status is also an important consideration. After evaluating your x-rays and performing a complete physical exam, Dr. Clohisy will discuss the relative advantages and disadvantages of the surgical procedure and what the outcome should be.

### **Radiography**

You may already have x-rays of your hips, but we may request that new x-rays are taken. Specific views with the hip in various positions are necessary so we can define the bony anatomy of the hip and make individual plans for surgery.

## **Scheduling Surgery**

Once a decision has been made to have surgery, we will schedule the procedure. We will provide you with our hip journey guide to assist you with your surgical planning and instructions. Several factors influence the surgery date. The most important factor is your general health. The anesthesia department requires each patient to go through pre-admission testing. This testing is done at The Center for Preoperative Assessment and Planning (CPAP). This testing will be scheduled for you through Dr. Clohisy's office. This will be done within 30 days of surgery. A full history and physical is obtained at this visit. Any other test that may be required is also done, such as, blood work, urine tests, chest x-ray, or EKG. You will discuss with the anesthesia department your plan of care for spinal anesthesia. You will also be scheduled for joint class on the same day. This is a nurse and therapist who go over all the instructions prior to surgery. Both appointments are mandatory.

We will also help you obtain the necessary equipment needed to maintain your independence and hip precautions after surgery. This information will be provided to you at your office visit.

**PRE-SURGERY INSTRUCTIONS:**

**5 days before surgery please** stop all oil soluble vitamins (fish oil, omega 3, and etc.), multivitamins and vitamin E only, herbal supplements (ginkgo biloba, glucosamine-chondroitin, etc.), anti-inflammatory medications (Advil, Motrin, Ibuprofen, Naprosyn, Aleve, Celebrex, Voltaren, Mobic, Meloxicam, Etodolac, Lodine, Indomethacin, Indocin, and etc.), and hormone replacement medications (Estradiol, Prempro, and etc.).

**Blood thinning medications** such as aspirin or aspirin based products should be stopped 7 days before surgery

Prescription anticoagulant medications (Plavix, Clopidogrel, Coumadin, Warfarin, Pradaxa, Xarelto, Eliquis, Effient, Jantoven etc) should be stopped as directed by Dr. Clohisy's office.

**Birth control pills (BCP)** should stop at end of menstrual cycle prior to surgery and stay off BCP for 2 cycles. Do not start a pack that you would not complete prior to the surgery. Another form of contraception should be used.

**\*\*\* You may continue any Tylenol product one week before surgery as needed for pain as directed on the bottle.**

- You must be healthy and free of any cold or infections. You must not have any open wounds, skin sores or rashes at the time of surgery. Please notify the office if you do.
- Leave money, jewelry, and other valuables at home.

The night before your surgery: You should have **nothing to eat after midnight.**

The day of your surgery: **You may drink clear liquids until you have been instructed what time to stop.** (You may drink liquids up to two hours before surgery). Generally at least 24 ounces.

Clear liquids include:

Gatorade	Soda	Apple Juice	Kool-Aid	Lemonade
Tea	Black Coffee	White Grape Juice	Chicken/Beef broth	Chicken/Beef bouillon
Crystal Light	Popsicles	Plain Jell-O	Water	

- Follow skin preparation instructions: You will be provided in your journey guide decolonization therapy instructions that will begin 5 days before surgery.

## **SURGERY DAY AND THE HOSPITAL COURSE**

On the day of surgery, you will report to the same day surgery area and be checked in by the admission nurse/team. You will then be assisted to a holding area where a member of the anesthesia team will start an IV in your arm and place a spinal anesthetic for surgery. You will also meet the operative team. During surgery your family will be asked to wait in the hospital surgical waiting area. A receptionist will be available to answer questions and keep family members posted on progress as the operative team informs them every two hours. After surgery you will be taken to the post anesthesia care unit (PACU). Most patients stay in the PACU for 2-3 hours before going to the orthopaedic inpatient unit.

### **Orthopaedic Unit Admission**

Upon arriving to the orthopedic floor, a nurse will review your history and surgery performed. The nurse will familiarize you with your room and the floor routine. Your vital signs will be checked as ordered by your surgeon. Active care pumps on your calves will be used to help prevent blood clots. The incision will be covered by a bandage. There may be surgical drainage tubes from underneath the bandage that collect blood from the wound and an IV will be used to administer antibiotics and pain medication. You may receive oxygen through nasal cannula for 24 hours to help you breathe. Vital signs will be taken frequently and will become routine after the first several hours.

### **Pain Management**

Immediately following surgery, we will manage your discomfort by using intravenous and oral pain medications. After the first few hours you will take oral pain medication to control your discomfort. You will begin to feel progressively better each day and the postoperative discomfort will diminish.

## **Postoperative Physical Therapy**

You will get out of bed within 4 hours of arrival to the unit. On the first day most patients will start physical and occupational therapy. You will be full weight bearing unless otherwise indicated and have certain hip precautions. The physical and occupational therapist will show you all your restrictions and exercises including gait training with an assistive device. They will also work with your activities of daily living and show you how to ascend and descend stairs.

If you are having a complicated or revision surgery, Dr. Clohisy may recommend wearing a brace. The brace is worn to maintain hip stability and prevent future dislocations. It prevents movement of the hip, keeping it in proper position until the tissues heal and the muscles around the hip become stronger. The brace is usually worn 24 hours a day for 6 weeks and allows you to be active without risking dislocation or jeopardizing healing. Each brace has removable padding which is washable. An occupational therapist will show you how to manage activities of daily living while wearing your brace.

## **Discharge Planning**

Before discharge to home, a case coordinator will be assigned to each patient and will make sure that each patient receives physical therapy in the hospital, family training on how to manage at home, and necessary home care services.

A normal hospital stay is 1 day. You will be homebound for approximately 1-3 weeks after surgery. You may need help getting in and out of bed safely, going up and down stairs, bathing, getting a meal, putting out the trash, or caring for a pet. You must make arrangements for someone to be with you for 24 hours/day after you go home until they feel you are safe at home alone and can get out of your house safely in case of an emergency. We think home is the best place for patients to recuperate with the help of family and friends. You are not allowed to drive until full weight bearing, have complete control of the

operative leg, and off narcotic pain medication. Most patients with a desk job can return to work between 4-6 weeks, while a manual laborer or more active worker should return 3 -4 months after surgery. You may return to work when you are ready and the hip is healed.

### **Follow- up visits**

Follow-up examinations are very important. Visits are scheduled at 6-8 weeks. Depending on your progress at that time, you may return on an annual basis.

## **TOTAL HIP REPLACEMENT--posterior**

**Appt:** \_\_\_\_\_

Questions and answers about recovery after total hip arthroplasty



**WBAT:** \_\_\_\_\_

**TTWB:** \_\_\_\_\_

**50% WB:** \_\_\_\_\_

**BRACE:** \_\_\_\_\_

After your hip replacement surgery, you may have questions about physical therapy, activity restriction, medications, return to work, and follow-up. The recommendations below should address many of these issues.

- **Should I continue Physical Therapy?**

Yes - Postoperative physical therapy is a very important part of your recovery. It is important to continue therapy to work on hip muscle strengthening, gait training, and progression from a walker or cane. You will likely require 2-3 months of therapy before you have maximized your recovery. Please call us if you need a new referral, or if you have any questions about your physical therapy program.

You will use the active care pumps for a total of 10 days. You must wear those 23 hours a day.

- **When can I discard the walker or cane?**

Whenever you are comfortable walking without an assist device, you may progress to the next level (walker → cane → nothing). Your physical therapist will provide useful feedback about the timing of this transition. In general, you will use an assistive device until you can walk without a limp.

- **How should I treat the hip incision?**

Generally, moisturizers, lotions, and creams are not recommended for the first 3 weeks after surgery. The normal skin healing process will complete its course. If there are any problems with the incision, especially drainage of fluid, bleeding, redness, pain or swelling- please call us immediately.

- **What about Dental work and antibiotics?**

We recommend prophylactic ("protective") antibiotics prior to dental work in order to reduce the risk of an infection spreading to your hip replacement. In addition, for any major, invasive procedures (examples: cystoscopy, colonoscopy, surgery of the bowel/bladder/prostate or digestive tract or gynecological procedures) antibiotics will likely be required. Please ask your treating physician or call our office for an antibiotic prescription. We prefer the use of prophylactic antibiotics indefinitely. **PLEASE WAIT 6 MONTHS BEFORE ANY ROUTINE DENTAL CLEANING.**

- **When can I begin driving?**

When you are bearing full weight on the extremity and you are comfortable with driving.

- **When can I return to work?**

If you have a light duty/desk job, you may return to work as soon after surgery as you are comfortable. Physically demanding jobs may 3 months of recovery before returning to work.

- **When can I stop the hip precautions (raised toilet seat, etc.)?**

You may ease up on the hip precautions when instructed. Then, you may sit in a regular chair, discard the pillow between your legs at night, and discontinue the raised toilet seat. However, the principles of hip precautions, such as avoiding extreme bending forward/ (flexion) and crossing your thighs should be maintained for the life of your hip replacement. These are individualized precautions. Please refer to your instructions.

- **What kind of activities can I resume?**

You may gradually advance your activities, beginning with walking and activities of daily living. Once you are comfortable with these activities, you may gradually begin exercising. Stationary bicycle, swimming, water exercises, and non-impact activities are encouraged. You may advance to more strenuous activities as tolerated (tennis, golf, and hiking) after 3 months.

- **Can I travel and go on vacation?**

Yes. It may be useful to take your cane/walker with you, in case you need this on your trip. If you will be in a car or on a plane, it is useful to get up and move around every hour, in order to reduce the risk of developing a blood clot in your leg.

- **When should I stop the pain medications?**

You may require pain medication for the first 2-3 months after your surgery. In addition, you may safely resume any prior arthritis medications once you have completed the anticoagulation treatment (Aspirin or Coumadin).

In the interim, any questions about physical therapy, activities, return to work, or any concerns or problems - please feel free to call. Nearly all of these issues can be addressed easily by telephone.

We are available to facilitate your “speedy” recovery from total hip replacement surgery.  
ENJOY YOUR NEW JOINT!!

Dr. John C. Clohisy M.D.  
Daniel C. and Betty B. Viehmann Distinguished Professor of Orthopaedic Surgery  
Vice Chair  
Chief Adult Reconstruction  
Director Adolescent and Young Adult Hip Service

Madelyn Curry R.N. F.A., B.S.N. ONC: Phone 314-747-2494  
Clinical Nurse Coordinator

## **TOTAL HIP REPLACEMENT-anterior**

Questions and answers about recovery after total hip arthroplasty

**Appt:**\_\_\_\_\_



**WBAT:**\_\_\_\_\_

**TTWB:**\_\_\_\_\_

**50% WB:**\_\_\_\_\_

**BRACE:**\_\_\_\_\_

After your hip replacement surgery, you may have questions about physical therapy, activity restriction, medications, return to work, and follow-up. The recommendations below should address many of these issues.

- **Should I continue Physical Therapy?**

Yes - Postoperative physical therapy is a very important part of your recovery. It is important to continue therapy to work on hip muscle strengthening, gait training, and progression from a walker or cane. You will likely require 2-3 months of therapy before you have maximized your recovery. Please call us if you need a new referral, or if you have any questions about your physical therapy program.

You will use the active care pumps for a total of 10 days. You must wear those 23 hours a day.

- **When can I discard the walker or cane?**

Whenever you are comfortable walking without an assist device, you may progress to the next level (walker → cane → nothing). Your physical therapist will provide useful feedback about the timing of this transition. In general, you will use an assistive device until you can walk without a limp.

- **How should I treat the hip incision?**

Generally, moisturizers, lotions, and creams are not recommended for the first 3 weeks after surgery. The normal skin healing process will complete its course. If there are any problems with the incision, especially drainage of fluid, bleeding, redness, pain or swelling- please call us immediately.

- **What about Dental work and antibiotics?**

We recommend prophylactic ("protective") antibiotics prior to dental work in order to reduce the risk of an infection spreading to your hip replacement. In addition, for any major, invasive procedures (examples: cystoscopy, colonoscopy, surgery of the bowel/bladder/prostate or digestive tract or gynecological procedures) antibiotics will likely be required. Please ask your treating physician or call our office for an antibiotic prescription. We prefer the use of prophylactic antibiotics indefinitely. **PLEASE WAIT 6 MONTHS BEFORE ANY ROUTINE DENTAL CLEANING.**

- **When can I begin driving?**

When you are bearing full weight on the extremity and you are comfortable with driving.

- **When can I return to work?**

If you have a light duty/desk job, you may return to work as soon after surgery as you are comfortable. Physically demanding jobs may require 3 months of recovery before returning to work.

- **When can I stop the minimal hip precautions?**

At 4 weeks you may ease up on the hip precautions.

- **What kind of activities can I resume?**

You may gradually advance your activities, beginning with walking and activities of daily living. Once you are comfortable with these activities, you may gradually begin exercising. Stationary bicycle, swimming, water exercises, and non-impact activities are encouraged. You may advance to more strenuous activities as tolerated (tennis, golf, and hiking) after 3 months.

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