

Surgical Incision

You have a surgical wound that requires daily attention and monitoring. Please keep your incision clean and dry at all times. You may place a clean gauze dressing over your wound, and change it daily, or leave your wound open if it is dry. Five days after surgery you may shower, lightly washing your incision with antibacterial soap and water. If your incision is draining or does not appear to be healing well, do not shower and notify your surgeon. Do not immerse your incision in water for a total of six weeks after surgery. This includes pools, hot tubs, lakes, and bath water. You do not need to apply any special creams or ointments to your incision unless prescribed by your surgeon. Your healed wound is new skin and should be protected from the sun with sun block for the first year after surgery then as needed.

Monitor your incision daily for signs and symptoms of infection which many include: redness, swelling, warmth, drainage, increase in pain, or a fever over 101 degrees. If any of these arise, please notify your surgeon immediately. It is normal to have some redness, swelling, and warmth after a hip replacement, but if it seems to increase or worsen, this should be evaluated.

A follow-up appointment for a wound check and staple removal will be made for you two to three weeks after surgery. You will be discharged from the hospital with your surgeon's card and phone number to The CORE Institute. Please call to arrange your follow-up appointments.

Blood Clot Prophylaxis

After an orthopedic procedure, patients are at an increased risk for developing blood clots or DVT (deep venous thromboses) in their lower extremities. A systemic complication of a DVT is a pulmonary embolism, when a piece of clot breaks off and travels to your lungs. In order to minimize the risk of blood clots, patients are treated with low molecular weight heparin injection (Lovenox), a blood thinner, immediately after surgery followed by aspirin therapy. Upon discharge you should take one 325 mg enteric-coated aspirin twice daily for six weeks total. Alternatively, some patients may be discharged on Warfarin (Coumadin), a prescription blood thinner. This medication requires frequent monitoring of blood levels and patients will receive specific follow-up instructions if they are taking this medication. You should also wear your compression stockings for six weeks after surgery. These stockings should be worn at all times, with the exception of showering and sleeping at night. Remain as active as reasonably possible, as this also helps decrease your chance of blood clot formation and improves your overall health. Let pain be your guide when deciding on appropriate light, low-impact activities.

Please monitor for potential sign and symptoms of a deep venous thrombosis or pulmonary embolism, which may include: swelling or tenderness in the calves or legs, shortness of breath, heart palpitations, chest pain, or increased heart rate. If any of these symptoms

arise, you should notify The CORE Institute immediately and present to the emergency room.

Pain Management

After a major orthopedic procedure, most patients will require prescription pain medications, including narcotics, to treat their postoperative pain. Medications such as Percocet (Oxycodone), Vicodin (Hydrocodone), Darvocet (Propoxyphene), and Codeine are all controlled narcotic pain medications that need to be monitored closely. With chronic use, they pose a risk for addiction. Patients should treat their pain only as needed with these medications and wean off of the narcotics in the first few weeks following surgery. If you were taking narcotic pain relievers before surgery it may take a few weeks longer to wean off of your pain medication. These medications can cause many side effects, which may include nausea, lightheadedness, confusion, sedation, urinary retention, and constipation. To avoid constipation, please take an over-the-counter stool softener such as Docusate or Senna.

If you require a refill on your narcotic pain medication, please notify your surgeon early. Federal law prohibits the renewal or refill of most narcotic pain medications by phone, therefore requiring a written prescription. Please allow sufficient time for your surgeon to complete a new prescription that may be either mailed to you at your home or picked up in person. Narcotic pain medications cannot be renewed after hours or on the weekends. If you have questions regarding your prescriptions, pain, or find that your pain is not relieved by your prescription medication, please notify your surgeon.

Activity

You will receive therapy instructions before your discharge from the therapy department. Please follow these recommendations. Allow time, a minimum of three times a day to aggressively work on your therapy program at home. Most patients will benefit from further therapy after their hospital discharge and this will be discussed on an individual basis.

It is imperative that you adhere to your hip precautions at all times. This is very important after surgery to ensure proper healing of your tissues and prevent a dislocation of your new hip. You will receive a list of "Restrictions after Hip Replacement Surgery", and these precautions will also be reviewed by your therapist. If you have any questions about acceptable activities or exercises, please ask your therapist or surgeon. We encourage you to practice safe hip precautions for the lifetime of your joint, and the first 12 weeks are most crucial. The CORE Institute wants you to enjoy a safe and active lifestyle. Feel free to contact your therapist or your surgeon at any time regarding your therapy progress.

As your therapy advances, you will be able to put aside your gait aid and walk without difficulty. We encourage you to exercise daily, whether this is walking, swimming (after six weeks), bicycling, or golfing (after six weeks). Avoid high impact activities such as jogging, basketball or heavy weight lifting. We recommend you do not repetitively lift over 40 to 50 pounds or do any extra stair climbing.

Remember to sleep flat on your back for the first six weeks following surgery. After six weeks you may sleep on your unaffected side with two pillows between your knees. If you are doing well, you may sleep on either side 12 weeks after surgery.

You may begin driving after eight weeks if you can easily get in and out of the car, are off all prescription pain medications, and you can react quickly, moving your foot to and from each pedal.

Abduction Brace

Some patients may need to wear an additional brace after surgery. The hip abduction brace helps keep your hip in proper alignment while providing support and stability. This brace should be worn at all times, unless specified by your surgeon. Twice daily you may remove the brace while lying in bed to air your skin and check your incision. The brace should be removed and replaced while you are lying down. The brace may also be removed to shower and you will require assistance with this task. Your therapist will show you how to work with the brace. You may also wear a hip wrap under the brace so that the brace does not touch your skin. This wrap can be provided to you in the hospital.

Antibiotic Prophylaxis

You now have an artificial joint which is at risk for bacterial infection. Anytime you have a bacterial infection, it should be treated immediately with an appropriate antibiotic. Viral illnesses do not require antibiotics.

Antibiotics should be taken before any dental, genitourinary, or gastrointestinal procedures such as: dental cleanings, oral surgery, bladder scopes, urinary catheterizations, colonoscopy, and/or flexible sigmoidoscopy. If there is any question if you should take an antibiotic or not, it is always safer to do so. But, feel free to call The CORE Institute. The recommended antibiotic regimen is:

- 2 grams of oral Amoxicillin one hour before a procedure

Penicillin allergic patients may take either two grams of Cephalexin or 600 mg of Clindamycin. A card outlining this will be given to you. Please ask your nurse or surgeon if you have received this wallet-sized card.

Respiratory

You will receive an incentive spirometer in the hospital. This is to help exercise your lungs after surgery. Take this device home with you and continue to use it regularly. The incentive spirometer along with daily activity will help prevent respiratory complications such as pneumonia. If you develop a cough, shortness of breath, thick and copious sputum, or a fever greater than 101 degrees, please notify your surgeon and primary physician.

Follow-up

A member of the surgical team would like to see you back two to three weeks after surgery for a wound check and staple/suture removal. At approximately eight to 16 weeks postoperatively, you will return for radiographs followed by an examination. If needed, your surgeon may ask you to return for a recheck at a time other than stated above. Each patient is an individual and may require a different follow-up schedule. Your first appointment will be arranged for you by your surgeon's surgical schedulers.

Questions

The CORE Institute is dedicated to your outcome. We are here to answer any questions or concern that may arise after your surgery. Please do not hesitate to contact us at: 1.866.974.CORE (2673).