

TOTAL HIP REPLACEMENT DISCHARGE INFORMATION

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The following information is designed to be used as a reference during the ups and downs of your recovery from hip replacement surgery. Please read this document carefully and keep it close by as you progress through the next several weeks. Many of the questions that may arise during your recovery are hopefully answered below. **You are encouraged to also share this information with your caregivers including family members that will be helping you as well as home therapists and nurses.**

PAIN

- It is normal and natural to have some degree of pain after surgery. Pain levels are likely to fluctuate and there may be “good” days and “bad” days.
- The medication given to you at discharge should be taken as prescribed. Please note that opiate medications are intended to reduce but **not eliminate** pain and should be used in conjunction with alternative methods of pain control including ice and elevation.
- If you need a re-fill of your medication, do not wait until you are completely out of pills. Re-fills generally take 24-48 hours to process. Narcotic pain medications cannot be called in to the pharmacy and must be picked up at the office.
- **Prescriptions will not be re-filled after regular office hours or during the weekend.**
- If you feel that your pain is not being adequately controlled, we encourage you to contact the office during normal hours. We strongly discourage you from using the emergency room, your primary care doctor, or an urgent care center for issues related to postoperative pain.

AT HOME

- If you are being discharged home, one of our case managers has arranged for a home health agency to provide you with visiting nurse care and at-home physical therapy.
- Make sure you have removed loose rugs and have created enough space to get around your home using crutches, a cane, or a walker.

- You should be able to navigate stairs upon discharge but this will likely be difficult at first. In general, it is helpful to come downstairs in the morning and then back upstairs in the evening. Stairs will become easier as you heal.
- While it is not necessary to have someone with you 24 hours a day, it is helpful to have friends or family members check on you during the day and assist you with meals, laundry, shopping, and other activities of daily living.
- Ensuring that your home is a safe, clean environment will facilitate your recovery and reduce the risk of complications. Anticipate that you may not be able to provide your usual level of care and attention to any pets initially. It is also helpful to anticipate whether any pets have the potential to increase your risk of falling and plan accordingly.

BATHING

- In most cases, you will have an occlusive dressing over your incision
1. You will be taking a **blood thinner** (either by mouth or by injection) that helps prevent blood clots. You will generally be on blood thinners for 2-4 weeks postoperatively. Low risk patients may be discharge on aspirin only. Please contact the office with any signs of excessive bleeding.
 2. If you have had your right leg operated on, and you strictly use your right leg for **driving**, you will likely be able to drive at 2 to 6 weeks postoperatively. Generally, you should not start driving until you no longer require a walker or crutches for ambulation. If surgery was on the left leg and you do not use this for driving (automatic transmission), you will likely be able to drive at approximately 2 to 3 weeks postoperatively. However, you should be off of your narcotic pain medication during the daytime before you begin to drive.
Remember: You should not return to driving until you have the ability to safely operate your automobile!
 3. Dr. Schwartz recommends that you take a dose of oral antibiotics prior to **dental procedures** to prevent infection of your prosthetic hip. These antibiotics should be prescribed by your dentist. In addition, you should inform your treating physician of your artificial joint prior to undergoing any **surgical procedure** (including cystoscopy, colonoscopy, or upper endoscopy) as you may benefit from a dose of pre-procedure prophylactic antibiotics to prevent infection.
 4. It is very common for patients to have significant **pain**, particularly in the middle of the night, postoperatively. This will often awaken you from sleep. Therefore, we recommend taking a dose of pain medication prior to going to bed.
 5. **Swelling** of the hip/thigh/leg is not unusual for the first 3 to 6 months. You may find that your swelling is worse with prolonged activity as gravity pulls fluid into the operative leg. This should improve with ice, elevation, and rest. If your swelling does not improve with elevation, you begin to experience new pain in

- your calf, or your swelling becomes significantly worse and involves your entire leg, you should contact Dr. Schwartz's office as this may represent a developing blood clot.
6. In most cases, you will be instructed by the hospital therapists what **activities** and motions to avoid during your initial recovery to prevent your hip from dislocating. A general rule of thumb is to avoid pushing your hip beyond what you can tolerate comfortably and to avoid extremes motion.
 7. Following your initial recovery period, the **restrictions** on your motion/activity will be gradually decreased. This will be discussed with your doctor during your follow-up visits. In general, low impact exercises (walking/hiking, swimming, bike riding, elliptical machines) and activities (golf, doubles tennis) are best to maintain your quality of life and conditioning while reducing stress on your hip replacement.
 8. If you have any **questions** postoperatively, contact Dr. Schwartz's office at (978) 818-6350.

Please note:

We strongly encourage you to contact the office with any concerns regarding your surgery, incision, swelling, etc. prior to seeking treatment in the emergency room, an urgent care center, or with your primary care doctor. We know you best when it comes to your postoperative care!