



*Dr. Dustin Woyski DO*

### **Anterior Total Hip Arthroplasty Post-Operative Instructions**

Please read the instructions below. Refer to these instructions for the next few weeks. These discharge instructions give you with general information on caring for yourself after surgery. Your caregiver may also give you specific instructions. While your treatment has been planned according to the most current medical practices, unavoidable problems sometimes occur. If you have any problems or questions after discharge, please my office 816-841-3805

Your recovery after anterior hip replacement depends on different factors. These factors include: Age, Your physical condition, Your medical conditions and Your motivation to recover.

Recovery will also depend on the condition of your hip before the procedure. Rebuilding your muscles after hip replacement helps recovery. Use crutches, rest, elevate, ice, and do hip exercises as instructed. Follow your post-op instructions closely. This will help you recover faster and completely.

You may have some nausea. **Arrange to have a responsible adult to take you home and stay with you the first 24 hours.** You may expect to feel dizzy, weak and drowsy for as long as 24 hours after receiving an anesthetic. **The following information pertains to your recovery period.** Ask questions if you do not understand something. Make sure that you and your family fully understand everything about your operation.

#### **HOME CARE INSTRUCTIONS AND ACTIVITY GUIDELINES**

1. **Avoid extreme hip positions including, especially if painful :** There are no other restrictions in movement early after the procedure. You may begin using an exercise bike with no resistance as soon as you are comfortable. Use crutches or walker to prevent loss of balance & avoid potential injury.
2. **Weight-bearing instruction:** You may place as much weight as you feel comfortable doing on the operated leg. Use crutches if weight bearing is painful. Use one or two crutches until your limp with walking is resolved.
3. Use an ice pack on your hip up to for comfort to reduce pain for the first day or two post-operatively.
4. Drainage from the incision should stop very quickly after discharge. If drainage persists for more than 3 days please contact our office. If the drainage stops or reduces and then increases - please call our office.
5. You may resume normal diet when you have recovered from sedation.
6. Your incision is covered with a dressing that can stay on for 7 days. It is waterproof and can be worn in the shower. Do not scrub the dressing itself. If you notice that water has got into the dressing please call the office. Once the dressing is removed you can leave the area open or you may place a dry dressing over it.

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7. Be patient – early in the healing process your hip may feel stiff. Understand that this is normal.
8. Begin the home exercise program (see attached) when comfortable.
9. Make sure to resume your pre-operative medication for associated medical problems once you are home. Patients with diabetes need to be attentive to controlling your blood sugar around time of surgery and after surgery. Elevated blood sugars can predispose patients to risk of infection and other complications.
10. Transition to Outpatient Physical Therapy: You may need to work with a therapist after surgery. Discuss this at your first follow up visit.

#### ADDITIONAL IMPORTANT INSTRUCTIONS

Do not drive a car, ride a bike, or take public transportation until you are finished taking narcotic pain medications.

Do not drink alcohol, take tranquilizers, or medications not prescribed or allowed by your surgeon.

Do not make important decisions or sign legal documents while on narcotic medications.

Do no heavy lifting (more than 10 pounds) or playing of contact sports.

Call my office if your pain seems to be getting worse rather than better.

Only take over-the-counter or prescription medicines for pain, or fever as directed.

Make an appointment to see your caregiver for stitches (*suture*) or staple removal when instructed.

Keep all appointments as scheduled and follow all instructions

#### **SEEK MEDICAL CARE IF:**

You have persistent dizziness or feeling sick to your stomach (*nausea*).

You have a difficult time breathing or have a congested sounding (*croupy*) cough.

You notice redness, swelling, or increasing pain or warmth in the wound or joint.

There is pus (*purulent drainage*) coming from wound.

An unexplained oral temperature above 101° F (38.3° C) develops.

A foul smell is coming from the wound or dressing.

There is a breaking open of the wounds (edges not staying together) after sutures or tape have been removed.

You feel light-headed or faint.

#### **SEEK IMMEDIATE MEDICAL CARE IF:**

You develop a rash.

You develop swelling of your calf or leg.

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There is shortness of breath, difficulty breathing, or chest pain.

You have any allergic problems.

You develop any reaction or side effects to medications given.

You have trouble eating or drinking.

You develop vomiting.

### EXERCISES - WEEK 1

Perform exercises 1, 2 & 3 every hour while awake, 15 repetitions each.

Perform exercises 4, 5, & 6 repetitions, 1 - 2 times per day.

1. Ankle pumps – Move both feet up and down and around in circles.
2. Quadriceps setting - Tighten the muscle in the front of your thigh by pushing the back of your knee down to the bed, and hold for 5 seconds without holding your breath.
3. Gluteal setting – Tighten your buttocks muscles or "pinch your buttocks together" and hold for 5 seconds without holding your breath.
4. Short-arc quad - Place a small roll or pillow under your knee. Lift foot off of bed and straighten knee. Hold knee straight for 5 seconds, then slowly lower foot down to bed. Do 10 repetitions
5. Hip and knee bending – While lying on your back, slide your heel along the bed so that the hip and knee bend, then slide foot back down. You may need to use your hands to help at first. Do 10 repetitions
6. Stationary bike **without** resistance for 15-20 minutes (if you have access to one)

### WEEK 2

With both hands, hold onto a stable support such as a walker or door frame.

Perform exercises 1, 2, & 3 for 10 to 20 repetitions, 2 times per day on the operated leg.

1. Standing knee flexion – Place weight on the non-operative leg. Start with your operative leg in normal standing position. Bend your knee so your foot moves towards buttocks (behind you), while keeping your thigh stationary - do not let it extend backwards.
2. Standing hip flexion – Move your leg forward approximately 12 to 18 inches, keeping knee straight, and return to starting position. Do not lean backwards.

Standing abduction - Move your leg away from your mid-line (without moving the foot in-front or behind your body) for 12 - 18 inches. Keep the knee straight and hold for 5 seconds.

## Prescriptions for you to use post-operatively

Some but not all of these medications may be prescribed to you based off the surgery, allergies, post-operative pain and your past medical history.

### **INFLAMMATION:**

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- Mobic 7.5-15mg, 1 tablet by mouth every day for 2 weeks

**PAIN MEDICATION:**

- Oxycodone 1 to 2 tablets by mouth every 3-4 hours as needed
- Tylenol 1000mg by mouth every 8 hours for 5 days.

**BLOOD CLOT PREVENTION**

- Aspirin 325mg by mouth daily for 6 weeks

**ANTI-NAUSEA/STOMACH/GI (if applicable):**

- Zofran 4mg tablets, take 1-2 tablets every 8 hours as needed or
- Phenergan 25mg tablets, take 1 table every 8 hours as needed
- Omeprazole 20mg, take 1 tablet every day for 14 days

**ANTI-SPASM (if applicable):**

- Zanaflex 4mg, 1-2 tablets by mouth every 6 hours as needed; you may not need to fill this medication if you are not experiencing painful spasms