

DISCHARGE INSTRUCTIONS FOR HIP REPLACEMENTS

➤ Pain Medicine

- Take pain pills regularly for at least the first few days to stay ahead of the pain
- Have realistic expectations regarding your pain level – you just had a major surgery and you will have some level of pain! Our goal is to keep your pain manageable
- The most significant pain is usually in the first few days and up to 2 weeks before it typically improves each week so hang in there
- Never take pain pills on an empty stomach – it will make you nauseous
- Federal regulations require that most stronger pain killers require a special hand-written prescription and refills cannot be called in – contact our office well before you run out to arrange picking up or mailing a new prescription
- The only pain medicine we can call in Tylenol with Codeine (Tylenol #3) or Tramadol
- If you experience an episode of severe pain, REST, ice your leg, and take the pain pills to the maximum amount prescribed; if the pain does not subside you may go to an urgent care/ER for IV pain medicine as our office cannot call in anything stronger
- Remember that many pain medicines contain Acetaminophen (Tylenol) – do not exceed 3000 mg of Tylenol a day from all sources

➤ Blood Thinners/Preventing Blood Clots

- You will be on a blood thinner for 6 weeks after surgery to decrease the risk of blood clots
- Blood thinner selection (Aspirin, Lovenox, Xarelto, etc.) is based on your risk profile
- You may be sent home with portable calf compression devices to increase your circulation; please contact the company rep directly with any questions or equipment issues
- Moving around (exercises and frequent small walks) also decreases the risk of blood clots

➤ Physical Therapy

- Most hip patients do not require formal physical therapy – the best exercise is walking!
- Increase your walking and hospital exercises as tolerated (listen to your body)
- If you do not feel like you are steadily improving with the home exercise program, we can give you a prescription for physical therapy at your office visit
- Use an assistive device (walker, crutches, cane) until you are stable and do not limp

➤ Hip Precautions

- You will need to maintain the hip precautions that your therapist taught you for 6 weeks
- The precautions are temporary but important as they decrease the risk of dislocation

➤ Incision/Dressing Care

- Your surgical dressing has silver (an antibacterial agent) which allows the dressing to stay on for one week. After this you may remove dressing and place new dry dressing on.
- The surgical dressing is waterproof and does not need to be covered in the shower
- It is normal for some drainage to appear in the dressing – it does not need to be changed unless it becomes fully saturated or starts to leak out the side
- If the edges of the dressing start to peel, just reinforce it with some tape
- In the event that the dressing needs to be removed, cover the incision with any sterile dressing and change daily; wrap it with plastic wrap to keep it dry while showering

- If you develop fluid blisters from surgical swelling do not pop them; cover them with a non-adherent dressing until they scab over
- **Swelling/Bruising/Blisters**
 - It is normal to have some bruising and swelling around the incision and even down the leg, but if it becomes excessive or you develop blisters or persistent wound drainage, we may alter your blood thinner or activity level
 - Wear both compression stockings (TED hose) at least during the day to minimize swelling and decrease the risk of blood clots until your first office visit
 - If the TED hose are too tight, you may buy another size or try a couple of Ace wraps
 - If the swelling is significant, first try the acronym R.I.C.E. (R - rest , I - ice (30 mins. several times a day), C - compression (TED hose/Ace wrap), E - elevate your leg above your heart)
 - If you develop sudden swelling and calf tenderness that does not improve with R.I.C.E., you may have a blood clot – call the office or go to the nearest urgent care/ER
 - If you develop shortness of breath or chest pain, go the ER as those are possible signs of a blood clot in the lungs or a cardiac event
- **Fever/Chills/Sweats**
 - It is common to have a low-grade fever (less than 101 degrees) after surgery
 - It is rarely caused by infection, but is more likely a result of atelectasis (small collapse of the base of the lungs which is common after surgery) so use the hospital breathing apparatus
 - If the fever does not respond to Tylenol/Ibuprofen or if you have other symptoms (bad cough, urinary changes, or wound issues (pus, odor, generalized redness), call the office
 - You may have night sweats (or chills) as your body reacts to the “trauma” of surgery
- **Constipation**
 - Constipation is very common from pain medicine and it can become a problem if ignored
 - Try MiraLAX, which is a gentle laxative that won’t cause cramping; if the once a day dosing is ineffective, you may use it several times a day until your bowels begin to move
 - All of the constipation medicines are over the counter - if what you are doing is not working, a pharmacist or your PCP can suggest a stool softener, laxative, suppository, or enema
- **Nausea**
 - Again, never take pain pills on an empty stomach – it will make you nauseous
 - If you are frequently nauseated, we can call in a nausea medicine like Phenergan or Zofran
 - If neither of these strategies work, you may try another pain medicine or stop narcotics all together if your pain is manageable with over the counter pain relievers
- **Diet**
 - Resume your normal diet as you need calories to help with healing
 - You may have a poor/decreased appetite after surgery but this will improve with time
 - If you are diabetic, check your blood sugar frequently as uncontrolled glucose levels is a risk for infection; if they are consistently elevated, call your diabetes doctor
- **Sleep**
 - Sleep disturbance following surgery is normal – this will improve with time
 - If you are unable to sleep due to pain, take pain medicine with some food
 - If you are unable to sleep due to positioning, then sleep whatever way is comfortable!
 - If you sleep on your side, put a pillow between your legs
 - If needed, try over-the-counter Benadryl and/or Melatonin; these do not cause dependence or rebound insomnia like prescription sleep aids
- **Follow up Appointment**
- Call the office at 713-486-6032 or 713-486-6000 to schedule an appointment if you do not already have an appointment.