



Discharge Instructions After Total Hip Arthroplasty

These instructions are meant to compliment the information given by the nursing staff and physical therapists. They cover the most common questions and many of the areas that are unique to your surgical procedure.

Wound Care

- Dressings are to be kept clean and dry. Change dressing daily. Cover with dry gauze and tape lightly. A small amount of clear drainage or bleeding is normal.
- You may get the incision wet when showering 3 days after surgery. The shower should be brief (five minutes or so) and the wound patted dry with a clean towel.
- If you have stitches, they are usually removed two weeks after surgery
 - If purulent material (thick white or greenish in color) is coming from the wound, the wound is quite red on the edges, or you are having a temperature of 101.5 or higher, call my office and talk to me or the doctor on call.
- **Never, ever remove your own stitches or trim what may appear to be excess suture material.** We will remove your stitches in the office at your post-op appointment. If you are concerned about your stitches or if they are bothering you, please call us.

Weight Bearing

- Unless the physical therapist has told you otherwise, you can put as much weight on your hip as feels comfortable. Depending on your age, strength, and coordination, most people use the walker or crutches temporarily with a progression to a crutch or cane over the next few days.

Outpatient Physical Therapy

- The goal of PT is to restore normal gait (walking pattern) and to improve your strength, returning you to your normal activities. Speak with your physical therapist regarding your goals. You should meet with them AT LEAST twice per week immediately following surgery and they should know that Dr. Carlson has little to no restrictions for your motion.

Swelling

- Swelling to some degree is common after joint replacement. To reduce swelling, elevation is very helpful. Lying down, with your "toes above your nose" at least 30 minutes of every two hours is a good initial recommendation. You may need more or less time elevating your leg. The white stockings are also designed to reduce swelling. Excessive swelling with pain or tenderness in the calf, redness, or the lower leg, and/or increased warmth of the leg, can be a sign of a blood clot. Patients frequently call to ask if their swelling is too much, and this is impossible to tell over the phone. If you feel you are excessively swollen with pain or tenderness, it is best investigated by exam and may require an ultrasound to rule out a blood clot.

Ice Therapy

- Apply ice to your hip to help decrease pain and swelling. You should use your iceman machine as much as possible. A good rule of thumb is to use it whenever you are at rest. This should continue for the first 3-4 weeks after surgery.

Driving

- To drive you must no longer be taking pain pills (that is narcotics; Tylenol and anti-inflammatory medications are allowed). Also, you must feel strong and alert.

Preventing Blood Clots

- The first line of defense is moving your ankles up and down. This action circulates the blood from your legs back to your heart, preventing a clot.
- All patients will take blood thinners after surgery, for a total of three weeks. It is important that you take them as prescribed to prevent blood clots.
- Compressive Stockings: These can prevent blood from pooling in your leg if you can use them correctly. You do not need to sleep with them on. You put them on first thing in the morning before your leg can swell. They are recommended for the first three weeks after surgery. If they just keep curling up and binding in, then they are not working and should be discontinued.

Sleeping

- Surgery can throw off your normal sleep wake cycle, leaving you staring at the wall at 3 AM. To reset your sleep wake cycle, follow this program:
 - No naps during the day
 - Decrease your narcotic use
 - Go to bed and get up at the same time every day no matter if you are sleepy or not
 - Allow slightly less total time for sleep than you would normally.
 - At 4 weeks after surgery, you can roll to your opposite side with pillows in between your knees.

Narcotic Pain Medication

- You will need narcotic pain medication after you leave the hospital. They can be addictive, and you will be weaned from them as tolerated. If you are running low, please call the office during regular business hours for a refill. In general, refills will not be made by the doctor on call after hours, so plan ahead.

Dental Work (or other invasive procedures)

- Unless it is an emergency, it is best to avoid dental work or other invasive procedures for 6 months after a joint replacement. For the rest of your life when undergoing any cleaning thereafter, we recommend antibiotics to prevent bacteria from getting in the blood stream and infecting the joint. Please call our office for an antibiotic prescription prior to any dental work

Phone Calls

- If you have questions or problems, please call 715-832-1400. Some questions can be answered over the phone, others cannot. You may need to be seen sooner than expected to check out your symptoms.

Follow Up

- Make sure an appointment has been scheduled for you at Chippewa Valley Orthopedics & Sports Medicine for approximately 10-14 days after surgery.