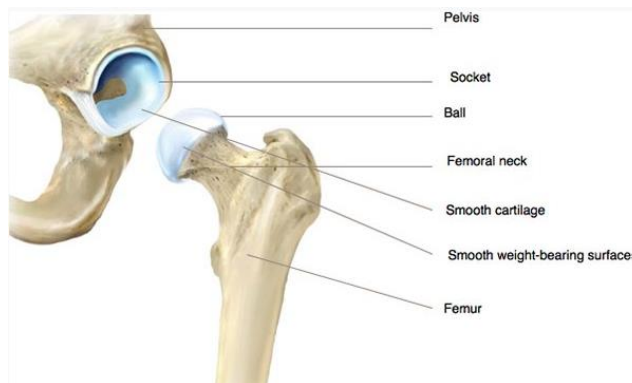


TOTAL HIP REPLACEMENT

Understanding the Hip

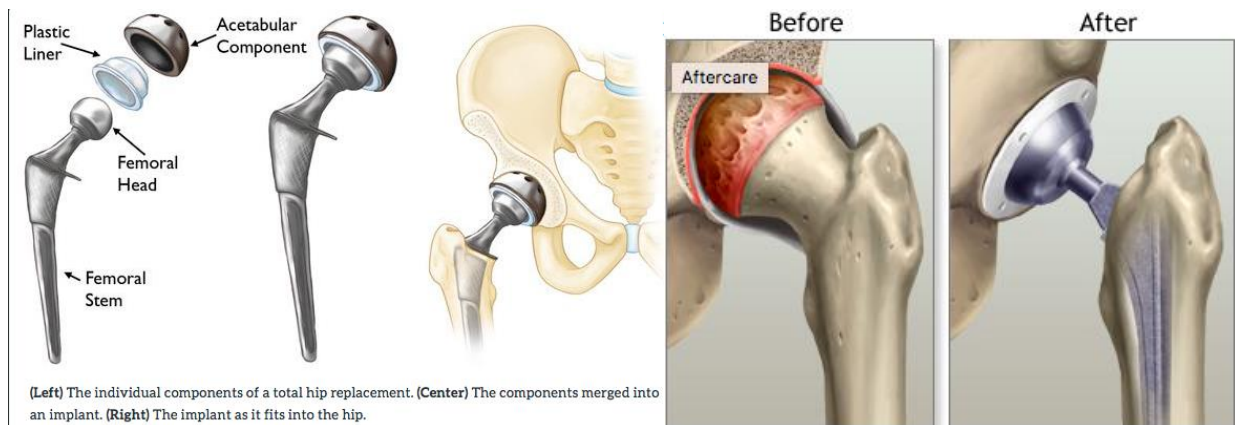
The hip joint is the largest weight-bearing joint in the body. It is a ball-and-socket synovial joint. The ball is the head of the femur and the socket is the acetabulum. This helps the hip remain stable even during twisting and extreme ranges of motion. A healthy hip joint allows you to walk, squat, and turn without pain.

- **Cartilage** is a layer of smooth tissue. It covers the ball of the thighbone and lines the socket of the pelvic bone. Healthy cartilage absorbs stress and allows the ball to glide easily in the socket.
- **Muscles** power the hip and leg for movement.
- **Tendons** attach the muscles to the bones.
- **Labrum** is a ring of cartilage that follows the outside of the socket (acetabulum). It acts like a rubber seal to hold the ball within the socket and seal the fluid in the joint.



What is a total hip replacement?

- Due to disease and loss of normal cartilage, the exposed bones, which have nerve endings, are under constant stress.
- This leads to loss of motion and pain.
- In a total hip replacement, the diseased cartilage is removed and replaced with a metal (cobalt chrome) stem in the femur and a metal cup in the acetabulum (cup).
- Either a metal or ceramic head is placed on the stem to recreate the ball.
- In addition, a plastic piece (polyethylene) is placed between the ball and socket to allow smooth movement.



CALENDAR LAYOUT

5 Days Before Surgery	2 Days Before Surgery	1 Day Before Surgery	Day of Surgery	Post-op Day 1	Post-op Day 2	Post-op Day 3+
<ul style="list-style-type: none"> • Stop blood thinning medications (i.e. Advil, Aleve, Aspirin), Fish Oil, Vitamins, Supplements, etc. • Ensure you have attended your pre-operative clearance appointment with your primary care provider. • Do not shave surgical area. 	<ul style="list-style-type: none"> • Place ice packs in freezer. • Ensure medications have been picked up from pharmacy. • Purchase waterproof bandage for shower. 	<ul style="list-style-type: none"> • Wash your hip, gluteal region, and groin thoroughly with soap and water. • The hospital will reach out to you today to relay your surgical time. Surgical times are subject to change, please keep your schedule open. • Ensure you have spoken to your transportation, a friend of family, regarding your transportation home. Patients will not be discharge to a Lyft, Uber or Taxi. 	<ul style="list-style-type: none"> • Follow same instructions. • Stop all food and drink at midnight the day of surgery. • Evening: Start medications. See attached sheet for medication instructions. • Begin icing. • Start aspirin 81 mg twice daily for 30 days. 	<ul style="list-style-type: none"> • Continue to ice the hip. • Take medications as instructed. • No showering. • Continue aspirin 81 mg twice daily for 30 days. • Use crutches. • Start post-operative exercises. 	<ul style="list-style-type: none"> • Continue to ice the hip. • Take medications as instructed. • Showering may begin but INCISIONS MUST STAY COVERED-use waterproof bandage. • CONTINUE GENTLE RANGE OF MOTION EXERCISES. 	<ul style="list-style-type: none"> • Continue to ice the hip. • May shower but INCISIONS MUST STAY COVERED-use waterproof bandage. • Take medications as needed. • CONTINUE GENTLE RANGE OF MOTION EXERCISES. Reference postop exercise sheet for instructions. • See us for your scheduled post-operative appointment. We will remove your steri-strips at this visit.

POSTOPERATIVE PAIN EXPECTATIONS

The aim of hip surgery is to decrease pain, improve motion, and result in a better quality of life. We do our best to minimize postoperative pain by prescribing the medications below, but it is important to note that some level of discomfort is to be expected the first few days following surgery.

Postoperative Medications and Instructions

- **Percocet 5/325 mg (oxycodone 5mg/acetaminophen 325 mg) ***Optional**
 - Take 1 or 2 tabs every 4-6 hours as needed for postoperative pain.
 - Percocet is a narcotic pain medication and may cause **constipation**. If constipation occurs, you may use **Miralax or Colace** which can be purchased over the counter at your local pharmacy.
 - Percocet should not be taken in combination with prescribed sleep medication.
 - **It is not safe to use more than 4,000 milligrams of acetaminophen in one day** (24 hours).
 - *If you are regularly prescribed pain medication from another provider, you will need to call your pain medication prescriber for postoperative narcotic pain medications.*
- **Colace (docusate) 100 mg: ***Optional**
 - Take 1 tablet twice daily to prevent constipation caused by the Percocet.
- **Aspirin 81 mg; an NSAID (Non-steroidal Anti-inflammatory) ***Necessary**
 - Take 1 tablet twice daily.
 - You should begin taking this medication the night of the surgery.
 - This medication **serves ONE MAIN purpose: decrease the possibility of blood clots.**
 - You are to take this medication for the first **30 days** post operation.
 - If you have any difficulty using anti-inflammatory medications or aspirin or have a history of peptic ulcer disease, please let us know.
 - If you have a history of blood clotting disorders, let us know.
- **Pepcid (famotidine) 20 mg: ***Necessary**
 - Take 1 tablet twice daily to protect your stomach while taking aspirin.

Other Medications

Many patients find they may have improved pain in the daytime hours following their operation, with continued pain at night. In these instances, pain medication (Percocet) may be used. If you have a history of sleep apnea or respiratory problems, you should discuss medications with your primary care provider prior to their use.

- **Miralax (polyethylene glycol 3350): ***Optional** – The bottle top is a measuring cap marked to contain 17 grams of powder, stir and dissolve in any 4 ounces of beverage then drink once a day for constipation caused by the Percocet.
- **Zofran (ondansetron) 4mg: ***Optional**
 - Take 1 tablet every 6 hours as needed for nausea/vomiting.
- **Flexeril (cyclobenzaprine) 10 mg: Will be ordered if needed for muscle spasm.**
 - Take 1 tablet every 8 hours as needed for muscle spasms
 - Do not take more than 30 mg (3 tablets) in one day
- Your pharmacist is a great resource for medication questions. You may also call our office with any questions preoperatively.

After surgery, call the clinic if you have....

- A fever higher than 101° (38.3° C).
- Changes in your incision: opening, drainage, redness.
- Numbness or tingling or loss of function of your leg.
 - Numbness around the incisions is normal.
- Increased pain or swelling in your calf.
- Nausea or other side effect not controlled by the medications you are given.
- **CALL 911 IMMEDIATELY IF YOU HAVE CHEST PAIN OR SHORTNESS OF BREATH.**

TIMELINE AND INSTRUCTIONS

• BEFORE SURGERY

○ 5 days before surgery:

- Notify Dr. Robinson if there has been a change in your medical condition (cold, infection, fever, etc.). It may be necessary to reschedule your surgery.
- Arrange for a family member or friend to accompany you on the day of your surgery, and for someone to stay with you for the first night you return home.
- Please discontinue NSAID medications such as Ibuprofen and Aleve as well as those listed below:
 - Fish oil, Vitamins (i.e. E, C), Supplements, St. John's Wort, Glucosamine, etc.
- Discontinue blood thinners (Aspirin, Plavix, Coumadin, etc.).
- You may continue to take Celebrex, Tylenol, Tramadol, and pain killers (i.e. Vicodin/Norco) up until the day prior to surgery.
- Ensure pre-operative appointment with PCP has been completed, if required.
- Do not shave surgical area.

○ 2 days before surgery:

- Place ice packs in freezer.
- Purchase waterproof Band-Aids or Shower Shield (or equivalent).
- Ensure postop medications are picked up from pharmacy. See attached sheet for medication instructions.

○ 1 day before surgery:

- **Ensure you have a family or friend driving you home from surgery. Patients will not be discharged to an Uber, Lyft, taxi, etc.**
- The hospital will call you 1 day before surgery with your arrival time and surgical time.
- Stay well hydrated. Drink plenty of fluids, including water, Gatorade, or juice.
- If you have a fever, cold, or upper respiratory infection please call and inform Dr. Robinson's team.

○ Day of surgery:

- **Stop all food and drink at midnight. It is okay to brush your teeth.**
- You may take your regular medications such as those for high blood pressure, thyroid, and seizures the morning of surgery.
- Wear loose fitting, easy to remove clothes to the surgical center.
- Keep your schedule open, surgical times are subject to change.

• AFTER SURGERY

○ Postop Day 1

- Ice the hip in 30-minute intervals.
- Start postop medications. Reference postop medication section for instructions.
- Use crutches.
- **Start aspirin 81 mg, twice a day for 30 days following surgery.**
- Begin exercises in Home Exercise Program.

○ Postop Day 2

- Continue icing.
- Continue gentle range of motion exercises.

- **Postop Day 3+**
 - Continue Icing
 - **You may shower but surgical incisions MUST remain covered.**
 - Continue medication regimen with pain meds as needed
 - Continue gentle range of motion exercises

POSTOPERATIVE INSTRUCTIONS

- **Weight bearing/Limitations**

- You are weight bearing as tolerated after surgery; it is required that you use crutches/walker until you regain control of your extremity.
- **ANTERIOR APPROACH**
 - **DO NOT HYPEREXTEND OR EXTERNALLY ROTATE YOUR LEG**
- **POSTERIOR APPROACH**
 - **DO NOT FLEX PAST 90 DEGREES OR INTERNALLY ROTATE LEG**

- **Movement & Home Exercise Plan (HEP)**

- It is beneficial to change positions often after hip surgery. Alternate sitting, reclining, and lying down approximately every 30 minutes. Feel free to move around at home as much as you can tolerate, as we do not want your hip to get stiff.
- **DO NOT STAY IN BED.** We recommend at least 10 minutes of walking every hour.
- The **day after surgery**, we encourage you to provide motion to the hip with the following methods.
 - **Straight leg raises:** 10-20 reps, 3-5 times per day
 - **Ankle pumps:** with leg straight, pump foot up and down. 20-30 reps, three times per day.
 - **Gluteal sets:** tighten buttock muscles for 5-second hold. 20-30 reps, three times per day.

- **Sleep**

- **IF POSTERIOR APPROACH: Use KNEE IMMOBILIZER for first week.**

- **Ice**

- Use bagged ice **as much as possible** when you get home at intervals of 30 minutes on and off. You should use ice for approximately two weeks. Do not use ice while you are sleeping.
 - Place the ice onto the hip over a thin layer of clothing or a towel, but never directly on the skin.

- **Wound care, Dressings/Bandages**

- Leave surgical bandage on, you may shower starting post operation day 3
- Its normal to see bloody soaked fluid on the bandages.
- If wounds get wet while showering, this is OK – ensure you change the dressing afterward; however, we prefer for keep the wounds dry during the first 5 days after surgery.
- Do not apply lotions or ointments to the incisions.
- Your stitches are absorbable under the skin – you will not need stitches removed after surgery.
- Do not soak incisions in any pool/spa/bath water until 3 weeks after postoperatively or until your incisions are completely closed.
- Do not allow pets to sit on your lap or sleep in your bed for at least 4 weeks following surgery. Pets may harbor fleas, mites, or other organisms that may cause infection.



Benzoyl Peroxide 10% Acne Medication Wash

Wash hip, groin, thigh region with this starting 2 days before surgery, 1 day before surgery and on the morning of surgery.

Apply the solution to the rinsed shoulder for 3 minutes before washing it away. This will decrease your risk of surgical infection.

Do not use this solution after the surgery.

OR



If you cannot find Benzoyl Peroxide, use Hibiclens [ask pharmacist for location].

Wash hip, groin, thigh region with this starting 2 days before surgery, 1 day before surgery and on the morning of surgery.

Follow instructions on the bottle.

Do not use after surgery.

Pre-Op Shopping Checklist:

- Post-op Meds
- Cleansing solution
- Gel Packs
- Miralax (if needed)