Postoperative Instructions following Total Hip Replacement with Dr. Rainer (PLEASE READ THE ENTIRE DOCUMENT):

Activity:

1. Your **weight-bearing** status is – as tolerated.
2. Remember to use a walker for balance and protection. When you feel as though you can walk without significant pain while using your walker or crutches, you may transition to a cane or single crutch used on the opposite side from surgery. For most patients this is 1-3 weeks following surgery. Following hip replacement, most patients are on some type of gait aid for 2-6 weeks. Everyone progresses at a different rate, however, so do not rush it.
3. Hip motion precautions: You can move your hip within a range of motion that feels comfortable. For good mechanics, you should transition from sit to stand and stand to sit utilizing a broad based stance with feet and knees wider than hips. If you need to pick up something from the ground, you should learn to work between your legs, rather than reaching to the side or behind yourself.
4. Driving: No driving until you are cleared to do so by your Orthopedic surgeon. You absolutely can not drive while you are on narcotic pain meds as they can affect your judgment and reaction time. Call your surgeon with any questions/concerns.
5. Sleeping: You may sleep on whichever surface or side is more comfortable. If you are a side sleeper, please keep 1-2 pillows between your knees.

Physical Therapy:

1. For the vast majority of Dr. Rainer's patients**, formal, in-office physical therapy** following joint replacement is **NOT** required. However, this does not mean that physical therapy itself is not required.
2. You should follow the general activity instructions and limitations above and below for a basic outline of how therapy should be performed, and always keep in mind that everyone's recovery is different. This is NOT a race, and a slow steady pace to recovery is much more desirable than something rushed that leads to a complication.
3. **The number one, most important therapy you can and absolutely should do as frequent as possible is walking.** This can not be emphasized enough. From day one, you should walk every 1-2 hours that you are awake for at least a short walk to the bathroom, to the kitchen, or a short lap around the house. Continue this frequency throughout your recovery and as your strength and endurance improves, increase the distance, ideally getting to a total of 1-3 miles of daily walking by 3 months postoperatively.
4. In addition, as you are able emphasis can be placed on the following three things, performed 1-2 times daily as tolerated:
    a. Joint specific range of motion, strength and stabilization
        i. Work on heel slides and straight leg raises while lying on your back and side lying hip and knee flexion and extension exercises. If you feel as though you need more resistance, 1-3 pound ankle weights may be added during straight leg raise exercises AFTER at least 3 weeks. Eventually body weight squats can be cautiously added when you feel your strength and range of motion permit. No weighted squats, unless instructed otherwise, for at least 3 months following surgery.
    b. Gait and sit to stand mechanics
        i. Focus on walking without a limp, including the use of a gait aid until no longer needed. You should focus on keeping your head up and your eyes out in front of you rather than watching your feet while you walk. The simple act of getting in and out of a chair is another exercise that can both improve your core strength, range of motion and balance. Until you are done with your walker, begin with going from sitting in the chair to standing at the walker and then back down to the chair. As you are able, add in a few steps after standing, away from and then circling back to the chair, to increase the exercise and gait therapy.
    c. Core Strengthening
        i. Walking and sit to stand exercises are essential and the majority of what should be done. In addition, you can add hip abduction exercises (first standing at the counter and lifting your straightened leg out to the side, and then advancing to doing the exercise while lying on the opposite side when able) or things like wall sits, planks, and both leg straight leg raises - these are relatively advanced, NOT required, but available if you feel as though you are progressing and would like to do more.
5. If you have questions about any of the above exercises, please call for clarification.
6. Lastly, if at your 3 week visit, or at any point in your recovery, you are struggling with your strength, range of motion or gait, and having a formal physical therapy evaluation would benefit you we will happily set you up with an appointment. If you feel as though you would prefer this regardless, please call and discuss this or bring it up at your 3 week postop visit so that we can arrange appropriately.

Blood Clot Prevention:

1. **Anticoagulation**: Aspirin – The vast majority of patients are being discharged on enteric-coated Aspirin 81 mg by mouth twice a day for 4 weeks (28 days). After to you complete 4 weeks of Aspirin, you may discontinue the Aspirin, unless you are told otherwise by your Orthopedic surgeon. Take this medication with food or large amounts (240 mL) of water or milk to minimize GI irritation.
2. Activity: You should get up and **walk every 1 to 2 hours that you are awake** for a short walk. This can include a **short walk to the freezer for a new ice pack**, or the bathroom or kitchen, or a short lap around the house. Regardless, you should not be seated for more than 2 hours at a time during the day. You do not need to wake up to do this at night, however. Keep in mind that walking will not only help minimize the risk of blood clots, but it also promotes bowel regularity and pulmonary hygiene (breathing) and is a form of physical therapy.
3. Elevation: When seated or lying flat, you should try to elevate your operative extremity above the level of your heart to limit swelling and promote blood flow. Ideally this is done the entire night while you are asleep and several (3-5) times throughout the day for at least 20-30 minutes at a time throughout the day for 3-4 weeks postoperatively. This is usually accomplished with 2 stacked pillows placed under the calf. If done appropriately, your ankle should be slightly above your knee, your knee should be slightly above your hip and you hip should be at approximately the same level as your heart.

Diet:

1. You should resume your usual diet but start slow with more liquids than solids. You may slowly advance as you feel your body tolerates.
2. A probiotic supplement is recommended for at least 1 week following surgery and can be purchased over the counter from most pharmacies or grocery stores.
3. You should increase your intake of fluids and fiber following surgery and especially while you are on narcotic pain meds to prevent constipation. This should include taking in at least 64 ounces of water or electrolyte enhanced fluid daily, and supplementing your diet with vegetables and fruits and/or an over the counter fiber supplement such as Benefiber or Metamucil taken as instructed on the package.

Medications:

1. Pain control following joint replacement is best approached in a ***multimodal*** manner. This strategy starts with a comprehensive anesthetic plan, which is accomplished in the operating room where a numbing medication and mixture of additional medications to prolong the pain relief is injected around the joint and underneath the skin where the incision is made.
2. From the postoperative pain medication perspective, we use a tiered regimen that includes **Tylenol**, an anti-inflammatory, and Narcotics, all of which work together and can be taken together safely when done as prescribed.
3. The 1st tier of pain medications is acetaminophen (Tylenol) 1,000mg, which is to be taken every 8 hours around the clock for ten days after your surgery regardless of your pain level or if you feel it is effective alone. This medicine works synergistically (both medications work better) with the other medications and will help minimize pain and the amount of other medications required when taken along with the other prescriptions. After 10 days, you can take Tylenol as needed per package insert. Do not take more than 3,000mg of acetaminophen in a 24 hour period.
4. The 2nd tier of pain medications is **Celebrex**. This medication is a type of nonsteroidal anti-inflammatory (NSAID). This will help with pain and inflammation. Take this twice a day for the next 4 weeks. If you no longer are requiring narcotic pain medication (3rd tier) you may change the way you take the prescribed naproxen and instead take it as needed only, up to twice a day. If you have experience with NSAIDs previously and know that Ibuprofen works better for you, you may take Ibuprofen as an alternative, however it will require 3 times daily dosing - please notify us if this is the case.
5. The 3rd tier of pain medications is narcotic pain medication including **Tramadol** and **Oxycodone**. You will be on these medications for a limited period of time only. Take the smallest dose possible to control your pain. Start with tramadol, and if this is still not enough to control your pain after Tylenol and Celebrex, you may take an oxycodone in addition. As your pain improves take smaller, less frequent doses. You may break either tablet to achieve a smaller dose. If you find that the prescribed amount is ineffective WHEN TAKEN WITH THE PREVIOUSLY DESCRIBED MEDICATIONS, please call to let us know so that we can modify the dosing.
6. The pain medication you are on can cause constipation so increase your intake of fluids and fiber while you are on them. A stool softener, Senna or Colace, can also be purchased over the counter and taken to facilitate a bowel movement. Miralax can also be added if needed to combat constipation.
7. If you need a renewal on your narcotic pain medication, you need to give the Orthopedic clinic enough time to process your request. This can take up to three days, so please plan accordingly.
8. You are also being discharged on a proton pump inhibitor (or H2 blocker) such as Omeprazole or Famotidine. This will decrease stomach irritation that may be caused by NSAIDs and some oral anticoagulation medicine. Take this daily for the next 4 weeks, or at least while you are on the NSAID and/or Aspirin. If you were already on one of these medications, continue as used previously.

Wound care (Optifoam bandage):

1. You do NOT have any external staples or stitches in place. No stitches or staples will be required to be removed following surgery. Your stitches are internal and will be absorbed over time.
2. Your bandage (large white bandaid) is called an Optifoam dressing. Do not lift the edge of the Optifoam dressing to inspect the incision, as it will not re-adhere. **Remove your operative dressing 1 week after your surgery.** When it is removed you can leave the incision open to air or cover it with a light dressing. Most patients have an additional item called a Prineo on their skin underneath. This will appear as a ***mesh*** dressing directly over the incision. Please leave this in place until your follow up. If it starts to peel away, just trim the elevated edges and leave the rest
3. If you have lots of drainage when you get home and the bandage is saturated, remove the operative dressing and replace it with dry sterile gauze and tape. Continue with daily dressing changes as needed until the drainage stops, then remove the dressing and leave the incision open to air or lightly covered. **Please contact our office at 970-245-0484 if this is the case so we can continue to monitor the wound with you closely.**

Showering:

1. You **can shower immediately** following surgery as the bandage is waterproof, but remember your activity limitations and always have a chair available for balance and protection. DO NOT submerge the dressing/incision for at least 4 weeks following surgery.
2. Do your best to keep the bandage away from direct water impact, not letting water run directly over the bandage. Whenever it does become wet, lightly pat the dressing dry.
3. **At 1 week postoperatively, you should remove the dressing**. When this operative dressing is removed you can let water and soap gently run over the incision. DO NOT scrub the incision and again, do not fully submerge or soak the incision for 4 weeks from surgery. Underneath the bandage, the incision itself will be covered with the mesh bandage that is also glued on – please leave this alone as it will come off on its own over time.

Misc: Remember that ICE and elevation are very important after surgery to help decrease swelling and control pain. Use ICE for at least 20-30 minutes at a time and keep your leg elevated as much as possible. If you allow the ice pack to completely warm up (usually approximately 1-2 hours hour), you may replace a new ice pack at this interval throughout the day as much as needed

Call your doctor (970-245-0484) if you develop:

1. Fever greater than 100.5
2. Severe nausea or vomiting
3. Increasing pain that is not controlled by pain medications
4. Increasing redness, swelling, or drainage from incisions
5. Change in sensation or new onset weakness in the extremity
6. New inability to bear weight on the extremity
7. Significant fall or injury

FOLLOW-UP APPOINTMENTS:

1. You will have an approximately 3 week postop follow-up with Dr. Rainer at Western Orthopedics and Sports Medicine. If you do not already have an appointment please call 970-245-0484 or reach out via the patient portal to schedule.