

RECOVERING FROM TOTAL HIP REPLACEMENT

Getting Back to Life

Congratulations! Now that the stress and worry of surgery is behind you, we recommend that you spend a few minutes of mindfulness to simply enjoy being home relaxing with ice/cold therapy on your hip. Plan on getting started on the steps below first thing in the morning.

We will guide you through the details of your recovery starting with key topics of concern including what to expect in the days, weeks, and months to come. We will also point out key “to do’s” and pitfalls to avoid.

Getting Back to Life

First and foremost, remember your hip precautions – **No Bridging, Back-Bending, or Limbo**. Be cautious, but not paranoid. Otherwise, we have found when patients approach their recovery and rehabilitation like a “full-time job”, they seem to experience a better recovery process. So, what does that daily job schedule look like?

- Begin with your morning routine – eat your breakfast, do your exercises (avoiding bridging), walk at least 300 ft (which is a city block) progressing 100 ft per day, and then use cold therapy/ice over your incision for a minimum of 30 minutes (Fig. 4 on the next page).
- Around noon, eat your lunch, do your exercises, walk, and then once again ice for a minimum of 30 minutes.
- At dinner time, eat, do your exercises, walk, and then lay down and ice for a minimum of 30 minutes. You can relax and take the rest of the evening off.
- When it comes time to sleep, feel free to sleep in any position that is comfortable. Sleep and rest are necessary for healing.

Your first day or two at home you may notice increasing pain as the anesthesia has worn off. The normal response to increased swelling is an increase in pain. Remember to be diligent about icing your hip and taking Tylenol (acetaminophen) and Mobic (meloxicam) for pain relief. If needed, you may use the opioid pain medication as prescribed, starting at a low dose and working your way up as needed for pain control. Keep in mind it is normal for your hip discomfort to be in the 1 to 3 range when you’re sitting absolutely still, and in the 4 to 6 range when you’re up moving around. Pain may be above a 6 when doing your therapy exercises for the first 5 days, as this seems to be the peak of the pain and swelling. After that, we would anticipate the need for pain medication to begin to lessen.

After your first week, you will find that the pain and swelling have decreased and the function of your leg is beginning to return fairly quickly. For those with jobs that allow you to sit and stand as needed, it is reasonable to return to work around 3 to 4 weeks after surgery. For those who work in jobs that require standing, walking, or climbing for the majority of the day, it is reasonable to return to work around 4 to 6 weeks.

RECOVERING FROM TOTAL HIP REPLACEMENT

Key Topics of Concern

The body's normal reaction to any surgical procedure includes pain, swelling, weakness, bruising, and, on rare occasions, blistering around the incision site. Another key concern is dislocation of your hip replacement. It is important to know and understand how to manage each one of these known concerns.

Hip Dislocation. . . Is that Possible?

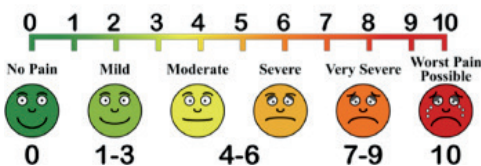
While rare, it is possible to dislocate your hip after an anterior hip replacement. For 6 weeks after surgery, avoid bridging, which is back or hip extension exercises such as lying on the bed or floor with your knees bent, pushing your pelvis or hips upward, and "bridging" ... i.e. doing the back-bend or limbo (Fig. 2). Do not drop your surgical leg over the edge of the bed while laying down or attempting to sit up (Fig. 3). During pre-hab, your therapist will go over this in great detail.



Figure 2: AVOID THIS POSITION

Pain

PAIN ASSESSMENT TOOL



Pain is one of the expected responses to a hip replacement. We will empower you with the tools you need to help control and minimize your discomfort. You will be frequently asked to rate your pain based on the pain assessment tool.



Figure 3: AVOID THIS POSITION

Over the first several days and weeks, we anticipate that your pain will be around a 4 or 5. While doing hip exercises, your pain may increase for a short period of time. Minimizing swelling and using ice/cold therapy can help control that pain. We will also provide you with specific medications that will be used to control your pain. All of these are mentioned in more detail on the next few pages.

Swelling

Swelling will occur around your surgery site and perhaps your thigh over the next 5 days. This is a normal and expected response to surgery. Swelling is best controlled by laying down and resting with cold therapy or ice on your incision for a minimum of 30 minutes every 2 hours during the day for the first 3 or 4 days following surgery. Gravity can also pull swelling into your lower leg. If this occurs, lay flat on your back and elevate your operative leg on a wedge of pillows or blankets well above your heart level. Gravity will pull swelling out of your leg and get the fluid to your heart (Fig. 4). The heart will get rid of the extra fluid. Lay this way for a minimum of 30 minutes every 2 hours during the day. Apply ice or use the Ice Machine on your hip during that time. This is particularly important during the first 3 or 4 days after surgery.

Avoid sitting with your operative leg dangling down for more than 30 minutes at a time. Sit in this position only when you are eating meals for the first 3 days. Sitting with your leg hanging down for too long allows gravity to work against you, pulling fluid back into your knee, calf, ankle and foot.

Generally speaking, swelling is less in the morning and gets worse as the day progresses. Elevating your leg will help decrease swelling. If you are elevating properly and are not seeing any notable change or relief, please reach out to our Orthopedic Care Coordinator at 425-656-5060.



Figure 4

Proper elevation and icing of the hip and leg

RECOVERING FROM TOTAL HIP REPLACEMENT

Key Topics of Concern

Swelling (Continued)

Generally speaking, swelling is better in the morning and gets worse as the day progresses. Elevating your leg will help decrease swelling. If you are elevating properly and are not seeing any notable change or relief, please reach out to our Orthopedic Care Coordinator, ARNP, at 425-656-5060.

Ice/Cold Therapy

Ice/cold therapy is your friend! Cold therapy such as the "Polar Care Wave" and "IceMan" machines (Fig. 5), gel packs, frozen bags of peas, or bags of ice will help control swelling and help relieve pain. You may use cold therapy as frequently as you would like. We recommend that you give your skin a break from icing some portion of every hour, particularly if you are using bags of ice. Also consider using a thin material between your cold therapy and your skin. We would like to emphasize the use of cold therapy as your first go-to method to decrease pain.

See "Ice and Compression Machine" on page 34 in the Appendix for more information about maximizing cold and compression therapy, which has been shown to decrease the need for opioid pain medication amongst other benefits.



Figure 5

Weight Bearing and use of an Assistive Device

You may place as much weight onto the operative leg as your pain, comfort, common sense, and balance will allow. You will not damage your hip replacement by placing weight on the leg, but we would like you to use a walker for the first week to ensure that you do not fall. As you progressively put more weight on the leg, you may wean off of the walker as tolerated. For example, when you no longer feel that the walker is necessary and you feel safe, confident, comfortable, and balanced, you may progress to a cane. If you are carrying your walker more than using it for balance and safety, you are probably ready to transition to a cane. It is usually best to use the cane in the hand opposite of the operative leg (Fig. 6). When you no longer feel a cane is necessary and you feel safe, confident, comfortable, and balanced, you may discard the cane. The length of time it takes to walk without assistive devices is not important and will not determine the success or failure of your hip replacement. However, you have our permission to walk without support whenever you feel you are safe. Some people do this within 2 weeks of surgery, others take 6 weeks or so.



Figure 6

For a **LEFT** hip replacement, use the cane in the **RIGHT** hand. For a **RIGHT** hip replacement, use the cane in the **LEFT** hand. The tip of the cane and the operative leg should strike the ground at the same time, followed by swinging your good leg forward.

RECOVERING FROM TOTAL HIP REPLACEMENT

Key Topics of Concern

Medications for Pain

You will be given a prescription for specific medications that will help control your pain. Most people go home with the following medications (unless medical issues limit their use):

- **Tylenol (acetaminophen)** 500 mg tablets, 2 pills taken by mouth every eight hours. This will be your primary medication for pain control.
- **Mobic (meloxicam)** 7.5 mg tablets, 1 pill taken by mouth twice daily with a meal (breakfast and dinner). This medication will help control swelling and decrease your pain.
- **Oxycodone** 5 mg tablets, ½ of a pill up to 2 pills every 4 hours taken by mouth as needed for pain.

Some patients may not tolerate one or more of the above medications. Please indicate this to your care team so that alternative medications can be provided.

Mild Pain	Moderate Pain	Severe Pain
Ice and Elevation	Ice and Elevation	Ice and Elevation
<u>ANALGESIC</u> Tylenol (acetaminophen) 1000 mg every 8 hours (maximum daily dose 3000 mg in 24 hours)	<u>ANALGESIC</u> Tylenol (acetaminophen) 1000 mg every 8 hours (maximum daily dose 3000 mg in 24 hours) DO NOT TAKE IF ALSO TAKING NORCO	<u>ANALGESIC</u> Tylenol (acetaminophen) 1000 mg every 8 hours (maximum daily dose 3000 mg in 24 hours) DO NOT TAKE IF ALSO TAKING NORCO
<u>ANTI INFLAMMATORY</u> If prescribed Mobic (meloxicam) take 7.5 mg twice daily.	<u>ANTI INFLAMMATORY</u> If prescribed Mobic (meloxicam) take 7.5 mg twice daily.	<u>ANTI INFLAMMATORY</u> If prescribed Mobic (meloxicam) take 7.5 mg twice daily.
	<u>OPIOID</u> If prescribed Tramadol : Take 1 tab (50 mg) every 6-8 hours as needed (maximum daily dose 300 mg in 24 hrs). If prescribed Norco (hydrocodone/acetaminophen) : take ½-2 tabs every 6-8 hours as needed. If prescribed Oxycodone : take ½-2 tabs every 6-8 hours as needed.	<u>OPIOID</u> If prescribed Tramadol : Take 1 tab (50 mg) every 4 hours as needed (maximum daily dose 300 mg in 24 hrs). If prescribed Norco (hydrocodone/acetaminophen) : take ½-2 tabs every 4 hours as needed. If prescribed Oxycodone : take ½-2 tabs every 4 hours as needed.

Weaning off of Opioid Pain Medication

Your goal is to take as little opioid pain medication as needed to reasonably control your pain. The aim is to continue to decrease the use of this medication as your symptoms improve. Once you establish the amount and frequency of pain medication necessary for pain control right after surgery, plan on using that amount routinely for just a few days until your pain begins to improve. We anticipate that you will need some level of opioid medication to a varying degree for up to 4 weeks. Start weaning off of opioid pain medication by taking fewer pills at a time or taking pills less frequently.

- Example 1: Take 1 tab every 4 hours instead of 2 tabs
- Example 2: Take 1 tab every 6 hours instead of every 4 hours

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Key Topics of Concern

Weaning off of Opioid Pain Medication (Continued)

Stopping opioids abruptly can lead to symptoms of withdrawal, and many of these symptoms overlap with side effects from taking opioids. Withdrawal symptoms can include restlessness or anxiety, increased pain, insomnia, nausea, vomiting, diarrhea, sweating or fevers, drowsiness, tremors, rapid heart rate, blood pressure changes, confusion, hallucinations, and/or seizures.

You can avoid these symptoms by taking as little opioid pain medication as necessary and making a change every 1 to 2 days to your medication regimen as noted above, with the goal of stopping use as soon as possible.

Other Medications

Most people go home with the following medications in addition to the pain medications mentioned above (unless medical issues limit their use):

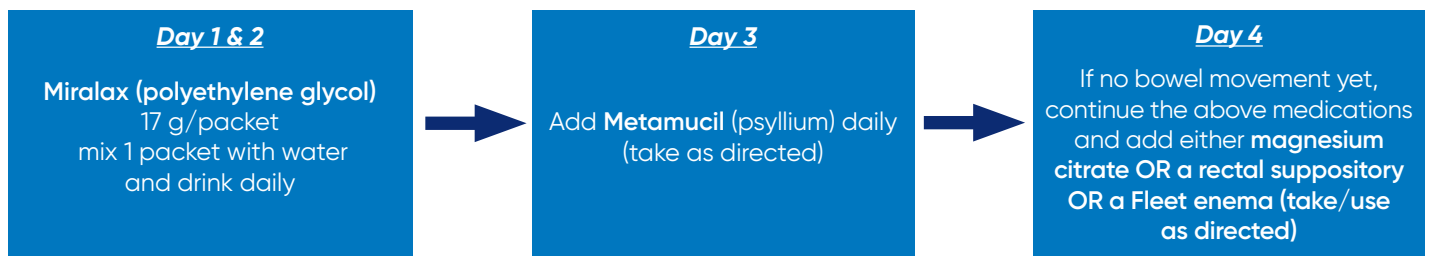
- **Aspirin** (81 mg) – take 1 tab by mouth twice a day (one with breakfast and one with dinner). This is for blood clot prevention. You will need to take aspirin for a total of four weeks.
- **Prilosec (omeprazole)** 40 mg capsules – take 1 cap by mouth daily. This is to protect your stomach while you're taking aspirin and Meloxicam together.
- **Miralax (polyethylene glycol)** 17 g/packet – mix 1 packet with water and drink daily for constipation if needed.

Some patients may not tolerate one or more of the above medications. Please indicate this to your care team so that alternative medications can be provided.

Constipation

Constipation is a very common problem following hip replacement surgery. Contributing factors are the use of opioid pain medications, decreased activity, poor diet, and poor hydration. Decreasing the use of opioids, eating a healthy diet high in fiber, staying well hydrated, and increasing activities will help prevent constipation from occurring. We will prescribe Miralax (polyethylene glycol) to help reduce the risk of developing constipation.

Until you have regular bowel movements, we encourage you to follow the regimen below (all of these medications can be obtained over-the-counter at any pharmacy):



If you develop sudden onset abdominal pain, severe bloating, nausea or vomiting, please contact our office. This may be a sign of a more serious complication.

If you have a history of constipation, or concerns about this being a potential postoperative occurrence, you can start taking Miralax (polyethylene glycol) one day prior to surgery.

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Key Topics of Concern

Blood Clot Prevention – It's Important

Hip replacement surgery increases the risk of developing blood clots in the veins of your legs – this is called deep vein thrombosis (DVT). We use several methods to decrease this risk including the use of blood thinners. If you are **low risk**, meaning no prior history of blood clots (DVT) and no unusual risk factors, then **Aspirin (81 mg) 1 tab twice a day (one with breakfast and one with dinner) for 4 weeks** will be used to thin your blood.

If you are at **high risk** of a blood clot, then an alternative **oral blood thinner will be used for approximately 6 weeks**. We have used this strategy for many years to safely and effectively minimize the risk of blood clots.

Some patients are on other types of blood thinning medications for other medical reasons. Your care team will give you specific directions on when to resume those particular medications and what dose to take. Almost always, you will be placed on a lower dose than you usually take for five days from the time of your surgery. At the end of this time, you will then resume your normal preoperative dosing of your blood thinning medications.

If you have any questions, please contact the Orthopedic Care Coordinator at 425.656.5060.

Signs And Symptoms Of A Blood Clot (DVT)

Swelling in your calf or thigh that does not improve within an hour of elevation over heart level.

Constant pain, increased warmth, and/or tenderness in your calf, or with motion of your ankle.

Signs And Symptoms Of A Pulmonary Embolism

Sudden onset of shortness of breath, difficulty breathing or chest pain.

This is a true medical emergency. It occurs when a blood clot travels to your lungs. Call 911 immediately.
DO NOT DRIVE.

Call 911 immediately if you develop any of these symptoms:

- Sudden chest pain
- Difficulty breathing
- Feeling of shortness of breath
- Pain with deep breathing
- Coughing blood

RECOVERING FROM TOTAL HIP REPLACEMENT

Incision Care

How do I Take Care of my Incision?

Do not use ointments, creams or lotions around your incision, particularly when the mesh is still in place. After the mesh has been removed, please wait one more additional week before you apply any ointments, creams or lotions to your incisional area.

See "Dermabond Prineo Instructions" in the Appendix for more information about the skin closure system.

Let's Talk about Drainage

It is not uncommon to have slight drainage from your incision site. If it occurs, it is generally very minimal and lasts just a few days after surgery. If at any time you are concerned about incision drainage, please call our office at 425.656.5060 and ask to speak with our Orthopedic Care Coordinator.

You can Shower!

Over your incision, you will see a dressing that is silver in color with clear edges (Fig. 7). This dressing is waterproof. Because of this, you can shower! We would like you to **leave this dressing in place for FIVE DAYS from your surgical date**. On rare occasions, some people have a reaction to the adhesive. If you begin to have itching or redness surrounding the dressing, please remove immediately.

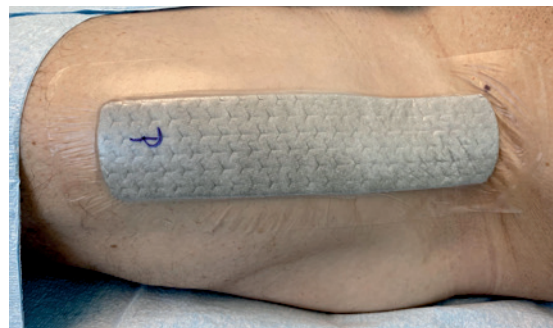


Figure 7

Remove your Silver Dressing when you have been Home 5 Days

Once it has been five days from your joint replacement, you should remove your Mepilex/silver dressing. Begin by grabbing the top edge of the clear portion of the dressing (Fig. 8 and 9). Pull gently in a downward fashion until completely removed. Underneath this dressing, you will see a clear mesh on your incision. This is called **DermaBond Prineo** and is part of your Incision closure. This should remain over your incision for up to **THREE WEEKS**. You may find that the edges of the mesh start to curl up. In this case you may trim off the curled up edges (Fig. 10 and 11). You may continue to shower as the mesh continues to keep your incisional area waterproof.



Figure 8



Figure 9



Figure 10



Figure 11

RECOVERING FROM TOTAL HIP REPLACEMENT

Incision Care

Time to Remove the Dermabond Prineo

It is time to remove the Dermabond Prineo now that you are three weeks from your joint replacement. Apply a generous amount of any type of petroleum product such as Vaseline. Work it into the mesh. Allow that to sit on the mesh for three to five minutes. After five minutes, start with the top edge of the mesh and gently pull in a downward fashion (see Fig. 12, 13 and 14). The mesh should peel off fairly easily. If it is still difficult, apply more petroleum product and/or give it more time to soak into the mesh. To forcibly remove the mesh may cause injury to your skin. You may continue to shower as your incision is now well healed. We would like you to hold off for one more week before you soak in a tub or a pool.



Figure 12



Figure 13



Figure 14

Bruising

It is not unusual to develop bruising following a hip replacement (Fig. 15 and 16). Bleeding normally occurs around the hip and gravity will cause this blood to track along the tissue planes of your leg resulting in bruising of the thigh, calf, foot, and ankle. This is normal and you should not be alarmed. Bruising will develop over time and ultimately end up in your toes before it's over. As the body absorbs the blood, the bruising will gradually go away on its own.



Figure 15

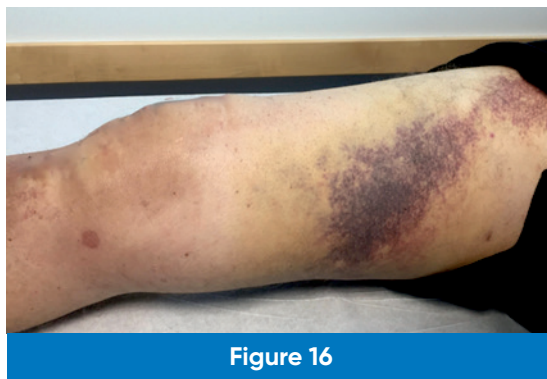


Figure 16

RECOVERING FROM TOTAL HIP REPLACEMENT

Incision Care

Blisters

Some patients may develop blisters around the hip and/or the incision (Fig 17). Although blisters can be alarming in appearance, they pose no significant risk to your hip replacement. They may leak clear fluid for a period of time. If needed, you may cover the blistered area with a non-stick dressing and paper tape until a "scab" forms. These supplies can be obtained at any pharmacy. Otherwise, they should be left open to air and can generally be ignored as they will resolve on their own.

Numbness

Most patients develop an area of decreased sensation (numbness or tingling) on the outer part of the hip (Fig. 18). This numbness is expected and normal after hip replacement. It is not a sign of any problem. The area of numbness typically decreases in size over the next 6 to 12 months.



Figure 17

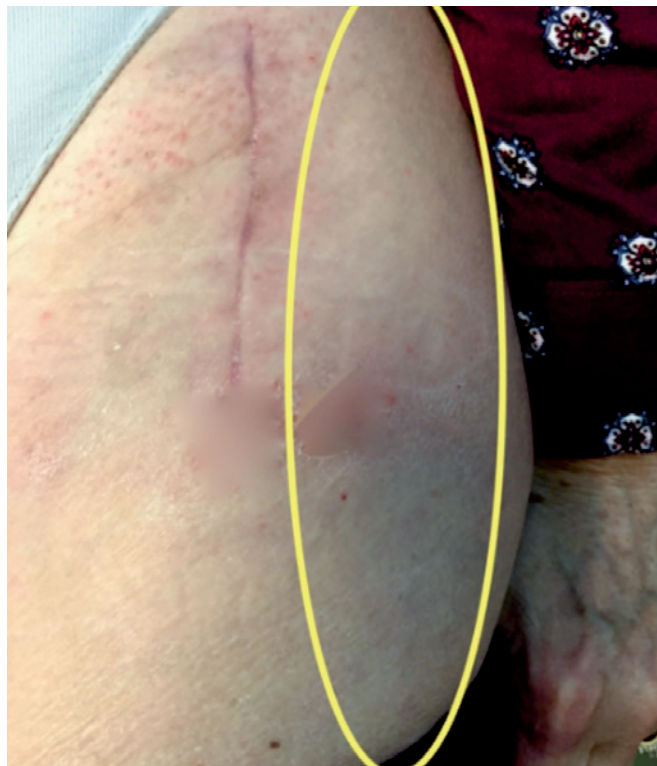


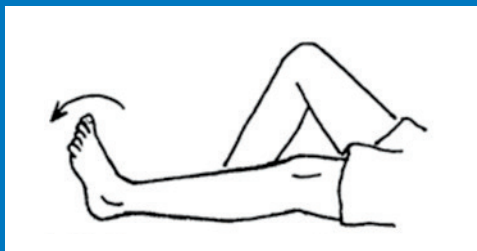
Figure 18

RECOVERING FROM TOTAL HIP REPLACEMENT

Home Exercises For Your New Hip

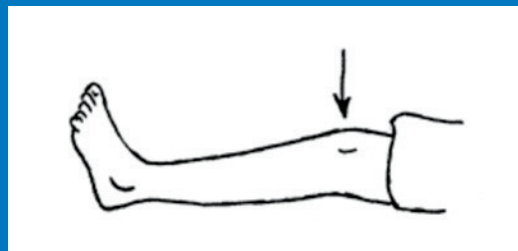
You will be able to walk before you are discharged from the Surgery Center. We do not recommend formal physical therapy following a hip replacement. During your pre-hab, the physical therapist will outline a home-exercise program. Walking and doing the exercises you were taught during pre-hab as well as the exercises demonstrated below are all that most people require. Some may need formal therapy and that will be determined by your surgeon. Begin these exercises the morning after your surgery, with 1 set of 10 repetitions of each exercise. Starting the next day, increase this to 3 sets of 10 repetitions for each exercise, and do this for 3 concentrated efforts per day. Ice your hip for a minimum of 30 minutes after each exercise session.

Ankle Pump



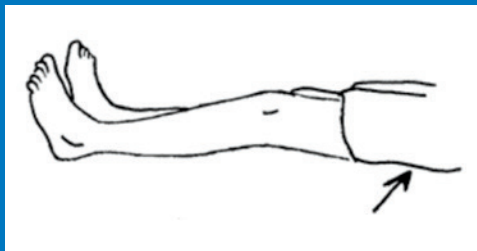
Move your foot back and forth as if pressing on a gas pedal.

Quad Set



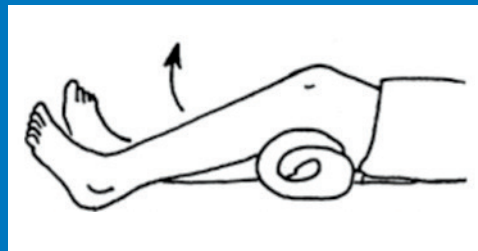
Tighten muscles on top of the thigh by pushing the knee down. Hold for 5 seconds.

Gluteal Set



Squeeze your bottom together. Do not hold your breath. Hold for 5 seconds.

Short Arc Quad

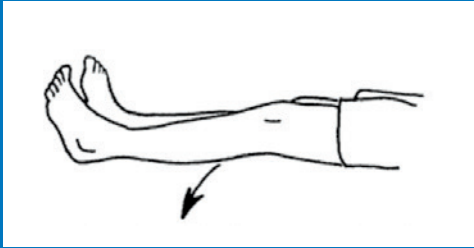


With the knee over a bolster, straighten the knee by tightening muscles on top of the thigh.

RECOVERING FROM TOTAL HIP REPLACEMENT

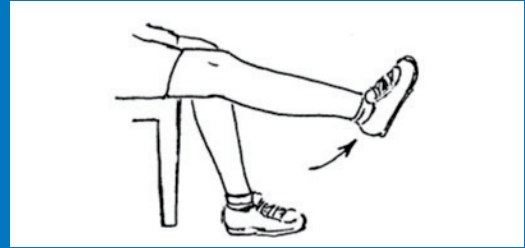
Home Exercises for Your New Hip

Hip Abduction Slide (sideways)



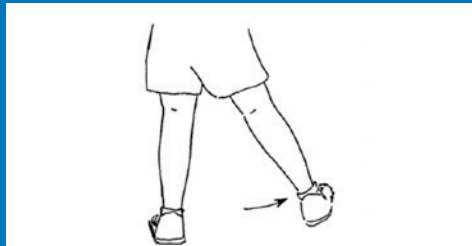
Keeping your toes pointed at the ceiling, slide your operated leg out to the side as far as possible. Return to starting position.

Long Arc Quad



While sitting, straighten your knee and hold for 5 seconds. Return knee to bent position.

Standing Hip Abduction (sideways)



Stand holding onto a kitchen counter or dresser. Slowly raise the leg out to the side, keeping toes pointing straight ahead.

Help, I can't Raise my Leg!

For the first week or two after a total hip replacement, many people cannot independently lift their leg and require assistance. This is normal. After 1 to 2 weeks, you will regain the ability to raise your leg and will no longer require much, if any, assistance to lift it. When you can raise your leg on your own, it is generally much easier for you to get in and out of bed independently. If you cannot raise your leg on your own, it does not mean you are behind, not working hard enough, or that something has gone wrong. It just takes time. **We do NOT recommend working on active hip flexion exercises and strengthening (such as straight leg raises) until after six weeks from surgery.**

FREQUENTLY ASKED QUESTIONS

I have a low-grade temperature, is that normal?

Yes, it is normal to have a low-grade temperature for the first few days after surgery, and is your body's response to the stress of surgery. A temperature of 101.5°F or greater should be reported to your surgeon.

Is it normal to have some aches and pains in my groin and/or hip?

Yes, we do the work on the ball and socket which are located in the groin region. This is a normal part of the healing process and will subside over the next couple of months.

Why am I bruised?

It is normal to develop bruising on the operative leg, including the thigh and lower leg down to the foot. Your body will absorb the blood and the bruising will gradually go away.

When can I stop taking the medication you sent home with me?

Aspirin: remain on Aspirin 81 mg taking one tab in the morning with breakfast and one tab in the evening with dinner for a total of 4 weeks after surgery. This medication will help prevent blood clots.

Opioid pain medication (Oxycodone, Dilauid, Norco, Tramadol): The majority of patients are able to wean themselves from opioids within 2 to 3 weeks of surgery.

Tylenol (acetaminophen): Tylenol should be the last pain reliever that you stop taking. It is most effective when you take it on the schedule of 1000 mg every 8 hours around-the-clock.

Miralax (polyethylene glycol): continue with this until you have weaned yourself off of narcotics or have had the return of normal bowel movements.

Mobic (meloxicam): this is an anti-inflammatory medication and may be taken up to 4 weeks.

Prilosec (omeprazole): continue to take this as long as you are taking both Aspirin and Meloxicam.

How long do I need to use my assistive device (walker/crutches/cane)?

A walker or crutches are used to help you ease back into a normal walking pattern. Whenever you feel safe, comfortable, and confident to transition from your walker to a cane, you may do so. If you have an increased limp or increase in your pain, go back to using your walker or crutches for a few days and then try again. The same goes for transitioning off of a cane to walk without any assistive device.

Do I need physical therapy?

Most patients will not require formal physical therapy. There are a few who would benefit from therapy and in those cases, we recommend beginning 2 to 3 weeks from your date of surgery.

Why can't I sleep?

We get that sleeping for several weeks or months after a hip replacement will be a challenge. For most patients, time will solve the insomnia. This is a difficult problem to treat and nothing completely eliminates the problem other than time. Working hard, being active during the day and avoiding daytime naps are helpful to induce sleep at bedtime. Unless you are accustomed to sleeping pills prior to your surgery, we do not recommend them as they often do not help and can cause other significant side effects. Use of opioid pain medications are also known to **negatively** impact sleep patterns. You may try over-the-counter antihistamine medications such as Benadryl, or supplements such as Melatonin at bedtime (see labels for instructions).

'Tylenol PM' includes the active ingredient in Benadryl and is an option as well, just be sure not to exceed 3000 mg of Tylenol (acetaminophen) in 24 hours from all sources.

What is the normal follow-up after surgery?

You will have a telehealth or clinic visit 10-14 days after surgery with a Physician Assistant or Nurse Practitioner, a clinic visit 6-8 weeks after surgery with your surgeon, and a clinic visit around the one-year anniversary of your hip replacement.

FREQUENTLY ASKED QUESTIONS

My incision is lumpy. Is this normal?

Yes, most patients do not have a thick fat layer over the anterior incision area and the buried sutures can be felt. These will be absorbed by your body. Occasionally, these may poke through the skin. Please contact us if this occurs.

What are my restrictions?

You can begin to resume normal activity. If this includes exercise (which it should), you can get back to your routine starting with low-impact cardio activity such as riding a stationary bike or using a stairmaster after 2-3 weeks, and swimming sports after 4-6 weeks.

What is the best way to manage my pain moving forward?

We would like you to wean off of opioid pain medication by 3 to 6 weeks after surgery at the very latest. You may want to use Tylenol (acetaminophen) and/or over-the-counter NSAIDs such as Advil, Motrin (ibuprofen) or Aleve (naproxen). Take as directed on the bottle. These should help with any residual pain after you are off of the opioid pain medication.

Why does nothing look or taste good?

Loss of appetite is normal and is not cause for alarm. Many patients lose their appetite for several weeks, and sometimes for up to two months. Your appetite will return to normal with time. Many find it helpful to eat several small meals or snacks rather than large meals until one's appetite returns to normal.

When can I drive?

Safety first! Generally speaking, it takes 3 to 4 weeks to regain full control over your right leg to operate your car safely. A good indication you are ready to drive is when you are comfortably walking with the use of your cane or have transitioned from no longer using any assistive device. If the joint replacement was done on the left leg, ensure that you are able to get in and out of the car safely. Most importantly please use your common sense. Consider a couple of practice drives in a low traffic area or an empty parking lot. If you do not feel that you are safe to drive a car, wait until you feel ready. **Do not drive if you are still taking opioid pain medications.**

When can I safely travel?

Ideally, we would like for you to stay in the area for at least 4 to 6 weeks following surgery to mitigate any risk of negatively impacting your recovery. If you are planning on traveling within this time frame, please discuss this with your surgeon so that necessary precautions can be addressed.

What about airport security?

Your hip replacement is made of metal and will set off metal detectors. It is most efficient to use the body scanner, but if that option is not available, tell the TSA agent you have a hip replacement to facilitate additional screening. Cards indicating you have a total joint replacement are no longer accepted by TSA. Here is a link to a video from the American Hip and Knee Surgeons if you would like further information: <https://www.youtube.com/watch?v=7hagY2S9I3k>

What about sexual activity?

You may resume sexual activity as comfort and common sense allows. If you have specific questions, please discuss them with your surgery care team.

Is it normal to have swelling around my incision and thigh?

Swelling of the surgery site and thigh is normal because this is where all the work took place.

RECOVERING FROM TOTAL HIP REPLACEMENT

Follow-Up Appointments

Both your first and second postoperative visits are scheduled at the time you scheduled surgery. If you are not sure when, what time, or which office, please call us. We will be happy to direct you. Every postoperative course is different so please feel free to reach out to ask questions, discuss your surgery and/or recovery, or review any other concerns you may have.

First Postoperative Visit: 10 – 14 Days After Surgery

Your first visit will be 10 to 14 days after surgery via telehealth. You will be invited to join that appointment using your computer or smartphone. The appointment will be with a physician assistant or advanced registered nurse practitioner who is familiar with you and your surgery. In general, the following will happen at this appointment:

- Your incision will be assessed and incision care will be reviewed.
- Medications will be reviewed and refilled if needed.
- Any additional questions you have will be answered.

Who needs to be seen in the office for this appointment?

- Those who do not have access to a computer or a smartphone.
- Those who have staples or sutures that will need removal.
- **You need to arrange for a ride to this appointment as you will not be ready to drive.**

Second Postoperative Visit: 6 – 8 Weeks From Surgery

Your second scheduled follow-up visit will be with your surgeon, typically 6 to 8 weeks after surgery. Most patients are able to drive themselves at this point and have stopped taking opioid pain medication. In general, the following will happen at this appointment:

- X-rays will be taken at this visit and reviewed with you.
- Your surgeon will review your mobility and return to activity.
- Discuss your concerns and make additional recommendations.
- Follow-up visits: As long as everything is going well, your next follow up will be your one-year anniversary for an x-ray check.

RECOVERING FROM TOTAL HIP REPLACEMENT

What Is So Important about Antibiotics and Dental Work?

Bacteria that are not present anywhere else in the body are present in your mouth. When you have dental work including routine teeth cleaning, these bacteria are scattered into the bloodstream. They can collect around your hip replacement, causing it to become infected and antibiotics kill the bacteria that cause this type of infection. It is imperative you notify your dentist that you have had joint replacement surgery.

The American Association of Orthopedic Surgeons (AAOS) believes it is worthwhile for all patients to take preventive oral antibiotics prior to dental work for one year after surgery (lifelong if you are at higher risk for infections). These underlying conditions may include, but are not limited to, autoimmune disease, diabetes, recent or active cancer treatment, etc. We will prescribe antibiotics for you if your dentist does not.

Patients not allergic to Penicillin:

Amoxicillin Take 2 grams orally, 1 hour prior to dental procedure to include routine dental cleaning.

Patients allergic to Penicillin:

Clindamycin Take 600mg orally, 1 hour prior to the dental procedure to include routine dental cleaning.

After one year, your dentist is ultimately responsible for making the decision for or against taking antibiotics based on his/her knowledge of the dental work to be done. If you have any questions regarding antibiotics and dental work, have your dentist contact your orthopedic surgeon.

Ongoing Recovery And Care For Your Total Hip Replacement

Protecting Your New Hip

Your new hip is the result of many years of research. However, like any device, its life span depends on how well you care for it. You should exercise proper care of your new hip for the rest of your life.

Making It Last

Let's compare the surgical-grade plastic bearing surface of your hip replacement to car tires. A race car driver requires 4 or 5 sets of tires in a 200-mile race, while tires for the average driver can go 30,000 miles. You are the one that will determine how quickly you will burn through your tires.

Sports And Other Activities

Remember, your new joint is designed for the activities of daily living and low to medium-impact sports, not high-impact sports. Once you receive your surgeon's approval to participate in more activity, walking, hiking, swimming, tennis, and cycling are recommended. Aggressive sports, such as running or jumping off of high platforms (i.e. Crossfit), may impair or compromise the function and long-term success of your joint and should be avoided.