

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.

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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.