New Hip Owner’s Manual

(Hospital inpatient)

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 Congratulations on your decision to have a hip replacement! Hip replacement is one of the most successful surgeries in modern medicine. Approximately 400,000 patients have their hips replaced each year in the United States. Patients’ with hip replacements nearly always (approximately 95%) are highly satisfied, and typically are able to return to physical activity that they might otherwise have been unable (tennis, golf, cycling, skiing, and walking). This guide is meant to help you understand your hip replacement surgery and how to achieve the highest possibility of long lasting success. Did you know that most hip replacements last well more than 20years? I will now discuss some physical and mental and medical preparations that will get you ready for your surgery, and then later describe what we anticipate your postoperative rehabilitation will be, and lastly explain how to stay healthy with your new hip replacement.

**Physical Preparation**: Your hip replacement will be physically taxing/difficult. I know you have difficulty exercising because of your hip, but you should make an effort to get into better shape before surgery. Dr. Bright suggests that you go to 2 weeks of physical therapy before surgery. This will help you learn the exercises you need to do after surgery, as well as get you in shape to recuperate faster after surgery. You should start going for easy bike rides or short walks, and doing simple straight leg raise exercises and chair squats and hip adbuctor exercises. Also start trying, after a short walk or bike ride, to stretch your hip. The week before surgery, you may continue to stretch but you should avoid prolonged exercises since you want to be totally rested and full of energy on surgery day.

  

Straight Leg Raise Chair Squat Hip Abduction

**Mental preparation** is also very important. I was impressed earlier in my career from one of my colleagues in northern Florida, who practiced in a 20member orthopedic group. The nurses at the hospital wanted to do a study on pain management after hip replacement surgery, and were shocked when they discovered that my friend who had much lower pain scores used the same surgical technique and the same pain medications as his colleagues. Why were his pain scores SO MUCH BETTER when than everyone else? After an investigation, it was discovered that he spent considerably more time explaining to his patients before and after the surgery about what they should expect and how he was going to help them. Quite simply, his patients were not anxious or afraid, and were more mentally and physically prepared. They improved more and had less pain because of this. So, before the surgery you should understand that it is NORMAL to have moderate pain after the procedure. However, the medications that are used before, during, and after the surgery will help you manage (not eliminate) this pain. You should also develop a strategy to overcome the pain by reading books or watching movies or doing crossword puzzles or knitting/sewing, which works to take your mind off of your pain. You will not be able to be on your feet as much as you normally are, and if you lie in bed with nothing to do to take your mind off the pain then your pain will escalate. It is likely that you will be in less pain than you were before surgery within a few short weeks, but can still takes a few months for complete recovery. You also have to understand that the hip replacement is generally a marvelous procedure, and you will get through it and be able to enjoy several decades of relief if you follow these instructions.

**Medical preparation**: Before the surgery, you must see your medical physician for a medical clearance. This is sort of like the check with flight control before we take the plane out of the gate. Your medical doctor will likely check your blood pressure and heart and lungs, and order or review blood work to make sure your blood and kidneys and everything else is in the best possible condition. Be sure you take a list of your medical conditions and your medications to both Dr. Bright AND your personal medical doctor AND the hospital, since everyone wants to do a good job, and we can best accomplish this when we know the WHOLE story.

**Dentist:** You should also see a dentist if you haven’t done so within the last 6months. It turns out that more than half of the hip replacements that become infected have bacteria that can be directly traced back to your mouth, and bad teeth can cause you to have a bad hip surgery. If your dentist finds something suspicious, you should get it fixed BEFORE your hip surgery to prevent complications.

Before surgery you should lose weight and stop smoking. Patients who are obese on average have worse outcomes with hip replacement, and additionally are at a higher risk of complications such as wound problems and infection and blood clot. If your BMI is >40, you will be unable to have surgery until you lose weight. Smoking has been shown to double the chances of wound infection and blood clot, so you must quit at least 2 weeks before surgery. 1-800-stopnow is a hotline that is free to help stop smoking, and Weight Watchers is a great resource to help lose weight.

**Medications**: One week before the surgery, you should stop taking any anti-inflammatory medications such as Advil, Motrin, naproxen, Mobic, and Aleve. It is okay to take Celebrex, since this medication does not cause bleeding and may help your pain before and after the surgery. You should also stop any herbal medications such as St john’s wort or garlic. You should also stop any oral estrogen products, since these will increase the chances of getting a blood clot. You should also stop taking any blood thinner medications such as Aspirin, Plavix, Xarelto, or Coumadin (after coordinating with your medical doctor).

Prior to the surgery and continuing after the surgery, Dr. Bright suggests that you take Tylenol 4times/day and Celebrex once a day. These medications will help control your pain and help improve your rehabilitation. Do not take Celebrex if you are allergic to sulfur or anti-inflammatory medications or have kidney failure. In addition to Tylenol and Celebrex, Dr. Bright usually gives you a prescription for oxycodone, which is a narcotic and has a chance of significant side effects (constipation, nausea, dizziness, and addiction). Only take the oxycodone when you must, since studies have shown that the more that you take then the higher the chance of addiction and side effects. After surgery, it is common to develop constipation from the pain medications and inactivity, so you should also take a stool softener such as colace or pericolace and drink lots of fluids and exercise to help prevent this. After the surgery, you should take aspirin 325mg once a day to prevent blood clots for 4 wks. If you have had blood clots before or normally take a different blood thinner medication, then check with Dr. Bright about what you should do instead of aspirin.

**Home Preparation:**  Remove any rugs or bath mats or electrical cords that might trip you up. Stockpile easy to prepare (and digest) foods, especially clear liquids like Gatorade. Pick out loose fitting clothes as well as books and movies or crossword puzzles to occupy yourself after the surgery and distract you from the pain. Make sure your portable phone or mobile phone and charger will be within easy reach. You should consider purchasing a 3inch elevated seat cushion from amazon or medical supply, since it will be easier and safer to get in and out of chairs that are higher after your surgery. Ask your friends and family if they can visit you after the surgery and bring food or movies, but also ask them to avoid you if they are ill or are a mental burden. Also consider getting a couple of large ice packs to help manage the pain and swelling after surgery.

**Surgery**: The night before surgery and again on surgery morning, you should thoroughly wash your hip with antibacterial soap and water. Do not eat food after midnight the night before surgery. The morning of the surgery, you should drink a glass of water only at least 3 hours before the time of your surgery. Your surgery will be performed with spinal anesthesia if the anesthesiologist thinks that is safe for you. Spinal anesthesia has a lower chance of bleeding, a lower chance of blood clots, and has lower levels of pain after surgery than with general anesthesia. The nurse or physical therapist will see you later the same day as your surgery and you must get out of bed that first day since waiting until the next day to get out of bed results in a higher chance of blood clots and pneumonia. The physical therapist will help you get up safely and review instructions about hip precautions.

**Wound Care:** Dr. Bright uses a water tight skin closure covered with dermabond (that is like superglue) without staples that is waterproof. The day after surgery, the nurse will remove the initial gauze, and then the wound can be left open to the air. You will be allowed to take a shower the day after your surgery. Do not attempt to stand in the shower on your new weak/stiff/painful hip since you may fall. Do not put baby oil or Vaseline or any oil product on the wound, since this will dissolve the wound closure. After 3 weeks, you can soak it with baby oil for a minute and then peel it off. Your hip should remain dry. If the hip wound starts to leak after surgery, then contact Dr. Bright.

**Homeward Bound:** You should try to leave the hospital and return home as soon as it is safe, since prolonged stays in hospitals increases your chance of complications (pneumonia, blood clots, medication errors, etc.). Going to a skilled nursing home center has a 5times higher chance of infection and a 6times higher chance of complications overall, so it must be avoided and it is not recommended.

**Exercise**: Exercise is helpful to the success of your hip replacement. Your physical therapist will practice the hip precautions and show you how to safely get in and out of chairs and cars and the bathroom. The main exercise to perform is simply walking. You will start walking with a walker, and then progress to a cane or no assistance when your balance is good. You will also be encouraged to resume the straight leg raises and chair squats and hip abductor exercises. The hip abductor exercises are important, and if you have residual weakness then this can cause you to continue to limp after your surgery.

**Hip Precautions:** During the surgery, your hip joint was opened and a new ball was put inside. If you bend your hip more than 90degress or cross your legs, then the new ball can fall out of the socket (dislocate), so DON’T DO THAT for the first 6weeks. You should pick tall chairs that have arm rests and are easier to get in and out of, and you should also use an elevated toilet seat to protect your hip. If you have questions about how to safely have sex during this first 6wk period without bending your hip 90degrees, then ask Dr. Bright or your physical therapist.

It is normal to have a slight fever, up to 101.5 degrees, after the surgery. You should attempt to take 10 deep breaths every hour, and cough up any phlegm in your airways (and spit it out or swallow) so it doesn’t linger in your lung. If you

It is normal to develop constipation after the surgery. You should take a stool softener, such as colace, to help prevent and treat constipation. It helps to drink fluids and get up and walk. The pain medications make constipation worse, so try to take only the amount that is necessary to manage your pain.

**Leg Length:** Before surgery your hip was worn out, and during the replacement it was lengthened back to normal. It is common for your hip to feel like it is a little too long, and in fact it sometimes is either slightly too long or too short. It is best to start walking and ignore what it feels like initially, because if you start using a leg lift or shoe insert now then you will be learning how to walk again with the extra length and may become dependent upon it. If more than 6wks has passed and your hip still doesn’t feel like it is the right length, then ask Dr. Bright to discuss it with you. The most common complication after hip replacement is a leg length difference, but is also unlikely to have a long term affect on your health or recovery.

**Long Term, pops and clicks and more**: Your hip replacement is made out of durable plastic and metal and can make pops and clicks (the old one was made out of soft gristle, and was probably quieter). Your hip replacement will also likely cause the metal detectors to go off at the airport, so be considerate to the screeners who will use a wand and make sure you aren’t also carrying a gun or other weapons. Special cards don’t seem to help the airlines, since the terrorists could make their own cards too, so don’t bother getting some special card. For the first two years after your surgery, you should take antibiotics a half hour before any dental cleaning or procedures to prevent infection.

If you develop significant pain or clunking or other mechanical issues, then you should follow up with Dr. Bright. Your hip replacement is likely to outlive you, and is considered one of the best medical treatments available for quality of life gained. Please contact Dr. Bright with any questions. You can also find additional information about hip replacements on his website, [www.ABrightMD.com](http://www.ABrightMD.com)

**Final Words:** Dr. Adam Bright and his physician case manager, Dr. Rose Bright, are the two people who will know the most about you during the critical first 90days of your recovery. During the first 90 days, you must avoid any other medical procedures such as dental work or colonoscopy, since this could lead to infection in your hip. If you have any questions or ANY health issues, regardless of whether you think it may or may not be related or affect your hip, PLEASE call us so we can make sure that you receive the safest, highest quality of care possible.

Home Care Hip Replacement:

SCD machine when in bed or not ambulating

Exercises: Full weight bear. Posterior hip precautions: Do not flex >90deg or cross legs. Hip abduction pillow when in bed. Fall precautions. Safety for xfers. Hip abduction strengthening and chair squats and straight leg raises.

Wound Care: leave dermabond open to air. Do NOT remove dermabond. May shower POD1 with dermabond without dressing. If wound drainage then call dr. bright

Aspirin 325mg PO daily for 4wks

Tylenol 325mg 2tab 4times/day

Oxycodone 5mg every 6hrs prn SEVERE pain.

Celebrex 200mg daily for 4wks

Iron sulfate 325mg BID for 4wks. DC if constipation.

Colace 100mg PO BID, d/c when BM regular

Zofran 4mg PO q4hr prn nausea from narcotics

Walker. Elevated Commode.

Encourage cough and 10 deep breath every hour

Notify Dr. Bright if Temp >101.5 or sign of infection or DVT or wound drainge.