

PHILIP HUANG, DO

Community Orthopedic Specialty Care

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PATIENT INSTRUCTIONS FOLLOWING TOTAL HIP REPLACEMENT/REVISION

Diet:

You may resume your normal diet. It is important to maintain a healthy, balanced diet. Include plenty of fluids, as pain medicines tender cause constipation.

Medications

Pain Medications: A written prescription for pain medicine has been provided to you upon hospital discharge. Your goal should be to gradually decrease the use of pain medicine over the next 4-6 weeks. Take your pain medicine with food to avoid stomach discomfort and **only as needed**. Please allow at least 24-48 hours (Monday through Friday) from the time of your request.

Constipation: To avoid constipation, taken over-the-counter stool softeners such as docusate sodium or Senna S twice daily and Miralax laxative once daily while on pain medication. If the combination does not alleviate your symptoms after 3 days, use a rectal suppository such as Dulcolax.

Blood Clot Prevention: {Blank single:19197:: "**Aspirin 81mg TWICE daily x 30 days**", "**Aspirin 81mg ONCE daily**", "**Xarelto 10mg daily x 30 days**", "**Eliquis 2.5 mg TWICE a day for 30 days**", "**Coumadin:** The Coumadin clinic will be following her INR, lab draws, and Coumadin dosing. If you have questions regarding Coumadin or need a refill call ***. You will be on Coumadin for a total of 30 days", "**Lovenox:** A prescription will be given upon discharge from the hospital. This medication will assist in preventing blood clots by thinning the blood. Give injection in the belly once a day 9 AM for a total of 10 days (including days in the hospital) or until you run out of the medication"} }

Activity

Rest periods: Gradually increase her activity on a daily basis. The amount of time you spend out of bed and the number and distance of your walks should gradually increase each day. Between activities such as walking, meals, exercises, etc., take a rest period for approximately 1 hour in the morning, afternoon, and evening. Limit sitting to 1 hour intervals for the first 4-6 weeks.

Exercises: Performing her exercise program 2 times per day, following the preprinted instructions given to you by your Hospital physical therapist. To gain full extension (straightening) of the leg, it is important to continue elevating her heel on a pillow, coffee table, or chair 2 times per day for at least 30 minutes.

Weightbearing: You may put as much weight as is comfortable on your operative leg with activity. Use a walker or crutches while walking for at least 3 weeks. At that time, it is advised to use a cane until you're able to comfortably apply full weight to the operated leg.

Home physical therapy (PT): A physical therapist will call you either the day you leave the hospital or the following day to set up your first in home

appointment. He/She will begin PT the following day and continue for approximately 2-3 weeks, 2-3 times per week.

Impact loading: Low impact activities such as golf, stationary bicycling, and slow dancing may begin in 6 weeks, while swimming is allowed at 3 weeks after surgery. All activities involving quick starts and stops, or impact loading, such as tennis, should be avoided to lower your risk of early loosening of the prosthesis.

Bathing: Because it is difficult to get in and out of a bathtub, we recommend using a shower for bathing. A shower stall with a low entry step is recommended. You may use a high stool in the shower if there is space. You **do not** have to cover your incision if Dermabond is used. Simply shower and cleanse the incision. **No creams or ointments** on the incision for 4 weeks. If your incision was closed with staples, please keep it covered for the first week after surgery for showering. Use Saran wrap and tape to help cover it.

Wound care: Your dressing will typically be removed the second day after surgery and remain off. Your incision may be warm, itchy, and slightly red for several weeks after surgery. Excessive redness, soreness, or drainage from the incision area should be reported to our office. If an Aquacel or special waterproof dressing is used, it will remain on for 7 days and then can be removed at home and left open to air.

Driving: You should not drive until you are given permission, approximately 3-4 weeks after surgery. While you are traveling as a passenger for the first 3-4 weeks following surgery, it is advised that you get out of the car at least hourly and take a short walk.

Returning to work: The decision to return to work will be based on the type of work he do, your physical stamina, and whether you have other medical conditions. Recommend that you avoid making any major changes in her work or retirement plans until you recovery is complete.

Hip Precautions/Restrictions: For most standard total hip replacements, we ask that you do not cross your legs in front of you for the first three months and observe the precautions you learned while in the hospital. You may climb stairs and bend at the waist.

Common Problems

Leg and ankle swelling: You may have some swelling in your operated leg that should gradually decrease. If swelling occurs, lie down, elevating your legs, and rest.

Pain: Pain may be a result of overactivity. When you are in pain, sit or lie down, elevating your legs, and rest. If the pain does not subside, take the pain medication prescribed for you. Pain is a protective mechanism that helps to prevent over-usage and should not be ignored.

Return appointments:

You are scheduled to see Dr. Huang for a follow-up appointment in *** weeks, if any questions, please call the office to confirm.

Call our office at 765-776-3100 if you have:

Temperature of 101° or higher

Drainage from your incision

Increasing redness around her incision

Increasing pain around the incision, and relieved by pain medication

Excessive calf or thigh pain and swelling that does not go away with elevation and rest

Your primary physician should be called for non-orthopedic medical conditions, such as diabetes, heart, and lung conditions.

ANTIBIOTIC PROPHYLAXIS AFTER TOTAL JOINT REPLACEMENT

For protection against the remote possibility of blood borne bacteria, carried from the mouth during a dental procedure, creating an infection and a total joint replacement, a combined task force of American Academy of orthopedic surgeons and the American dental association has made the following guide lined recommendations:

Following total joint replacement, all patients are advised to take an antibiotic regimen for the following dental procedures FOR LIFETIME THERAPY:

- Prophylactic cleaning of teeth or implants
- Intraligamentous local anesthetic injections
- Periodontal procedures
- Root canal procedures
- Dental extractions
- Dental implant procedures
- Implementation of avulsed teeth
- Initial placement of orthodontic bands

The recommended antibiotic regimen (if not allergic to penicillin) is amoxicillin, cephalexin (e.g. Keflex), or cephadrine two (2.0) grams orally 1 hour prior to the dental procedure.

For patients with a penicillin allergy, the recommended antibiotic is clindamycin (Cleocin) 600 mg orally 1 hour prior to the dental procedure

Antibiotic prophylaxis is not warranted for dental procedures for patients with previously placed orthopedic pins, plates or screws.

The above recommendations are considered minimum guidelines. No doctor and/or dentist or alternatively responsible for making individual treatment recommendations to you based on their clinical judgment.