



Total Hip Replacement Post-Operative Instructions

Rush University Medical Center

Activity

- Unless told otherwise, you will be weight bearing as tolerated on your surgical leg.
- During the first few weeks after surgery please follow the home exercise program as outlined by your physical therapist.
- Keep in mind that overdoing activity can result in increased discomfort, swelling, drainage, and potential complications.
- No aerobic exercise for 6 weeks post-op
 - ACTIVE MOTION ONLY (no passive motion or manual therapy)
- Maintain hip precautions for 6 weeks post-op unless instructed otherwise
 - No bending > 90 degrees, twisting, crossing legs
- Transition off of walker, crutches, cane when you and your physical therapist feel you are safe to do so
- Ice at least 4 times per day; on for 30 minutes at a time
- Elevate above the level of your heart frequently throughout the day.
 - Lay flat with leg elevated on 2 pillows
- Patients commonly experience bruising throughout the entire surgical leg following surgery. This can last 1-2 weeks.

Hygiene/Incision Care/Dressing Changes

- You may shower 24 hours after surgery.
- You will have either a waterproof bandage (Aquacel) **OR** an incisional wound vacuum (Prevena) placed over your incision during surgery. The dressing that is best for you will be determined by Dr. Gerlinger during your surgery.
 - Both dressings are designed to stay in place for 7 days.
 - You may shower with the waterproof bandage in place. If you have a Prevena placed, please keep the machine away from the shower (place in waterproof bag or disconnect and reconnect).
 - On day 7, you may slowly peel off either dressing and throw away. At that point, you may begin a daily dressing change with dry gauze and/or ace wrap and/or leave open to air. Try to avoid adhesive tape.
 - Once dressing is removed, you may shower without a dressing and then pat dry after exiting the shower. Keep incision clean and dry
 - No creams, lotions, or ointments on the incision. No submerging into pools, hot tubs, or baths.
 - Please call the office should you notice any drainage through the bandage.
- Your incision will be closed with glue.
 - IF external sutures are used on the outside of your hip, they will be removed at your initial post-op appointment.

Outpatient Physical Therapy

- Midwest Orthopaedics at Rush has an Outpatient Physical Therapy in the Home (OPITH) program. This means that a Midwest Orthopaedics at Rush physical therapist will come to your home for physical therapy following your joint replacement surgery with Dr. Gerlinger. Dr. Gerlinger recommends that your first visit be approximately 5-10 days after your surgery. You will be contacted by a member of our OPITH team approximately two weeks prior to your surgery day to schedule home visits. OPITH should last 1-3 weeks post surgery and you should be transitioned to an outpatient physical therapy clinic by week 3. Your OPITH physical therapist will work to transition you to an outpatient physical therapy clinic. Dr. Gerlinger strongly recommends outpatient physical therapy at a Midwest Orthopaedics at Rush location. Please research outpatient physical therapy locations at an outside organization if you prefer to go elsewhere and/or the Midwest Orthopaedics at Rush locations are not convenient for you.
 - If you live outside of Illinois: begin outpatient physical therapy 5-10 days post surgery
 - Patients can opt out of the OPITH program and choose to begin outpatient physical therapy 5-10 days postop. It is your responsibility to schedule outpatient visits.
- Keep in mind that overdoing activity early on has potential to result in issues with healing and can potentially lead to complication, so please take it easy for the first 6 weeks post-op.
 - ACTIVE MOTION ONLY (no passive motion)

Typical Medication Regimen

- Follow the medication regimen as prescribed to stay ahead of the pain.
- Your medications will be sent to your pharmacy upon discharge from the hospital.
- Please refer to medication inserts provided by the pharmacy for a full list of side effects
 - If you continue to experience constipation while on Sennokot only, you may try over-the-counter Dulcolax tablets, milk of magnesia, suppositories, or fleets enema. Follow directions on the packaging. Diets high in fiber, fruits, and vegetables can also help minimize constipation.
- Contact the office M-F 8:00am-4:30pm for any medication refills and/or questions.

When to Contact the Office

- It is not uncommon to have some redness and swelling after surgery. Please do not hesitate to contact the office if you have concerns.
 - Fever > 101
 - Significant drainage or drainage that is thick, yellow/green, foul odor
 - Redness spreading away from incision
 - Increased pain uncontrolled by pain medications
 - Unable to put weight on leg, or decrease in range of motion
 - Abdominal bloating associated with nausea/vomiting and constipation
 - Unable to empty bladder
 - Please reach out to your primary care doctor for concerns related to heart rate and/or blood pressure or present to an urgent care/emergency department.

When to Call 911 or Go to Emergency Room

- Chest pain
- Shortness of breath
- Difficulty breathing

Office Contact Information

- For questions and/or concerns M-F 8:00am-4:30pm, please contact Dr. Gerlinger's office directly
- For clinical concerns M-F after 4:30pm, weekends, and holidays, please dial **(312) 243-4244** and to ask to be connected with the **On-Call Joint Fellow**. This is a fellow physician who works with Dr. Gerlinger
- If you need to present to the Emergency Room for conditions related to your hip or knee, we recommend that you try to present to Rush University Medical Center. If your issue is an acute emergency, please call 911 or present to the nearest Emergency Room

Dr. Gerlinger's office number: (312) 432-2429

Clinical Staff

Kelly Murray, Registered Nurse
Alissa Winner, Nurse Practitioner

Dr. Gerlinger's Office/Administrative Assistants

Kelly Anaya
Terra Hardy

For more surgery information please visit Dr. Gerlinger's website at **www.gerlingerMD.com**.