

Post-Operative Instructions Outpatient Total Hip Replacement

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 and at night.
 - Lay flat with leg elevated on 2 pillows
- Patients commonly experience bruising around the knee, ankle, and foot following surgery.

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 turn it away from the shower.
 - 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 go in the shower without a covering and then pat dry after exiting the shower. Keep incision clean and dry
 - No creams, lotions, or salves on the incision.
 - Please call the office should you notice any drainage outside of the bandage.
- Your incision will be closed with glue.
 - IF external sutures are used on the outside of your knee, they will be removed at your initial post-op appointment.

Outpatient Physical Therapy

- Dr. Gerlinger recommends initiation of outpatient physical therapy following discharge from the surgery center.
- Outpatient physical therapy will be ordered approximately 2-3 times per week. Dr. Gerlinger recommends you begin outpatient physical therapy 7 days post-op. Please refer to the home exercise program (HEP) provided to you by the physical therapist for your first week at home.
 - All patients are provided with a postoperative outpatient therapy script in your surgical folder.
 - It is the patient's responsibility to both select a physical therapy location that is convenient and schedule therapy visits.
 - Please refer to surgical folder or look on Dr. Gerlinger's website for a list of Midwest Orthopaedics at Rush Physical Therapy Locations around the Chicagoland area.
 - We can fax your outpatient order to your location of choosing if you select a facility outside of Midwest Orthopaedics at Rush.
- Keep in mind that overdoing activity early on can result in issues with healing and complication, so please take it easy and following the below instructions for the first 6 weeks post-op.
 - ACTIVE MOTION ONLY (no passive motion)

Typical Medication Regimen

- Please refer to Page 4 for sample post-operative medication regimen. Medication regimens are individualized based on patient history.
- Dr. Gerlinger will send your post-operative medications to your pharmacy in advance. Medications are generally sent to your pharmacy 3-7 days prior to your surgery.
- 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

ClinicalStaff --- Phone #: (312) 432-2461

Kelly Murray, Registered Nurse

Alissa Winner, Nurse Practitioner

Administrative Assistants --- Phone # (312) 432-2429

Jomary Santana

Ilene Vazquez

Melissa Camacho

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

<u>SAMPLE POST-OP REGIMEN</u>	DRUG	FOR	FREQUENCY + DURATION	QUANTITY	NOTES
MULTI-MODAL PAIN REGIMEN	Gabapentin 100mg	nerve pain	take 2 tabs every 8 hours for 14 days, then stop	90	no refills
	Tylenol 500mg	mild pain	take 2 tabs every 8 hours	90	can purchase over-the- counter <u>or</u> call office for refill
	Tramadol 50mg	moderate pain	take 2 tabs every 8 hours	42	call office for refill
	Meloxicam 15mg	inflammation	take 1 tab daily for 30 days	30	

BREAKTHROUGH PAIN	Oxycodone 5mg	severe pain	take 1-2 tabs every 4-6 hours as needed for pain	40	treat this drug as a scheduled medication for at least the first 3 days post-op call office for refill
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BLOOD THINNER	Aspirin 81mg	blood clot prevention	take 1 tab twice daily for 30 days	60	no refills
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ANTIBIOTIC	Cefadroxil 500mg <u>or</u> Doxycycline 100mg	infection prevention	take 1 tab twice daily for 10 days	20	no refills
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STOOL SOFTENER	Sennokot 8.6/50mg	constipation	take 1 tab twice daily while on opioids	60	refer to discharge instructions if constipation persists with Sennokot only
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ANTI-NAUSEA	Ondansetron 4mg	nausea	take 1 tab every 8 hours as needed if nauseous	15	
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