

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 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 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 salves on the incision.
 - 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 knee, they will be removed at your initial post-op appointment.

Outpatient Physical Therapy

- Dr. Gerlinger recommends initiation of outpatient physical therapy following hospital discharge. Home health is warranted only in certain situations. You will be evaluated by a physical therapist in the hospital to determine your final needs upon discharge.
- 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 from the hospital 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 select a physical therapy location that is convenient and schedule therapy visits.
 - Please refer to your surgical folder or look at Dr. Gerlinger's website a list of Midwest Orthopaedics at Rush Physical Therapy Locations around the Chicagoland area.
 - We can fax your outpatient physical therapy 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 is happy to send your post-operative medications to your pharmacy in advance if appropriate. Please contact the office should you decide you want your prescriptions sent to your pharmacy approximately 1-3 days prior to your surgery. Alternatively, you can choose to receive hard copies of your prescriptions prior to 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

Clinical Staff --- 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	WEANING TIPS
MULTI- MODAL PAIN REGIMEN	Gabapentin 100mg	Nerve pain	Take 2 tabs every 8 hours for 14 days	90	No refills	You may discontinue this medication prior to 14 days if you do not tolerate it.
	Tylenol 500mg	Mild pain	Take 2 tabs every 8 hours as needed for pain	90	May purchase over-the-counter	Stop using this medication once you no longer have any pain.
	Tramadol 50mg	Moderate pain	Take 2 tabs every 8 hours as needed for pain	42	Call office if a refill is needed	Stop using this medication 2nd. Wean Tramadol from 2 tablets to 1 tablet every 8 hours as pain lessens, then use as needed.
	Meloxicam 15mg	Inflammation	Take 1 tab daily for 30 days	30		Recommend completing the 30 day supply.

BREAKTHROUGH PAIN	Oxycodone 5mg	Severe pain	Take 1-2 tabs every 4-6 hours as needed for pain	30	Call office if a refill is needed	Stop using this medication 1st if no longer having severe pain.
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BLOOD THINNER	Aspirin 81mg (unless different blood thinner warranted)	Blood clot prevention	Take 1 tab twice daily for 30 days	60	No refills	Complete the entire course of your blood thinner.
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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	Stop taking if having diarrhea or loose stools.
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