

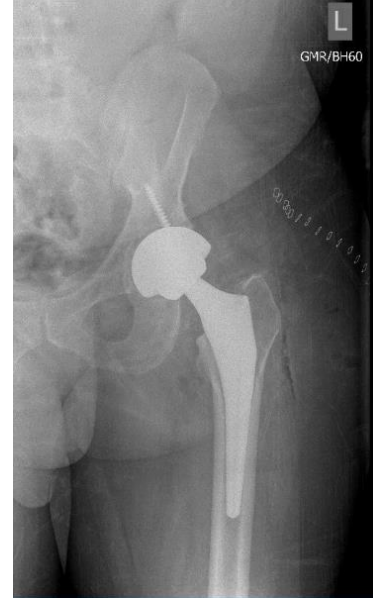
## Discharge Guidelines

### Total Hip Replacement

**Please note:** These are general guidelines to help answer the most common questions after surgery. The photos in these guidelines WILL NOT necessarily match your exact surgical site. Your surgeon/team may ADAPT these guidelines depending on YOUR SPECIFIC NEEDS and/or current research.



X-ray of hip joint with severe avascular necrosis.



Postop x-ray of left total hip replacement with staples intact.

#### Daily Incision Care

- Look at your incision and check for openings, drainage, swelling, redness, changes in color, or bleeding. If you detect any of the above problems, contact the surgeon's office.
- Change your dry dressing every day or leave uncovered if the staples do not stick to your clothing.
- You may shower about 4 days after surgery.
- Staples will be removed 2 weeks after surgery.
- Once the staples are removed, you can use vitamin E lotion, aloe cream or any moisturizer to massage your incision.
- A visiting nurse may come to your house for a few visits to assist you with your incision care.

#### Activity

\*These tips are simply guidelines. Your activity level will vary depending on whether you had a primary (routine) hip replacement or a complex one due to malignancy.\*

- A physical therapist (PT) may come to your house to help you with gait training, hip precautions and exercises.
- Use your supports (crutches, walker) as directed. You may progress to one crutch or a cane when your muscle strength and range of motion returns. Your surgeon will inform you of other activity limitations, if necessary.
- Some patients require a knee brace while walking to prevent the knee on the operative leg from buckling and causing a fall. The brace is discontinued when muscle strength returns, and/or when you can do a straight leg raise, which takes some time to achieve.
- Avoid sitting for long periods of time (greater than 1 hour at a time). Prolonged sitting causes swelling due to the dependent position of your leg. Also, when sitting, choose firm chairs with a straight back and armrests. Armrests will provide support when you 'push off' to stand up.
- It is recommended that you find time to lie down flat for at least one hour in the morning, afternoon and evening to rest your hip and help relieve some of the discomfort caused by being up and moving.

- Pace yourself. Avoid prolonged walking, standing or stair climbing for the first month. Too much daily activity and exercise will cause pain, swelling and stiffness.
- Avoid activities (recreation and work) that involve jumping, bending or twisting the hip too far. Avoid bending the hip at an angle greater than 90 degrees. Do not cross the operated leg over your other leg and do not turn your operated leg inward (pigeon-toed) while standing. These hip precautions will help you prevent dislocation of the hip joint.
- Take precautions to avoid falling. Wear low, non-skid sole shoes. Watch out for electrical cords, wet or uneven floors, floor mats/rugs that may slide. Use night-lights to keep rooms lit, especially if you get up during the night to use the bathroom.
- Avoid lifting heavy objects. Lift max of 5 lbs. initially; gradually increase to no more than 20-40 lbs. at a time.
- Return to driving varies by patient and which leg was operated on. Patients with surgery on their right hip may take longer to get back to driving. You MUST be off narcotics. It is always best to resume driving after discussion with your surgeon.

### **Diet**

- Your appetite may be less than normal after surgery.
- Incorporate proteins and plenty of fluids into your diet, both will help in the healing process.
- If you are taking narcotics, you should take some type of laxative to prevent opioid-induced constipation.
- It is very important to maintain a normal body weight after a hip replacement surgery. Excess weight will only stress your hip.

### **Medication**

- Continue to take your regular medications.
- If necessary, take prescribed pain medication (narcotics) as directed.
- DO NOT drink alcohol or drive while taking narcotic pain medication.
- If you are taking narcotics, you should take some type of laxative to prevent opioid-induced constipation.
- You most likely will be discharged on a blood thinner to prevent clots, usually Lovenox (subcutaneous injection) for 2-4 weeks (no blood tests are necessary). Newer, direct oral anti-coagulation medications may be prescribed, or continued if you came to the hospital already taking these types of medications (Eliquis, Plavix, Pradaxa, Xarelto).
- You may be advised to take just an aspirin daily to prevent blood clots.
- If you are on Coumadin, you will resume this for your anti-coagulation regimen. Blood tests are necessary for Coumadin; the INR range needs to be between 1.5 and 2.0.

### **Pain**

- Your surgical team understands that you will experience different levels and types of pain following your surgery. You will be prescribed a narcotic, if you wish. Some patients decline a narcotic due to the current opioid crisis and request milder pain medications (tramadol), and/or just take Tylenol alternating with anti-inflammatory medications (Advil, Motrin, Aleve), if tolerated. When we prescribe narcotics, we must do so per current state and federal regulations, which includes a narcotic contract.
- Because of the current focus on opioid addiction, we recommend a multitude of cognitive behavioral techniques, such as imagery, mindfulness, psychotherapy, deep breathing exercises, virtual reality for distraction, journaling, video games, TENS unit (muscle stimulators that can be used at home) and all other integrative care therapies (physical therapy, acupuncture, chiropractic, massage, lymphedema treatment, reiki).

### **Common Problems**

- It is normal to feel tired after you are discharged.
- If you experience pain and/or swelling, try elevating the site for relief or apply ice – use caution not to leave on more than 20 minutes to prevent frost burn.

- If you develop a firm lump in the incisional area, and your overlying skin looks black and blue, you may have developed a postoperative hematoma (blood collection at the operative site where the mass was removed). Notify your surgeon's office.
- Your leg may seem heavy after surgery. This is due to your muscle weakness. Your strength and ability to control your leg will increase over time.
- You may experience numbness at your incision site. This is normal and usually decreases in time.
- For constipation (not being able to move your bowels), drink plenty of water and non-carbonated fluids, and eat foods that are high in fiber (e.g. bran, prunes, fruit, whole wheat breads). There are numerous over-the-counter medications available to help relieve constipation such as Dulcolax, Magnesium Citrate, or Miralax. Ask your local pharmacist to assist you in finding one that is right for you.
- If you smoked cigarettes before the surgery, **DO NOT START SMOKING AGAIN!** Smoking (the nicotine) causes constriction of blood vessels preventing adequate blood flow to the operative area and can delay healing. If you need assistance with this, please contact the MGH Quit Smoking Service at 617-726-7443.

### **Returning to Work**

- The length of disability following surgery varies depending on the type of work you do. You may return to a sedentary type job much earlier than you would return to a job requiring physical labor.
- You should give yourself at least 8 weeks to recover before thinking about going back to work, unless you can work from home. Everyone responds differently, but most require this time for extensive physical therapy.
- In general, we recommend patients refrain from contact sports, lifting or pushing heavy objects, and no excessive bending and prolonged sitting, standing, walking, and climbing until healed and strength has returned.
- Disability forms will be completed at your preoperative visit or as soon as they arrive at our office. All patient portions of the form **MUST BE** completed and signed by you the patient.
- Handicap placard applications will be completed if necessary. Forms can be obtained by the Registry of Motor Vehicles and then mailed to our office.

### **Preventing Infection**

- Prior to any dental work, you must take an antibiotic to protect against infection. We will give you a letter, which can be passed on to other doctors specifying which antibiotics are needed.
- Call your primary care physician if you think you have an infection (sinus, urinary tract, respiratory, cellulitis of the skin) so that he/she can determine whether you need antibiotic treatment. If you have had chemotherapy and suspect an infection, call your oncologist.

### **Metal Detectors**

- Your hip replacement is likely to trigger airport security alarms. Due to current airport security regulations, we no longer provide a letter verifying your prosthesis.
- Many patients question whether MRI scans are safe with a hip implant. The answer is yes; an MRI is safe.

### **Follow-up**

- Schedule an appointment with your surgeon for 2 weeks from the date of surgery or sooner if instructed.
- If you are discharged to a rehabilitation facility, make an appointment to see your surgeon before you are discharged from that facility.
- Once you complete the initial post-operative visits to check your incision, you will progress to an implant surveillance schedule.

### **Questions/Concerns**

- For any questions, call your surgeon/nurse practitioner.
- Drs. Kevin Raskin, Joseph Schwab, Santiago Lozano-Calderon: 617-724-3700
- Doctor of Nursing Practice (DNP) Anne Fiore: 617-724-7630

**These instructions are basic post-procedure guidelines. Your surgeon/nurse practitioner may give you more specific instructions. Refer to our website for more information: <http://www.massgeneral.org/ortho-oncology/education> and <https://www.massgeneral.org/ortho-hip-knee/>**

A Fiore, DNP (07/2018)