

# What to Expect after Hip Replacement

## Pain Control

Pain after joint replacement has multiple sources. A major contributor to pain is swelling. Consistent and **constant elevation of the operative extremity** above the heart will reduce swelling. Placing your leg on a chair or stool is usually not enough right after surgery. We recommend placing a sofa cushion, towels, or pillows under the foot of your mattress to keep the leg above the level of the heart. Having your leg down in a dependent position will increase swelling and pain. Additionally, the application of ice may also offer relief. Please apply ice in 30 minute intervals while awake. Insure that your skin is protected from direct contact with the ice and never fall asleep with ice on your skin as it may result in frostbite.

Please use the listed pain medications in this priority (e.g., Tylenol, Ultram, Lyrica, anti-inflammatory, narcotics) for maximal pain relief and minimal systemic side effects. As your pain improves, please wean yourself off these pain medications using the opposite priority (e.g., narcotics, anti-inflammatory, Lyrica, Ultram, Tylenol).

1. **Acetaminophen (Tylenol)** 1,000 mg by mouth four times daily\*  
NOTE: Do not take more than 4,000 mg in a 24-hour period  
AVOID: History of liver disease

2. **Tramadol (Ultram)** 50 mg by mouth four times daily\*  
NOTE: Do not take more than 400 mg in at 24-hour period  
AVOID: Psychiatric Medications (i.e., SSRI)

\* *Alternate taking the Ultram and Tylenol every 3 hours.*

3. A) **Pregabalin (Lyrica)** 75 mg by mouth twice times daily  
NOTE: Do not take more than 600 mg in at 24-hour period

B) **Gabapentin (Neurontin)** 300 mg by mouth three times daily  
NOTE: Do not take more than 2,400 mg in at 24-hour period

4. If medically able, take one of these anti-inflammatory medications:  
AVOID: History of kidney disease, gastric reflux disease, bariatric surgery

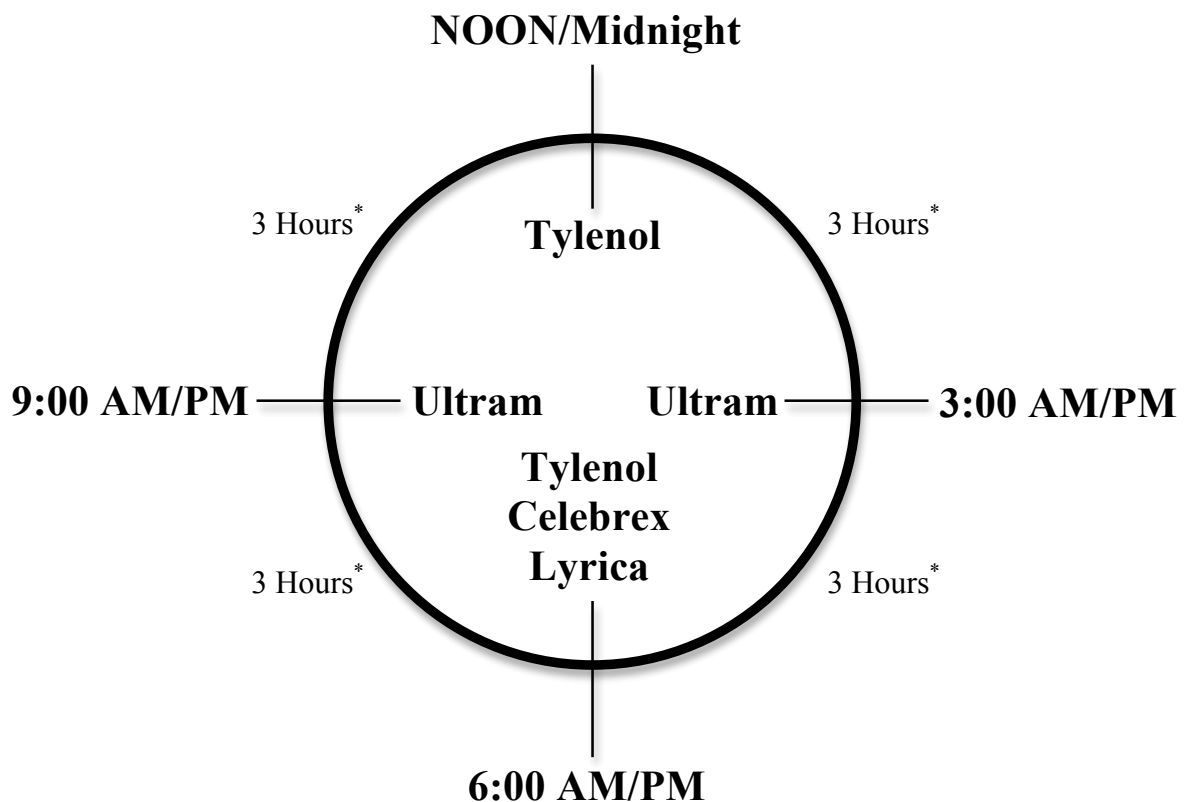
A) **Naproxen (Aleve)** 440 mg by mouth twice daily  
NOTE: Do not take more than 1,500 mg in a 24-hour period

B) **Ibuprofen (Advil or Motrin)** 800 mg by mouth four times daily  
NOTE: Do not take more than 3,200 mg in a 24-hour period

C) **Celecoxib (Celebrex)** 100 mg by mouth twice daily  
NOTE: Do not take more than 400 mg in a 24-hour period

D) **Indomethacin-ER (Indocin-SR)** 75 mg by mouth daily  
NOTE: Do not take more than 150 mg in a 24-hour period

5. **Oxycodone (Roxicodone)** 5 mg by mouth every 4 hours  
Note: This medication is responsible for many uncomfortable side effects, including drowsiness, fatigue, nausea, vomiting, and constipation



\* Supplement with Oxycodone during the 3-hour interval between standing medication doses only if you are unable to control your pain using the standard regimen.

### Medications to Control Side Effects

1. **Omeprazole (Prilosec)** 40 mg by mouth daily while on anti-inflammatory
2. **Odansetron ODT (Zofran ODT)** 8 mg by mouth up to three times daily for nausea
3. **Docusate (Colace)** 200 mg by mouth twice daily while on narcotics

# The Three Phases of Recovery

## Phase 1: *(First 2 Weeks)*

Improvement seen on a day-to-day basis.

This is when you need help after surgery.

## Phase 2: *(First 2 Months)*

Improvement on a week-to-week basis.

You are only 80% improved at your 3-month recheck.

Usually you will feel better than before the surgery.

## Phase 3: *(Final 10 Months)*

Improvement occurs on a month-to-month basis.

Warmth, swelling, and aches/pains about the joint are going away.

Usually you get stronger and have more endurance.

## Remember:

***It takes a whole year of recovery after a joint replacement!!!!***

## **Wound Care**

You may need to return to clinic to have sutures/staples removed. If you have dissolving sutures, you do not. You are free to shower at home, if your wound is dry and without drainage for 24 hours. Please do not use soap. Let the water run over the wound and pat it dry. Refrain from touching, rubbing, or massaging your wound.

If you have a cast, please refrain from adjusting the cast yourself, placing objects inside the cast to scratch, or getting your cast wet. Small amounts of liquid (e.g., less than 8 oz. about the size of a can of soda) can be blow dried **without** using heat. New pain that develops inside your cast should be reported to Dr. Amanatullah's Office at (650) 723-5643.

When there is no scab on the wound and only a scar remains, it is safe to immerse your wound in water (e.g., bath, pool, hot tub); to apply creams, salves, or lotions to your wound; rubbing or massaging your wound. Application of vitamin E or other over-the-counter products can help reduce the appearance of the scar. Application of SPF 50 or greater sunscreen to your scar can prevent discoloration and reduce the appearance of the scar once there is no scab on the wound and only a scar remains. Scar massage with or without lotion can help to desensitize the surgical area.

## **Blood Clots**

After leaving the hospital, you should continue your anti-coagulant (e.g., Aspirin, Lovenox, Coumadin) for 6 weeks as ordered to prevent blood clots. If you were previously taking Aspirin or Coumadin for another reason, resume your ordinary dosage 6 weeks after surgery.

It is common to have swelling in your leg for up to one year after surgery. Please use your white TED stockings if you have swelling in both legs when you are up and around. The stockings may be removed at night when you sleep or sitting with your feet elevated.

New swelling in operative leg that does not resolve with 30 minutes of elevation and/or any difficulty breathing should be reported to Dr. Amanatullah's Office at (650) 723-5643.

## **Infection and Antibiotics**

It is common to have redness and warmth near the incision for up to one year after surgery. However, swelling of the entire knee that limits motion, redness extending beyond the local wound area, persistent or new onset drainage from the wound, or a fever above 103°F/39.4°C may indicate an infection. If you are concerned about any of these symptoms, please call Dr. Amanatullah's Office at (650) 723-5643.

It is also important to remember that **anytime** you have a bacterial infection it needs to be treated immediately with antibiotics to prevent infection of your joint replacement. This applies to the bladder, teeth, skin, etc. Colds and the flu are viral infections and do not require antibiotics.

Should you require any type of invasive procedure in the next two years such as colonoscopy, dental procedures, or genitourinary surgery you should be covered with antibiotics one hour before the procedure. Your doctor or dentist should be able to prescribe the appropriate antibiotic: Amoxicillin 2 g, Cephalexin 2 g, or Clindamycin 600 mg by mouth for oral procedures; Amoxicillin 2 g or Ciprofloxacin 500 mg by mouth for gastrointestinal or genitourinary procedures.

### **Follow-up**

We will call you two weeks and six weeks after surgery to check in on you. We want to know how your pain is coming along, what medications you need for pain, how your wound is looking, your range of motion (knees only), how far you are walking, if you need an assistive device (e.g., cane, stick, crutch, walker), and answer any questions.

Your planned follow-up is in approximately three months, then two years, and every five years after surgery. You will have x-rays at each visit and new instructions may be given at each appointment based on your progress.

If any questions or concerns arise, please feel free to contact Dr. Amanatullah's Office at (650) 723-5643.

## **Expectations Video**

<http://stanfordhealthcare.org/medical-treatments/h/hip-replacement/what-to-expect.html>

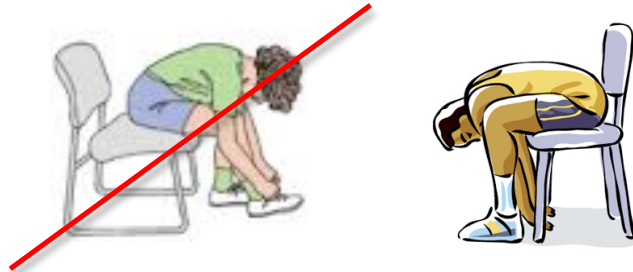
Note: Dr. Amanatullah does **NOT** use drains, require an abduction pillow unless you are sleeping, patient controlled anesthesia or intravenous pain medications, or place a urinary catheter after your surgery. Your follow-up will be 3 months, not 6 weeks, after surgery.

# Exercises After Hip Replacement

Formal physical therapy outside of the hospital is **NOT** required after routine hip replacement. Do not allow any one to move your hip during physical therapy; you should move it under your own power. There are two simple steps you can do at home to regain the strength of your hip.

## 1) Use Caution

There are **NO** formal hip precautions and you are free to do what is comfortable after surgery. There is no need to push the range of motion of your hip. Normal everyday activities require a lot of hip motion. We do recommend exercising caution reaching to the floor (i.e., tying your shoes or picking up objects) for at least **three months**. When performing this type of activity, refrain from reaching toward one leg, turning your knee in, or turning your foot out, instead **keep your knees apart** and bend at the waist keeping you **body between your knees** at all times.



## 2) Strengthen Your Gluteal Muscles – WALKING!

The best exercise for your hip is **WALKING**. Please use the appropriate ambulatory assistive device (e.g., cane, stick, crutches, walker) for your level of function. With time and practice the function of the key muscle groups will return. **Six weeks** after surgery, begin performing these exercises two to three times a day.

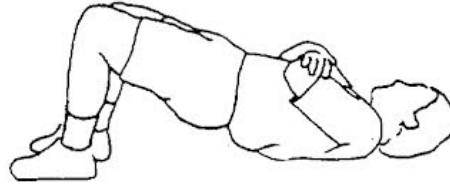
### Hip Abduction

The operative leg is motioned to the side, away from the body, in a stable standing or lying position by contracting the hip abductor muscles. Standing will be easier than lying.



## Bridging

Lying with both legs bend and both feet planted the hips are extended by contracting the gluteus maximus muscle.



## Weight Bearing After Hip Replacement

You may bear weight as tolerated. This should be done initially with a **both arm support device**, like a walker or two crutches, as instructed. You can transition to a **single arm support device**, like a cane, one crutch, or walking stick, when you are able to put all of your weight on your operative leg and ambulate in a pain free manner; this may take one to six weeks, everyone is different. You may discontinue the use of a cane when you can walk without a limp.

## Avoid Falling After Hip Replacement

Initially do not feel like you have to do everything. Ask for help and request support. Even if you feel good, remember **you just had surgery!** Your leg may fatigue quickly leading to weakness and limping, so there may be a period of time where you feel strong enough initially, but still need to use the appropriate assistive device to avoid falling when you fatigue.

### Proper Use of a Cane

Use a cane in the hand **opposite** to the operative leg. This will help coordinate the function of your hip and knee preventing the development of a limp. You should move the cane when you step with your operative leg.

## Driving After Hip Replacement

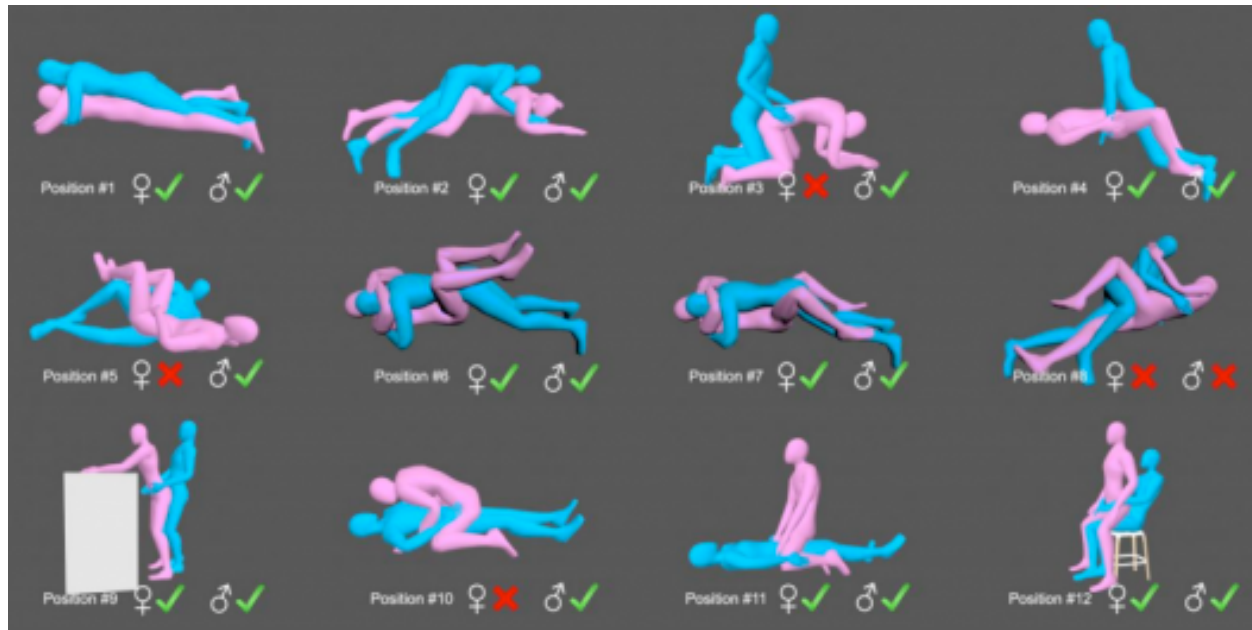
You may resume driving once you are no longer using a walker, are off all narcotic pain medications, and able to press firmly on the brake without pain. This may take between two and six weeks for a primary joint replacement.



# Sex After Hip Replacement

Please allow your new hip to heal to reduce the chance of a dislocation. Once you are comfortable, pain free, and your incision is healed you may resume sexual activity 4 weeks after hip replacement and 8 weeks after hip revision surgery. Sexual activity should not cause hip pain.

## Recommended Positions



Please limit your activity to the positions marked with a GREEN check and avoid positions marked with a RED X for one year to help prevent a dislocation. Female patients are noted in PINK and male patients are noted in BLUE. Reprinted with permission of Elsevier, Inc. and referenced Figure 6 of C. Charbonnier, et al. (2014) Sexual Activity After Total Hip Arthroplasty: A Motion Capture Study *Journal of Arthroplasty* **29(3)**: 640-647.