

DISCHARGE INSTRUCTIONS TOTAL HIP ARTHROPLASTY (THA) Dr. Tenholder Patients

GENERAL INSTRUCTIONS:

1. You have received a total hip replacement by Dr. Tenholder. Unless you have been instructed otherwise, you have no weight bearing restrictions on your hip.
2. It is advised, but not necessary to take your pain medication before you do your exercises and apply ice to your operative hip after exercising. Ice the hip 20 minutes every 4 hours to reduce pain and inflammation.
3. Pump your ankles and wiggle your toes often to keep the blood flowing in your legs, to prevent blood clots. This can also help reduce swelling.
4. **Do not** drive until you can do so safely and are no longer taking narcotics.
5. Exercises - Do these three times a day for 10-20 minutes: Quad sets (knee pushdowns), straight leg raising, gluteal sets (buttock squeezes), heel slides, abduction/adduction (moving legs apart and back together).

MEDICATION (please see separate paperwork on postop pain control instructions)

1. Pain Medication should not be taken on a strict schedule and should be taken only as needed. Do not take pain medication with alcohol, sleep aids, or other sedatives.
2. Anti-inflammatories (NSAIDs) – Examples include Motrin, Advil, Aleve, Celebrex, Mobic, Naproxen, etc. These medications can be taken sparingly to help with postoperative pain and inflammation. They should not be taken if you have kidney function abnormalities. They can cause irritation of your stomach and even bleeding ulcers, especially if you are also taking aspirin.
3. To help prevent blood clots (DVT), you will be prescribed a blood thinner for 4 weeks. Most commonly, this will be 81mg COATED ASPIRIN (ECOTRIN). This should be taken twice daily, with breakfast and dinner.
4. If you already take a blood thinner on a regular basis prior to surgery, (Plavix, Coumadin, Eliquis, Xarelto, etc.) make sure you are instructed at the time of discharge on how to handle your anticoagulation. Most often, your regular anticoagulant will be re-started immediately and will be used instead of the aspirin.
5. Instead of aspirin, occasionally, patients are prescribed LOVENOX. This medication is injected underneath the skin of your abdomen once a day.
6. Stop taking any non-essential medications (supplements, fish oil, vitamins, etc.) while on blood thinners, as they can interfere with your blood-thinning medications. Typically, you may resume these medications 2 weeks after surgery. Also 4 weeks after surgery, you can resume your normal aspirin dosing regimen if you take aspirin already.
7. Hormones (i.e., estrogen) should be stopped for 2 weeks after surgery to decrease the risk of a DVT (blood clot). Smoking also elevates the risk of blood clots and should be discontinued.

WOUND CARE

1. **Most often**, patients will go home with an occlusive sealed dressing that remains in place and undisturbed until the first post-operative appointment. You may take a shower with this type of post-operative dressing in place. Keep it brief. Pad the dressing dry, do not swipe. If fluid or blood begins to escape from under the dressing, or the dressing begins to come off, please contact our office for further instructions. If you cannot immediately get a hold of someone at the office, reinforce the dressing with gauze and tape until you are able to speak with a team member. Some patients will have a mesh sealant on the incision that may inadvertently come off if the dressing is removed too early.
2. Some patients are unable to use or keep an occlusive or sealed dressing. In this case, the dressing most often has an ACE bandage as a cover. If this is the case for you, please make sure you understand, before leaving the hospital or surgery center, how you are supposed to handle your dressing changes. This typically involves daily wound cleaning with antibacterial soap, followed by antibiotic ointment, gauze and porous medical tape.
3. Some patients have small stab incisions away from the main incision. These small incisions can be cleaned with anti-bacterial soap and water and covered with Band-Aids.
4. **Do not** swim, bathe, or otherwise submerge the incision until it is completely healed. This is typically 3 weeks after surgery (one week after the stitches, staples, and/or mesh are removed).

PHYSICAL THERAPY

1. Usually, you will be discharged with home health physical therapy, until your first post operative appointment. Alternatively, you may be sent directly to outpatient physical therapy. Physical therapy should begin the following day or the second day after discharge from the hospital. A prescription will be provided at your preop appointment or at the time of surgery.
2. **You must** have physical therapy **at least 3 times a week** for 4-6 weeks after your surgery.
3. Walk in the house, when possible, with a walker, crutches or cane. The greatest prevention of a blood clot is mobility! Do not perform heavy exercise outside of physical therapy. This can exacerbate swelling and pain. It is OK to perform the daily exercises as noted above.

HIP PRECAUTIONS: Prevent hip dislocation and protect the soft tissue repairs:

- **General rule:** Avoid extremes of motion with your hip for the first 6 weeks after surgery. You will be taught specific hip precautions by your therapist in the hospital or surgery center.
- **Incision on the side of the hip (posterior hip precautions):** Do not sit in armless chairs, low chairs, low sofas, or low commodes. Use an elevated commode extension and

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elevated cushions. Do not bend the hip beyond 90°, especially when rising from a seated position, applying shoes and socks, covering yourself with blankets, picking up objects, or reaching into low drawers. Do not rotate the toes or legs inward. Do not cross your legs. **Use a pillow between your legs when rolling.**

- **Incision on the front of the thigh (anterior hip precautions):** No hip extension or stepping backward with the surgical leg. If backing up, lead with your non-surgical leg. Do not allow the surgical leg to rotate outwards excessively. Do not lie on your stomach. Do not cross your legs. **Use a pillow between your legs when rolling.**

CALL DR. TENHOLDER IF:

1. Pain is not controlled or significantly worsens the first few days after surgery.
2. Excessive redness, drainage of excessive bloody material from the incision, concern about infection (cloudy or purulent material), or loosening of the staples, stitches, or dressing. Some mild bloody drainage should be expected for a day or two.
3. Temperature (fever) greater than 101.5 degrees.
4. Persistent numbness or weakness in the thigh or leg below your knee.
5. Severe increasing pain, or pain at the center of the back of the calf, knee, or thigh.
6. Go to the ER immediately for any chest pain, sudden increase in heart rate, palpitations, or shortness of breath (possibly a blood clot in the lungs.)

RETURN TO DR. TENHOLDER'S OFFICE

Your first return to our office is typically within 10-14 days after your surgery. The postoperative appointment day and time was selected by you and your surgery scheduler during the scheduling process and was included in the folder you received at your preop appointment. If this was not communicated to you or you do not recall the specifics, please call the office at 850-863-2153. Any of the receptionists can inform you. Alternatively, you can call my surgery scheduler directly.