



# **Minimally Invasive Direct Anterior Hip Replacement Guide**

## **Dr. Owen O'Neill MD**

### *Burnsville:*

*1000 W 140<sup>th</sup> St Suite 201, Burnsville, MN 55337*

*Ph: 952.808.3000*

*Fax: 952.456.7804*

### *Edina:*

*4010 W 65<sup>th</sup> St, Edina, MN 55435*

*Ph: 952.456.7000*

*Fax: 952.456.7804*

*W W W . o w e n o n e i l l m d . c o m*



You have made the decision to have a total joint replacement to decrease your hip pain and increase your quality of life. Joint replacement is a major event in every patient's life and understandably you will have questions throughout the process. This guide is to help you through this process.

## *Getting Ready for Surgery – Check List*

### **🍏 Get a Pre-operative Physical Exam**

Before surgery, a preoperative physical is necessary. This is done by your primary care physician and will need to be completed either within one month or one week of surgery depending on which hospital your surgery is at. Bring an up-to-date list of the current medications and supplements you are taking including the doses of each.

### **🍏 Schedule a Follow-up with Your Primary Care Provider**

After your surgery, you should follow-up with your primary care provider within 7-10 days. At this visit your primary care provider will evaluate your health after surgery, do any blood work that is needed and make any necessary medication changes. You should call to schedule this appointment before you have surgery.

### **🍏 Make a Post-operative Appointment**

10-14 days after surgery, you will have a post-operative appointment with Jessie, Dr. O'Neill's physician assistant. This appointment is typically made at the time you schedule surgery, if it is not please call to schedule this appointment prior to surgery. At this appointment the suture ends will be cut and x-rays will be taken of your new hip.

### **🍏 Attend Joint Replacement Class**

Each hospital offers a preoperative joint replacement education class. This class gives you tips to prepare for surgery as well as goes through what to expect while you are at the hospital and after surgery. If you will be having a family member or friend help you after surgery we encourage you to invite them to the class as well. These classes are a general overview of joint replacements with patients of many different surgeons attending so the information you receive at the class may be different from what Dr. O'Neill has told you. To schedule at Abbott Northwestern you can call 612-863-0310. To schedule at Fairview Southdale Hospital you can call 612-672-7272. The information you received from Dr. O'Neill should always take priority. If you have any questions about conflicting information, please contact the office.

### **🍏 Celebrex**

Celebrex is a prescription anti-inflammatory medication that we use after surgery in conjunction with the narcotic pain medication to help reduce your pain. It will also help reduce your swelling. This medication is safer to take after surgery and easier on your

stomach than ibuprofen or Aleve. You will take Celebrex for 4 weeks after surgery. Please notify us if you are not able to take Celebrex. You will get a prescription mailed to you after you schedule surgery, please have this filled at your pharmacy prior to surgery.

#### 🍏 **Buy dressing change supplies**

You will need to change your dressing daily once you leave the hospital. You should buy supplies for this from any pharmacy. Supplies include gauze and tape. You will not need any creams or ointments for your incision.

#### 🍏 **Gait Aides**

After surgery you will use a walker, crutches, and/or a cane. Most patients use these just for a couple weeks. You can borrow these from someone you know or these can be acquired in our Physical Therapy department. If you need instruction on the use of these one of our Physical Therapists will be happy to help.

#### 🍏 **Absence from Work**

The time frame for returning to work after a total hip replacement varies depends on you and your job. Patients who have a desk job are able to return to work on the average within 3-4 weeks. If you have a more physically demanding job it may be 6-8 weeks before you are back at work. ***If you need paperwork filled out for your employer bring this to the office prior to your surgery, try to avoid bring any paperwork to the hospital. You can also mail or fax (952-456-7804) paperwork to the office to the attention of Alyssa.***

#### 🍏 **Medications to have at Home**

There are a few medications you might want to have available at home to use after surgery if needed. These include:

- ***Aspirin 325mg*** – this will be necessary to take after surgery to help prevent blood clots. If you do not get it prior to surgery, you will be given a prescription at the hospital when you are discharged. You will take a total of 60 tablets.
- ***Iron supplement*** (ferrous sulfate 325mg) – you will lose some blood at the time of surgery and iron can help restore the loss faster. You can take 1 tablet 1-3 times a day. Iron can cause constipation, so take it as you tolerate.
- ***Stool softener*** (senokot, Colace, Dulcolax) – you will be more constipated after surgery due to being sedentary and taking a narcotic pain medication. A stool softener can help with this as can eating a fiber-rich diet (wheat bran, fresh fruits and veggies, and oats). Other things that can help include drinking plenty of water and being more active or exercising daily.
- ***Extra Strength Tylenol*** – this is a great adjunct to the pain medication you will be taking. You can take 2 tablets 4 times a day.
- Dr. O'Neill recommends avoiding ibuprofen or Aleve until you are done taking the aspirin.

### 🍏 **Getting your house ready for your return after surgery**

There are a few things you can do before surgery to make your transition home after surgery easier including: move items you regularly use to a level that is easy to access, have a phone that is nearby, remove any tripping hazards (throw rugs, etc), and prepare meals for after surgery.

If you live alone you should plan to have a family member or friend stay with you for short time after you get home from the hospital. The time frame you can expect to need help will vary from patient to patient.

### 🍏 **Start taking a Daily Vitamin**

If you attend the total joint class provided by the hospital they will tell you to start taking a prenatal vitamin one month prior to your surgery. You are welcome to do this or start/continue taking a regular multi-vitamin. It is a good idea to take some sort of vitamin for one month prior to surgery.

### 🍏 **Get an Antibacterial Soap**

Also at the total joint class you will be instructed to buy an antibacterial soap called hibiclens. This can be purchased at the total joint class, the pharmacy, or online. You could also use an antibacterial soap like Dial. You should shower with some sort of antibacterial soap the night before surgery.

### 🍏 **Donating Blood**

Blood loss at the time of surgery typically is not enough to require a transfusion. It is typically not necessary to donate blood before surgery. If a transfusion is needed following surgery you will be given blood donated by another person. This blood is always thoroughly screened and tested.

### 🍏 **Dental Appointment**

Dr. O'Neill recommends waiting 3 months after surgery to have any routine dental work done. Plan ahead and have your dental work up-to-date prior to surgery.

## One Week before Surgery

- 🍏 Stop taking any vitamin supplements, herbal medications, over-the-counter medications, aspirin, or any anti-inflammatory medications (i.e., ibuprofen, motrin, advil, naproxen sodium, naproxyn, or aleve).
- 🍏 If you take a prescription blood thinning medication, your primary care physician will direct you when to stop taking this prior to surgery, usually 5-7 days.

## Night before Surgery

- 🍏 Take a shower with hibiclens soap or an antibacterial soap.
- 🍏 Do not eat or drink anything after midnight the night before your surgery. You can take any necessary prescribed medications with a sip of water the morning of surgery. **If you eat or drink anything your surgery will be cancelled. This includes chewing tobacco.**
- 🍏 You might find it nice to put freshly laundered sheets on your bed for you to come home to after your hospital stay.

## Day of Surgery

### Before Surgery

Please arrive at the hospital 2 hours prior to your surgery. Do not eat or drink anything after midnight the night before your surgery. You can take any necessary prescribed medication with a sip of water the morning of surgery. Dr. O'Neill will see you in the preoperative area before your surgery to answer any questions or concerns you may have. Everyone will also meet with one of the board certified anesthesiologists prior to surgery. They will discuss different types of anesthesia, risks and possible complications of the anesthesia. Most hip replacement patients will have a general anesthetic.

### During Surgery

- 🍏 **Surgery Time** – The surgery will take between 2-3 hours. This time includes getting you positioned, Dr. O'Neill operating, and waking up from the anesthetic after the surgery.
- 🍏 **Catheter** - Once you have had your anesthetic the operating room a nurse will place a catheter in your bladder to aid urination during surgery and immediate post operatively. This will be removed the morning after surgery once you are able to get up out of bed to use the bathroom.

### After Surgery

After surgery you will spend about 1 hour in the recovery room and then you will be moved up to your room on the surgery and orthopedic floor.

- 🍏 **Pain after surgery** - Dr. O'Neill works closely with the hospital nurses to control your pain with pain medication. Even with the medication expect to feel some pain. The first day and night after surgery you will be on IV pain medication. The day after surgery you will be transitioned to an oral pain pill. This is usually Oxycodone or Percocet. Pain medications are opioid derivative medications that can make you sleepy, dizzy, and constipated.
- 🍏 **The Incision** – The incision is typically 4-5 inches long. Your wound will be closed with sutures that will dissolve on their own, this typically takes 6-8 weeks. There will be two ends of sutures that we leave out of the skin at the time of surgery; these will be cut at your first post-operative appointment. Directly over the incision there will be tape called steri-strips that will stay in place for 2-3 weeks. The bandage that is applied during surgery covers the incision and this tape. This bandage will be changed the day after surgery and then daily until you follow-up at our office.
- 🍏 **Blood Clots** - To help prevent blood clots and to reduce swelling in your legs you will be given a pair of white compression socks to wear. You should wear these until your first post-operative appointment. You can remove these socks twice a day for 30 minutes and for showering. While in the hospital, you will also be getting a shot in the stomach to help prevent blood clots, this medication is called Lovenox. You will be discharged from the hospital on Aspirin.

### Leaving the Hospital

You will be in the hospital for 1-2 days.

Medications prescribed for you at the time of discharge:

1. **Aspirin 325mg** - you will then take a full aspirin (325mg) twice a day for 5 weeks. If you were taking a baby aspirin (81mg) prior to surgery you do not have to resume this until the 4 weeks of the full aspirin is completed. You can buy aspirin over-the-counter prior to your surgery or you will be given a prescription when you are discharged from the hospital.  
\*\*\*If you were taking Coumadin or Xarelto prior to surgery you will resume this instead of taking the aspirin\*\*\*
2. **Oxycodone 5mg** - You will have a prescription for the pain medication that you were taking in the hospital, this will most likely be oxycodone. You will take 1-2 tablets every 4-6 hours as needed for pain.
3. **Celebrex 200mg** – You should fill this prescription prior to your surgery to have at home. You will start this medication the day after you get home from the hospital. This medication you will take one tablet a day for 4 weeks.

\*There is a medication chart at the end of this packet for you to use to record what time and the dose of medication you are taking. We recommend using this chart because you will be prescribe several medications to keep track of after surgery and your mind can get a little cloudy while you are taking narcotic pain medication.

## Postoperative Information

### **Pain after surgery**

You will be taking narcotic pain medication after surgery to help relieve your pain. Pain medications are opioid derivative medications that can make you sleepy, dizzy, and constipated. They are also addictive if used for long periods of time. Please take narcotic pain medications sparingly but stay ahead of your pain. As you get farther and farther from surgery you will be able to take less and less pain medication. Patients typically use pain medication the longest to sleep at night. Everyone heals differently but most patients are on pain medication for less than 4 weeks.

### **Medication Refills**

If you need a refill of your pain medication prior to your first post-operative appointment please contact our office. Please allow 24 to 48 hours for refills to be processed. **Any refills needed before the weekend will need to be submitted on Thursday. *Also, narcotic pain medication such as Oxycodone and Hydrocodone prescriptions cannot be called in to the pharmacy and will need to be picked up at our clinic (Burnsville or Edina) this is a Federal Law.*** You or a family member will need to allow for time to come to our office to pick these up. As your pain improves we usually transition you to Tylenol #3, which can be called into the pharmacy.

### **Swelling**

Swelling will last about 3-4 months. It is normal for your hip to be stiff in the morning and your leg to be swollen in the evening. The swelling may go down into the lower leg and foot. Icing and elevation will help to decrease the stiffness and swelling. Ice the hip 4-5 times a day for the first week and then decrease icing based upon your swelling and pain. Keep the ice on your hip for 20-30 minutes at a time. Wearing the white compression stockings (TED hose) given to you at the hospital will also help decrease swelling in your legs.

### **Incision**

Your suture ends will be cut 10 to 14 days from the date of surgery. You should keep the incision covered with a dressing until the suture ends are cut. The small strips of tape (steri-strips) over your incision should stay in place until you are seen in follow-up. You should not put any ointments or creams on the incision. It is recommended that you refrain from submerging your hip in water until the incision is fully healed to avoid infection, this takes 3-4 weeks. However, you may let water run over the incision while showering starting 2-3 days after surgery.

### **Activity**

Sleep during the first weeks can be difficult. Use ice and pain medication to get as much rest as possible. The medication will tend to make you sleepy throughout the day. Try to exercise during the day and avoid "cat napping". This will help with sleeping at night. If you are having trouble sleeping at night the first thing you should try is taking your bedtime dose of pain medication with Tylenol PM. This has Benadryl in with the Tylenol and can help make you drowsy and make falling asleep easier. Take this medication as

directed on the bottle. You can also try Melatonin which is an over-the counter supplement. If you continue to have difficulty sleeping at night discuss this with Dr. O'Neill or Jessie. Your endurance will be decreased after surgery. The easiest tasks will take longer and you will tend to fatigue very easily. This will get better as healing progresses and your strength returns.

### **Physical Therapy**

You will have physical therapy 1-3 times a day while in the hospital. Sessions with the physical therapist are typically not needed following total hip surgery once you leave the hospital. When you are discharged from the hospital the best exercise you can do for your hip is to walk. You will be using an assistive device such as crutches or a walker to help with your weight bearing as you heal. You can advance to a cane as you are able. Gradually increase how far and how long you walk. You should start with 3-4 short walks every day. After your walk, lie down, elevate your leg and ice your hip to reduce swelling.

### **Driving**

You will not be able to drive right after surgery. You will need to arrange for a ride home from the hospital. You can return to driving when you feel you can safely operate the vehicle and you are no longer taking narcotic pain medication during the day.

## ***Life after Total Hip Surgery***

### **Activity**

The goal of having your hip replaced is to get you back doing all the activities that you want to do. This includes walking, gardening, golf, tennis, even downhill skiing. The only activity that Dr. O'Neill would like you to avoid is long distance running. This is because the repetitive impact of running on the joint can wear the polyethylene plastic liner faster.

### **Restrictions**

You do not have any hip restrictions or precautions after surgery. Since you had a minimally invasive procedure you can advance your walking as you feel comfortable, bend past 90 degrees without worrying about hip dislocation, and cross your legs if it is comfortable. Dr. O'Neill does recommend you avoid any cutting or pivoting sports for the first 8 weeks after surgery. This includes golfing.

### **Dental Antibiotic**

After total joint surgery it is best to wait 3 months before having any dental cleaning done. Once you do go back to the dentist after surgery you will need to take an antibiotic. You should take this prior to any dental cleaning for two years after surgery. The antibiotic is to prevent the bacteria from your mouth getting into your blood and causing an infection in your joint. You can request this antibiotic through our office.



## **Traveling**

You can travel as soon as you feel comfortable after your joint replacement surgery. Dr. O'Neill typically recommends waiting one month after surgery before flying due to an increase risk of blood clots. If you are traveling within the first three months after surgery (and after you finished the aspirin 325mg twice a day) you should take one 325mg aspirin daily starting the day before you travel and continue this one day after you travel. This includes both long road trips and if you are flying. It is also recommended that you wear compression socks for both long road trips or while flying.

Please note your joint replacement will make the security alarms go off at the airport. You simply need to inform the checkpoint worker that you have a replacement and they will screen you accordingly. You should allow for extra time to get through security at the airport. TSA is not interested in a security card, however if you feel more comfortable having a card stating you have a joint replacement we have these available at the office.

## **Questions?**

If you have any further questions, before or after surgery, please contact us at:  
Alyssa – Dr. O'Neill's care coordinator: 952-808-3000 ext 25086  
Jessie – Dr. O'Neill's physician assistant: [jessiedonovan@tcomn.com](mailto:jessiedonovan@tcomn.com)