



## Total Hip (DA) Replacement Manual

Edward Szalapski, MD

### PREPARING FOR SURGERY

- **Make a pre-operative physical exam with your Primary Care Physician**
  - This is necessary to make sure you are healthy to undergo surgery. Wait to make this appointment until you have scheduled surgery with Jessica, our care coordinator. Often times, the hospital or surgery center needs the physical performed during a particular time frame. You may need further testing (i.e. cardiologist)
- **Make a post-operative appointment**
  - We request that you follow up to clinic 2-3 weeks following your surgery. At that time, you will see Dr. Szalapski's physician assistant, Tracy. Typically at this appointment, we will remove staples and take x-rays.
- **Taking time off work**
  - This varies between patients and the type of job you have. Typically, patients need a minimum of 4-6 weeks off work. If you have a very physically demanding job you should plan to be off of work around 10-12 weeks. If you need paperwork filled out for your employer, please bring this to the office prior to your surgery and **avoid** bringing any paperwork to the hospital.
- **Preparing your house for your return after surgery**
  - We recommend going home with a home exercise program following your surgery. Most patients do not need formal physical therapy, however, this can always be set up if needed. You will need help 24/7, if you live alone or need extra help, try to plan ahead with family or friends. We strongly encourage you to go home instead of going to a rehab facility- this will help decrease your risk of infection and will help get you back to normal more quickly. There are some things we recommend doing prior to surgery to make your transition home easier. These include removing tripping hazards (such as throw rugs), preparing for meals for after surgery and moving items you use regularly to a place that is easy to access.

- **Medications to have at home**
  - Extra-strength Tylenol 500mg- this is great to help supplement your pain control regimen. We recommend avoiding anti-inflammatories (Aleve, Ibuprofen, Advil, etc.) until you have finished your course of anticoagulation (most patients will receive Lovenox for 2 weeks following surgery- this will be covered in more detail in the post-operative section)
  - Stool Softener Supplements (Miralax, prune juice) - Many patients develop constipation following surgery from a combination of narcotic pain medications and being sedentary. We will send you home with a prescription for Senokot but these can be used in addition to help supplement. Getting up to walk frequently, drinking plenty of water and having a diet rich in fiber (wheat bran, oats, fresh fruits and vegetables) will also help.
- **Dental appointments**
  - In order to prevent infection, we ask that you wait 3 months after surgery to have routine dental work done. Please plan ahead and get your dental work up to date prior to surgery. Following surgery, we will prescribe antibiotics prior to all future dental appointments for further infection prevention.
- **Total Joint Class**
  - After scheduling your surgery with our care coordinator, Jessica, she will send you information about a class that the hospital provides. We ask that you attend this class as it provides more information on the surgery and more testing is completed at that time.

## DAY OF SURGERY

- You will meet with Dr. Szalapski for any last minute questions prior to surgery. An anesthesiologist will also meet with you at the hospital to go over different anesthetic options (nerve blocks, spinal blocks and general anesthesia).
- Surgery will typically take 2-3 hours. This time includes getting you positioned, the operation itself and all the necessary anesthesia.

## ADMISSION TO THE HOSPITAL

- **What to expect:** Plan to stay in the hospital for 1-2 nights. During your admission, you will receive physical therapy twice a day. Before your discharge, we will make sure you have the equipment needed for your discharge- such as a walker or raised toilet seat. To prevent blood clots, you will receive both a medication and will wear compression stocking or have pumps on your feet to help stimulate blood flow.

- **Post-operative pain:** Most patients will receive an injection following surgery to help control pain in the hip. We work closely with nursing staff to help keep your pain controlled however; you can expect to feel some discomfort. Our goal is to make your pain reasonable, we cannot make you pain free. We try to control your pain with oral medications- typically these include Oxycodone or Dilaudid. Let us know if you have had poor side effects in the past with any pain medications. In general, narcotic pain medications can cause dizziness, drowsiness, constipation and sometimes nausea. If you take narcotics prior to surgery, it can make postoperative pain somewhat difficult to manage. Try to wean off this as much as possible prior to surgery.
- **Incision:** Your wound will be closed with a combination of sutures under your skin and staples. The sutures typically dissolve away on their own in 6-8 weeks. The staples will be removed at your 2-3 week post op follow up appointment.

## DISCHARGE FROM THE HOSPITAL

As previously described, plan on being in the hospital for 1-2 nights. Your discharge will be planned with Dr. Szalapski and his PA Tracy, physical therapists, and a social worker. As a team, we determine if you will be discharged home or if a short stay at a transitional care facility is better for you. As we have previously mentioned, our preference is for you to discharge home as this reduces your risk of infections and helps you get back to daily activities.

- **Medications**
  - **Oxycodone/Dilaudid:** We will discharge you home with the pain medication you were receiving in the hospital. In the first couple days, it is important to stay ahead of the pain and keep your doses on a schedule. We don't recommend waking yourself up at night to take narcotics- if you wake up in pain, take a pill. In addition, we recommend that you supplement with Tylenol as needed for pain. Continue to wean off narcotics as you can tolerate. Everyone heals differently but most patients are completely off narcotics in 4-6 weeks. In general, it is useful to take narcotics prior to therapy appointments. It is always beneficial to ice the surgical area often.
  - **Lovenox:** You will administer these injections for another 10-14 days following your surgery, these help prevent blood clots. Avoid taking any anti-inflammatories (Ibuprofen/Advil/Motrin/Aleve etc.) while taking Lovenox as these can all thin the blood.
    - If you were taking Coumadin or other prescriptive blood thinners prior to surgery, you will transition to this after a short course of Lovenox.
  - **Senokot:** This is a stool softener we recommend you take while taking narcotics, as narcotics can cause constipation. Increasing your activity will also help move stool. If you are still having a hard time with constipation, you may supplement with Miralax or prune juice.

- **Medication Refills:** Please call us for any refills of medications, allowing at least 24 hours for refills to be processed. Any refills requested before the weekend should be submitted on the Thursday before. Narcotic pain medications (Oxycodone/Dilaudid) cannot be prescribed over the phone- you, a family member or friend must drive to the clinic to pick up the physical prescription. If you live farther away and are unable to get to clinic during business hours, we can mail you a prescription but please allow 3-4 business days from the time you call in the request. **THE ON CALL PHYSICIAN IS UNABLE TO PRESCRIBE NARCOTICS FOR YOU.**
- **Swelling/Bruising:** Expect to have some swelling and bruising following surgery. This will commonly affect the thigh, knee, calf, ankle and foot. Ice often and try to keep the foot elevated above the level of your heart to help your body resorb this fluid. Additionally, continue to wear the compression stocking given to you by the hospital.
- **Incision:** Following your stay in the hospital, you should apply a light dressing (gauze and tape) over your incision. You may do daily dressing changes or as needed. It is common for the incision to drain some in the first week. Avoid any topical ointments or creams to the incision. Keep the incision clean and dry. No tub baths, you may only shower if you are able to keep the incision dry. You may leave the incision open to air if it is no longer draining- most patients prefer to keep it covered as the staples can sometimes get pulled by your clothing.
- **Physical Therapy:** Therapy starts while you are at the hospital and continues in the form of a home exercise program immediately upon your discharge. The hospital physical therapist will go over specific exercises with you that you should continue on a daily basis. We will also review exercises at your 2-3 week postoperative visit. In general, try to get up and walk often using your walker. You may switch to a cane when you gain enough strength- typically around 2-3 weeks.
  - During your surgery, we retract a major nerve that helps supply sensation and motor function to the operative extremity. We will perform routine tests to make sure this nerve is functioning well.
- **Driving:** You will not be able to drive following surgery. You will need to arrange rides to your therapy appointments, clinic appointments and other errands. You may return to driving once you are no longer taking narcotics and when you can safely navigate a car- keep in mind that it may take longer following a right hip replacement.

## LIFE AFTER TOTAL HIP REPLACEMENTS

- **Dental antibiotics:** Following your surgery, we recommend that you wait 2-3 months before scheduling a dental appointment. Once you go back to the dentist, we always recommend taking antibiotics prior to the appointment. This helps to prevent infections from getting into your bloodstream and causing an infection in your hip replacement. We recommend taking antibiotics prior to dental work for a lifetime. We are happy to provide antibiotic prescriptions for you; these can be called in to your pharmacy.

- **Traveling:** You will be able to travel following your total hip replacement but we recommend avoiding travel for a minimum of two months. Complications can delay your healing process so it is best to avoid planning trips and making deposits. Please discuss your travel plans with us so that we may help you plan it accordingly, keeping in mind that you may need a short course of blood thinners to prevent blood clots. Your joint replacement will set off security alarms- simply inform security or check point worker that you have a joint replacement and they will screen you accordingly. We recommend that you allow extra time at the airport for this process. In general, TSA does not except joint replacement cards.
- **Dislocation protocol:** During your surgery, we bring your hip out of its socket and want to prevent this from occurring after surgery. Because we were able to perform the surgery in the direct anterior approach, there are fewer precautions than in other approaches. In general, it is best to avoid excessive hip extension (pushing hips forward and leaning torso back) and pivoting with the operative extremity.

**Should any question arise before or after surgery, please call us!**

Jessica - Care Coordinator for Dr. Szalapski: 952-456-7199

Tracy - Physician Assistant for Dr. Szalapski: 952-456-7194