



Total Hip 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 enough to undergo surgery. Please refrain from making this appointment until you have scheduled surgery with Jessica, our care coordinator as 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 assess your wound, take x-rays, and review questions.
- **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 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**
 - You should plan on 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 around the clock after surgery. If you live alone or need extra help, try to plan ahead with family or friends. 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. Discharging to a rehab facility following surgery is no longer an option except for rare cases.
- **Medications to have at home**
 - **Extra-strength Tylenol 500mg.** This is recommended 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 injections following surgery. Please note that you **SHOULD NOT** take Advil, Ibuprofen, or Aleve if you have a history of kidney disease or stomach ulcer.

- **Stool Softener Supplements** (Miralax, prune juice)- Many patients develop constipation following surgery as a result of narcotic pain medications and being sedentary. We will send you home with a prescription for Senokot but Miralax over the counter can be used in addition to help supplement this. Try get up to walk frequently, drink plenty of water and have a diet rich in fiber (wheat bran, oats, fresh fruits and vegetables) which 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, 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

- On the day of surgery, you will meet with Dr. Szalapski in the pre-operative area for any last minute questions prior to surgery. An anesthesiologist will also meet with you to review different anesthetic options (spinal block and general anesthesia).
- Surgery will typically take 2-3 hours. This time includes positioning, anesthesia and the operation.

ADMISSION TO THE HOSPITAL

- **What to expect:** Plan to stay in the hospital for 1 night. 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. To prevent blood clots, you will receive both a medication and 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, but 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 typically be closed with a combination of sutures under your skin that slowly dissolve over time, typically in 6-8 weeks. Your incision will be examined at your first post-operative visit for appropriate healing.

DISCHARGE FROM THE HOSPITAL

As previously described, plan on being in the hospital for 1 night. Your discharge will be planned with Dr. Szalapski and his PA Tracy, physical therapists, and if necessary, a social worker. Discharging to a rehab facility is typically no longer an option, but there are a few rare exceptions. This should be thoroughly discussed with Dr. Szalapski BEFORE you schedule surgery.

- **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 do not recommend waking yourself up at night to take narcotics. In addition, we recommend that you supplement with Tylenol as needed for pain. Try 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, 20 minutes on and 60 minutes off. This also will help to augment pain medications.
 - **Lovenox:** You will administer these injections at home following your surgery. These help prevent serious blood clots from forming. Avoid using any anti-inflammatories (Ibuprofen/Advil/Motrin/Aleve etc.) while taking Lovenox as these can thin the blood too much and cause excess bleeding.
 - 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 Thursday. 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.

- **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 in the first week. Avoid any topical ointments or creams to the incision. Keep the incision clean and dry. 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.
- **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. Your therapist will also review any restrictions of your new hip if this applies to you .
- **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 3 months before scheduling a dental appointment. Once you go back to the dentist, we always recommend taking antibiotics prior to future appointments for lifetime. This helps to prevent infections from getting into your bloodstream and causing an infection in your hip replacement. 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 within the 2 month timeframe. 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 at the airport. You will need to 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.

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