



Patient Information:
Total Hip Replacement

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We are very pleased that you have chosen to work with us for your hip replacement procedure. A joint replacement is a major life event, and although you have already discussed your surgery with Dr. Horazdovsky, we understand that you may have additional questions. We are committed to providing quality medical care and excellent service to each individual patient to ensure the best possible outcome from their surgery. This guide is designed to provide additional information to help you prepare for surgery and your recovery.

Post-operative appointment:

You should make an appointment to see Dr. Horazdovsky or Patrick Roiger PA-C two weeks following surgery. This appointment is typically made for you at the time you schedule your surgery. If you do not have an appointment, please call to schedule at 952-846-2203. At this appointment, your incision will be evaluated, your hip will be examined and x-rays will be taken.

Physical therapy:

You will have physical therapy during your hospital stay after surgery, but do not need physical therapy once you leave the hospital. The best exercise to rehabilitate your hip is to practice walking 3-4 times per day. If Dr. Horazdovsky feels any additional exercises are needed, he will instruct you on these at your post-operative visit.

Incision and Dressing:

Your incision will be closed with Dermabond or staples and covered with a gauze bandage. This will be removed at your two week post-operative visit; you should try to keep the bandage dry until then. If the bandage becomes saturated, you may remove this and apply a new dry gauze dressing which can be purchased at any drug store. DO NOT apply any ointments or creams over the incision until it is fully healed over. It is

very important to keep your incision clean and dry. You may shower and allow water to run over your incision once the bandage is removed at your two week visit, but do not submerge it for 4-6 weeks due to risk of infection.

Gait aides:

After surgery you will likely require the use of a walker, cane or crutches for an average of 2-4 weeks. You can borrow these from someone you know, or they can be acquired from our physical therapy department with a prescribed order. If you need instruction for use of these, someone from our physical therapy team will be able to help.

Activity:

If you have a posterior approach total hip we advise you to follow these precautions; avoid bending your hip past 90 degrees, crossing your legs and avoid twisting your hip inwards (keep knee and toes pointed upward). For all total hip patients we suggest avoiding low chairs and stools. It may also be helpful to sit in chairs with arm rests. Following surgery, you may find it more comfortable to sleep with a pillow between your knees.

Driving:

Your return to driving largely depends on which hip was replaced. If you had surgery on your left hip, you may be able to drive a car with an automatic transmission sooner than if the surgery was on your right hip. Regardless of your progress, you should not consider driving until you are finished taking prescription pain medications during the day. Once you are off daytime narcotics, you may return to driving when you feel comfortable enough to safely operate a vehicle and slam on the brake pedal if needed. We advise you to take your care to an empty parking lot or other safe location to ensure you are comfortable doing this.

Absence from work:

The time frame for returning to work after a total hip replacement varies depending on your job and your individual recovery. Patients who have mostly sedentary/ desk jobs

are typically able to return to work within 3-6 weeks. More physically demanding jobs may require 10-12 weeks off from work. Please let us know if you and/or your employer require paperwork to be filled out. These may be faxed to 952-456-7042 or dropped off at our office. Please do not bring the paperwork to your surgery.

Hospital Discharge:

Most patients are able to go directly home from the hospital, and are recommended to do so. Occasionally, patients will require transfer to a rehabilitation facility for a short period of time before going home, especially those who require more assistance. Social services at the hospital are trained to assist you with arranging care following your hospital stay and will meet with you to discuss your options. If you have a preferred facility in mind, you can call the facility prior to your surgery to ask if they can reserve a room—not all facilities do this. You will be in the hospital for 1-2 nights following surgery. Please keep in mind that, when possible, we prefer you go directly home after surgery in order to avoid potential infections at rehabilitation facilities—including wound infections, pneumonia, urinary tract infections and upper respiratory infections.

Dental Appointments and Antibiotic Prophylaxis:

Dr. Horazdovsky recommends waiting 3 months after surgery to have any routine dental work done (i.e. cleanings, whitening, etc). Please plan ahead accordingly and have your dental work completed prior to surgery if needed. After three months, you will not need to take prophylactic oral antibiotics for your dental cleanings. We do recommend you take prophylactic oral antibiotics for more invasive dental procedures such as root canal and fillings.

Post-operative pain:

Pain after surgery is very normal, and you will be given oral narcotic pain medication after surgery to help relieve this. Pain medications are opioid derivatives that can make you sleepy, dizzy and constipated. They are also addictive if used for long periods of time. This can happen to anyone. Please take your pain medications sparingly, but stay ahead of your pain. As you get further out from surgery you should be able to wean

from these and transition toward using over the counter medications. Patients typically use pain medication the longest to help with sleep at night. Every individual heals differently, but most patients are on pain medications for about 4-6 weeks. Often times, sleeping can be most difficult for a longer period of time. Tylenol PM, chamomile tea, and melatonin can be used before bedtime to help you sleep better.

Swelling:

Swelling is very normal for all patients, and can last up to 6-12 months. It will progressively improve if you are compliant with keeping your leg elevated, using ice and using compression when needed. You should ice your hip in 20-30 minutes intervals several times per day. You may place a pillow under your calf and ankle for comfort. It is very important that you elevate your leg and use ice often to keep decreasing swelling and stiffness, and improve your range of motion.

Stiffness:

Nearly all patients experience some amount of stiffness right after their total hip replacement. This is due to swelling and is very normal. Keeping your leg in any position for a long period of time will cause stiffness, so it is important to keep moving. Over time, the stiffness will resolve.

Ten Reasons to Keep Moving After Surgery:

- Reduces your risk for developing pneumonia
- Reduces your risk for developing blood clots in your legs
- Helps with the return of bowel function so you can eat a regular diet
- Reduces your risk of developing constipation
- Reduces stiffness and pain
- Sitting in your chair and walking increases your muscle strength and endurance
- Improves your mental outlook
- Reduces your risk of developing skin breakdown (bed sores)
- Helps your wound heal

Medication Refills:

Please call our office if you are in need of a refill of your prescription pain medications. We ask that you please allow 24 hours for refills to be processed and signed by Dr. Horazdovsky or his physician's assistant, Patrick Roiger. Due to federal law, narcotic pain medications such as oxycodone or hydrocodone prescriptions cannot be called in to the pharmacy and will need to be picked up at our clinic in Burnsville. We do not refill medications on nights or weekends so please plan accordingly.

Numbness:

The possibility of major nerve injury following total hip replacements is less than 1%. Patients routinely notice numbness in the skin surrounding the incision as the result of clipped nerve endings in the skin. The area of numbness usually decreases in size, but will take time, even up to a year after surgery. Sometimes this numbness doesn't ever subside, but this will not limit your function.

Traveling:

You may travel in the car as soon as you feel comfortable following your hip replacement. We recommend waiting at least one month after surgery before traveling by plane due to an increased risk of blood clots. If you are traveling (long drives or flying) within three months after surgery (but have completed your 6 week course of aspirin) you should take one 325 mg aspirin daily starting the day before you leave and continue this until the day after you return. We also recommend you wear compression socks for traveling during this time. Your joint replacement will make metal detectors alarm at the airport. While at the airport simply inform the TSA officers that you have a joint replacement and they will screen you accordingly. If needed, we can assist you in getting a security card or doctors note.

Potential Risks and Complications:***Blood Clots and DVTs:***

Hip surgery coupled with advanced age and/or previous blood clotting abnormalities exposes patients to the risk of blood clots forming in their legs and occasionally breaking loose and traveling to the lungs. Precautionary measures that are implemented to reduce the risk may include blood thinners, application of compression stockings and early ambulation after surgery. You will leave the hospital with a prescription of aspirin 325 mg to take once daily for six days following your hospital stay to help prevent blood clots. If you have a clotting disorder or other medical contraindication for taking aspirin, you will be given a different anticoagulant which will be determined during your hospital stay. MAKE SURE TO INFORM YOUR SURGEON OF PREVIOUS BLOOD CLOTS OR CLOTTING DISORDERS!!

Infection:

The risk of post-operative infection after total joint surgery is less than 2%. This can occur as early in the post-operative phase as 5 to 7 days or as late as years after surgery. Patients with rheumatoid arthritis, prior hip surgery or other systemic illnesses (diabetes, etc) have a slightly higher risk of infection. Antibiotics will be given to you immediately prior to surgery and will continue for approximately 24 to 48 hours after surgery to reduce this risk. Signs of a superficial incision infection to watch for include redness, swelling and/or warmth of the wound; increased drainage from the wound; increased temperature, foul odor from your wound or an increase in pain at your incision site. Keep in mind, a certain amount of warmth and swelling is normal after a joint replacement due to an increase in blood flow to the area for healing.