

WHAT TO EXPECT IN THE FIRST WEEKS AFTER YOUR HIP REPLACEMENT

- As you know, your **STERI-STRIPS** (band-aid type wound dressings) are likely beginning to fall off. We will be removing the remaining steri-strips at your first follow up appointment. We closed your incision with suture rather than staples and the steri-strips were used to aid in incisional healing. The suture we used will dissolve over the next several months.
- At this point, you may or may not still be using a dressing over your hip incision. At this point you will not be using a dressing. It is important to keep the healing incision clean and dry. There is NO NEED to apply any ointments or solutions to your incision. Also, do not scrub your incision in any manner.
- **BRUISING and SWELLING** are typical in the hip and whole leg region at this point after surgery. The bruising you notice in your hip region will resolve over the next weeks, but the leg swelling can persist in the next month or two and increase with activity.
- **LOW GRADE FEVERS** can be common at this point in your recovery. It is advisable to monitor your temperature if you feel feverish and report any temperatures above 101.5 to our office staff as necessary. We would also like for you to notify our office if you have any wound or incisional drainage.
- **PAIN MEDICATION** should continue to be used on an *as needed* basis. As you know by now, PERCOCET is a narcotic pain medication which requires a PAPER prescription for refills. (I.e. Percocet is NOT a medication that can be called or faxed into your pharmacy.) If and when you notice that you are running low on your pain medication either call our office and request a paper prescription for Percocet be picked up by a family member or request that the prescription be mailed to your home. Ideally, you received a refill, if you needed one, at your appointment today.

- It is important that you utilize some type of pain medication in conjunction with any type of physical therapy and increased activity. You will notice that as your recovery progresses, you become more active. With that activity can come increased swelling and pain. We suggest that you utilize rest and ice application in addition to as needed pain medications which may include Percocet/Lorcet/ Tramadol and/or other over-the-counter pain medications such as Tylenol and anti-inflammatory medication.
- You have likely been taking **ASPIRIN** twice per day since your discharge from the hospital. As you recall, this is typically prescribed by Dr Moore for prevention of blood clots that can form in your legs and travel up to your heart and lungs. At this point you should only have 5 weeks left of taking twice daily ASPIRIN. You will be advised to finish your aspirin approximately 6 weeks after your surgery is completed. IF you were placed on a different blood thinner than aspirin after surgery (COUMADIN, LOVENOX, XARELTO), this means you were considered higher risk for blood clots and the length of time you will be on this medication will be determined dependent on your past medical history and taking into account any complications that may have occurred, if any, during your hospitalization. Dr Moore will notify you the date you will discontinue your blood thinning medication.
- There are certain patients who were taking a blood thinner for a medical condition prior to surgery. If you are one of those patients it is likely that we resumed your typical blood thinning medication and medication schedule at the time of discharge.
- Dr Moore would like for you to continue use of your **WALKER** and/or CANE/ CRUTCHES for an additional 4 more weeks (6 weeks total from your surgery date). We realize that your recovery will allow the feeling that you do not need these devices, but our concern lies not just with the potential for falling but also with the safety of those around you.
- Dr Moore also prefers you **NOT** begin **DRIVING** for another 4 weeks (no driving for 6 weeks from your surgery date). Driving *might* be allowed sooner should you discontinue use of narcotic pain medication prior to 6 weeks after surgery.



- **HIP PRECAUTIONS/PHYSICAL THERAPY:** As you know, you have been observing posterior hip precautions as instructed by your physical therapists. You will continue to observe these hip precautions for 3 months after your hip replacement. It is likely that you are still receiving **HOME physical therapy**. Usually, home therapy is arranged for three weeks after surgery. If you are happy with your home therapy and would like to complete the full 3 weeks, that is allowable. Alternately, if you would prefer transition to a **formal outpatient physical therapy** situation, we would prefer to make those arrangements for you. There are many options with regards to outpatient physical therapy locations. If you are a resident of the Moore county region, we suggest therapy here at PSC allowing us to deal with any recovery matters immediately while in our facility. **PLEASE CALL RENEE WOOD at (910) 295-0224 to make arrangements for any physical therapy needs.**
- **SLEEP DISTURBANCE** It is very typical for patients to complain of difficulty with sleep long after hip replacement surgery. Should you find yourself unable to sleep at night we have several suggestions including the use of over-the-counter Tylenol PM or Benadryl. Additionally, when weaning off of pain medication, we suggest you begin by eliminating day time pain medication first and your night time medication last. As mentioned previously night time hip and leg discomfort occurs because as you progress in your recovery, you become more active. Although this activity is desirable, the more active you are, the more swelling you will likely have. By the end of a full day, you may experience slight fatigue and increased hip or leg swelling which causes increased pain. It is **not** typical for us to prescribe any type of sleep aids (i.e. ambien or lunesta) because these medications have potential for addiction and must be used with great caution.
- **URGENT/EMERGENT CONCERNS** It is CRITICALLY IMPORTANT that you understand clearly what to do in a situation that is urgent or emergent. Dr Moore and his staff are committed to addressing these needs as quickly as possible and the following is the protocol you must follow if you are in a situation requiring quick care.

If you are having CALF PAIN, shortness of breath, chest pain, wound drainage that is more than the expected/mal-odorous, increasing bleeding that is not relieved within one hour, FEVER above 101.5 F that is not improved with Tylenol or spreading redness in and around your incision, PLEASE CALL OUR OFFICE at (910) 295-0224 Monday-Friday from 8am-5pm.

We will make every effort to get you into be seen in our office by a physician or physician assistant/nurse practitioner within 24 hours of your concern.

DO NOT GO TO THE EMERGENCY ROOM UNLESS YOU HAVE FIRST MADE CONTACT with DR MOORE, MICHELLE MOORE, PA-C or Dr Moore's office staff.

During non-business hours you will call the hospital operator at (910) 715-1000 and request to speak with the MD/PA on call for ORTHOPEDICS. The hospital operator will get ahold of an orthopedic provider who will direct your care and instruct you about being seen.

Even if a home therapist suggests you need to go to an emergency room, you must contact our office prior.

Please remember that WE ARE HERE FOR YOU, WE ARE COMMITTED TO YOUR CARE!!