Hip Surgery



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Who and When to Call?

**Medications, pain or nursing questions:**

Kathleen Boyle, LPN (919) 492-4992 ext. 1162

**Scheduling, follow-up appointments:**

Debbie Icardi (919) 467-4992 ext. 1141

**After hours questions:**

Demetri Economedes, DO (919)621-8380

**When to call?**

* Consistent fever > 101
* Increasing swelling or draining
* Uncontrolled pain
* Inability to bear weight on operative extremity
* Severe insomnia
* Confusion
* Painful swelling in leg with coolness within the leg or foot

Preparing for Surgery

Consult with your family physician and cardiologist prior to discontinuing medications but we ask that

7-10 days prior to surgery you must stop

* Aspirin
* Plavix
* Anti-inflammatory medications
* Herbal Supplements
* Vitamins (of all kinds)

5 days prior to surgery you must stop

* Coumadin

You may continue to use medications such as:

* Tylenol
* Ultram
* Ultracet
* Glucosamine Chondroitin

Preparing for surgery

**In addition to the medication changes we ask that you:**

* Cancel any dental appointments that fall between 3 weeks prior to surgery and 3 months after surgery
* Avoid any injections into the surgical joint for 3 months before surgery
* Ensure that a family member or friend accompany you to the hospital on the day of your surgery
* Remove small throw rugs or other items that may become obstacles for your at home

**When will you find out your surgical time?**

* The hospital will contact you the afternoon before your surgery.
* If you do not get a phone call the day before surgery please call,

919-350-2300 (WakeMed Cary) and ask the operator to transfer you to surgery scheduling to help you obtain this information.

**What should you leave at home?**

* Money
* Valuables
* Contact lenses

**What should you be sure to bring?**

* Loose fitting clothes
* Sneakers

Medications to take before and the morning of surgery

1 week before surgery

* Find a time to take a test dose of the Oxycontin we have prescribed you. Ensure that this is a time that you will not have any responsibilities so you can focus on how the medicine makes you feel. Call our office should you have any side-effects.

The night before surgery

* Nothing to eat or drink past midnight
* Sleep well

The morning of surgery

* Take Oxycontin 10mg and Celebrex 200mg with a sip of water before you come to the hospital

Medications to take after surgery

1. Oxycontin (Oxycodone HCL): This is a long acting pain pill to be taken **EVERY** 12 hours. You will have this in the hospital and be discharged home with it. You will wean off of this after 7 days.
2. Norco (Hydrocodone/APAP): This is a short acting pain pill to be used as necessary for pain. You may take this while you are on Oxycontin.
3. Celebrex/Mobic: These medications are anti-inflammatories. The first way the body heals is through inflammation, this includes when you undergo surgery. Inflammation however, causes pain and this helps to decrease the pain associated with post-operative inflammation.
4. Colace: This is a stool softener. Narcotics tend to cause constipation. This medication should be taken every twelve hours until you discontinue your Norco.
5. Reglan (Metoclopramide): This prevents nausea. Some of the medications we give could cause you to have an upset stomach. Take this as directed to help decrease this.
6. Protonix (Pantoprazole): This medication helps protect the lining of your stomach. Although we use medications that decrease the risk of ulcers, they can still be worrisome so please continue to use this medication until you stop using the Celebrex/Mobic.
7. Enteric coated Aspirin (EC ASA): 325mg tablet to be taken twice a day for 4 weeks after your surgery. This medication is used to help prevent blood clots. However, the best way to prevent blood clots is by walking!

*Because everyone is different, we may have to change some of these medications. If so, we will explain to you why so you understand.*

*Additionally, we do not permit you to drive until you are off all of your narcotics. Make plans to have someone drive you to physical therapy and for weekly errands should you need assistance.*

Physical Therapy

All patients will participate in physical therapy while in the hospital. The therapists will help to get you in and out of bed, walk and go up and down stairs.

Family and friends are welcome to observe you during physical therapy.

We prefer for our patients to go home after their stay at the hospital. In these cases you will have a home therapist that will come to see you three times a week.

**Hip Precautions:**

After hip replacement surgery we ask that you avoid the following positions to decrease the risk of dislocating your hip. The positions are:

1. **No crossing your legs at the knees, ankles or ankle over the knees.**  Pretend you have a line down the center of your body. Your operative leg should not cross this.
2. **No twisting or rotating at the hip.**  Avoid twisting your hips with your feet planted on the ground. Your hips should always be pointing in the same direction as your feet.
3. **Do not bend your hip (flex) past 90 degrees.**  To maintain this, slide your surgical leg forward when sitting and standing. The occupational therapist will teach you how to dress yourself and will also ensure that should you need one a raised toilet seat will be obtained for you when you are discharged home.

Physical Therapy

**Goal to achieve by 3 weeks:**

1. Walk at least 2 blocks daily

**Outpatient physical therapy**

Within your patient packet, you will find your outpatient physical therapy prescription. We will have you go to outpatient therapy starting after we see you at your 2 week visit. You will attend outpatient therapy 3 times per week for 6 weeks or until you meet your goals.

What to Expect After Surgery

**WILL I HAVE SWELLING AND BRUISING? YES**

Expect to have bruising and swelling around the operative knee. The amount will vary not only between individuals, but even in the same individual from one knee to another. Swelling is a part of the inflammatory process of having undergone a surgical procedure. Bruising and swelling can effect the entire operative leg from thigh to foot as it will change based on the position of the leg. The more the leg is down, the more the foot will swell. The more the leg is propped up, the more the thigh will swell. Expect that this will dissipate beginning after the first 2 weeks after surgery.

**CAN I DECREASE THIS? YES**

Although we ask for you to be walking quickly after surgery, with increased activity comes increased swelling. Get up and move around, but remember you just had MAJOR surgery. Take it easy the first week or so.

You will be given an ice machine during your hospitalization. Continue to use this or ice once at home. Additionally, make sure to put a towel or blanket between your leg and the ice. Exposure to cold directly on the skin could cause burns!

Use the thigh high TED stockings on **both legs** for 3 weeks after surgery. You may take them off to sleep at night.

Continue to elevate your leg to help decrease swelling. Make sure that the knee is above the level of your heart, but do not place any objects under the knee in doing this. Your knee should be suspended during this activity. This should be done about 3-4 times per day.

Important Information to Read Before Calling the Office

**Swelling after surgery**

Swelling is common after surgery, however, should the swelling be painful, not respond to elevation and cause your leg/foot to be cool, please contact our office.

**Activity after surgery**

Every patient and every surgery is different therefore; activity and recovery after surgery will be different for everyone. However, you will recover approximately 80% within the first 6-8 weeks. The remainder of your recovery could take up to 1 year to complete. Most importantly, let your body be your guide. If you feel as if you over did it one day, back off the next and slowly increase your activity level.

**Showering and bathing after surgery**

No showering until you are seen in the office 2 weeks after surgery. **Do NOT submerge your hip under water for 8 weeks after surgery. This includes baths, hot tubs, swimming pools, lakes and oceans.**

**Sleeping positions**

You may sleep on back or your operated hip, but may not sleep on the non-operated hip for 6 weeks. If you choose to sleep on your operated hip, place pillows between your legs.

**Length of time needed to follow hip precautions**

You must maintain your hip precautions for 6 weeks. We will see you in the office at this time and make a decision as to discontinue them or not.

Infection and Prevention

Infection is a MAJOR detriment in joint replacement. It is our responsibility to make every effort during your surgery to decrease the risks of infection. Once we place the last suture to close your incision, we transfer this responsibility to you.

**You must take antibiotics before the following procedures for the rest of your life:**

* Any dental procedures, including general teeth cleanings
* Colonoscopy
* Tonsillectomy
* Bronchoscopy
* Prostrate and bladder surgery
* Kidney surgery
* Vaginal exams and GYN surgery
* Skin biopsy
* Barium enema

Please contact our office for antibiotics one week before you will need them. They will consist of one dose of antibiotics one hour before any of the above procedures.