

DR. HARVEY TOTAL HIP REPLACEMENT DISCHARGE INSTRUCTIONS

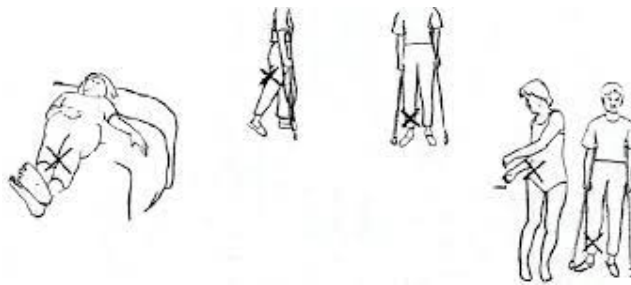
ACTIVITY

- Weight bearing status

- You may weight bear and perform activity as tolerated. For the first 2-3 days after surgery do not try to push yourself outside of your comfort zone, as rest and recuperation are also important in this initial recovery period.
- Depending on the approach that Dr. Harvey used during your hip replacement, you may be asked to observe anterior or posterior hip precautions for 6 weeks after surgery.

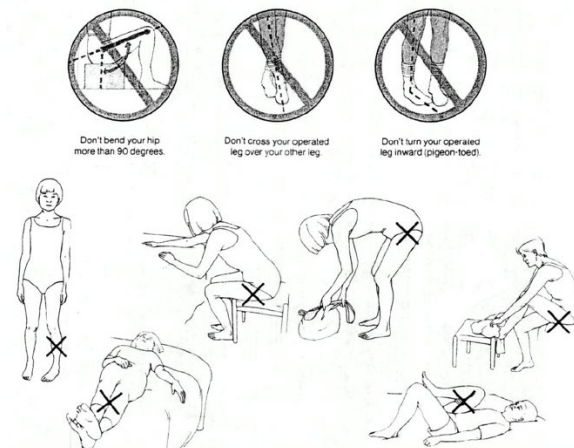
Anterior Hip Precautions

- Avoid extending your hip (bringing leg behind you or stepping backwards)
- Do not allow your surgical leg to rotate outwards (keep toes straight or pointed inward)
- Don't cross your legs (use pillow between legs when rolling)



Posterior Hip Precautions

- Don't bend your hip past a 90 degree angle.
- Don't cross your legs.
- Don't twist your hip inwards- keep knees and toes pointed upwards.



- **Exercises**
 - Perform your home exercises daily as described in Dr. Harvey's handout for the first 3-5 days after surgery. You may rest for about 24 hours if you cannot tolerate the exercises within the first few days after surgery. After 3-5 days you will likely be transitioned to outpatient physical therapy.
- **Stairs**
 - You may navigate stairs as tolerated, but please make sure that you utilize the devices and assistance needed to do this in a safe manner. Physical therapy will work with you immediately after surgery to make sure that you can safely go up and down stairs.
- **Driving**
 - You may start driving 3-4 weeks after surgery as long as you are no longer taking narcotic pain medications, and you can get in and out of the car without difficulty and while observing your hip precautions.
- **Return to work**
 - Return to work times will differ depending on your personal recovery, and on the demanding/physical nature of your occupation. On average, most patients return to work in about 3-4 weeks, however, return to more active/demanding full duty positions may take longer.

ANTICOAGULATION (Blood clot prevention)

- **Aspirin**
 - If you are not already taking blood thinning medication, and if you are not high risk and do not have a history of blood clots, then you will likely be placed on 81mg of aspirin twice daily for 30 days after surgery.
- **Eliquis**
 - If you are high risk or have a history of blood clots you will likely be placed on Eliquis 2.5mg, twice daily for 14 days before starting your Aspirin therapy.
- **Other medications**
 - If you are already on a blood thinning medication (Warfarin (Coumadin), Clopidogril (Plavix), Lovenox, Eliquis, Xarelto, Pradaxa, etc.) this will likely be resumed after surgery per the recommendations of your medical specialist.

PAIN

- **Post-op Medications**
 - You will be prescribed medications that treat different pain pathways and inflammation. These medications will be prescribed on an individual basis as determined by your medical/surgical history as well as your allergy profile. It is recommended to take the medications fairly regularly for the first 2-3 days after surgery to stay ahead of your pain.
 - You were also given an injection of local anesthetic and pain medications around your hip at the time of surgery, and may have been given additional

anesthetic in the form of a regional block from the anesthesia team. These may result in some mild weakness/numbness of your leg, foot and/or toes for about 24 hours after surgery. Do not be alarmed if these symptoms are present, as they are not likely to hinder your recovery. It is not uncommon for your pain level to increase 24-48 hours after surgery once these regional/local anesthetics start to wear off, but at this point we will work together to stay ahead of your pain with medications.

- **Ice Therapy**
 - Icing is also critical in the first 2-3 days after surgery to help with swelling and inflammation and ultimately pain control. You may have elected to purchase a cold therapy device, and if so, this should be used consistently for 48-72 hours after surgery. If you did not purchase one of these devices, ice packs and/or frozen vegetable bags are a good alternative option. Please make sure that there is some type of barrier between your skin and the cold pack to prevent skin irritation.
- **Compression Therapy**
 - Your surgical leg will likely have a compressive ace wrap dressing applied after surgery. This can be removed after 72 hours. It is important to rest and elevate your surgical extremity above the level of your heart multiple times daily after surgery. If persistent swelling remains you may reapply a compressive wrap or don compression stockings.

DIET

- After surgery it is not uncommon to experience some nausea, therefore, it is best to start out slowly with clear liquids, then eating light and bland meals. If this is well tolerated you may slowly return to your usual diet. As discussed, Dr. Harvey believes that good nutrition and a healthy, balanced diet around the time of surgery is one of the most important factors contributing to your healing and recovery. For as long as possible after surgery try to continue a diet that is rich in fiber, fruits/vegetables, and protein.

WOUND CARE

- **Aquacel or Mepilex Ag Dressing**
 - This dressing will appear like a large band-aid over your incision. If this dressing is intact and dry (no leakage or drainage), you may start to shower normally 3 days after surgery, as this is a waterproof dressing. DO NOT submerge in any baths, pools, etc. until cleared for this activity after being seen for post-operative visits. This dressing will stay in place until you are seen for follow-up 2 weeks after your surgery.
- **Prineo Dressing**
 - This dressing will look like a small mesh with occlusive glue over the top of your incision. If this dressing is intact and dry after surgery (no leakage or drainage) you may start to shower normally, as this is a waterproof dressing. DO NOT submerge in any baths, pools, etc. until cleared for this activity after

being seen for post-operative visits. This dressing will stay in place until you are seen for follow-up 2 weeks after your surgery.

CONTACT

- Please call the office if you experience any of the following symptoms after surgery:
 - Persistent fever above 101.4°F not resolved with Tylenol
 - New/worsening calf pain and/or swelling
 - New onset of chest pain and/or shortness of breath
 - New or worsening pain, redness, tenderness, drainage around your surgical dressing/incision
 - Intractable nausea/vomiting
 - New numbness/tingling of the operative limb 24 hours after surgery once your anesthetic medications have worn off

If at any time you have questions or concerns, contact Dr. Harvey, or his Clinical Lead Jena Ramirez, at 815-398-9491.

If you are calling after hours or over a weekend you will be directed to the physician answering service and you may be called by the physician or physician assistant on call.

If you require immediate attention, please go the nearest Emergency Room.