

Discharge Instructions

Total Hip Replacement

Patient Information

We have put together some helpful hints, instructions, and information that will make your transition to home easier.

Hip Precautions

For the first 3 months after your hip replacement, it is important that you follow your hip range of motion precautions. Doing so makes it extremely unlikely that your hip will dislocate (come out of the socket).

Your hip replacement is very stable, so you do not need to be paranoid about these precautions but you do need to be aware of your precautions and follow them for the first three months after your surgery.

There are two simple rules that you are to follow:

1. When you are sitting and whenever you get in or out of a seated position (ie flex or bend at the hip or waist), keep your knees apart at shoulder width or more. For example, whenever you are sitting in a chair, bed, commode, or car keep your knees apart. When you go to sit or stand, it is important to keep your knees separated.
2. If you are already sitting down, do not lean forward to pick anything up off the floor. Use your "reacher/grabber" to pick things up from the floor or leave them there until someone else can pick the object up for you. Do not try to put your shoes on in a conventional manner.

If you follow these very simple rules, the likelihood that you will dislocate your hip is very, very low (<1%). At the end of three months, you no longer need to follow these precautions. After three months, you may cross your legs when sitting or lying down.

When you are lying in bed, you are **not** to lay on your side for 6 wks. After this time it is advised that you place a pillow in-between your legs for up to 3 mths after your surgery.

Pain Medications

On discharge the nursing staff will provide you with all the medication that you will require when you are at home. You have been taking all of these medications during your hospital stay.

Most patients will be given two pain medications, Oxycontin and Endone.

Oxycontin – This is a slow acting pain medication. Take twice daily morning and night, 12 hrs apart, if required.

Endone – This is a fast acting pain medication. Take 6hrly if required.

Panadol – You can also take regular panadol 4-6 hrly PRN as required

As your pain decreases over the first few days at home you can decrease the amount of Oxycontin/Endone that you are taking

Mobic (Meloxicam) – This is an anti-inflammatory. Take twice daily morning and night with food.

The pain medications and the decrease in mobility after your Hip Replacement frequently cause varying degrees of constipation. We would recommend that you take something to help to avoid this. ie lactulose/senna, and make sure that you drink plenty of water.

Pain medications are not your only strategy for controlling the pain. We also recommend that you ice your Hip regularly periodically. This will help control the swelling and your pain. The better job that you do in controlling your swelling, the less pain that you will have.

You can expect some degree of discomfort in your hip for about 1-3 mths. By six months, very few of our patients are experiencing more than minor pain.

Wound Care

Please keep your dressing dry and intact. Your dressings will be taken down at your 10 day post operative visit. If you develop any redness or weeping from your wound please contact Narissa (Practice Nurse) 4727 4296 immediately.

Swelling

Swelling of the Hip and leg are normal after a total hip replacement is normal. There are some things that you can do, however, to minimize this problem.

Ice the hip frequently for the first two to three weeks after surgery. It is particularly helpful to ice after you have done your exercises or been on your feet for a while.

Swelling of the entire leg is also normal. This will slowly improve but may last for as long as several months. To help minimize swelling, please follow these recommendations:

First, take a break in the late morning and the late afternoon/early evening and lie down and elevate the leg on several pillows. To effectively reduce swelling, your foot should be above you heart. This requires that you are lying down.

Also do ankle pumps and wiggle your toes. This helps to remove some of the swelling.

Avoid prolonged periods of sitting over the first 7-10 days after surgery. We recommend that you do **not** sit for more than about 45 min/1hr before you get up and move around or lie down and elevate your leg.

Bruising

You may develop bruising of the operative leg, particularly around the hip area. Some patients even get bruising and swelling into the knee and ankle regions. This is normal and expected. Men may even get bruising and swelling of the scrotum. This is also normal after a hip replacement and you should not be alarmed by it. The bruising will gradually go away on its own as the body reabsorbs the blood.

Blisters

Some patients may develop blisters around the hip and/or the incision. Although they can be alarming in appearance, they pose no significant risk to your hip replacement. They may leak some clear fluid for a period of time but eventually a scab will form and they will heal. We recommend that you allow them to heal on their own.

If there are any signs of infection (redness, pus) please contact Narissa (Practice Nurse) immediately 4727 4296.

DVT Prophylaxis/TED stockings

You will go home on Xarelto (Rivaroxaban) 10mg daily (this is a little pink tablet). You will be required to take it for 25 days. If you were taking aspirin prior to surgery, you will not recommence this until you have taken all of the xarelto. This tablet is a DVT prophylaxis and is used to reduce the risk of you developing a clot (DVT).

You will also be required to wear the TED stockings for a period of 6 weeks following your knee replacement. You will be given two pairs of these stockings to wash and wear. You may remove them twice daily for one hour each. These also help reduce the risk of you developing a blood clot (DVT).

Weight Bearing, Walkers, Crutches, and Canes

You may place as much weight onto the operated leg as your pain, comfort, common sense and balance will allow. Unless specifically instructed too.

You will not be damaging your hip replacement by placing your weight on the leg. As you progressively put more weight on the leg, you may progress off of your ambulatory aids as tolerated. We recommend that you continue the use of one crutch or cane until 6 wks after your surgery.

Remember that common sense and safety are most important.

Driving an automobile

You are **not** allowed to drive for a period of 6 weeks. You will be advised at your 6 week post operative appointment when you can commence driving again.

Sleeping and Eating Problems

Some patients have difficulty sleeping for a few months after a hip replacement. It will improve with time but it is a difficult problem to treat. We have not found anything that completely eliminates the problem, other than time. We do not advocate sleeping pills, unless you are accustomed to using these prior to surgery. We avoid prescribing sleeping pills for this problem, as we have not found them to help much and they can cause other significant side effects. Rather we recommend that you use your pain medications at bedtime to help you relax, control your pain, and facilitate sleep. It is also helpful to work hard during the day so that you are sleepy at bedtime. This seems to help as well. For many patients, you just have to work through this problem and let time solve it.

Some patients lose their appetite for several weeks after a hip replacement. This is common and it will improve with time. Until it improves, try to eat several small meals a day rather than trying to force down large meals.

Your follow-up appointment will be around 10 days after your Hip replacement surgery date. This appointment has been made for you. If this appointment does not suit you, please contact the rooms.

If you have any questions, concerns or problems about your recovery after your Hip replacement, please feel free to contact *Narissa my practice nurse on 4727 4296.*