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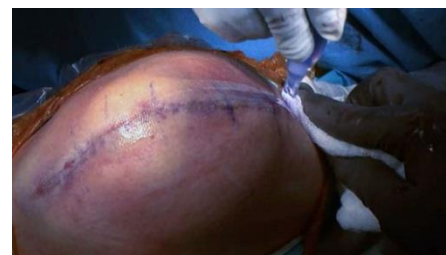
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DISCHARGE INSTRUCTIONS AFTER TOTAL HIP ARTHROPLASTY AND REVISION TOTAL HIP ARTHROPLASTY

These instructions are meant to compliment the information given by the nursing staff and physical therapists. They cover the most common questions and many of the areas that are unique to your surgical procedure.

Wound Care

- Dressings are to be kept clean and dry. A small amount of clear drainage or bleeding may take place. When this is happening, the dressing should be changed daily.
- You may get the incision wet when showering five days after surgery. The shower should be brief (five minutes or so) and the wound patted dry with a clean towel.
- If you have staples or stitches, they are usually removed two weeks after surgery.
- Prineo (mesh dressing) removal instructions:
 - Prineo mesh dressing can be removed 3 weeks from the date of your surgery.
 - Generously apply vaseline or petroleum jelly across the dressing. Wait 15 minutes. Slowly peel the Prineo dressing away from the skin along the line of the wound-not across the wound. Do not pull the mesh straight up from the skin. Use the other hand to stabilize the wound as the mesh is peeled off.
- If purulent material (thick white or greenish in color) is coming from the wound, or the wound is quite red on the edges, or you are having a temperature of 101.5 or higher, you should report these symptoms to your surgeon or orthopedist on call.



Weight Bearing

Unless the physical therapist has told you otherwise, you can put as much weight on your hip as feels comfortable. Depending on your age, strength, and coordination, most people use the walker or crutches for three weeks with a gradual progression to a crutch or cane over the next few weeks.

Avoiding Dislocation

Physical Therapy in the hospital after surgery will review with you this important topic. The restrictions are not to bend the hip beyond 90 degrees, not to cross your legs, and not to reach down for the outside part of your shoe. The 90 degree rule is most often broken by someone sitting on a surface that is too low.

Outpatient Physical Therapy

The most important goal of physical therapy is to avoid dislocation. The next goal is to restore normal gait (walking pattern) and to improve your strength and flexibility, returning you to your normal activities. Speak with your physical therapist regarding your goals.

Swelling

Swelling to some degree is common after joint replacement. To reduce swelling, elevation is very helpful. Lying down, with your "toes above your nose" at least 30 minutes of every two hours is a good initial recommendation. You may need more or less time elevating your leg. The white stockings are also designed to reduce swelling. Excessive swelling with pain or tenderness in the calf, redness in the lower leg, and/or increased warmth in the lower leg, can be a sign of a blood clot. Patients frequently call to ask if their swelling is too much, and this is impossible to tell over the phone. If you feel you are excessively swollen with pain or tenderness, it is best investigated by exam and may require an ultrasound to rule out a blood clot.

Cold therapy

Cold therapy can help reduce pain and swelling. It should be used intermittently for many weeks, as long as you are having some swelling or discomfort in the area of the surgery. Typically patients use it two or three times a day for up to 30-minutes at a time. It should not cause pain and there should be a thin towel between your surgical site and the cooling device. Cooling devices can be commercial devices that pump cold water about your joint or a frozen gel pack. In any case, it should feel better with the cold applied and reduce your discomfort in the first few months after surgery.

Driving

To drive you must be 6 weeks out from the date of your surgery and no longer be taking narcotic pain pills; Tylenol and anti-inflammatory medications are allowed. Also, you must feel strong and alert, which may depend on your age, strength and what side your surgery was on.

Preventing Blood Clots

- The first line of defense is moving your ankles up and down. This action circulates the blood from your legs back to your heart, preventing a clot.

- Coumadin is a blood thinner that almost all patients will take after surgery, for a total of three weeks. Patients respond very differently to the same dose of Coumadin, and so the effects of the drug need to be monitored with a blood test call the Protime. Your Protime will be checked at a laboratory near you on Monday and Thursday mornings, and the results called to Dr. Padilla's office. You will be contacted if you need to adjust your dose.

- Compressive Stockings: These can prevent blood from pooling in your leg if you can use them correctly. You don't need to sleep with them on. You put them on first thing in the morning before your leg can swell. They are recommended for the first three weeks after surgery. If they just keep curling up and binding in, then they are not working and should be discontinued.

Sleeping

Surgery can throw off your normal sleep wake cycle, leaving you staring at the wall at 3 AM. To reset your sleep wake cycle follow this program:

- No naps during the day
- Decrease your narcotic use
- Only one caffeinated beverage per day and it must be before 10AM
- No exercise or excitement after 6:00 pm
- Go to bed and get up at the same time every day no matter if you are sleepy or not
- Allow slightly less total time for sleep than you would normally
- While sleeping on your back, use the abductor pillow from the hospital. At 4 weeks after surgery, you can roll to your opposite side with pillows in between your knees.

Narcotic Pain Medication

You will need narcotic pain medication after you leave the hospital. They can be addictive and your will be weaned from them as tolerated. If you are running low, please call our office during regular business hours for a refill. In general, refills will not be made by the doctor on call after hours, so plan ahead.

Sexual Relations

Wait until your general health has recovered, often 4 to 6 weeks. Avoid positions that would put your hip at risk of dislocation.

Dental Work (or other invasive procedures)

Unless it is an emergency, it is best to avoid dental work or other invasive procedures for 3 months after a joint replacement. When undergoing an invasive procedure, we recommend antibiotics to prevent bacteria from getting in the blood stream and infecting the joint. Please call our office for an antibiotic prescription prior to any dental work.

Phone Calls

If you have questions or problems please call. Some questions can be answered over the phone, others cannot. You may need to be seen sooner than expected to check out your symptoms.

Follow Up

Make sure an appointment has been scheduled for you at Chippewa Valley Orthopedics & Sports Medicine for approximately 10-14 days after surgery.

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