

DR. KENNON'S DISCHARGE INSTRUCTIONS

ANTERIOR TOTAL HIP REPLACEMENT

Most of these instructions apply to the first 6-8 weeks after surgery. These are general rules and you should always check with your surgeon or his medical assistant if you have any questions.

WOUND CARE

You may shower right away if the dressing is intact. It can be left on until you come to the office. Do not submerge it, however. If it loses its seal, it may be removed and discarded.

NUTRITION

Try to stay well hydrated and eat a good diet. **DO NOT DIET** in the first 6 weeks, as you need the calories and protein to heal. A high protein diet may help you to heal faster.

WALKING

Walk at least 6 times/day, for 5 to 10 minutes.

Walking is your most important exercise! It prevents constipation and blood clots. Short frequent walks are better than a few long ones.

When walking or standing, you may bear full weight on your operated leg(s) unless otherwise instructed.

When going **up** stairs, lead with the **nonoperated** leg, and when coming **down**, lead with your **operated** leg.

Continue using a cane for walking as long as there is a limp.

EXERCISES

Your exercise program is not temporary, but continuous. It is an important part of the ongoing management of your hip replacement. Most patients see improvement in their strength, stamina, and endurance for at least 12 months after surgery.

At a minimum, at least 10 sets of the following exercises should be done each day while holding on to a table or using a crutch or cane on the operated side. At least 10 repetitions of each exercise should be done during each set.

Bend the knee and hip. Lift up and down 10 times:



Keep the knees straight. Lift the leg out to the side and hold for 5 seconds, then return to standing. Repeat 10 times:



Avoid straight leg raises while lying on your back. It is not dangerous but can cause groin pain in the first 6 weeks.

GENERAL PRECAUTIONS

- Avoid excessive rotation
- Avoid **more than light** physical activities for first 3 weeks
- Raised toilet seat, bedside commode, abduction pillow and hospital bed are generally NOT required except for special circumstances
- Pillow between legs while sleeping is not necessary but often used for comfort, especially if sleeping on your side
- Keep the leg elevated when you can, especially in the first week or two as there will be swelling in the limb.
- Ice or cold packs on the hip/thigh for 20 minutes at a time (and at least 20 minutes off) can help with discomfort and swelling. Cryo machines are not required or usually covered by insurance but can be purchased online if desired.
- It is common to have a low grade temperature elevation (99 or 100 deg) in the first week or two after surgery and anesthesia. Deep breathing exercises several times an hour can actually help prevent this (it is called atelectasis).
- You should follow any other specific instruction provided by your surgeon

DRIVING

You may go for short rides as a passenger within a few days of discharge if you feel up to it.

Try to avoid extended car trips (1+ hour) for 6 weeks after surgery if you can. If you must travel farther, take breaks and get out of the car once an hour.

Before driving in open traffic, test your driving skills in an empty parking lot.

Most patients begin driving 2 to 3 weeks after discharge. You need to have good control of your right leg and not have any other conditions that may prevent you from driving.

You SHOULD NOT drive while taking any narcotic pain medication (e.g., oxycodone, percocet, vicodin, dilaudid).

BLOOD CLOT PREVENTION

Presently most patients are discharged on **ASPIRIN 81 mg, 1 tablet twice a day (usually with breakfast and dinner) for 42 days after surgery.**

Some patients may be discharged on a more powerful blood thinner (such as lovenox) if they have higher risk factors for clots or cannot take aspirin. If they were already on a blood thinner before surgery (coumadin, eliquis, xarelto) for another condition (for example, atrial fibrillation) they will be instructed to resume it instead of taking aspirin.

During the first week after surgery, try not to remain immobile sitting in a chair for long periods of time (>45 minutes), as this can lead to swelling of the legs.

PREVENTING SWELLING

When not walking or exercising in the first week, you should be lying down in bed with legs elevated to prevent swelling, doing ankle pumps to prevent blood clots. If you overdo it in the first couple of weeks with excessive activity, your thigh and leg will swell. Multiple short walks are better than 1 or 2 long ones.

FOLLOW UP

You should already have post-operative visits scheduled for approximately 2 weeks and 8 weeks after surgery. You will have an x-ray at your 8 week office visit.

FOR MORE INFORMATION

You should have a copy of Dr. Kennon's book, which is given free to all patients undergoing joint replacement surgery. It has more detailed information about surgery and answers many post-operative questions.

Our website, **www.OrthoNewEngland.com**, has more information as well.

Please call your doctor's office at Orthopaedics New England (203-598-0700) if there are any unusual symptoms such as severe pain, fever, chills, or wound drainage.

Note that prescriptions are **only** refilled during business hours, 9 AM – 5 PM Monday through Friday.

A surgeon is on-call after hours and on weekends for emergencies.