

Dr. Clark's Frequently Asked Questions

ACTIVITY RESTRICTIONS:

Unlike a traditional hip replacement, there are no formal hip precautions after anterior hip replacement. Unless I tell you otherwise, you may flex, extend and rotate your hip freely. I do ask that you would avoid extreme positions for the first 6 weeks - flexing your hip up to your chest, extending your hip very large amounts behind your body, and rotating your hip to extremes. Although your hip is stable, it is not ready for any of these extreme positions for about 3 months. As such activities such as yoga should be avoided during this time frame.

It is vitally important to avoid falls, in order to prevent fractures and dislocations about your replaced hip. Take your time coming off your walker and cane. Please make sure you are very stable and confident before you walk independently. If there is any doubt, stay on your walker until your therapist or myself tells you it is safe to walk without it.

Driving: There is no set time that a patient can or cannot drive - it is an individualized process. You may drive once you have stopped taking opioids for pain and have good leg control. I recommend that you go to an empty parking lot or a county road to make sure you feel comfortable operating the car before you begin driving.

Return to work: Like driving, returning to work is an individualized process. When you feel that you are able to go back to work I encourage you to do so.

PAIN:

It is very common to have increased pain four to six days post-surgery. Inflammation is at its peak at this time, but will subside within a week or two.

Thigh pain and numbness is also very common in patients. It is not uncommon for this to show up a couple days after surgery. This pain will resolve in 4 to 6 weeks.

PAIN CONTROL:

Most patients will have a level of pain that warrants some type of pain medication.

Anti-inflammatories: These should be the main stay of treating pain after your surgery. Drugs such as ibuprofen (Advil, Motrin) and naproxen sodium (Aleve) work very well for postoperative pain. These medications are available over the counter. The maximum dosage for ibuprofen is 800 mg (four 200 mg pills) every 8 hours. The

maximum dosage of naproxen sodium is 440 mg (two 220 mg pills) every 12 hours. If you can achieve pain relief at a lesser dosage, then do not take the maximum dose. If you have kidney disease, a history of gastrointestinal bleeding, or are on Coumadin or other aggressive blood thinners then anti-inflammatories should be avoided.

Acetaminophen (Tylenol): This is also another over the counter option, although for most people it is not as effective as anti-inflammatories. The maximum dosage of Tylenol is 1000 mg (two 500 mg pills) every 6 hours.

Opioids: Many patients will have a level of postoperative pain that warrants a short course of opioid pain medication. These should be taken only as needed and you should work to get off these medications as quickly as possible. If you need these medications, it will likely be one of the following:

Norco - this is a combination pill of 5 mg of hydrocodone and 325 mg acetaminophen. You should take 1 or 2 pills as needed for pain. The maximum dosage is 2 pills every 4 hours.

Percocet - this is a combination pill of 5 mg oxycodone and 325 mg of acetaminophen. You should take 1 or 2 pills as needed for pain. The maximum dosage is 2 pills every 4 hours.

Tramadol - this is a milder opioid and comes in a 50 mg tablet. It is not typically combined with acetaminophen. You should take 1 or 2 pills as needed for pain. The maximum dosage is 2 pills every 4 hours.

Ice: Icing is an excellent way to bring swelling and pain down. It is good to ice the hip 4 times a day for the first few weeks. You can ice as often and as long as you would like.

WOUND CARE:

The vast majority of the time, the skin will be closed with a Zipline. This device uses zip ties, which are secured to the skin with adhesive plastic, to pull the wound together. It is nice for patients as no staples or sutures have to be removed. I have used this product for quite some time and it works very well.

A water proof bandage will be applied at the time of surgery. This bandage is indented to stay on until we take it off in the office at your 2 week appointment. The dressing is waterproof and you may shower over it. So long as the dressing is dry and it has not pulled away from the skin, leave it alone and forget about it.

If the dressing starts to pull away from the skin, then secure the edges back down with tape and keep the dressing dry. In the event that your dressing does become soaked in the shower, then remove the dressing and cover it with gauze and tape. So

long as you are 48 hours out from the operation, the wound can get wet in the shower. When you are done showering, redress the wound with gauze and tape

If you have drainage that saturates or leaks out of the dressing, please call the office. This is not typical. We will likely have you come into the office so that we can examine the wound.

Reasons to be concerned about your wound:

1. Drainage of pus.
2. A large amount of redness around the wound or dressing, especially if it is increasing. Mild redness limited around the incision/dressing is completely normal and nothing to be concerned about.
3. Large amounts of drainage (completely saturating a dressing over the course of a day, especially multiple times a day).

Call the office for any of these symptoms. Infections caught early are much more treatable than those caught late!

Adhesive Reaction: Some patients have allergic reactions to the adhesives in the dressing. These reactions can range from a very mild rash to severe hives all throughout the body. If you notice a mild rash around your dressing or wound, do not be concerned. It will go away once the dressing is removed, and will not cause any serious problems. If you notice a severe rash (hives or extreme redness) then call the office. I will most likely have you remove the dressing, and call you in medication to get the rash to go away. In some cases these reactions can appear quite alarming. I have seen many of these, and fortunately, patients end up doing fine with no infection or long term problems.

BLOOD CLOT PREVENTION:

Blood clots are the most common medical complication we see after hip replacement. 3 strategies are employed to prevent them:

1. Medication: The majority of patients will be instructed to take an 81 mg (baby) aspirin twice a day for 6 weeks. Some patients who are at high risk for blood clots will be instructed to take Coumadin (warfarin), Eliquis, or Xarelto. You will be instructed at the time of your preoperative appointment what medication is right for you and for how long you will need to take it.
2. Compression stockings (TED hose): These need to be worn for 2 weeks. It is okay to take them off from time to time to get some breathing room. You may also take them off at night to sleep.
3. Keep moving: The most important part of preventing blood clots is to keep moving. Make sure to get out of bed, or off the couch numerous times throughout the day. Pumping your ankles and feet several times an hour while you are lying or sitting is also advised.

Reasons to be concerned for a blood clot:

1. Massive swelling in the leg that does not lessen after a night's sleep, especially with redness in the calf and thigh. Keep in mind all patients have some swelling after hip replacement surgery, this is completely normal. Normal swelling usually gets worse throughout the day as you stand, and improves after a night's sleep.
2. Pain in the back of the calf or thigh that won't go away.
3. Sudden onset of shortness of breath or chest pain.

Call the office if you experience these. Blood clots are a serious medical problem and need to be treated!

GASTROINTESTINAL PROBLEMS:

Constipation: Unfortunately, it is very common to become constipated after joint replacement surgery. This is usually a side effect of the opioid pain medication (Percocet, Norco). The best thing you can do to prevent constipation is get off the opioid pain medication as quickly as possible and transition to over the counter medications such as Tylenol, Advil, and Aleve. If you require opioid medication for several weeks, it is best to take prophylactic medication to prevent constipation during this time. Taking over the counter Senokot-S twice a day is what I would recommend. If you develop diarrhea or very frequent stools then you should stop the Senokot-S. If you are unable to move your bowels within a few days after you leave the hospital you may need to add a laxative suppository, such as Dulcolax. If you have not had a bowel movement within 7 days after surgery, then call our office and we will likely prescribe a medication called Movantik, which works extremely well for opioid induced constipation.

Nausea and vomiting: Unfortunately also very common. This is almost always related to pain medication. The faster you can get off pain medication the better. If you are having problems with this we can prescribe anti-nausea medication that usually helps. Please let me know if you need this before leaving the hospital, or call our office.

SWELLING:

Swelling in your legs and feet is completely normal and harmless after hip replacement. It can occur in both your legs, not just the operative side. Sometimes the swelling can be very severe and this is also normal. Many patients cannot wear normal shoes for several weeks or months after surgery due to swelling in the feet. Overtime your body will reabsorb the extra fluid, and your legs and feet will return to normal size (this can take several weeks to months). In order to lessen the swelling, elevate your legs and feet above your heart while at rest, avoid sitting for long periods of time and walk as much as you can. Muscle contractions from walking can pump the fluid back to your heart.

ITCHING:

Itching is extremely common after hip replacement. It is almost always a side effect, not an allergy, of the pain medication. Taking some over the counter Benadryl can help some patients, but for many it makes no difference. The itching is harmless, and if you can tolerate it, don't worry about it. If the itching is severe and intolerable, often times the only solution is to stop the pain medication. Some patients have less itching with a different pain medicine, so we can try prescribing a different type, but for many patients this is unsuccessful.

SLEEP:

Sleep disturbance is very common after joint replacement. For most people this eases off by 6 weeks. For some it can persist longer. In most cases a sleep aid is fairly effective. Over the counter Benadryl or Unisom can be tried first. If this does not help then please let us know and we can call in a prescription. There are individuals that even prescription sleep aids do not help, in these instances only the passage of time will help.

Physical Therapy

I recommend patients begin PT one week after surgery for a period of four weeks, twice a week. If you live locally we prefer that you use our physical therapists. They have a great deal of experience with my hips and if any problems were to arise I am available.