

Owner's Guide to Your New Total Hip

Pre-Op, Day of Surgery, and Post-Op Guidelines

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Pre-operative instructions

The physician's assistant will call you on Thursday or Friday prior to surgery to tell you your arrival time.

- **To do list**

- ✓ Read this packet—It is VERY informative and will answer many of your questions.
- ✓ Fill all prescriptions given in clinic at your 3 week pre-operative visit with the PA
 - Your prescription says *brand only* and we suggest you purchase the brand name of that medication. Many generic versions either do not work as well or patients have suffered increased occurrences of adverse reactions.
 - A generic only has to be an 80% match to the name brand.
Common fillers like caffeine can cause increased side effects.
- ✓ Get pre-operative medical clearance from the Methodist primary care/internal medicine doctor assigned to you. This doctor will be able to monitor you while you are in the hospital
 - If you have cardiac, respiratory, and/or any other serious medical conditions you will also need clearance from your respective specialists.
- ✓ Call (713-441-5035) or visit the anesthesiology office on the 22nd floor of the outpatient center to discuss surgery planning.
- ✓ Register with the OPC OR (713-394-6805).
- ✓ If a prescription is given to you in clinic, schedule a blood donation at least 2 weeks prior to your procedure
- ✓ Stop all blood thinners including over-the-counter ones like aspirin, fish oil, and ibuprofen ten (10) days prior to surgery. If you are using prescription medication such as Coumadin or Plavix, discuss the timeline for stopping them with your prescribing doctor.
- ✓ If you don't already have one, fill the prescription for a walker at a medical supply store. You will need this for at least the first week.
 - You don't need to bring it to the hospital with you. Your physical therapist will have one that you can use.

- **Prescriptions:** Fill the **prescriptions** given to you in the office



- Ambien (Zolpidem) is a sleep aid and is typically needed for 2 days before surgery and 1-2 weeks after surgery.
 - Celebrex is an anti-inflammatory that helps reduce swelling and aching pain. This is the first medicine to start and the last to stop.
 - Lyrica helps with the nerve pain that causes the burning-like sensation around the incision, only for patients less than 65 years old.
- Norco (hydrocodone) is a narcotic pain medicine taken post-operatively to help with pain. We recommend the brand name for this medicine, as it presents fewer side effects and provides better pain relief.
- Zofran is for nausea that can occur because of the anesthesia or as a side effect to the medications.
- ***Constipation is a common side effect so have over the counter remedies such as senna and miralax available
- We do NOT prior authorize medications. It may mean some out of pocket expenses, but these medicines are the best ones to get you feeling better quickly.
 - You can call your insurance company to request that authorization forms be faxed to us 713-333-4101
- We do NOT recommend pre-operative pain medicines. Taking them before surgery they will cause them to be less effective after surgery *when you really need them.*

- **What to do**

- Stay as active as possible to condition the muscle and respiratory systems. Biking, elliptical machines, swimming/aquatherapy and Nordic track/skiing machines are great low-impact options on days you don't have physical therapy.
- Make sure our office has an updated medication list.
- Look up driving directions to the outpatient center to ensure there is no confusion on the day of surgery.

- **What NOT to do**

- Do NOT delay in getting medical clearance. Labs and other tests can take some time to be completed and sent to our office. Getting your clearance



early will help ensure that your surgery takes place when expected and is not postponed.

- Do NOT take narcotic pain medicines. Using narcotic pain medication prior to surgery will lessen their effectiveness after surgery.
- Do NOT ignore fever, cough, or other illness symptoms. Make sure you get checked out by your doctor prior to surgery so we can be sure you are ready for surgery.

Day of Surgery & Hospital Stay

- **To do**

- ✓ Show up on time. There are several preparatory steps required before surgery can start. Allow adequate time to allow for all steps be performed properly.
 - The Outpatient Center (abbreviated OPC on some signs) operating room is on the 19th floor. You will see a check-in desk upon exiting the elevator. There is a large lobby where family members can wait.
- ✓ Bring clothes you will be comfortable wearing out of the hospital and a robe or sweats to wear in the hospital if you wish.
- ✓ If you use a CPAP or BiPAP machine or other breathing devices please bring it with you to the hospital.

What To Expect

- It is normal to have some down time while being checked in—bring a book, MP3 player, etc.
- The actual procedure takes about one (1) hour plus the time needed for anesthesia to prepare the patient.
- The recovery time in post anesthesia care unit (PACU) is typically 3 hours. After that you will move to your room, typically on hospital floor Dunn 7 East.
- Dr. Lionberger will come out after surgery to meet with any family or friends to discuss and update them on them procedure. If a phone call is required provide us with a name, number, and relationship when you check in.
- **Discharge**-Most patients leave the day after surgery around 1 p.m. This quick return home allows you to recover in the comfort of your own home and control the timing of your medicine better. Also, the shorter the time in the hospital the lower your risk of infection due to contact with staff & patients.

- **Medications**



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- **Day of surgery-** Take any necessary medications with a sip of

- The nursing staff will have a copy of your home medications

they will be restarted for you.

- Medicines are pre-ordered for pain, nausea, constipation,

and itching. All you have to do is ask your nurse to receive

them and will be available for you.

- Be sure to ask for the medication 30 minutes before you need them, as the nurses have to chart the medicines and are caring for multiple patients.

- **Blood thinners-** Due to the risk of blood clots (DVTs) you will be placed on a blood thinner after surgery, Lovenox or Xarelto will be given.

- **Physical Therapy**

- The evening after the surgery, on the day of surgery, you will stand and walk with the nursing staff. Yes, you are able to put weight on the leg that soon!
- The day after surgery, PT will meet with you twice in the morning to teach you exercises to do at home.
- If PT clears you then you are able to go home that day!
- Be sure to let PT know if you have **STAIRS** at home so they can show you the proper way to go up and down.
- **MAKE SURE** you understand the positioning rules to avoid dislocations after surgery. Do not hesitate to ask PT to review them with you until you have them set.

Post-Operative Instructions

- **To do**

- ✓ Walking is the best exercise after total hip replacement. No formal PT is required
- ✓ **MAKE SURE** you follow the **guidelines for hip positioning**;
 1. Nose and toes must face forward
 2. **NO** sitting in low chairs or commodes
 3. **NO** hip flexion past 90 degrees
 4. **NO** crossing your legs
 5. Elevate low beds with box spring or blocks

- ✓ Make a follow up appointment to see Dr. Lionberger for 3 weeks after surgery (713) 333-4103. X-rays will be taken at this visit.
 - The second follow up with the PA will be made based on the results of this visit.
- ✓ Disability/Return to work—Send any required forms to the PA. These may take up to a week to complete since they often require forms from both the office and hospital, so be sure to allow time for this to be properly completed. A \$30 administration fee (cash or check) will be charged.
 - Two (2) months after the surgery date is given as the return to work date. A work note can be provided if any specific directions are required.

• Medications



- Pain medicine is best if taken consistently (every 4 hours) for the first 2-3 days. After take them only as needed.
 - REMEMBER- These medicines are notorious for causing constipation so be sure to have over-the-counter (OTC) laxatives available.
- Continue taking Celebrex, as the narcotic will not assist with the aching pain associated with swelling.
- In order to prevent clots from forming, take your blood thinner for the entire duration prescribed.
- Restart home medications unless you are told not to by our office, the hospital pharmacist, or your internist.
- You will not be sent home on an antibiotic unless ordered by your internist. We give you strong antibiotics before, during, and after surgery to prevent infection.
- **Refills-** Call the pharmacy and have them fax a refill request. This make take 2 business days so do NOT let your bottles go empty. “Called in” or new prescriptions get flagged as duplicated and have to be reviewed so having the pharmacy fax us is the most efficient way.
 - You do NOT need to refill the lyrica, ambien, or zofran.
 - There is a maximum of 3 refills on the narcotics

• Wound Care



- We will show you how to care for your wound on the morning after surgery. You will need to buy 4X4 gauze, hydrogen peroxide, and tape to do it at home.
 - While showering keep the incision dry with plastic kitchen wrap (press and seal works the best). After you get out of the shower each day is the best time to change your dressing.
- The wound will drain for about 3-5 days, after which a dressing is no longer necessary.

- **Sutures-** All the stitches are under the skin so there is nothing to remove in the office.
 - You may notice a small end of suture come up through the skin causing redness (known as a stitch abscess). If this occurs, clean the area with peroxide and make an appointment to have the suture removed in the office.
- Gentle massage and stretching over the incision can diminish its appearance as well as applying sunscreen (wait until 7 days after surgery).

- **What To Expect**

- Bruising—swelling and bruising is normal for the first few weeks.
- Swelling—You will have swelling after surgery. Be SURE to ice for the first 2 weeks. Also, take your Celebrex as prescribed.
- Bleeding—It is ok to have some draining for 3-5 days after surgery. Stiffness or “gelling” is typical after you sit for a long period of time. Once you take several steps it should disappear.
- Noises—You should not hear any clicking or popping in your new joint.

- **When to call the doctor**

- If you feel an impending dislocation or have dislocated
- Fever higher than 101 degrees
- Pus or foul-smelling drainage from the wound
- Lovenox or xarelto can cause increased oozing from the incision and bruising if it becomes too great call the office, do not discontinue the medication.
- Extreme pain in the calf along with increased swelling, rapid pulse, chest pain that worsens with deep breathing, or sudden shortness of breath are all sign of clots. If these occur go to an emergency facility immediately and call the office.

- **What to do**

- Let family and friends support you—That’s what we have them for! You will need help after surgery.
 - Make follow up appointments—you will see Dr. Lionberger three (3) weeks after surgery.
 - Bring home the incentive spirometer (breathing machine with the 3 balls) we give you in the hospital and USE it. This will keep your lungs open and prevent complications. The most common cause of fever after surgery is fluid in the lungs.
- Keep up with exercises at home.



- **What NOT to do**



- Do NOT be a hero—we prescribe pain medicine for a reason. It is easier to control pain than try to stop it once it has escalated.
 - Do NOT drive for the first 2 weeks and any time after that if you are taking narcotic pain medicine.
 - Do NOT take Aleve, ibuprofen, or other NSAIDs while you are on blood thinner.
 - Do NOT use any ointments until the incision is completely healed.

Long Term Instructions

- Antibiotics are required after joint replacement for surgical, dental, dermatological, colonoscopies, or urological procedures. The doctor performing the procedure will order these for you.
 - We recommend Cephalexin or Amoxicillin 2 grams one (1) hour prior to the procedure. If you are allergic take Clindamycin 600mg one (1) hour prior to the procedure.
- You will have follow-ups every 2 to 5 years to get updated X-rays and ensure the new joint is in proper working order.
- You are able to have **MRIs or ultrasounds** without risk.
- You can resume recreational activities after six weeks. We do NOT recommend power lifting, running, singles' tennis, or racket sports even after the knee is healed. You may return to your previous level of activity but do NOT pursue a higher level (e.g., if you are a level II snow skier stay a level II).
- **Air Travel**—We no longer give out cards for security stating you have a total joint. Airports no longer accept them since they could be easily faked. Simply tell the ticket agent you have a metal implant and they will put you through a scanner (the newer whole body ones are preferred and will save you time).
 - You may actually get through security faster if you tell them upfront!

Dr. Lionberger's closing remarks

A total hip is a man-made product and will never feel the same as a God-given hip. We at Southwest Orthopedic Associates strive to continue research and development on better implants, improved applications, and functional outcomes analysis. We hope that that same enthusiasm exists in our society. However, we live in a world where economic gain sometimes overshadows the importance of quality

care. Nonetheless, my office staff and I value our partnership and relationship with you as a patient and make it our responsibility and commitment to provide the best possible care. We want to maintain a consistent follow up with you as a crucial step to ensuring that level of quality and keep you up to date on the latest developments and breakthroughs. We hope to maintain our relationship with you for years to come and will continue to hold your care and wellbeing in the acme of our criteria of care in the future.