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TOTAL HIP REPLACEMENT SURGERY **GUIDELINES**

MEDICATIONS

- Prescriptions for pain, sleep-aids, and nausea are included in this pre-operative packet. If you have allergies to any of these or did not receive them, please call the office.
- Most patients benefit from sound sleep around the time of surgery, and the sleep-aid is prescribed **ONLY** to assist sleep immediately before and after surgery. This medication will not be refilled.
- Pain relievers are best used on a regular basis rather than when the pain becomes so intense that it is intolerable. Pain usually lessens after the first 2-3 days. At this point, pain medication is not needed as often, but should always be used before your physical therapy sessions to maximize performance.
- Pain medication should be taken with food to decrease the possibility of nausea. Should nausea occur, Phenergan, also prescribed for you, can be used to help control this.
- **Any requests for medication refills should be called in by you to your pharmacy, and your pharmacy will then request them from us via fax.** Refill requests from your pharmacy will be addressed between 8 am and noon, Monday through Friday. **MEDICATIONS CANNOT BE REFILLED ON THE WEEKEND OR AFTER HOURS.** Vicodin or other narcotic pain relievers will be refilled a maximum of three times on a decreasing basis: #50, #30, AND #15, respectively. Thereafter, only non-narcotic pain medications will be prescribed.
- Lovenox or other anticoagulants are prescribed by the internal medicine doctor who follows you while in the hospital. Questions regarding anticoagulants should be addressed to that physician.
- Resume all out-patient medications previously taken unless instructed differently when returning home from the hospital.

WOUND CARE

- Swelling and bruising in the leg and foot is very normal to see during the first several weeks. The best prevention for swelling is elevation of the foot **HIGHER THAN YOUR HEART** while resting. A good rule of thumb is to elevate the foot 1 hour, for each 15 minutes that you were walking or sitting. Swelling usually resolves in 2-3 months following surgery.
- Dressings should be changed every day until the staples are removed. Showering may begin 3 days after surgery as long as the wound is cleansed with peroxide following the shower and dressed with a dry gauze dressing in a sterile fashion. Once the staples are removed, the dressings are no longer necessary.
- If any drainage occurs that appears yellowish, odorous or pus-like, or if you experience wound redness, fever (>101.0°) or pain that seems to be more intense than before, this could be a sign of an infection and you should **CALL THE OFFICE AT (713) 333-4100.**

REHABILITATION

- Physical therapy is generally not required. Follow the precautions and instructions given to you in the hospital.
- The best exercise is walking. This should be done for at least 15 minutes twice a day. It is wise to walk with someone to assist you, but you should also try to push yourself to attain more endurance by increasing the distance or duration that you are walking.
- Swimming may begin 6 weeks following surgery as long as the wound is completely healed and the staples are removed.

PRECAUTIONS

- The following precautions should be strictly enforced for 8 weeks following surgery to reduce the likelihood of hip dislocation. After that time, scar tissue will grow and stabilize the prosthesis.
 - **DO NOT** cross your legs. Sit with your legs 3-6 inches apart and when sitting, keep your knees below your hips (sitting on a small pillow helps).
 - **DO NOT** lie on your operated side.
 - **DO NOT** bend to pick up objects, **ESPECIALLY TOWARD YOUR OPERATED SIDE.**
 - **DO NOT** squat down.
 - Have help tying your shoelaces or cutting your toenails.
 - Use a raised commode seat.
 - Place cinder blocks under the legs of your bed and “easy chair.” This will make them 8” higher and reduces the risk of dislocation by reducing the angle of bending at the hip.
- When lying on your non-operated side, place a pillow between your knees. (This is to be done for 2 months)
- You may engage in sexual intercourse 2-3 months following surgery.
- Never engage in activities that involve running, jumping, squatting or carrying heavy loads. It is especially important to avoid pivotal maneuvers where the hip may be placed in rotational stress. Remember: “Toes and nose are to be pointed in the same direction.”
- Unless otherwise instructed you should not put more than ¼ of your body weight on the leg of the operated side for 6-8 weeks following surgery. Thus, it may be necessary to be on a walker or crutches until your follow-up visit with Dr. Lionberger. At this time, if your x-rays are satisfactory, conversion to a single cane is usual.
- Always use the cane in the hand opposite to your hip replacement.
- Driving may resume 4 weeks following surgery, **BUT ONLY IF OFF NARCOTICS.**
- Patients with total hip revisions and special circumstances in which bone grafts are used may experience a delay in full weight bearing of 3 to 6 months or longer.
- Generally, most people can return to desk jobs in 3-4 weeks following surgery, but to more strenuous jobs, only at Dr. Lionberger’s direction.
- Avoid activities that involve running, jumping, racket sports, or carrying heavy loads. You may kneel on your knee if desired. I allow my patients to return to all other non contact and non pivotal sports as long as they do not train to become more aggressive in the sport. For example: A level II snow skier must stay at a level II.

LONG-TERM PRECAUTIONS

- Due to the remote possibility of infection to your total joint following surgical, dental or urologic procedure, we strongly recommend advising your physician/dentist of your total joint replacement.
- Antibiotic coverage should be initiated if a dental, skin or genitourinary procedure is performed within 2 years following your joint replacement.
- **CALL THE DENTIST OR PHYSICIAN DOING THE PROCEDURE FOR THE ANTIBIOTIC PRESCRIPTION.** The following are recommendations for preventative antibiotics:
 - Cephalexin or Amoxicillin: 2 grams orally 1 hour prior to the procedure. If unable to take oral medications: Cefazolin 1 gram or Ampicillin 2 grams IM/IV 1 hour prior to the procedure.
 - If allergic to Penicillin: Clindamycin 600 mg orally 1 hour prior to the procedure. If unable to take oral medications: Clindamycin 600 mg IM/IV 1 hour prior to the procedure.

FOLLOW-UP CARE

- **FOR ALL FOLLOW-UP APPOINTMENTS, CALL THE APPOINTMENT DESK DIRECTLY AT (713) 333-4103.**
- We encourage your family physician or physical therapist to remove your staples 8-10 days after surgery. If they are not available or unwilling please make an appointment with Nicole Gussis, my physician assistant. She has suture removal clinics on Friday mornings.
- A post-operative follow-up visit is required at 3-5 weeks following surgery with Dr. Lionberger. Please **CALL THE APPOINTMENT DESK** to schedule that appointment.
- **Regular follow-up postoperative appointments are made on a next available basis and cannot be accommodated as work-ins where time is too short. Therefore, all patients should schedule their post-operative appointments as early as possible.**
- A 3 month post-operative visit is recommended, and after that you will be seen on a yearly basis.