



TOTAL HIP ARTHROPLASTY DISCHARGE INSTRUCTIONS

WOUND CARE

Your surgical incision is covered with an Aquacel dressing. Dr. Kenerly does not use staples or exterior sutures; therefore, you will not have to have these removed at your surgery follow-up. He utilizes internal dissolving sutures and Dermabond (skin closure glue) to close the wound. The Aquacel should remain in place until your surgery follow-up. Do not remove the Aquacel or allow anyone else to remove it including your home health nurse or physical therapist. It is very absorbent and should hold a significant amount of drainage. The center of the Aquacel may turn dark and protrude but this is to be expected and should not cause concern. If it begins leaking, first reinforce the Aquacel with tape or apply additional gauze. If this does not control the drainage, contact our office. You need to contact our office if you notice any redness around the outside borders of the dressing as well. You may shower but do not allow the shower head to directly hit the Aquacel. Do not get in the tub or submerge the dressing. A certain degree of swelling in the operative leg is to be expected even down into your foot and toes. You may apply an ice pack to your hip. It can be used up to three times a day for no longer than 15 minutes at a time. Bruising of the thigh can also occur. You may have numbness around the dressing which is to be expected as well.

ACTIVITY

Your hip is ready to hold your weight immediately. Walking is the main therapy for your new hip. Use your walker or cane as needed to get up and get walking! We do advise against any extremes in position or activities such as yoga or sitting on the floor. We also advise patients to refrain from driving until their first follow-up visit and then once they are walking independently without their walker. You will be provided a Zero Knee while at the hospital. This is to be used for the first several days following surgery to prevent your hip from turning in while you are lying down.

MEDICATIONS

You have been provided with prescriptions for your pain medication along with a blood thinner (Aspirin, Coumadin, or Injectables). Specific instructions for each of these will be on your prescription bottle. Please take the medications only as prescribed. Your pain medications are narcotics and commonly cause constipation, nausea, and insomnia. Please make sure to eat prior to taking the medications and drink plenty of water along with a high fiber diet. You also need to be up and walking to help move your bowels as well. Contact our office with any further questions or issues. Ultimately, the less narcotic medication you take, the better you will feel. You cannot expect to be pain free. The narcotic pain medication should be used to help limit the severity of your pain.

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RETURNING TO WORK

Depending upon the demands of your job, you may be out of work anywhere from 2-8 weeks. Each patient recovers differently and may require more time out of work. Typically, for sedentary work you can return within 2 weeks while the more physically demanding job can take 6-8 weeks before returning. This will be discussed again at your first surgery follow-up.

SURGERY FOLLOW-UP

You have been scheduled for a surgery follow-up approximately 2 weeks after your surgery. At this appointment you will have your Aquacel removed and a follow-up x-ray will be taken. Dr. Kenerly will assess your incision and speak with you concerning your post-op recovery. He will also evaluate your walking ability and go over any questions or concerns that you may have.

DIET

We ask that you continue a healthy, well-balanced diet following surgery to ensure proper wound healing. Drink plenty of fluids and eat a high fiber, high protein, low carb diet as previously discussed prior to your surgery. For the diabetic patient, continue to take excellent care of your blood sugars and keep them at 120 or less daily by following the proper diet and taking your diabetic medications as prescribed.

CALL THE DOCTOR:

If you experience any of the following, contact us:

- Fever of 100.4 or greater
- Excessive drainage outside of the Aquacel
- Shortness of Breath
- Chest Pain
- Redness outside the borders of the Aquacel