



HIP REPLACEMENT

PATIENT SURGERY PACKET

For patients of Jonathan Christy, MD
Orthopedic & Joint Replacement Surgery



optim
orthopedics

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MEDICATIONS TO STOP BEFORE SURGERY

10 DAYS BEFORE SURGERY YOU NEED TO STOP:

- Aspirin

7 DAYS BEFORE SURGERY YOU NEED TO STOP:

- Plavix, Xarelto, Eliquis, Pradaxa
- Any anti-inflammatory medications (i.e. Ibuprofen, Aleve) except Celebrex
- Any herbal supplements
- Vitamins (Vitamin E, C, K etc)

5 DAYS BEFORE SURGERY YOU NEED TO STOP:

- Coumadin

You *can* continue to take the following medications:

- Tylenol
- Celebrex
- Ultracet
- Glucosamine Chondroitin
- Iron supplements
- Ultram (Tramadol)

Take a moment to speak with your medical doctor about your prescription medications (blood pressure, heart, cholesterol) and what effect they may have on your surgery.

If you are having a second surgery, please refer to this list to stop appropriate medications pre-operatively.

ANESTHESIA

General Anesthesia with Block

Advantages:

Patient is “asleep” and thus is unaware of surroundings in operating room.

Disadvantages:

Patient will typically have slightly more pain post-operatively, typically more nausea, sore throat from intubation, delays rehab as anesthesia wears off.

After reading through the packet please write down any questions you have regarding the anesthesia options and we will discuss in the office right before your surgery.

MEDICATIONS FOR USE BEFORE SURGERY

1 WEEK BEFORE SURGERY:

- Test dose of Oxycontin

2 DAYS BEFORE SURGERY:

- Start Senokot, available over-the-counter. **If you experience loose or watery stools, STOP using Senokot and resume it the night of surgery.**

THE NIGHT BEFORE SURGERY:

- Do not eat or drink anything after midnight.
- Get a good night's sleep.

THE MORNING OF SURGERY:

- Take 1 tablet of the Oxycontin (10 mg) with a sip of water before you leave to come to the hospital.
- Plan to arrive at the hospital 2 1/2 hours before your scheduled surgery time.
- Bring a photo ID and your insurance card with you.
- Leave all your valuables at home.

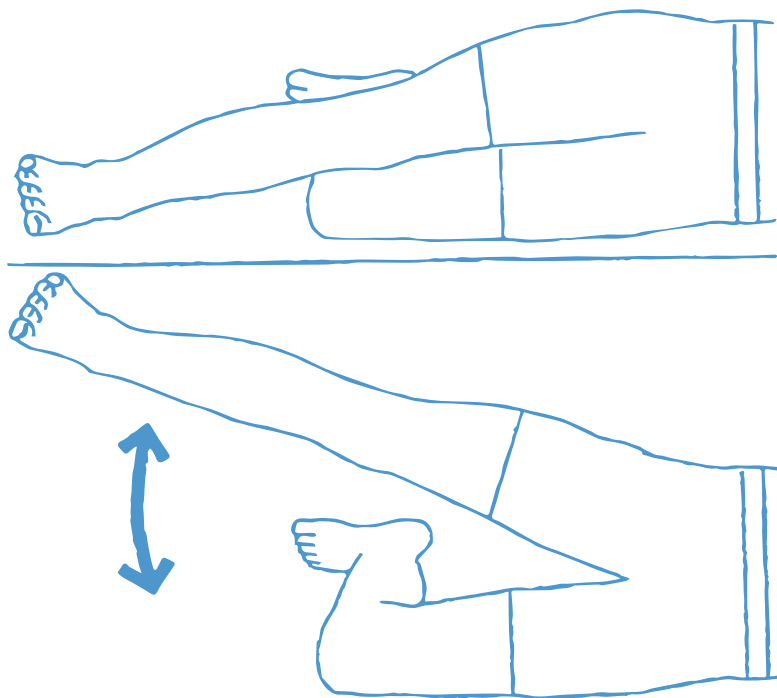
HOW TO PREPARE FOR YOUR SURGERY

- **CANCEL ANY DENTAL APPOINTMENTS THAT FALL BETWEEN 3 WEEKS PRIOR TO SURGERY AND 3 MONTHS AFTER SURGERY.**
- **AVOID ANY INJECTIONS INTO YOUR SURGICAL JOINT FOR 3 MONTHS PRIOR TO YOUR SURGERY.**
- Arrange for a family member or friend to accompany you to the hospital the day of your surgery.
- You will be discharged from the hospital as discussed previously, so plan ahead for transportation home the day of your planned discharge.
- Plan for someone to stay with you the first night you return home after your surgery.
- Adjust your work/social schedule accordingly during your anticipated recovery time.
- Remove small throw rugs or other small obstacles that may be in your path.
- If you have pets, you may want to arrange for someone to assist in caring for them for a few days after you return home.
- While taking narcotic pain medications you will NOT be permitted to drive. Oxycontin and Norco (Hydrocodone) are narcotics. You may need to arrange for transportation to your initial follow up visit.
- You will need to follow up with Dr. Christy approximately 2 weeks after surgery. This appointment may have been made for you when you signed up for surgery. If you were not given an appointment, please call to schedule one.
- In order to stay well-hydrated after surgery, pick up some alternatives to water. For example: Gatorade, juice or vitamin water.

PRE-OPERATIVE EXERCISE PROGRAM

- If you are currently performing an exercise program, continue doing so.
- If you are not currently performing an exercise program, you may incorporate exercises as directed on the handouts in the binder.
- After surgery, your physical therapist will give you an exercise program and progress you appropriately.

SIDELYING HIP ABDUCTION



Lie on uninvolved side, with lower knee bent for stability.

- Keep knee straight on involved leg, lifting leg upward.
- Return to start position and repeat.

SPECIAL INSTRUCTIONS:

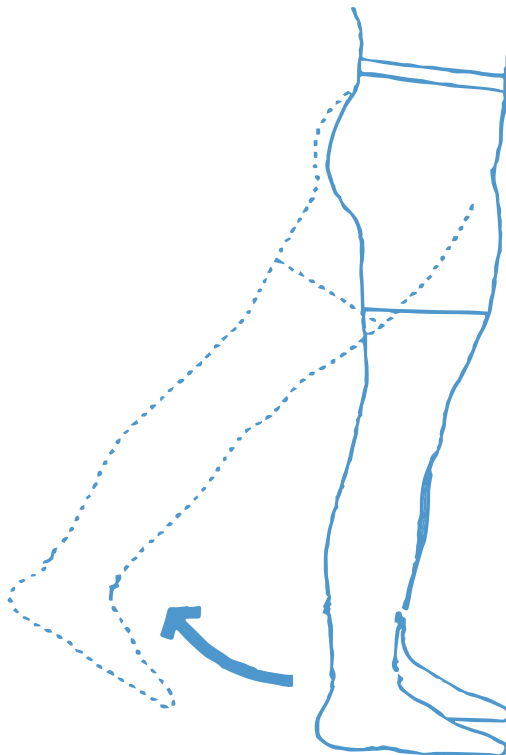
Do not bend trunk forward or backward.

Perform 3 sets of 10 repetitions, once a day.

Rest 1 minute between sets.

Perform 1 repetition every 4 seconds.

STANDING HIP EXTENSION



- Stand, hold onto a table or wall for balance.
- Extend leg backward, keeping knee straight.
- Return to start position.

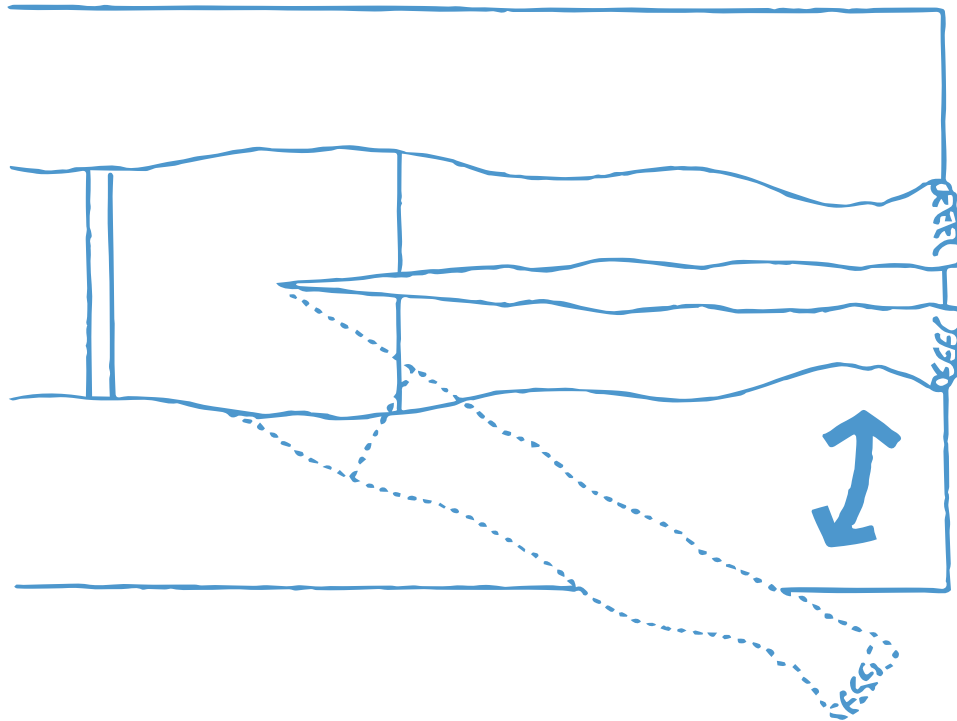
SPECIAL INSTRUCTIONS:

Perform 3 sets of 10 repetitions, once a day.

Rest 1 minute between sets.

Perform 1 repetition every 4 seconds.

SUPINE HIP ABDUCTION



- Lie on back on firm surface, legs together.
- Move leg out to side, keeping knee straight.
- Return to start position.

SPECIAL INSTRUCTIONS:

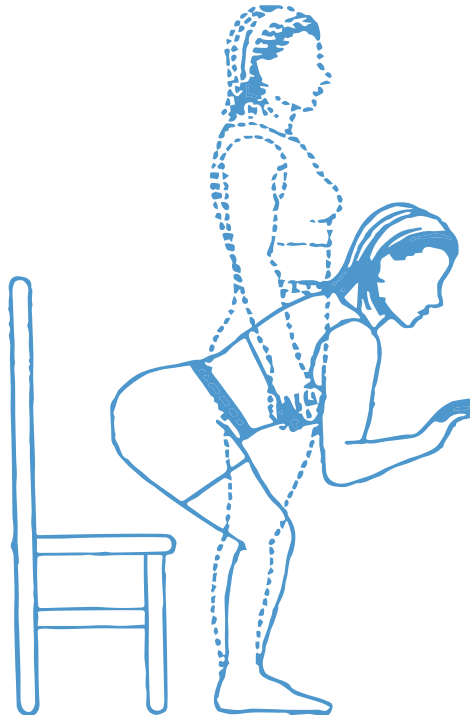
Use a pillow case to reduce friction.

Perform 3 sets of 10 repetitions, once a day.

Rest 1 minute between sets.

Perform 1 repetition every 4 seconds.

SIT TO STAND



- Begin standing with the chair behind you.
- Lean forward lightly as you bend the knees and lower buttocks to chair as if attempting to sit.
- Before you touch, stand up back to the full, upright position.
- Repeat.

SPECIAL INSTRUCTIONS:

Perform 3 sets of 10 repetitions, once a day.

Rest 1 minute between sets.

Perform 1 repetition every 4 seconds.

WHAT TO DO THE DAY OF YOUR SURGERY

- Take any medications as instructed by Dr. Christy's staff or your internist.
- Arrive at the hospital as instructed.

What do I need to bring with me the day of my surgery?

1. Photo ID and insurance.
2. Cane or crutches. If you don't have these devices, they will be given to you the day of surgery by the physical therapist.
3. Dress appropriately.
 - Loose-fitting pants, with an elastic waist band.
 - Shoes with a non-skid sole, that you can put on easily. Keep in mind, swelling may be present.
4. Friend or family member.

What should I leave at home?

1. Jewelry
2. Money/valuables
3. Contact lenses

PHYSICAL THERAPY

Therapy in the Hospital

You will receive a session of occupational therapy prior to physical therapy. The occupational therapist will teach you how to get in and out of bed and how to dress yourself without breaking your hip precautions. You will also be instructed on how to get in and out of your car.

All patients will receive physical therapy before being discharged from the hospital. The session will consist of getting in and out of bed, standing, walking and going up and down stairs.

Friends and family are encouraged to attend your physical therapy session with you.

You will be allowed to put full weight through your leg.

You will leave the hospital on a cane. At some point during your hospital stay, you will walk without an assistive device.

What will physical therapy be like after discharged from the hospital?

There are 3 positions that you'll need to avoid for 3 weeks to decrease the risk of dislocating your hip. The 3 positions are:

- 1. No crossing your legs at the knees or ankles.** If there were an imaginary line drawn down the center of your body, your surgical leg cannot cross that line. You are allowed to sleep on your side, but you should use pillows to position your legs correctly.
- 2. No twisting/rotating at your hip.** You need to avoid positions in which you plant your feet or are sitting, and twist your hip (waist) area. To ensure this, make that your feet and hips are pointed in the same direction.
- 3. No bending at your waist past 90 degrees.** To avoid breaking this hip precaution, slide your surgical leg forward (increasing the angle at your waist/hip) before standing. Also the occupational therapist will teach you how to dress yourself. You will be issued a raised toilet seat if you are taller than 5'4".

Goals to Achieve by 2 Weeks

1. Ambulate 2 blocks without an assistive device.
2. Independent with activities of daily living.

PHYSICAL THERAPY

CONTINUED

In-Home Physical Therapy (if needed)

- The need for In-Home Physical Therapy will be determined in the hospital / surgery center.
- Therapy will start the day after you leave the hospital. If this doesn't happen, please call the office.
- In-home therapy will be set up for 3 times a week until you are ready to progress into outpatient therapy. This may last anywhere from a couple of days to 2 weeks after surgery.

Outpatient Physical Therapy (if needed)

Dr. Christy and his team occasionally will send patients to outpatient Physical Therapy at the 6 week visit if lagging behind on expectations. This is very unusual, however. If you have questions, do not hesitate to call or ask in clinic or at pre-op visit.

WHAT TO EXPECT AFTER SURGERY

	DAY 1	DAY 2-3	DAY 4-5	DAY 5-7	DAY 8-16	WEEK 3
SWELLING AND BRUISING	Mild swelling and bruising	Increase in swelling and bruising	Swelling and bruising may increase or stay the same as the 2 previous days	Swelling and bruising about the same as the 2 previous days or may decrease	Swelling and bruising should be decreasing	Minimal swelling which will last for about 3 months
WAYS TO MINIMIZE SWELLING AND BRUISING	Use ice, wear TED hose during the day (off at night) and elevate leg	Use ice, wear TED hose during the day (off at night) and elevate leg	Use ice, wear TED hose during the day (off at night) and elevate leg	Use ice, wear TED hose during the day (off at night) and elevate leg	Alternate heat and ice, wear TED hose during the day (off at night) and elevate leg	Alternate heat and ice, wear TED hose during the day (off at night) and elevate leg
PHYSICAL THERAPY AND ACTIVITY	Focus on gentle range of motion with your Physical Therapist and use ice for swelling	Use ice and focus on gentle range of motion with your Physical Therapist. You may find that with increased swelling your motion is decreased	Use ice, focus on range of motion activities and increase walking distance. You may find that with increased swelling your motion is decreased	Use ice, focus on range of motion activities, increase walking distance	Focus on range of motion exercises, initiate strengthening and increase walking distance	Progress strengthening program
GOAL	Start home physical therapy		You should be walking without an assistive device	Start outpatient physical therapy	Initiate functional activities to return to work	
PAIN MANAGEMENT	As directed when discharged	As directed when discharged. Change scopolamine patch	As directed when discharged	As directed when discharged. Wean off Oxycontin		

- You will have mild bruising and swelling initially (day 1) that will start at the surgical site.
- Bruising and swelling are normal after surgery and vary from one individual to another.
- Bruising and swelling will continue to increase over the first 2 weeks after your surgery.
- Bruising may travel up as high as your groin area and will eventually move down to your toes.
- Expect swelling in your entire leg including your foot.

WAYS TO DECREASE BRUISING AND SWELLING

WEEK 1: RICE



REST

We want you to be up and moving but do this in moderation. We recommend you rest for the first 5-7 days after surgery. **DO NOT OVERDO IT.** Increased activity means increased swelling. By decreasing the swelling early, you will recover quicker. We recommend small bouts of activity throughout the day. Get up and walk around the house a little bit every hour to hour and a half that you are awake.



ICE

Ice as much as possible the first week. Ice is a great anti-inflammatory and helps minimize swelling. You may apply ice packs or ice massage over the knee, the quadriceps muscle (the muscle located on the front of the thigh), the hamstring muscle (the muscle located on the back of the thigh) and calf.



COMPRESSION

The TED hose compression stockings provide compression and help minimize swelling. Keep the stockings on during the day and take them off at night for the first 3 weeks after your surgery.



ELEVATE

Elevating your leg will help reduce swelling. To reduce significant amounts of swelling elevate your leg 4-5 times a day for 15-30 minutes each time. Do this with your ankle above your knee and your knee above your heart.

WEEK 2: USE HEAT

You may start using heat to help decrease bruising. Place a hot pack/heating pad over the front and back of the thigh (quadricep and hamstring muscles) and on the calf muscle. Try heat 3 times a day for 20 minutes each time. Using heat will increase your flexibility and make exercising easier.

Alternate the heat and ice. Heat before you stretch/exercise and use ice after activity.

POST-OPERATIVE MEDICATIONS

1. **Oxycontin (Oxycodone HCL):** Long-acting pain pill, to be taken every 12 hours after surgery. You will get your specific schedule at the hospital with your discharge instructions and you will be weaned off this medication in the first 5-7 days after surgery.
2. **Norco (Hydrocodone HCL):** Short-acting pain pill, to be used as needed for breakthrough pain. You may take 1-2 tablets every 4-6 hours with a **limit of 12 pills in a 24-hour period**. You are allowed to use Norco while on Oxycontin.
3. **Voltaren (Diclofenac Sodium):** Anti-inflammatory. Take twice a day for a total of 3 months after surgery. Make sure to take this medication with food.
4. **Protonix (Pantoprazole):** Stomach protector. Take 1 table daily, in the morning to protect your stomach. You should continue this medication for 3 months while taking Voltaren.
5. **Senokot-S (Senna Plus):** Stool softener/laxative for constipation. Take 2 tablets twice day, starting 2 days before surgery until you are off your Norco after surgery.
6. **Aspirin (EC ASA):** 81 mg tablet to be taken twice daily for 3 weeks after surgery to thin your blood slightly to help against blood clots.
7. **Scopolamine Patch:** For nausea. You'll receive your patch at the hospital the morning of your surgery. Change the patch every 3 days. You have 2 replacement patches to be used on the post-op day #3 and post-op day #6.
8. **Reglan (Metoclopramide):** To prevent nausea. You have 30 tablets with an additional refill if nausea persists.
9. **Duricef (Cefadroxil):** Antibiotic to be taken twice daily for 1 week post-op.

Please take a test dose of Oxycontin with food, one week before your surgery and call the office with the results of how you felt.

If you have any questions about any of your medications, please call.

THESE MEDICATIONS ARE FOR POST OPERATIVE USE ONLY. PLEASE DO NOT PUT YOUR MEDICATION IN PILL BOXES.

DISCHARGE MEDICATIONS AFTER SURGERY

The following graph will help you through the first 3 weeks as you recover from your surgery.

***Norco every 4-6 hours as needed for break through pain.**

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM Oxycontin Voltaren Senokot Aspirin Protonix Duricef	AM Oxycontin Voltaren Senokot Aspirin Protonix Duricef	AM Oxycontin Voltaren Senokot Aspirin Protonix Scopolomine Patch Duricef	AM Oxycontin Voltaren Senokot Aspirin Protonix Duricef	AM Oxycontin Voltaren Senokot Aspirin Protonix Duricef	AM Voltaren Senokot Aspirin Protonix Scopolomine Patch Duricef	AM Voltaren Senokot Aspirin Protonix Duricef
PM Oxycontin Voltaren Senokot Aspirin Duricef	PM Oxycontin Voltaren Senokot Aspirin Duricef	PM Voltaren Senokot Aspirin Duricef	PM Voltaren Senokot Aspirin Duricef	PM Voltaren Senokot Aspirin Duricef	PM Voltaren Senokot Aspirin Duricef	PM Voltaren Senokot Aspirin Duricef

DAY 8	DAY 9	DAY 10	DAY 11	DAY 12	DAY 13	DAY 14
AM Voltaren Senokot Aspirin Protonix	AM Voltaren Senokot Aspirin Protonix	AM Voltaren Senokot Aspirin Protonix	AM Voltaren Senokot Aspirin Protonix	AM Voltaren Senokot Aspirin Protonix	AM Voltaren Senokot Aspirin Protonix	AM Voltaren Senokot Aspirin Protonix
PM Voltaren Senokot Aspirin	PM Voltaren Senokot Aspirin	PM Voltaren Senokot Aspirin	PM Voltaren Senokot Aspirin	PM Voltaren Senokot Aspirin	PM Voltaren Senokot Aspirin	PM Voltaren Senokot Aspirin

DAY 15	DAY 16	DAY 17	DAY 18	DAY 19	DAY 20	DAY 21
AM Voltaren Senokot Aspirin Protonix	AM Voltaren Senokot Aspirin Protonix	AM Voltaren Senokot Aspirin Protonix	AM Voltaren Senokot Aspirin Protonix	AM Voltaren Senokot Aspirin Protonix	AM Voltaren Senokot Aspirin Protonix	AM Voltaren Senokot Aspirin Protonix
PM Voltaren Senokot Aspirin	PM Voltaren Senokot Aspirin	PM Voltaren Senokot Aspirin	PM Voltaren Senokot Aspirin	PM Voltaren Senokot Aspirin	PM Voltaren Senokot Aspirin	PM Voltaren Senokot Aspirin

FREQUENTLY ASKED QUESTIONS

If you have concerns or questions, please read the following information before calling the office. At some point, most patients overdo activities and therefore take a few steps back in their recovery. You may have increased swelling or discomfort if this happens. You need to become concerned if you cannot control your pain or if you have difficulty bearing weight through your surgical leg.

What if my leg swells after surgery?

It is very common to experience swelling after surgery. Sometimes you will not swell until several days after your surgery. Remember that your body is healing from the surgery and some swelling is normal. The more activities and physical therapy you perform, the more swelling you may experience.

We do want you to remain active and participate in therapy, but when sitting and resting, you can decrease the swelling by elevating your surgical leg above the level of your heart and use ice.

You should be alarmed if you have swelling for several days that is accompanied by redness and heat, or coolness in your surgical leg, or if the swelling does not resolve after elevating. If this is case, please contact the office.

Will I have bruising after my surgery?

Yes, you will have some degree of bruising after surgery, but everyone is different. Some will only experience redness around the incision; others will have bruising down the entire leg. Both are considered normal and will resolve over 10-14 days.

How long do I have to follow hip precautions for my hip replacement?

3 weeks.

How much weight can I put through my leg after surgery?

Put as much weight as you can tolerate through your surgical leg immediately after surgery. The term is "weight bearing as tolerated". Your physical therapist will instruct you on how to use your crutches or cane in order to perform this properly.

What should I expect my activity level to be?

Every patient is different. Everyday you should be increasing your activity level, but let your pain level and swelling be your guide. You will make 90% of your recovery in the first 4-6 weeks, and the remaining 10% will come within the next year.

What if I am having problems sleeping?

Make sure that your pain is well controlled throughout the day. During the day be careful about taking naps. Try to plan activities as near normal as possible. Also you can take Ambien, as it is prescribed, if you are having difficulty sleeping. **You may only take Ambien once you are finished with the Oxycotin.**

What should I do to avoid constipation?

You should start your stool softener 2 days before surgery and continue it twice daily until you have a normal bowel movement or while taking narcotics. Stop the stool softener if you start to experience loose or watery stools. If you continue to have symptoms of constipation you can take Milk of Magnesia which is a mild oral laxative, or use Magnesium Citrate, which is much stronger. You can also try Dulcolaz suppositories or a Fleets enema. All of these medications can be bought over the counter at a pharmacy.

FREQUENTLY ASKED QUESTIONS

CONTINUED

When can I shower or bathe?

You can shower the day after surgery. To ensure that your incision heals properly, we do not want you to bathe or get into a swimming pool for 4 weeks. If you have scabs on your incision after that time, you can not get into a pool until it is healed.

How long do I have to wear the stockings?

You should wear them for 3 weeks. During the 3 weeks you must wear the stockings during the day, but may remove them at night. These should be worn on both legs after your surgery. You will be issued an extra pair before you are discharged from the hospital.

What positions can I sleep in?

You may sleep on your back or on either side. If you choose to sleep on your side, make sure to put a pillow between your legs for the first 3 weeks. You cannot sleep on your stomach for 3 weeks. Your physical therapist will assist you initially into this position. Do not try it on your own the first time. The physical therapist will give you cues on how to do so safely on your own.

When can I restart the meds I was told to stop before surgery?

Usually as soon as you are discharged from the hospital, but check with Dr. Christy's office if there are any medications in question.

Now that I am no longer requiring narcotic pain medication, what can I take if I should experience discomfort?

You may take Tylenol or Extra-Strength Tylenol. Because you are already taking anti-inflammatory (Voltaren), **you may not take over the counter medication, such as Advil or Aleve** (Ibuprofen).

What should I do if I think my joint is infected?

As stated above, you will experience some bruising and swelling after surgery. In addition you may notice a small amount of yellowish or pinkish drainage. You should call the office if:

- You have a large amount of drainage that has saturated through your clothing.
- If the drainage is yellowish/cloudy
- If you are running a consistent temperature of 101.5
- If you have a new onset of pain that is not controlled by your pain medications.

FREQUENTLY ASKED QUESTIONS

CONTINUED

When should I take antibiotics? Who will give me the antibiotics? How long should I take the antibiotics?

You should take antibiotics for the following procedures:

- ANY dental procedure, including teeth cleanings
- Sigmoidoscopy/colonoscopy
- Any infection
- Tonsillectomy
- Bronchoscopy
- Liver biopsy
- Genitourinary instrumentation
- Prostate and bladder surgery
- Kidney surgery
- Vaginal exams and GYN surgery
- Barium enema

Please contact the office to obtain the antibiotic from Dr. Christy. You will receive either Amoxicillin or Clindamycin and the dosage is 4 tablets 1 hour prior to the procedure. **Do not schedule any of the above appointments starting 3 weeks before surgery and until 3 months after surgery. This is a lifelong precaution.**

What about using a hot tub or whirlpool?

Because of the heat and bacteria in the water, we do not want you to use a hot tub or whirlpool for 6 weeks.

When to call Dr. Christy's office:

- Fever consistently above 101.5 degrees
- Increased drainage or swelling
- Pain not controlled by pain medication
- Inability to bear weight on your operative leg
- Severe insomnia
- Swelling in foot or calf that is accompanied by coolness or decreased sensation in foot
- Confusion/disorientation



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