



**Dr. Roy Davidovitch
Next Day Discharge
Total Hip Replacement
Recovery Guide**



PREOPERATIVE INSTRUCTIONS

Your Preadmission Testing Visit

About 2 weeks prior to your surgical date, you will be required to have a Preadmission Testing visit (PAT). Your PAT session is interactive and we encourage you to ask questions. The visit will last approximately 2 hours:

During your Preadmission Testing assessment, you will be seen by a Physician Assistant and/or a Registered Nurse.

- The Physician Assistants and/or Registered Nurses will complete a health history and initial patient assessment during your visit.
- Diagnostic testing such as a venipuncture (blood draw) and an electrocardiogram (EKG) may be performed at this time.
- Please make sure to have breakfast on the morning of your Pre-Admission Testing visit.
- Upon completion of your Pre-Admission Testing you will be provided with an after visit summary which will include information regarding which medications you should stop and when, along with patient education advising you on fall precautions and infection prevention.



Preoperative Medications

Please take the following medications on the **day before surgery**.*

Medications To Be Taken The Day Before Surgery		
<u>Medication</u>	<u>Purpose</u>	<u>Schedule</u>
Tylenol®/ Acetaminophen (Extra Strength) 500 mg tablet	Pain control	2 tablets every 6-8 hours the day before surgery. Do not take more than 4,000 mg daily as this can harm your liver.
Mobic®/ Meloxicam 15 mg tablet	Pain control Prevent abnormal bone growth	1 tablet the morning before surgery.
Ecotrin®/ Aspirin 81 mg tablet	Pain control Prevents blood clots	1 tablet the evening before surgery.

**You may be prescribed different medication(s) based on your medical history.*

*** Please note that during your Pre Admission Testing appointment, a registered nurse will provide further instructions about your current medications*



DISCHARGE INSTRUCTIONS

Activity:

1. You can bear as much weight as you tolerate on your hip *unless specifically instructed by Dr. Davidovitch otherwise*. You may use the walking aid which you were discharged with and switch to a cane whenever you feel comfortable doing so. If you feel you can ambulate without any assistive device, you are welcome to do so for limited distances indoors. We expect you to use an assistive device for outdoor walking for the first 4 weeks. Keep in mind that every patient moves at their own speed of recovery so take your time.
2. *Unless Dr. Davidovitch or our office specifically instructed*, you DO NOT have any movement precautions with regards to your hip. Although guarantees against a dislocation do not exist, the hip was noted to be sufficiently stable in surgery eliminating the need for precautions. You MAY therefore:
 - a. Bend your hip past 90 degrees
 - b. Sit on a regular chair, couch, and car seat.
 - c. Cross your legs
 - d. Use a regular toilet seat
 - e. You may sleep on your stomach, back or on either side.
3. High impact activity such as jumping, aerobics, tennis, and skiing are not permitted during the first 3 months after surgery.

Check your temperature on a daily basis. **Please note that a low-grade temp below 101 is not uncommon in the first 3 days after surgery.** Notify the office if your temperature rises above 101.5.

Many patients experience significant swelling and bruising (black and blue marks) in the thigh, this may extend below the knee and sometimes to the ankle. The swelling and bruising generally **occurs and progresses over the first week** following your surgery, and will begin to resolve over the second week. It will largely resolve by your first post-operative visit. Provided you have been on a blood thinner since surgery (Aspirin or Lovenox), the risk of a blood clot is low and this swelling is an expected part of recovery. Swelling can be uncomfortable but generally not painful.

Wound Management:



1. YOU MAY REMOVE YOUR DRESSING 3 DAYS AFTER SURGERY (you may shower with your dressing).
2. IF YOU HAVE A PICO DRESSING, PLEASE REMOVE AT 7 DAYS AFTER SURGERY
3. If the wound is draining, simply tape a dry gauze pad on the wound until it stops. Please note that mild dark brown or yellow tinged drainage is considered normal for approximately 10 days following your surgery. If drainage persists past 10 days, please notify our office.
4. If your wound is dry, and no drainage is noted, there is no need to apply a dressing. You may keep the wound exposed to air.
5. Do not apply any creams or ointments to your surgical site.
6. You should examine your wound regularly for any signs of infection which include:
 - a. Redness, swelling, tenderness, or warmth surrounding the incision
 - b. Drainage of blood or pus from the wound, or any drainage that has a foul odor.
7. You may notice some bruising and/or mild swelling surrounding the surgical site, this is normal.

Showering/Bathing:

1. You may shower 36 hours after you return home from the hospital provided there is no wound drainage. You can allow the shower water to run down the incision. There is no need to cover the wound while in the shower.
2. You should not scrub the incision. Be sure to pat the incision dry with a towel after showering.
3. If wound drainage is noted, you should sponge bathe instead of showering until the drainage resolves.
4. Any submersion in water, including a bath, jacuzzi, or swimming is **NOT permitted during the first 6 weeks.**



Post-Operative Medications:

1. You will be discharged with pain medication(s) and a stool softener. Please follow the instructions regarding these medications as provided by your nurse at the hospital. Please note that most narcotic pain medications have side effects that may include nausea, vomiting, sedation, dizzy spells, and/or constipation. If you experience any of these side effects to a severe extent, you should contact our office.
2. If you are suffering from constipation following your surgery, you may try taking both a stool softener and laxative together. A high fiber diet, as well as adequate hydration is also advised.
3. You should stop taking your opiate pain medication whenever you feel you can. A good way to wean off the pain medication is to cut the doses in half, or increase the time between doses. For example, if you are taking 1 tablet every 4 hours extend that time to every 6 hours, then every 8 hours and so on.
4. A major, yet preventable, complication of Orthopaedic Surgery is a blood clot (DVT). You have been provided with a prescription for **ONE** of the following to prevent a potential blood clot:
 - a. Lovenox (a self-injectable blood thinner) **1 injection per day of 40mg for a total of 28 days.** In the hospital you may receive 2 injections per day of 30mg. Please note that this is not the protocol while at home.

OR:
 - b. ***Aspirin 81 mg, to be taken twice a day, with food, for 28 days.** Please note that this medication may cause an upset stomach or acid reflux. If this occurs, you may take an over the counter proton pump inhibitor such as Pepcid, Prilosec, Prevacid, or Nexium to help alleviate these side effects.
5. Unless instructed otherwise by our office, the use of any non-steroid anti-inflammatory medications besides Mobic including Aleve, Advil, Motrin, etc. should be avoided while taking your prescribed blood thinner to prevent bleeding. Unless otherwise instructed, you will take Mobic daily for 28 days.
6. You should restart all of your prescription medications once discharged unless specifically instructed otherwise.
7. Herbal supplements may be restarted 2 weeks after surgery.



8. If you have been given Coumadin as a blood thinner, please follow-up with your internist within the first 2 days after discharge so the medication can be appropriately dosed.
9. Although not required, it is recommended that all patients follow up with their internist during the first 2 weeks after surgery to review their medications and overall medical well-being.

****Please note that if you are discharged with aspirin, you will also be sent home with calf pumps. You should wear the calf pumps for 18-20 hours per day. Compliance with your calf pumps is a critical component in prevention of a post-operative blood clots.***

ActiveCare® Therapy for DVT Prevention

ActiveCare® is a safe and highly effective way to reduce the risk of blood clot formation and prevent Deep Vein thrombosis (DVT) and Venous Thromboembolism (VTE) without the use of medications that are associated with an increased risk of bleeding during and after major orthopedic surgery.

How Does ActiveCare® Work?

ActiveCare® works by gently applying compression to your legs, increasing the speed of blood flow in the veins and reducing the risk of clot formation. Its portable size, lightweight mobility and ease of use, provides continuous 24-hour protection for the most safe and effective way to prevent Deep Vein Thrombosis and Venous Thromboembolism during and after major orthopedic surgeries (such as total hip replacement, total knee replacement, total ankle replacement and total hip fracture).

Patient Compliance

ActiveCare® is powered by a rechargeable battery allowing you to quietly and comfortably move while wearing the device for extended periods of time. For maximum prevention of DVT,

ActiveCare® should be used at least 18 hours per day throughout your prescribed treatment period, maintaining a compliance level of 80% or higher.



Please refer to the following discharge medication list for further instructions:*

Medications After Your Surgery		
Medication	Purpose	Schedule
Tylenol®/ Acetaminophen (Extra Strength) 500 mg tablet	Pain control	2 tablets every 6-8 hours for at least 7 days Do not take more than 4,000 mg daily as this can harm your liver.
Ultram®/ Tramadol 50 mg tablet	'Breakthrough' pain medicine	Take 1 tablet every 4-6 hours between Tylenol® doses only if the pain is worse than you can tolerate with Tylenol® only.
Keflex®/Cephalexin 500 mg tablet OR Cleocin®/Clindamycin 300 mg tablet	-Infection prevention	1 tablet Every 6 hours for 24 hours (3 pills total)
Mobic®/ Meloxicam 15 mg tablet	Pain control Prevent abnormal bone growth	1 tablet daily for 28 days.
Ecotrin®/Aspirin 81 mg tablet OR Lovenox® (Enoxaprin) 40 mg injection	-Prevent blood clots	Ecotrin®/Aspirin 2 tablets daily for 28 days OR Lovenox® /Enoxaprin 1 injection daily for 28 days
Miralax®/ Polyethylene Glycol 17 g packet	Stool softener	1 packet given in 8 ounces of a beverage, twice a day, as needed
Pepcid®/Famotidine 20 mg tablet	-Antacid/reduce stomach irritation caused by Aspirin (Ecotrin®)	1 tablet daily, as needed
Zofran®/Ondansetron 4mg tablet	-Prevent nausea	1 tablet every 8 hours, as needed

**You may be prescribed different medication(s) based on your medical history.*



***Please note that the After Visit Summary (AVS) that you will receive at the time of discharge will reflect a complete list of medications, including any routine medications that you were prescribed prior to surgery.*

If your pain is not adequately managed on this regimen, please contact your surgeon for further instructions

Miscellaneous issues:

1. You may resume driving after 2 weeks if you had a LEFT hip replacement.
2. You may resume driving after 3 weeks if you had a RIGHT hip replacement.
3. Sexual activity can resume after 2 weeks.
4. Return to work depends on the job requirement, transportation issues and multiple other factors. Rest is an important component of your healing both physically and psychologically. You can expect to feel fatigued during your day for the first couple of weeks but you will find that your endurance, energy levels, and ability to ambulate improve on a daily basis.
5. You should avoid dental visits for 3 months after surgery, if possible. You should take antibiotics prior to all dental visits. **Please contact your dentist for this antibiotic.**

You should call the office at 917-5944447 (917-5944HIP) and confirm that you have a follow-up appointment for approximately 2 weeks from the date of surgery with our Nurse Practitioner. Please follow the exercises and instructional videos on www.forcetherapeutics.com and use the website to communicate directly with your surgeon and his team.