JAGLOWSKI
ORTHOPEDIC
INSTITUTE

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Total Hip Replacement

Whether you have just begun exploring treatment options or have already decided to undergo hip replacement surgery, this information will help you understand the benefits and limitations of total hip replacement. This packet describes how a normal hip functions, the causes of hip pain, what to expect from hip replacement surgery, and what post-operative exercises and therapies should be completed to help prevent complications, restore your mobility and strength, and enable you to return to everyday activities.

If your hip has been damaged by arthritis, a fracture, or other conditions, common activities such as walking or getting in and out of a chair may be painful and difficult. Your hip may be stiff, and it may be hard to put on your shoes and socks. You may even feel uncomfortable while resting.

If medications, changes in your everyday activities, and the use of walking supports do not adequately help your symptoms, you may consider hip replacement surgery. Hip replacement surgery is a safe and effective procedure that can relieve your pain, increase motion, and help you get back to enjoying normal, everyday activities.

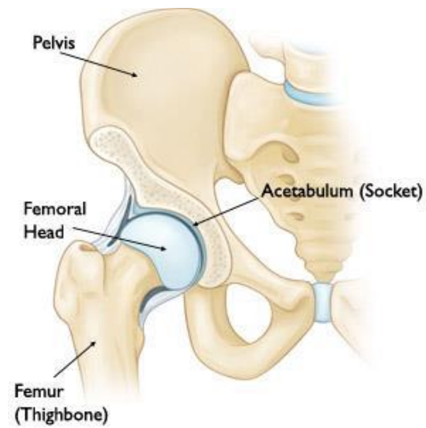
Anatomy

The hip is one of the body's largest joints. It is a ball-and-socket joint. The socket is formed by the acetabulum, which is part of the large pelvis bone. The ball is the femoral head, which is the upper end of the femur (thighbone).

The bone surfaces of the ball and socket are covered with articular cartilage, a smooth tissue that cushions the ends of the bones and enables them to move easily.

A thin tissue called synovial membrane surrounds the hip joint. In a healthy hip, this membrane makes a small amount of fluid that lubricates the cartilage and eliminates almost all friction during hip movement.

Bands of tissue called ligaments (the hip capsule) connect the ball to the socket and provide stability to the joint.



Normal hip anatomy.

Common Causes of Hip Pain

The most common cause of chronic hip pain and disability is arthritis. Osteoarthritis, rheumatoid arthritis, and traumatic arthritis are the most common forms of this disease.

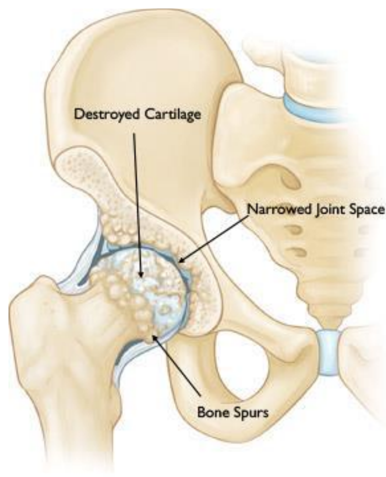
- **Osteoarthritis.** This is an age-related "wear and tear" type of arthritis. It usually occurs in people 50 years of age and older and often in individuals with a family history of arthritis. The cartilage cushioning the bones of the hip wears away. The bones then rub against each other, causing hip pain and stiffness. Osteoarthritis may also be caused or accelerated by subtle irregularities in how the hip developed in childhood.

- **Rheumatoid arthritis.** This is an autoimmune disease in which the synovial membrane becomes inflamed and thickened. This chronic inflammation can damage the cartilage, leading to pain and stiffness. Rheumatoid arthritis is the most common type of a group of disorders termed "inflammatory arthritis."

- **Post-traumatic arthritis.** This can follow a serious hip injury or fracture. The cartilage may become damaged and lead to hip pain and stiffness over time.

- **Avascular necrosis.** An injury to the hip, such as a dislocation or fracture, may limit the blood supply to the femoral head. This is called avascular necrosis. The lack of blood may cause the surface of the bone to collapse, and arthritis will result. Some diseases can also cause avascular necrosis.

- **Childhood hip disease.** Some infants and children have hip problems. Even though the problems are successfully treated during childhood, they may still cause arthritis later on in life. This happens because the hip may not grow normally, and the joint surfaces are affected.

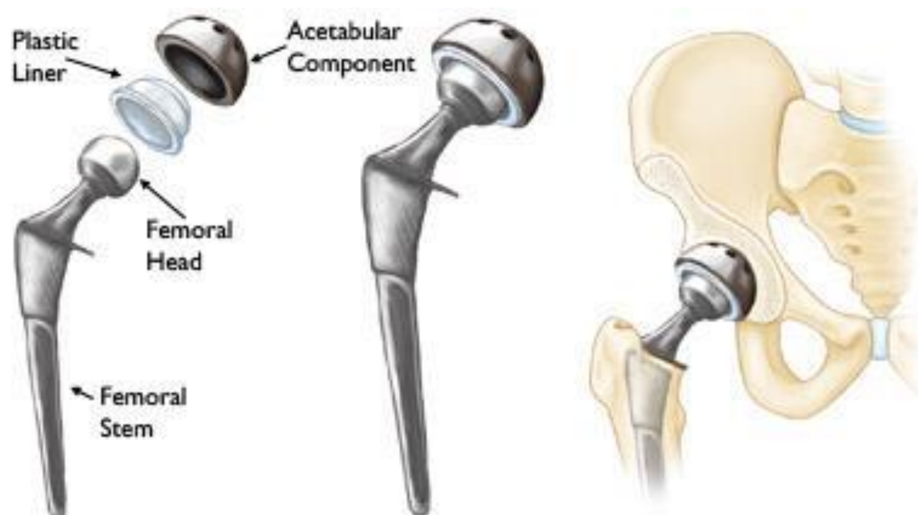


Arthritic hip joint.

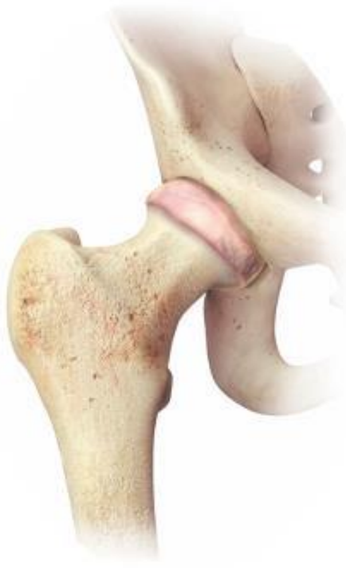
Description

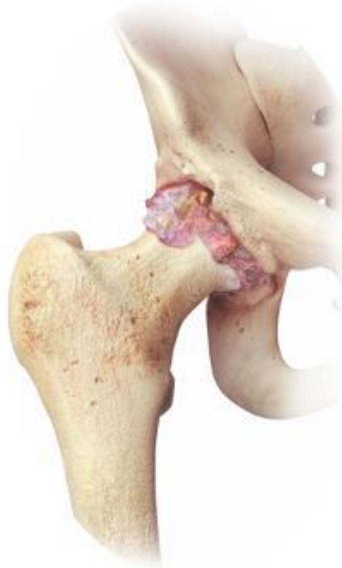
In a total hip replacement (also called total hip arthroplasty), the damaged bone and cartilage are removed and replaced with prosthetic components.

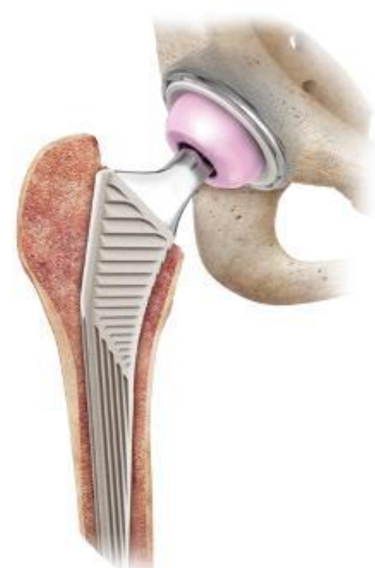
- The damaged femoral head is removed and replaced with a metal stem that is placed into the hollow center of the femur. The femoral stem may be either cemented or "press fit" into the bone.
- A metal or ceramic ball is placed on the upper part of the stem. This ball replaces the damaged femoral head that was removed.
- The damaged cartilage surface of the socket (acetabulum) is removed and replaced with a metal socket. Screws or cement are sometimes used to hold the socket in place.
- A plastic, ceramic, or metal spacer is inserted between the new ball and the socket to allow for a smooth gliding surface.



(Left) The individual components of a total hip replacement. **(Center)** The components merged into an implant. **(Right)** The implant as it fits into the hip.







Is Hip Replacement Surgery for You?

The decision to have hip replacement surgery should be a cooperative one made by you, your family, and your orthopedic surgeon. The process of making this decision typically begins with a referral by your doctor to an orthopedic surgeon for an initial evaluation. The majority of total joint replacement surgery purely elective, meaning that the patient has come to the decision to proceed with surgery to improve quality of life, pain, and range of motion. This usually occurs after all non-operative and conservative therapies have been attempted.

Candidates for Surgery

There are no absolute age restrictions for total hip replacements. Recommendations for surgery are based on a patient's pain and disability, not age. Most patients who undergo total hip replacement are age 50 to 80, but orthopedic surgeons evaluate patients individually. Total hip replacements have been performed successfully at all ages, from the young teenager with juvenile arthritis to the elderly patient with degenerative arthritis.

When Surgery Is Recommended

There are several reasons why your doctor may recommend hip replacement surgery. People who benefit from hip replacement surgery often have:

- Hip pain that limits everyday activities, such as walking or bending
- Hip pain that continues while resting, either day or night
- Stiffness in a hip that limits the ability to move or lift the leg
- Inadequate pain relief from anti-inflammatory drugs, physical therapy, or walking supports

Deciding to Have Hip Replacement Surgery

Realistic Expectations

It is important to understand the risks and benefits of joint replacement surgery and have realistic expectations regarding what the procedure can and cannot do. Most people who undergo hip replacement surgery experience a dramatic reduction of hip pain and a significant improvement in their ability to perform the common activities of daily living.

With normal use and activity, the material between the head and the socket of every hip replacement implant begins to wear. Excessive activity or being overweight may speed up this normal wear and cause the hip replacement to loosen and become painful. Therefore, most surgeons advise against high-impact activities such as running, jogging, jumping, or other high-impact sports.

Realistic activities following total hip replacement include unlimited walking, swimming, golf, driving, hiking, biking, dancing, and other low-impact sports. Discussion between you and Dr. Jaglowski regarding other activities should be completed at your pre-operative visit. With appropriate activity modification, hip replacements can last for many years or even indefinitely.

Possible Complications after Surgery

The complication rate following total hip replacement is low. Serious complications, such as a joint infection, occur in about 1-2% of patients. Chronic illnesses may increase the potential for complications. Although uncommon, when these complications occur, they can prolong or limit full recovery.

Infection: Infection may occur in the wound or deep around the prosthesis. It may happen while in the hospital or after you go home. It may even occur years later. Minor infections in the wound area are generally treated with antibiotics. Major or deep infections may require more surgery and removal of the prosthesis. Any infection in your body can spread to your joint replacement.

Blood clots: Blood clots in the leg veins are the most common complication of hip replacement surgery. These clots can be life-threatening if they break free and travel to your lungs. Your orthopedic surgeon will outline a prevention program, which may include blood thinning medications, support hose, inflatable leg coverings, ankle pump exercises, and early mobilization.

Leg Length Inequality: Sometimes after a hip replacement, one leg may feel longer or shorter than the other. Your orthopedic surgeon will make every effort to make your leg lengths even but may lengthen or shorten your leg slightly in order to maximize the stability and biomechanics of the hip. Some patients may feel more comfortable with a shoe lift after surgery.

Dislocation: This occurs when the ball comes out of the socket. The risk for dislocation is greatest in the first 10 weeks after surgery while the tissues are healing. Dislocation is uncommon. If the ball does come out of the socket, a closed reduction usually can put it back into place without the need for more surgery. In situations in which the hip continues to dislocate, further surgery may be necessary.

Loosening or Implant Wear: Over years, the hip prosthesis may wear out or loosen. This is most often due to everyday activity. It can also result from a biologic thinning of the bone called osteolysis. If loosening is painful, a second surgery called a revision may be necessary.

Continued Pain: A small number of patients continue to have pain after a hip replacement. This complication is rare, however, and the vast majority of patients experience excellent pain relief following hip replacement.

Total Joint Replacement Timeline

1. Office evaluation- if you are a candidate, we will discuss surgical timing and schedule.
2. Please obtain ***medical clearance*** and ***dental clearance*** from your Primary Care Physician (PCP) and Dentist. Depending on your health history, certain conditions may require additional clearances i.e., Cardiologist, Pulmonologist etc. This will be determined at your initial visit and must be completed and documented prior to surgery.
3. Attend Pre-admission Testing (PAT) at hospital where surgery is to be performed.
    a. Be sure to bring a list of all your medications to this appointment
    b. The PAT department should contact you within a couple weeks of your surgery to set up an appointment. If it is one week prior to your surgery and have not heard from them, please contact them directly.
4. If you need paperwork filled out prior to your surgery, please contact to Dr. Jaglowski's office (281) 316-0121.
5. Someone will contact you the day before your surgery to let you know what time to arrive.
6. Surgery Day!!
7. Expect to stay in the hospital overnight and be discharged after breakfast the next morning. Certain situations allow for total hip replacement to be done as an outpatient, and some require a stay longer than one night. This will be determined depending on your individual situation.
8. During your hospital stay, the physical therapist and case managers will work with you to arrange home care services or will discuss transfer to a rehab or skilled facility if needed.
9. After hospital discharge, if you need a medication refill, contact Dr. Jaglowski's office directly at (281) 316-0121 or via direct email at jagsortho@gmail.com. Please allow a 48-hour notice for all medication refills and please plan ahead for weekends. No narcotic refills will be issued over the weekends.
10. Your first post-op visit will be 2-3 weeks after surgery with Dr. Jaglowski. You will need to schedule this appointment prior to your surgery using our online booking system at www.jagsortho.com or by calling (281) 316-0121.
11. Your second post-op visit is typically 6-12 weeks after surgery with Dr. Jaglowski.

Preparing for Surgery

Medical Evaluation

If you decide to have hip replacement surgery, Dr. Jaglowski will ask you to have a complete physical examination by your primary care physician (PCP) prior to surgery and the hospital requires that you proceed through pre-admission testing before your surgical procedure. This is needed to make sure you are healthy enough to have the surgery and complete the recovery process. Many patients with chronic medical conditions, like heart disease, may also need to be evaluated by a specialist, such a cardiologist, before the surgery.

Tests

Several tests, such as blood and urine samples, an electrocardiogram (EKG), and chest x-rays, may be needed to help plan your surgery. ***Routine pre-operative laboratory work includes a CBC with differential, comprehensive metabolic panel, anticoagulation tests (PT, PTT, INR), and a urinalysis. An EKG must also be performed and documented.***

Medications

Please bring a list of all the medications you are currently taking to your pre-admission testing appointment and to your initial appointment with Dr. Jaglowski. There will be some medications that you will need to stop prior to your surgery date, and they will be able to advise you how to correctly do this. Discontinue the following medications 7-10 days before your surgery:

- Any aspirin products including baby aspirin (unless you have been advised otherwise by your cardiologist or staff during your pre-admission testing appointment).
- Non-Steroidal anti-inflammatory medications (includes prescription and over the counter medications such as Motrin, Advil, Aleve, and Ibuprofen)
- All Herbal supplements
- Vitamin E
- If you are on Warfarin (Coumadin) or Plavix, you will receive specific instructions at your pre-admission testing appointment about when to discontinue these medications.

Dental Evaluation

Although infections after hip replacement are not common, an infection can occur if bacteria enter your bloodstream. Because bacteria can enter the bloodstream during dental procedures, major dental procedures (such as tooth extractions and periodontal work) should be completed before your hip replacement surgery. Routine cleaning of your teeth should be delayed for three months after surgery. ***You must be evaluated by a dentist prior to your surgery to evaluate for cavities, abscesses, infections, or other pre-existing conditions to minimize the risk of post-operative infection.***

Weight Loss

If you are overweight, your doctor may ask you to lose some weight before surgery to minimize the stress on your new hip and possibly decrease the risks of surgery. Being overweight can increase your complications after surgery. Any weight loss that can be achieved before or after surgery would be very beneficial in your recovery. Maintaining a healthy weight will put less stress on your joints, which in turn can cause less pain.

Losing weight can make a difference when it comes to joint pain. In fact, for every pound you lose, you remove about 4 pounds of stress from your knees and hips. Following a balanced diet while exercising regularly can help you lose weight and reduce stress on your joints.

Staying active can help keep your joints flexible, reduce pain, and improve your ability to move. Low-impact activities like swimming or water aerobics can be good options because they put less stress on your joints. Stretching exercises, strength training, and aerobic exercise may also help to ease joint pain.

Smoking Cessation

Smoking or any nicotine use greatly increases your risks of complications following joint replacement. Every effort to avoid these activities should be made both prior and following joint replacement.

Surgery and Hospital Stay

Hospital Stay

The typical patient on post-op day 1 from a total hip arthroplasty will commonly have the following lines, tubes, and positioning devices:

- Intravenous (IV) line in place to administer fluids and medications
- Nasal Cannula for oxygen therapy
- Venodyne (compression) boots for DVT prophylaxis
- Telemetry/cardiac and/or continuous oxygen saturation monitors depending on if there are specific co-morbid conditions
- Abduction pillow between legs

Surgery

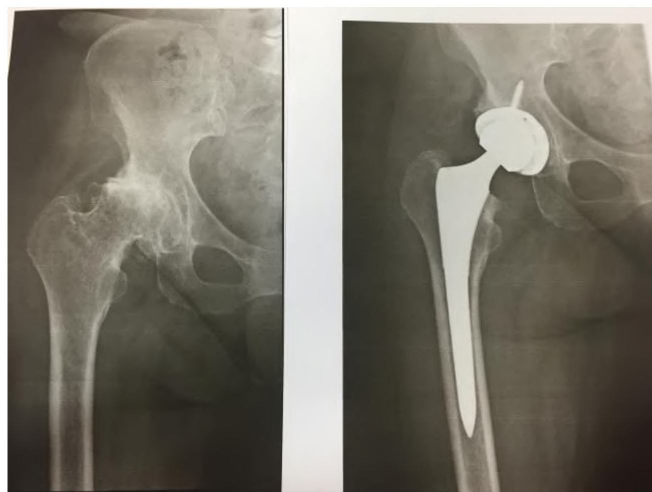
You will be admitted to the hospital on the day of your surgery. Expect an overnight hospital stay. To protect your hip during early recovery, a positioning splint, such as a foam pillow placed between your legs, may be used.

Anesthesia

Prior to your surgery, a member of the anesthesia team will evaluate you. The most common types of anesthesia are general anesthesia (you are put to sleep) or spinal, epidural, or regional nerve block anesthesia (you are awake, but your body is numb from the waist down or in certain areas). The majority of patients will receive a general anesthetic for total hip replacement, but the anesthesia team, with your input, will determine which type of anesthesia will be best for you.

Procedure

Surgical times may vary depending on your particular case. Your orthopedic surgeon will remove the damaged cartilage and bone and then position new metal, plastic, or ceramic implants to restore the alignment and function of your hip. The procedure itself typically takes less than an hour.



Pain Management

After surgery, you will be in some pain, but your surgeon and nurses will provide medication to make you feel as comfortable as possible. Pain management is an important part of your recovery. Movement will begin soon after surgery, and when you feel less pain, you can start moving sooner and get your strength back more quickly. Talk with your surgeon if postoperative pain becomes a problem. For more detailed information, see our "Pain Control After Surgery" section at www.jagsortho.com.

Blood Clot Prevention

Your orthopedic surgeon may prescribe one or more measures to prevent blood clots and decrease leg swelling. These may include special support hose, inflatable leg coverings (compression boots), and blood thinners (Aspirin, Eliquis).

Foot and ankle movement also is encouraged immediately following surgery to increase blood flow in your leg muscles to help prevent leg swelling and blood clots.

Physical Therapy

Walking and light activity are important to your recovery and will begin the day of or the day after your surgery. Most patients who undergo total hip replacement begin standing and walking with the help of a walking support and a physical therapist the day after surgery. The physical therapist will teach you specific exercises to strengthen your hip and restore movement for walking and other normal daily activities.

Preventing Pneumonia

It is common for patients to have shallow breathing in the early postoperative period. This is usually due to the effects of anesthesia, pain medications, and increased time spent in bed. This shallow breathing can lead to a partial collapse of the lungs (termed "atelectasis"), which can make patients susceptible to pneumonia. To help prevent this, it is important to take frequent deep breaths. Your nurse may provide a simple breathing apparatus called a spirometer to encourage you to take deep breaths.

Complications

It is important to recognize signs and symptoms of early post-operative complications and consult with other appropriate health care providers as appropriate. The common acute care complications following total hip replacement are:

- Blood loss requiring transfusion
- Deep vein thrombosis (DVT)
- Pulmonary embolism
- Excessive joint bleeding
- Hematoma/blood vessel damage
- Joint infection
- Joint dislocation
- Sciatic nerve injury

If a patient presents during the first few days post-operatively with increased pain, excessive swelling, decreased muscle strength or sensation along a motor and/or sensory nerve distribution, sudden shortness of breath and decreased oxygen saturation along with increased resting heart rate, physical therapy interventions must be stopped, and the medical team consulted.

Late-onset complications following total hip replacement may include:

- Skin necrosis requiring drainage and potentially surgery to correct the defect.
- Persistent joint drainage in the weeks following total hip arthroplasty. This complication is often treated with joint aspiration, antibiotics, and at times, debridement and joint lavage. A wound vacuum may be placed.
- Large hematoma formation. Patients are often advised by the surgeon to rest the hip joint, use ice to help decrease the size of the hematoma, and stop taking anticoagulants. If the hematoma does not resolve, patients may need surgical evacuation.
- Wound healing complications in the first few weeks after surgery. This typically occurs in patients who are on chronic steroids or chemotherapy, have rheumatoid arthritis, obesity, diabetes, or are active smokers. The signs and symptoms include increased joint swelling, pain, and redness in the joint or at the site of the incision.
- Dislocation: the rates of hip dislocation vary depending on the surgical approach; anterior lateral, 0.70%, lateral 0.43%, and posterior lateral with soft tissue repair 1.01%, respectively.
- Heterotrophic ossification: Extra bone growth that can cause stiffness.

Discharge Planning

A social worker will work with you during your hospital stay to set up home care services or rehab services. The majority of people will go home with home care assistance, but if you do need additional time in a rehab facility these arrangements can be made for you.

Home Planning

Several modifications can make your home easier to navigate during your recovery. The following items may help with daily activities:

- Securely fastened safety bars or handrails in your shower or bath
- Secure handrails along all stairways
- A stable chair for your early recovery with a firm seat cushion (that allows your knees to remain lower than your hips), a firm back, and two arms
- A raised toilet seat
- A stable shower bench or chair for bathing
- A long-handled sponge and shower hose
- A dressing stick, a sock aid, and a long-handled shoehorn for putting on and taking off shoes and socks without excessively bending your new hip
- A reacher/grasper that will allow you to grab objects without excessive bending of your hips
- Firm pillows for your chairs, sofas, and car that enable you to sit with your knees lower than your hips

Recovery at Home

The success of your surgery will depend largely on how well you follow your orthopedic surgeon's instructions at home during the first few weeks after surgery.

Wound Care

You will have sutures that run along your incision site and will not require removal and will absorb on their own. Some patients may also have staples that need to be removed.

Avoid soaking the wound in water until it has thoroughly sealed and dried. Once your incision has stopped draining for a total of three days, you may get it wet and leave it open to air. You may want to continue to bandage the wound to prevent irritation from clothing, bedding, or support stockings

Diet

Some loss of appetite is common for several weeks after surgery. A balanced diet, often with an iron supplement, is important to promote proper tissue healing and restore muscle strength. Be sure to drink plenty of fluids.

Activity

Exercise is a critical component of home care, particularly during the first few weeks after surgery. You should be able to resume most normal light activities of daily living within 3 to 6 weeks following surgery. Some discomfort with activity and at night is common for several weeks.

Your activity program should include:

- A graduated walking program to slowly increase your mobility, initially in your home and later outside
- Resuming other normal household activities, such as sitting, standing, and climbing stairs
- Specific exercises several times a day to restore movement and strengthen your hip. You probably will be able to perform the exercises without help, but you may have a physical therapist help you at home or in a therapy center the first few weeks after surgery

Avoiding Problems After Surgery

Recognizing the Signs of a Blood Clot

Follow your orthopedic surgeon's instructions carefully to reduce the risk of blood clots developing during the first several weeks of your recovery. Dr. Jaglowski requires that you continue taking the blood thinning medication you started in the hospital. Notify your doctor immediately if you develop any of the following warning signs.

Warning signs of blood clots. The warning signs of possible blood clot in your leg include:

- Tenderness or redness of your calf
- Swelling of your thigh, calf, ankle, or foot

Warning signs of pulmonary embolism. The warning signs that a blood clot has traveled to your lung include:

- Sudden shortness of breath
- Sudden onset of chest pain
- Localized chest pain with coughing

********If these signs develop, it is important to call the office to discuss further treatment. If an emergency exists, please proceed to the nearest Emergency Room for evaluation and contact the office with the results.********

Preventing Infection

A common cause of infection following total hip replacement surgery is from bacteria that enter the bloodstream during dental procedures, urinary tract infections, or skin infections. These bacteria can lodge around your hip replacement and cause an infection.

After your hip replacement, you must take preventive antibiotics before dental or surgical procedures that could allow bacteria to enter your bloodstream.

Warning signs of infection: Notify your doctor immediately if you develop any of the following signs of a possible hip replacement infection:

- Persistent fever (higher than 101°F orally)
- Shaking chills
- Increasing redness, tenderness, or swelling of the hip wound
- Drainage from your incision site that persists for more than 5-7 days after surgery
- Increasing hip pain with both activity and rest

Avoiding Falls

A fall during the first few weeks after surgery can damage your new hip and may result in a need for more surgery. Stairs are a particular hazard until your hip is strong and mobile. You should use a cane, crutches, a walker, or handrails or have someone help you until you improve your balance, flexibility, and strength.

Your physical therapist will help you decide which assistive aides will be required following surgery, and when those aides can safely be discontinued

Dislocation Precautions

To assure proper recovery and prevent dislocation of your implant, you may be asked to take special precautions — usually for the first 10 weeks after the surgery. Your surgeon and physical therapist will give you more instructions prior to your discharge from the hospital.

Outcomes

How Your New Hip Is Different

You may feel some numbness in the skin around your incision. You also may feel some stiffness, particularly with excessive bending. These differences often diminish with time, and most patients find these are minor compared with the pain and limited function they experienced prior to surgery.

Your new hip may activate metal detectors required for security in airports and some buildings. Tell the security

agent about your hip replacement if the alarm is activated.

Protecting Your Hip Replacement

Currently, more than 90% of total hip replacements are still functioning well 15-20 years after the surgery. There are many things you can do to protect your hip replacement and extend the life of your hip implant.

- Participate in a regular light exercise program to maintain proper strength and mobility of your new hip.
- Avoid high-impact activities
- Maintain a healthy weight
- Make sure your dentist knows that you have a hip replacement. You will need to take antibiotics before any dental procedure.

Managing Pain With Medications After Total Hip Replacement

After surgery, your doctors and nurses will make every effort to control your pain. While you should expect to feel some discomfort, advancements in pain control now make it easier for your doctor to manage and relieve pain.

In order to effectively manage your pain, your surgeon will take into account several factors that are unique to you and your situation. That is why it is important for you to openly discuss your fears, expectations, and your past experiences with pain control with your doctors and nurses.

Opioid Analgesics

Opioids are the most effective medicines for moderate to severe pain, especially for managing short-term pain after surgery.

Types of Opioids

Most patients will be started on some sort of opioid for pain control during their hospital stay. Most commonly, Norco, Percocet, Vicodin, Oxycodone, and Tramadol are used. You will also be sent home with a prescription for pain medication.

Possible side effects of these medications include:

- **Drowsiness**: You may feel drowsy or sleep more at first. Most people find that this side effect goes away in 2 to 3 days as the body adapts to the medicine and dosage. When you go home, you must be careful. You will not be allowed to drive or use heavy equipment.
- **Constipation**: This will likely happen when medicines are used on a steady basis. Drink plenty of fluids and eat a diet high in fiber. Take a laxative and/or stool softener each day.
- **Nausea**: You may have nausea at first. It may cause you to vomit. This side effect should pass in 2 to 3 days as your body adapts.

Medications

Your usual medications will be ordered after surgery. We will also order a number of medications that are standard after joint replacement surgery.

Antibiotics: You will receive a dose of antibiotics in your IV prior to the start of your surgery. You may also receive 2-3 doses of antibiotics after your surgery if you are an inpatient.

Multivitamin: Will be given daily. This supplement helps to boost your nutritional stores while you are recovering.

Iron Tablets: Will be given once a day. This helps to replace your iron stores that have been lowered with surgery. Some people may experience a stomachache or constipation with this medication.

Stool Softener: You will receive a stool softener capsule twice a day. After surgery, pain medication and a decrease in activities and diet may cause constipation. These can be purchased over the counter at any pharmacy at discharge, but a prescription will be provided if needed.

Anticoagulation: If you were on a blood thinner prior to surgery you will most likely be started on that same medication after surgery. If you were not on a blood thinner prior to surgery, you will be started on either Aspirin or Coumadin depending on your risk factors for blood clots.

> **Aspirin:** If instructed to take aspirin, you will begin the day after your surgery and will continue for a total of ***4 weeks***. Dose will be 325mg daily or 81mg twice a day.
>
> **-OR-**
>
> **Eliquis**: Is started the day of your surgery and is continued for a total of ***4 weeks***. Dose may be daily or twice a day.

Home Care Instructions

How do I care for my incision?

- Recommend leaving the post-operative bandage until follow up visit in 2 weeks.
- If it becomes wet or soiled, you may change it with one of the provided bandages.
- Sutures placed under the skin will dissolve over time and do not need to be removed.
- Keep Dermabond (purple mesh) in place until it falls off or it is removed at your first post-operative visit. It may begin to peel off in the shower, just trim the ends if it does.
- Showering immediately with bandage on is okay (change if becomes soaked); showering after 7 days with exposed incision is okay, just be sure to pat the incision dry afterwards and **DO NOT** scrub your incisions.
- ***DO NOT*** scrub the area; just allow water/soap to wash over you.
- ***DO NOT*** apply ointments or creams to your incision sites. They should remain clean and dry.
- ***DO NOT*** bathe or swim until approved by your surgeon. You **CANNOT** submerge your incisions (pool, hot tub, bath, etc.) for approximately 4 weeks following your surgery to help prevent infection.

When can I drive?

- Identify a Caregiver/family member to assist in driving you to and from appointments.
- ABSOLUTELY NO DRIVING while taking narcotic pain medication- it is against the law to operate a motor vehicle under the influence of any controlled substances (even when legally prescribed). Narcotics impair both motor ability and judgment.
- As a result of your surgery, your reaction time will be greatly slowed. Thus, in the case an emergency arises – i.e. you need to slam on brakes, depress the clutch, or turn the wheel, you may not be able to do so quickly and risk harm to yourself or others.
- If your **RIGHT HIP** is the operative side, you MAY NOT DRIVE FOR 6 WEEKS (or until cleared by Dr. Jaglowski). It is important to regain adequate quadriceps control before operating a motor vehicle.
- If your **LEFT HIP** is the operative side AND you drive an Automatic Transmission vehicle, you may drive a few days AFTER you finish taking your pain medication. It is important that you feel confident in your ability to respond efficiently before attempting to drive.
- It is okay for you to go for a ride in the car with someone else driving. It is advisable that you do not sit for any longer than 30 minutes at a time as this may cause increased swelling. After sitting for 30 minutes, you should get up and walk around.

What can I do about swelling?

- Some swelling is normal after surgery. The amount varies from patient to patient and can sometimes last for several months. The swelling may decrease if you:
  - Keep your legs propped up when you are sitting
  - Wear TED hose during the day
  - Do not sit for long periods of time. If you are sitting for longer than 30 minutes, do your ankle pumps.

When can I travel?

- You may ride in the car as soon as you feel comfortable
- We suggest you start with short trips to places you are familiar with
- If traveling by plane, please discuss precautions with your doctor

When do I see my doctor again?

- You should have a follow up appointment with your physician in 2-3 weeks. You should schedule this appointment at your pre-operative visit. If it is not, please call to schedule as soon as possible at (281) 316-0121 or at www.jagsortho.com.
- Your second post-operative visit will be approximately 3 months after surgery.

Hip Precautions- Anterolateral Precautions

Your Physical therapist will review all the following precautions with you, but these are general guidelines:

- Do not step backwards with surgical leg. Limit hip extension.
- Do not allow surgical leg to extend externally rotate excessively (turn outwards)- imagine a football kicker kicking a field goal, please avoid this position.
- Do not sleep on your surgical side when side lying, at least while the incision is healing.

Hip Rehabilitation

- You will work closely with a physical therapist following your surgery. PT may be completed at the location of your choice. You will have detailed instructions regarding rehabilitation that you will discuss with your therapist. The duration of PT will be determined by your doctor and physical therapist and will depend on your progression following surgery.
- Please visit www.jagsortho.com for a common list of hip exercises.