FRISCHORTHO

HIP & KNEE SPECIALIST

Congratulations on your new HIP!

You have made the commitment and are on the road to recovery. We are in this together and are here to help in any way needed. Included here are a few of the most important things to remember in the weeks to follow your joint replacement.

If you have ANY questions, please contact us.

Hip Replacement Notes



1. Medications
2. Hip Precautions
3. Dressing Instructions
4. Contact Information



1st Post-Operative Visit: ____ \ ____ \ ____ at ____:____ AM PM

FrischOrtho.com

CONTACT INFORMATION

*If you have **ANY questions or concerns**, please follow the steps below*

1 Regular Business Hours

Monday – Friday | 8:00 AM – 5:00 PM

Call the office and ask for a member of our team:

☎ **(248) 377-8000**

- **Medical Assistant: Allison- (248) 484-2137**
  - For Prescription refills, 24 hour notice is required and **will not be refilled** after hours or on the weekends.
- **Surgical Coordinator: Rachael- (248) 484-2127 (248) 484-2127**
- **Physician Assistants**
- **Dr. Frisch**

For non-urgent questions, you may leave a voicemail and your call will be answered within 24-48 hours

For urgent concerns including the following please call the office:

- Fever above 101.5°
- Confusion/Disorientation
- Inability to bear weight on the operative leg
- Increased Drainage
- Pain not controlled by pain medication
- Swelling and pain in foot or calf that is accompanied by coolness or decreased sensation in the foot

2 After Hours / Weekends / Holidays

☎ **(248) 377-8000**

You will be connected to our **off-hour answering service**, who will contact the provider on call.

If you do not receive a response:

☎ **Call Rochester Hospital: (248) 652-5000**

Tell them you are a patient of Dr. Frisch and ask them to contact him through the hospital directory.

Emergency Room Guidelines

STOP **DO NOT GO TO THE EMERGENCY DEPARTMENT UNLESS ABSOLUTELY NECESSARY**
(The ER does not know the details of your surgery.)

REPORT TO THE ER IF YOU EXPERIENCE

- **Chest pain**
- **Shortness of breath/difficulty breathing**
- **Serious medical emergency unrelated to your surgical recovery**

What to Expect after surgery

General Information

- Bruising and swelling are **normal** after surgery and may extend up or down your leg. This usually increase during the first few weeks.
- Expect swelling in the entire leg, including the foot. **The leg may feel stiff and tight.**
- You may feel tired and have decreased energy after surgery.
- You will need to ice the operative hip 30 minutes at a time every 2 hours.
- If you have posterior hip replacement, follow hip precautions for 6 weeks (See "*Hip Precautions*") in this book.
- Sleep on your back or either side, place a pillow between legs when side-sleeping for the first 6 weeks.

Wound Care (see "*Surgical Dressing Instructions*")

- Keep the surgical bandage intact for the first week.
- You may shower with the bandage on, but **do not take baths**. Pat the dressing dry.
- Remove the outer dressing **after 1 week** (If you have a different dressing follow the directions you were given).
- A wound vacuum dressing (with tubing and pump) may remain for 1–2 weeks and is waterproof.
- If **skin adhesive** is present, do not scrub or soak it off. Allow it to fall off naturally.
- **DO NOT** clean the incision, AVOID applying any cream or lotion to the incision.

Compression Stockings

- May remove when discharged home & walking regularly.
- Optional to continue wearing if comfortable

Medications

- Pain medication is commonly needed for 2–4 weeks after surgery.
- Call the office during **business hours (Mon–Fri)** for refills and **allow 24 hours** for pickup.
- If pain medication is still needed after 4 weeks, you may be referred to pain management.
- Continue anti-coagulants and resume home medications as instructed by your physician.

Physical Therapy

- You will continue to use the MyMobility app for exercises.
- Outpatient physical therapy will be discussed at your first postoperative visit.
- If prescribed, therapy typically occurs 2–3 times per week for 6–8 weeks.

Continued →

Activity

- You may put as much weight as tolerated on the surgical leg immediately.
- Limit activity to your home during the first week.
- Continue icing your leg as instructed.
- Perform only your prescribed home exercises to reduce swelling.
- Use a walker or cane until, you are walking without a limp and feel stable.
- **Do not drive while taking pain medication.**
- Driving usually resumes once walking comfortably (2 weeks). It may take longer if surgery was on the right leg. You must be able to apply adequate pressure on the brakes prior to driving.
- We recommend practicing in a parking lot prior to getting out on the road.
- Improvement continues up to one year.
- **Let pain be your guide.**

Follow-Up Appointment

- Your first postoperative visit will be 2-3 weeks after surgery with a Physician Assistant
- Your incision will be evaluated and X-rays will be taken.
- Activity progression will be discussed.
- Your second postoperative visit will be 6-8 weeks after surgery with Dr. Frisch.

Return to Work (Typical Estimates)

- Desk job: about 1 week
- Standing job: 2–4 weeks
- Hard labor: 6–8 weeks

When to Call the Office

When to Call the Office:

- Fever above 101.5°
- Confusion/Disorientation
- Inability to bear weight on the operative leg
- Increased Drainage
- Pain not controlled by pain medication
- Swelling and pain in foot or calf that is accompanied by coolness or decreased sensation in the foot

Postoperative Medications

Our goal is to provide a multi-modal preventative approach to pain management so you remain as comfortable as possible after surgery.

Anti-Inflammatory (reduce pain and swelling)

- ☐ Mobic (Meloxicam): 15 mg by mouth once daily with food
- ☐ Alternative – Celebrex (Celecoxib): 200 mg by mouth twice daily with food

Note: Discuss with your doctor if you have sulfa allergy, ulcers, kidney problems or on any blood thinner.

Oral Pain Medications

- ☐ Tylenol (Acetaminophen): 1,000 mg every 8 hours
- ☐ Neurontin (Gabapentin): 200 mg every 8 hours
- ☐ Oxycodone IR: 5 mg every 4 hours as needed for pain
- ☐ Tramadol: 50mg every 8 hours as needed for pain
- ☐ Journavx (Suzetrigine): 50mg; 2 tablets on 1st dose then 1 tablet every 12 hours

Blood Clot Prevention

- ☐ Aspirin: 81 mg twice daily with food for 30 days
  - If you cannot take aspirin, discuss this before discharge.
- ☐ Some patients may resume anticoagulants (Coumadin, Plavix, Eliquis, or Xarelto)
  - Follow your prescribing physician's instructions if a specific protocol was provided.

Additional Post-Op Medications

- ☐ Zofran (Ondansetron): 4 mg every 8 hours as needed for nausea
- ☐ Colace (Docusate Sodium): 100 mg twice daily as needed for constipation
- ☐ TXA (Tranexamic acid): 650mg 3 tablets by mouth once daily for 5 days
- ☐ Protonix (Pantoprazole): 40 mg 1 tablet daily

Antibiotics (if prescribed will be one of the following)

- ☐ Cefadroxil: 500 mg every 12 hours
- ☐ Clindamycin: 300 mg every 12 hours

Postoperative Medication Schedule

Take every scheduled medication as prescribed until all tablets are completed. Take Zofran for nausea and Colace for constipation as needed. If you have any questions, contact your healthcare provider.

Sample Daily Schedule

Time	Medications
Wake-up / Breakfast (6:00–8:00 AM)	Aspirin Mobic (Meloxicam) or Celebrex Tylenol (Acetaminophen) Gabapentin (Neurontin) TXA (Tranexamic acid) Journavx (Suzetrigne)
Mid-day / Lunch (2:00–4:00 PM)	Tylenol (Acetaminophen) Gabapentin (Neurontin)
Dinner (6:00–8:00 PM)	Aspirin Celebrex (if prescribed)
Before Bed (~10:00 PM)	Tylenol (Acetaminophen) Gabapentin (Neurontin)

As Needed

Oxycodone: every 4 hours as prescribed for pain
Tramadol: every 8 hours as needed for pain
Zofran (Ondansetron): up to every 8 hours for nausea
Colace (Docusate Sodium): 1–2 times per day for constipation
Protonix (Pantoprazole): 1 tablet daily

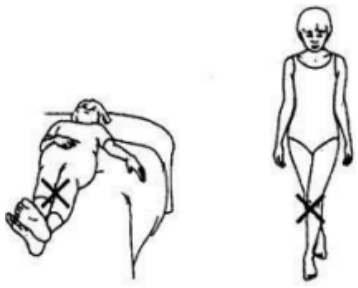
Antibiotics

Cefadroxil 500 mg or Clindamycin 300 mg as prescribed.

Posterior Hip Precautions

After your hip surgery, certain positions can cause you to be at increased risk for dislocating your hip. The risk of dislocation decreases with time, but we recommend 6 weeks of hip precautions.

No Adduction



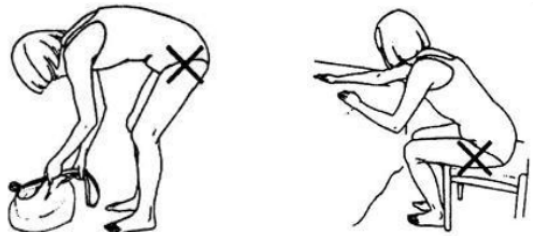
Keep legs apart at all times. Do not cross legs whether standing sitting, or lying down. Use a pillow to keep legs apart in bed.

Sitting



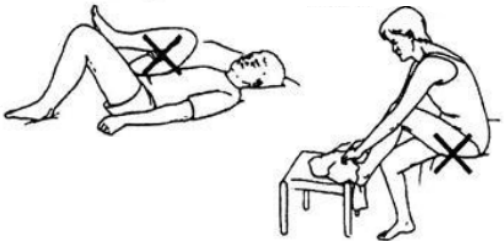
Do not sit on low or soft seats as this forces bending at hips and rolling inward knees

Limit Hip Flexion



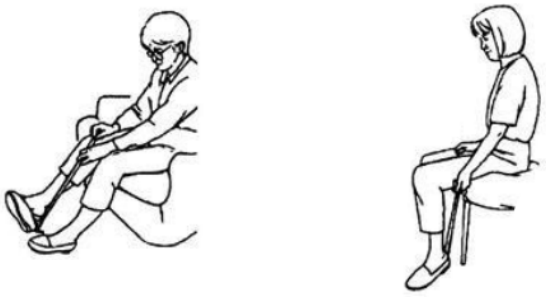
Do not bend forward at hips past 100 degrees while standing, sitting, or lying down.

Limit Lifting Leg



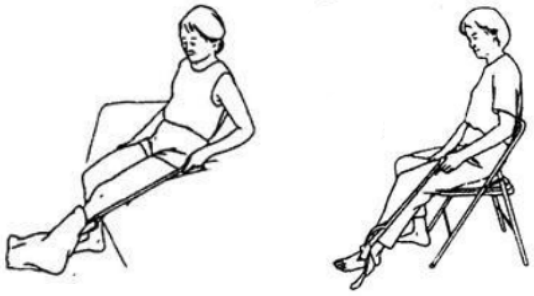
Do not prop or lift surgical leg past 100 degrees. Some activities including cutting toenails and shaving legs will require assistance.

Dressing: Shoes & Socks



Step-in shoes or elastic shoelaces eliminate bending. Use long-handled shoehorn to put shoes on. May use a Reacher or dressing stick to help take off socks & shoes.

Dressing: Limited Hip Flexion



Always use a long-handled device for self-care. Keep a Reacher handy to pick up dropped items.

Summary:

- **Limit hip flexion**
- **Limit hip adduction (in toward your other leg)**
- **Limit internal rotation (twisting your toes or knee inward)**

Sex After Total Hip Replacement

Many people have concerns about resuming sexual activity after total hip replacement surgery. In most cases, patients can safely return to sexual activity once they are able to perform normal daily activities without pain. Always follow guidance provided by your surgeon or physical therapist.

When Is It Safe to Resume Sexual Activity?

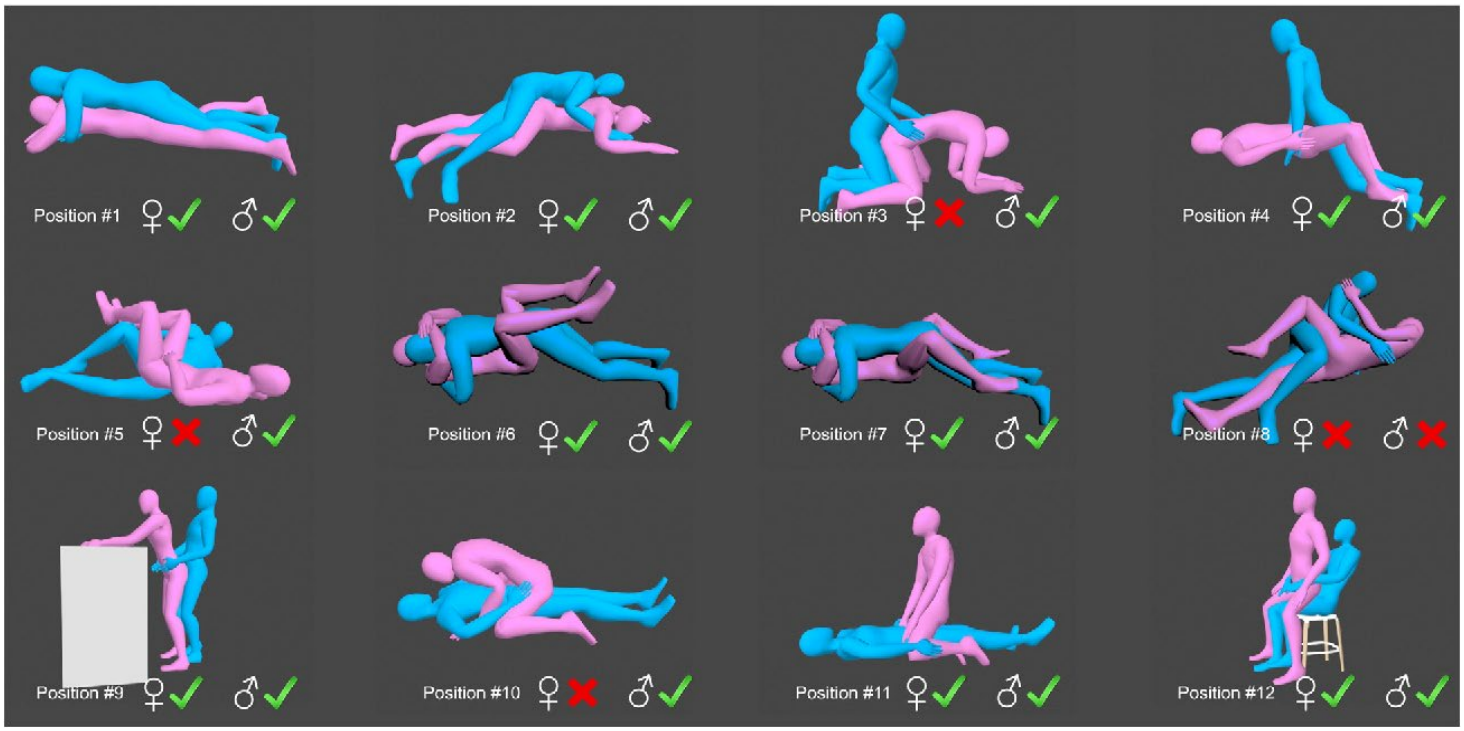
- You may consider resuming sexual activity when:
  - You can perform regular daily activities comfortably
  - Your pain is well controlled
  - You can move without violating hip precautions

Important Safety Guidelines

- To protect your new hip joint during recovery:
  - Limit hip bending to less than 90°
  - Avoid extreme hip positions or twisting
  - Take a more passive role initially
  - Follow any hip precautions provided by your care team
  - Use pillows for support and comfort if needed

Tips for Comfort and Safety

- Communicate openly with your partner
- Choose positions that do not cause pain
- Move slowly and carefully
- Stop if you feel pain, instability, or discomfort



Source: Charbonnier et al. Sexual Activity After Total Hip Arthroplasty: A Motion Capture Study. Journal of Arthroplasty, 29 (2014), 640–647.

Surgical Dressing Instructions

You may have the following after surgery based on you specific needs:

Mepilex Surgical Dressing (see picture on following page)

- This will stay on for a total of **7 days after surgery**, you will remove at home.
    - o **Do not keep dressing on longer than 7 days!**
- You may shower with your dressing on but **NO BATHS!**
    - o Pat dressing dry gently when finished.

Skin Glue

- You can continue to shower, gently patting dry when finished.
- The glue will wash off, do not scrub over incision.

Prevena Portable Wound Vac (see picture on following page)

- This will stay on for a total of **7-14 days after surgery, you will remove at home.**
- The dressing is waterproof, you can shower with it on, however you must place the pump portion in a plastic bag to prevent it from getting wet.
    - o Pat dressing dry gently when finished.
- Use dry dressings (gauze and paper tape) once dressing is removed for any drainage if needed.
- Once the dressing is removed, throw away the dressing and pump.

Traditional Wound Vac (see picture on the following page)

- This will stay on for a total of **7 days after surgery**. Once the dressing is removed, the pump must be returned as instructed.
- You will have a nurse that will change your wound vac dressing every 3-4 days.
- Use dry dressings (gauze and paper tape) once dressing is removed for any drainage if needed.

External Sutures

- These sutures cannot get wet, please cover them to shower
    - o These will be removed in the office between 3 and 4 weeks after surgery
- If you had a **robotic assisted surgery**, you may have pin sites (thigh & shin) with external sutures
    - o There will be a waterproof dressing covering these, please remove at home 7 days after surgery, the sutures will be removed at your first post op visit.

Continued →

JP Drain (see picture below)

- There will be a waterproof dressing covering where the drain exits the skin.
- Please keep track of how much fluid is emptied from the drain each day.
- The drain can be removed when there is less than 10 mL of drainage in 24 hours.

Brace

- If a brace is required, it will be set to the range of motion you are allowed.
- The brace can be removed only to shower, please keep your leg straight when out of the brace.

CareKits with Veris™

- Remove original surgery dressing and steri-strips after **7 days**.
- A CareKit will be mailed to your home prior to your surgery.
    - o This will include 15 days of supplies.
    - o If you have additional questions please refer to the instructions included in the CareKit.



Prevena

Wound Vac

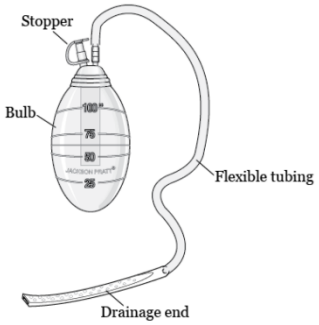




Mepilex

JP Drain

Jackson-Pratt Drain



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