



THUNDER BASIN ORTHOPAEDICS
— AND SPORTS MEDICINE —

Outpatient Total Hip Replacement

Indications for total hip replacement:

Most commonly, a total hip replacement procedure is indicated for patients with advanced arthritis who have failed conservative treatments. Arthritis is a condition where the cartilage, that lines and protects the joint surfaces, is worn down due to various reasons. Patients may experience pain, swelling, stiffness, and decreased range of motion of the joint. A trial of conservative treatments, such as oral anti-inflammatory medications, joint injections, and activity modification may help these symptoms. If conservative treatments do not control arthritis symptoms, you may be a candidate for a hip replacement procedure. During a hip replacement procedure, your surgeon will remove parts of your damaged hip joint and replace them with an implant designed to function like a normal, healthy hip.

Pre-Operative Care:

- **Medical clearance:** this will be determined by your surgeon depending on your age and medical history. You may need routine blood work, tests, and/or an evaluation by your primary care provider depending on your age and medical history.
- **Medications:** stop taking all anti-inflammatory medications (NSAIDS) and OTC herbal supplements/vitamins 2 weeks prior to your surgery. These medications thin your blood and make it difficult for your surgeon to perform the surgery. All other medications will be reviewed by the surgical facility.
- **Do not eat/drink after midnight.** A surgical nurse will review your home medications with you and which medications you can take the morning of surgery with a small sip of water.
- **Bathing before procedure:** you will be given antibacterial soap to clean the surgical area 2 days prior to surgery. Specific instructions will be provided.
- **Overall health –** It is important to be in the best possible overall health to promote the best possible surgical experience. Increasing upper body strength is important to help you maneuver a walker or crutches after surgery. Strengthening the lower body to increase leg

strength before surgery can reduce recovery time. Losing weight will help reduce stress on the new joint.

- Get in the mindset that it will take at least 6 weeks after surgery to start feeling back to normal again, but can take a full year to recover. Planning tips on making the recovery phase easier:
 - Prepare friends/family/hired help ahead of time to help you during your recovery phase (i.e. someone to take care of pets).
 - Time off work approved
 - Talk with people who have had this surgery
 - Make accommodations to your home to make it easier to walk with crutches/walker (i.e. move rugs or clutter out of the walk way)
 - Make freezer meals
 - Buy nonskid socks or nonslip foot wear that is easy to put on (i.e. Velcro shoes)
- Expect to go to outpatient Physical Therapy once you are discharged from the hospital. It may be helpful to line this up ahead of time.

Post-Operative Care:

- RECOVERY After surgery, you will be transported to an area called the Post Anesthesia Care Unit (PACU) or recovery room. Your stay in the PACU will depend upon your rate of recovery from the effects of the anesthesia.
- Following joint replacement, **your PACU stay is typically two to four hours.** Nurses will check your vital signs; blood pressure, respiratory rate, and heart rate - and monitor your progress. They will also start your ice therapy.
- Nurses will check your bandages, check drainage from your surgical site, and encourage you to cough and take deep breaths. They will also apply leg compression devices to help with circulation. You will be able to take this home with you.
- Once you are awake and ready for your first walk, your family member or “coach” will be able to join you and assist our team with your recovery. If you have not done so already you will also be asked to urinate prior to being discharged. Once these two tasks have been accomplished your stay in the PACU is complete and you may be discharged home to continue your recovery.

- Pain medication: you will typically be given a prescription anti-inflammatory medication for your baseline pain medication. You may also be given a stronger pain medication to take for breakthrough pain that the anti-inflammatory pain medication does not control.
 - Our goal at Thunder Basin Orthopaedics is to make you comfortable, but we do not expect you to be pain free.
 - Our goal is to safely taper you off the narcotic pain medication, so you do not develop unwanted side effects from the medication.
- Ice: Icing is very important to decrease swelling and pain after surgery. Leave ice on for 20 minutes at a time, and ice several times a day for the first couple of weeks after surgery.
- Weight bearing: most patients are able to bear weight as tolerated, but typically use an assistive device such as a walker for a period of time after surgery.
- Physical therapy: vital for the success of your operation. You will go to physical therapy 2-3 times/week for 12 weeks
- Posterior hip precautions:
 - Do not bend hip past 90 degrees (i.e. sitting on a low toilet)
 - May need to obtain a toilet seat riser if you have a low toilet
 - Do not cross legs
 - Sleep with pillow between legs

Things to watch out for:

- Blood clots: common symptoms include calf pain and swelling. With any development of chest pain or shortness of breath, go to the emergency room immediately.
 - Preventative measures: You will be required to take a blood thinning medication (i.e. xarelto, aspirin, lovenox) directed by your surgeon. Elevating the extremity, wear compression stockings, portable calf massager (SCDs), ankle pump exercises, early walking
- Infection: common symptoms include redness around incision, cloudy drainage from incision, a marked increase in pain around incision, fevers/chills.

- Preventative measures: you will receive IV antibiotics during your hospital stay, wash hands, keep incision area clean and dry, do not soak incision until it is completely healed
- Dental procedures: you will be required to take an antibiotic medication prior to any dental procedures for the rest of your lifetime to minimize risk of an infection in your joint replacement
- Constipation: very common side effect in the early post-operative period.
 - Narcotic pain medications are the main culprit for causing constipation. The goal is to taper off of these medications as quickly as possible.
 - Drink lots of water. Some people find prune juice helpful.
 - May try an OTC stool softener recommended by your pharmacist (i.e. Colace)

Please refer to our attached frequently asked questions list. If your question has not been answered, please call Thunder Basin Orthopaedics at (307) 682-6222 – Gillette or (307) 358-6200 – Douglas.

Please call us at the above number if you experience severe pain that is not relieved by your medicine or if you experience a temperature over 101 degrees F, redness/swelling in your thigh or calf.



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Outpatient Surgery: FAQ's

Frequently Asked Questions:

- What kinds of tests will I need before surgery?

You may need routine blood work and medical clearance by your primary care provider depending on your age and past medical history. This will be determined by your healthcare provider.



- What medications do I take before surgery?

This will be determined by your medical doctor and anesthesia. You will be informed at your medical clearance appointment and/or by a surgery nurse from the surgical facility prior to your surgery.

- Do I need to stop taking any medications before surgery?

You can take most of your medications up until the day of surgery. The following medications your surgeon requires you to stop taking **2 weeks** prior to your procedure. The following medications act as blood thinners, making it difficult for your surgeon to perform your procedure and potential post-op complications.

- NSAIDs – include aspirin, advil, motrin, ibuprofen, aleve, naproxen, meloxicam, etodolac, feldene, diclofenac.
- OTC herbal supplements and vitamins

- What should I bring to the hospital?

Bring a list of current medications including dosages, assistive walking devices you already own (if applicable to your surgery), any paperwork the hospital has requested (i.e., ID & insurance card), and wear comfortable, loose-fitting clothing.

- When should I arrive at the hospital for surgery?

The surgical facility will call you the **day prior** to your surgery to let you know when your surgery will be and when to arrive at the hospital.

- How much pain will I be in after surgery?

As with any surgery, individual patient experiences may vary. At Thunder Basin Orthopaedics, we are committed to making sure you are comfortable after your procedure, but we do not expect you to be pain free. Your surgeon and anesthesia provider will discuss your pain management options prior to your surgery including nerve blocks, pain medications, and pain-relieving modalities.

- When can I drive?

You are not allowed to drive while you are on pain medications that can alter your mind and judgement. The type of surgery, location of surgery (left leg vs. right leg), and patient's overall general condition play a part in the decision. It will be up to your surgeon to allow you to drive.

- When can I return to work?

Depending on your occupation, type of surgery, and availability of light-duty options at work, you will be able to return to work as soon as your surgeon feels you can do so safely. You will discuss this with your surgeon during a follow-up visit.

- How often will I need to see my surgeon?

Typically, you will see one of the orthopedic providers for your first post-op appointment 1-2 weeks after you are discharged. The frequency of additional visits will depend on your progress. Many patients will follow-up with the surgeon again at 6 weeks and 12 weeks.

UNDERSTANDING YOUR PRECAUTIONS:

Total Hip Arthroplasty – Posterior Approach

AFTER A POSTERIOR APPROACH total hip replacement, there are some positions your provider will require you to avoid during recovery. It is important to follow these precautions and any other instructions given to you regarding your new hip to protect it and allow it to heal properly.

YOUR NEW HIP

During a hip replacement surgery, the head of your thighbone (femur) was replaced with a durable implant called a prosthesis. To do this replacement, your surgeon dislocated your hip



which weakened the ligaments and muscles that surround and control it. These muscles need time to heal and strengthen to hold your new joint in place.

Your new prosthesis is smaller than the head of the femur that was replaced. This smaller size means if you twist too far or fail to follow the precautions, it can come out of place.

To avoid dislocating your new hip, you will need to follow the hip movement precautions.



HIP JOINT WITH PROSTHESIS

SITTING PRECAUTIONS

Useful tips:



Do not bend your operated hip beyond a 90° angle.



Do not cross your operated leg or ankle



Do not turn your operated leg inward in a pigeon-toed position

- If you bend beyond 90° when using the restroom, you will need a toilet seat riser.
- Sleep on your back or with a pillow between your legs.
- Extension grabbers are often useful.



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PRE-SURGICAL CHECKLIST



As soon as you get your surgery date: _____
(WRITE THE DATE/TIME HERE)

You will need to:

- Schedule a Pre-op Appointment with your Surgeon and/or Physician Assistant (PA) if requested. _____
(WRITE THE DATE/TIME HERE)

- Call local hospital or outpatient testing facility to schedule for labs and EKG if requested by your surgeon. _____
(WRITE THE DATE/TIME HERE)

- Schedule a Pre-op appointment with your Primary Care Provider (PCP) for a medical clearance letter. This will likely include reviewing the EKG and lab work.

(WRITE THE DATE/TIME HERE)

- Schedule your Outpatient Physical Therapy appointments
 - Pre-op for walker education. _____
(WRITE THE DATE/TIME HERE)

 - Post op for 1st visit. _____
(WRITE THE DATE/TIME HERE)



You are scheduled for an orthopaedic surgery. Here are important medications you need to notify Thunder Basin Orthopaedics you are taking, as these medications significantly impact your recovery.

“Anticoagulants” or blood thinners

- Stop 10-14 days before surgery
 - Aspirin
 - NSAIDS (e.g. Diclofenac, Ibuprofen, Celecoxib, Meloxicam, Naproxen, Indomethacin, Ketorolac, Etodolac, Sulinac)
 - Platelet inhibitors (Clopidogrel/**Plavix**, prasugrel), ticagrelor, ticlopidine)
 - Warfarin (Coumadin) Usually stop 5 days before surgery
 - Generally these are resumed 7 DAYS after surgery.
- Stop 48 hours before surgery
 - Direct oral anticoagulants (dabigatran, rivaroxaban/**Xarelto**, apixaban, edoxaban)
- Stop 24hrs before surgery
 - Lovenox
- Stop 2 weeks before surgery
 - Herbals, supplements (garlic, ginko, ginseng, **fish oil**, flaxseed oil, saw palmetto, chamomile, green tea, vitamin K and E)

“Immunomodulators”

These drugs significantly increase your risk of infection after surgery. They will need to be stopped for 2 weeks before your surgery, and at least 2 weeks *after*.

- Common conditions include: rheumatoid arthritis, inflammatory bowel disease, lupus, psoriasis.
- Common drug names include: Methotrexate, Plaquenil, Enbrel, Remicade, Humira, CellCept.

You should also notify your prescribing doctor you will be having surgery and will need to stop these medications. Do not stop taking these medications without consulting your doctor.



Understand your prescription pain medicine:

- Pain medication is meant to be taken as needed (prn). While you may need prescription pain medicine at first, it is best to start lowering how much you take as soon as you can.
- If you were taking opioids preoperatively, do not take those in combination with any new prescriptions from the surgeon.
- Pain medicine will make you constipated. Keep moving, drink plenty of water and eat more fiber (fruits, vegetables, and whole grains). **You may take a stool softener (such as Colace), which you should take until you are done taking the pain medicine.**
- Please call at least 48 hours ahead of time for a refill. We cannot give refills after 5pm, on Fridays, or on weekends.
- You cannot call in to the pharmacy for a refill prescription. You must call our office.

Expect to take less pain medicine over time!

- Prescription pain medicine is addictive in as early as 2 weeks; it is important that you do not become dependent on it. We will expect you to use less prescription pain medicine over time.
- We recommended that you wean your narcotic use slowly and not abruptly. If you are taking 2 narcotic tablets every 4 hours, then wean to 1 tablet every 4 hours, then 1 tablet every 6 hours, and so on until you are able to stop taking these narcotics all together.
- If you have any questions about weaning off your pain medicine, please contact our office.

Important: Six (6) weeks after your surgery, we will stop refilling prescriptions for pain medicine. If you think you still need prescription pain medicine longer, we will refer you to pain management.