



TOTAL HIP ARTHROPLASTY

- It is normal for the hip to be swollen, numb, ache and feel warmer than the other hip. You may hear or feel clicking and popping. These feelings are normal and may last 6 months before they gradually go away. Spend time each day lying on your bed with your legs elevated 10-15" above your heart to help decrease the swelling.
- You will feel more tired and may need to nap during the day. You may also have problems sleeping during the night. The abnormal sleep and wake cycles return to normal after 1-2 months.
- Pain from arthritis goes away quickly. The pain that you have now is healing pain due to surgery. This will continue to improve in the days and weeks following surgery.
- Physical therapy is important for regaining strength and motion. Home PT is typically set up for the first 2 weeks. You will be given an outpatient physical therapy order at your first post-op appointment. It is important you set up outpatient PT to follow your in-home PT at week 3.
- You may "set off" metal detectors. No documentation is needed to prove you have an implanted device.
- If you go to the dentist or plan to have a major or minor surgery:
Contact your dentist or surgeons' office for antibiotics. These precautions are necessary for 2 years post operatively. No antibiotics are needed for colonoscopy.
- Feel free to resume activities as tolerated with your assistive device.
 - It is not recommended that you run or jump on your new hip.
 - You will be able to kneel eventually.
 - Do not resume driving for 4-6 weeks after surgery. No driving until off of narcotic meds.
- Timing for return to work is dependent on several factors including your individual rate of healing and your occupation. Most patients return to work somewhere between 3-6 weeks after surgery.
- You may travel locally by car at any time (less than 30mins of travel).
- You may travel long distance by car or airplane after 4-6 weeks. You must get up out of your seat or take frequent stops every 2 hours as well as doing ankle pumps. Report and calf pain or swelling to a local emergency room (wherever you are). Travel before 4 weeks is occasionally necessary, let us know if you need to travel, we can prescribe an appropriate blood thinner.



ALASKA ORTHOPEDIC SPECIALISTS

Alaska Orthopedic Specialists, LLC
4015 Lake Otis Parkway, Suite 201
Anchorage, AK 99508

Phone (907) 771-3500 | Fax (907) 771-3550
www.akortho.com

1. Medications:

A. Blood thinners:

- Aspirin 325mg once a day x 4 weeks
- Xarelto 10mg ONCE daily x 10 days

B. Pain Medication:

- Percocet 5/325mg (oxycodone 5mg/acetaminophen 325mg)
 - Ibuprofen 800mg 3 times a day, not to exceed 2,400mg a day
 - Tylenol 1000mg 2 times a day, not to exceed 3,200mg in a day
- Other:

****DO NOT TAKE PERCO CET AND TYLENOL IN COMBINATION****

****** Please call our office at 907-771-3500 before you run out.
Allow 48-72 hours notice as per our office policy. ******

C. Laxatives / Stool Softeners:

- Choices are:
- MiraLAX 17g (1 TBSP) in 8 oz water per day (OTC)
 - Senokot 2 tabs once per day (OTC)
 - Colace 100mg 1 tab once per day (OTC)
 - Milk of Magnesia 30mL once per day (OTC)
 - Dulcolax suppository once per day

2. Wound Care

- A. Dressing changes and duration of coverage will be decided by your surgeon. Generally, you should leave bandages on until first postop appt.
- B. Continue to wear compression stockings x 2 weeks.

3. Activity

- A. Perform simple ankle pumps to promote circulation.
- B. Walk as much as tolerated increasing a little bit every day.
- C. Spend time lying flat on your bed with your legs elevated 10-15" above your heart to help decrease the swelling.