

TOTAL HIP REPLACEMENT

Your First Two Weeks After Surgery

Your surgery is done, and now the recovery starts. This guide walks you through the first two weeks, from the day of surgery until **your PA visit at 2 weeks** (your follow-up with our physician assistant). Keep it somewhere handy. It answers most of the questions patients call us about. Your medicines are covered in the separate **Medication Guide** that comes with it.

YOUR PLAN AT A GLANCE

WEIGHT ON YOUR LEG	Full weight as tolerated from day 1, with a walker for the first 1 to 2 weeks
BRACE	None
HIP PRECAUTIONS	None. You may sit, bend forward, and cross your legs. Any chair height is fine
YOUR TWO RULES	No bridging and no leg lifts against resistance for 6 weeks (bridging is lying on your back and lifting your hips)
THE QUIET HIP	Ice the front of the hip 20 minutes on, 20 minutes off while awake, even if you feel fine. Keep activity modest for 2 weeks
PHYSICAL THERAPY	Home exercises first. Formal PT only if we order it, or after your PA visit
INCISION AND SHOWERING	Shower from 48 hours . Waterproof dressing off at 5 days . Glue and mesh tape stay on 2 to 3 weeks . No soaking until cleared
FOLLOW-UP	Your PA visit at 2 weeks
QUESTIONS	(425) 656-5060 , day or night

What We Did

We replaced the worn ball and socket of your hip. The ball is now a smooth ceramic head on a titanium stem in your thigh bone, and the socket is a titanium cup with a smooth plastic liner. We went in through the **front of the hip (the anterior approach)**, working between the muscles instead of cutting them.

Because no muscles were cut, your new hip is stable in every position. **The old "hip precautions" you may have heard about do not apply to you.** The muscles in the front of the hip (the hip flexors) were still moved aside, though, and they get irritated if you do too much too soon. That is the reason for the rules below.

Your three jobs for the next two weeks

- **Keep the hip quiet.** Ice the front of the hip often and keep activity modest, even if you feel great.
- **Walk, a little at a time.** Short, flat walks several times a day are your most important exercise.
- **No bridging, and no leg lifts against resistance.** These strain the front of the hip while it heals.

Day by Day

What to do, and what to expect, from the day of surgery to your PA visit.

DAY 0

The Day of Surgery

Goal: Get home safely, rest, and ice.

You go home the same day. **Rest today.** The main goal is to **prevent swelling and pain** and get your recovery started.

- **Use the walker every time you stand up.** Your leg may feel heavy or weak for a few hours while the spinal anesthesia (the numbing medicine in your back) wears off. Have someone with you the first few times you get up.
- **Ice the front of the hip** as soon as you get home, with a thin layer between the ice and your skin.
- **Short trips only today:** to the bathroom and the kitchen.
- **Ankle pumps:** point and flex your foot 20 times every hour you are awake. This keeps blood moving in your calf and helps prevent blood clots.
- **Lie any way that is comfortable.** On your back or on either side are all fine. A pillow between your knees can make side-lying more comfortable.

Stay ahead of the pain

Most patients feel pretty good the day of surgery because of the spinal anesthetic and the medicine given during surgery. The spinal wears off within several hours, and pain can build the first evening.

Take your pain medicine on schedule, and before bed on the first night, even if you feel fine. It is much easier to stay ahead of pain than to catch up to it.

Before bed tonight

- ☐ Pain medicine taken
- ☐ Ice on the front of the hip
- ☐ Ankle pumps done
- ☐ Walker next to the bed, clear path to the bathroom, night light on

DAY 1

The Day After Surgery

Goal: Start walking and your gentle exercises. Keep icing.

1 Leave the dressing on until day 5

Your incision is closed in layers: **dissolving stitches** under the skin, then **skin glue with a mesh tape** on top, then a **waterproof dressing** over that. **Leave the waterproof dressing on until day 5.** You can shower with it on starting 48 hours after surgery. A small amount of dried blood under the dressing is normal. **No creams, lotions, or ointments** on the incision for 4 weeks.

If blood soaks through the dressing or is leaking out the edges, call **(425) 656-5060**. This is very unlikely.

2 Walk

Take **short, flat walks 2 to 3 times a day** with the walker, plus your trips around the house. Put full weight on the leg and try for a normal heel-to-toe step. **Stop before you get tired.** Add a little distance each day.

3 Gentle exercises

Do these 2 to 3 times a day. Move slowly and stay in a comfortable range.

- **Ankle pumps:** 20 at a time, every hour you are awake.
- **Quad squeezes:** With your leg straight, tighten the muscle on the front of your thigh. Hold 5 seconds. 15 in a row.
- **Heel slides:** Lying on your back, slide your heel toward your bottom and back out. 10 in a row.
- **Leg slides out to the side:** Lying on your back, slide the leg out to the side and back, keeping the kneecap pointed at the ceiling. 10 in a row.
- **Standing side leg lifts:** Holding the kitchen counter, lift the leg out to the side and back. 10 in a row.

What NOT to do

- **No bridging** (lying on your back and lifting your hips off the bed) for 6 weeks.
- **No leg lifts against resistance**, such as straight-leg raises with a weight or band, or hip flexor machines at the gym.
- **Don't overdo it because you feel good.** Too much walking or standing in the first two weeks irritates the hip flexors and causes a painful tendinitis in the front of the hip that can last for weeks.

You can move freely

With the anterior approach, **you can sit in any chair, bend forward to put on your shoes, cross your legs, and sleep in any position** that is comfortable. You do not need a raised toilet seat or hip kit for safety, though a grabber or sock aid can make the first days easier.

DAYS 2–7

The Rest of the First Week

Goal: A quiet hip, a little more walking each day, and your home exercises.

- **Keep up the Quiet Hip.** Ice the front of the hip 20 minutes on, 20 minutes off while you are awake, even on good days.
- **Walk a little farther each day**, still stopping before you get tired. Rest with the leg up in between.
- **Your home exercise program comes first.** Keep doing the walks and exercises above. Formal physical therapy starts only if we order it, or after your PA visit.
- **Shower starting 48 hours after surgery**, with the waterproof dressing on. It can get wet. Pat it dry after. See the Frequently Asked Questions.
- **Day 5: take off the waterproof dressing.** Peel it off slowly, starting at one corner. **Leave the glue and mesh tape on.** They stay on for 2 to 3 weeks, and we will review taking them off at your PA visit. From now on, shower with the glue and mesh tape uncovered: let the water run over it, don't scrub, and pat it dry.
- **Pain and swelling usually peak around days 2 and 3, then ease through the rest of the first week.** After that, most people notice a real turning point.

- **Bruising and swelling may spread down the thigh to the knee**, and sometimes the foot. This is normal. Elevation and ankle pumps help.
- **Start cutting back the narcotic pain medicine** as the pain allows. See your Medication Guide.

WEEK 2**Until Your PA Visit***Goal: A steadier, more normal walk.*

- **Walker to cane:** most people switch around week 2, once they feel steady and balanced. Hold the cane in the hand opposite your new hip. Don't rush it. A fall costs far more than an extra week with the walker.
- **Keep walking**, a bit farther each day. Walking is your most important rehab tool.
- **Keep icing** after walks and exercises.
- **Still no bridging**, and still no leg lifts against resistance.
- **Keep doing your home exercises.** We will talk about whether you need formal PT at your PA visit.
- **Leave the glue and mesh tape on.** Don't pick at the edges or soak it. We will review taking it off at your PA visit.

Your PA visit at 2 weeks

We will check your incision and review taking off the glue and mesh tape, check your walking and your strength, review your home exercises and whether you need formal PT, and answer your questions. Write your questions down as they come up, and bring this guide.

Managing Pain

Your medicines are explained on the separate **Medication Guide** that comes with this packet. Medicine is only one of the tools you have. These have been shown to lower pain and the amount of narcotic medicine people need:

- **Ice, elevation, and the anti-inflammatory medicine.** These three together are your best tools for pain and swelling.
- **Mindfulness meditation** has been shown to help with pain after surgery. Guided meditations are free at mindfulness-for-pain.mindful.org.
- **Listening to music** lowers pain levels and the need for narcotic pain medicine after surgery.
- **Accept that some pain is part of healing.** Your body sends blood flow and energy to the areas that hurt, and that is part of recovery. After the first couple of days, our goal is a pain level of about **6 out of 10 with medicine**. "Zero pain" is not the goal.

Expect pain to be worst on days 2 and 3. Most patients feel pretty good the day of surgery because of the numbing medicine used during surgery. Then things get sorer before they get better. This is normal and it passes.

Constipation

Narcotic pain medicine commonly causes constipation. Try these in order:

1. Cut back on the narcotic pain medicine if your pain allows.
2. Drink plenty of water and other decaf fluids.
3. Eat dried prunes or drink prune juice.
4. Take Senna (Senokot), an over-the-counter laxative.

5. Add Miralax, a stronger laxative. We prescribe it for your records; if you already have Miralax at home, you do not need to fill the prescription.
6. If you have not had a bowel movement in 5 days, call the office.

Icing Your Hip

Icing the front of your hip is one of the best ways to calm the hip flexors and control pain and swelling, especially in the first two weeks. **Ice even when you feel fine.** It prevents problems, not just pain.

- **How often:** 20 minutes on, 20 minutes off while you are awake, and after walks and exercises. The same schedule applies to the ice machine and to ice bags.
- **Ice machine:** If you have one (most of our patients have the **Breg Polar Wave**), place the pad over the front of the hip. Compression is fine from day one.
- **Always keep a layer between the ice and your skin**, such as a t-shirt or a pillowcase (or the waterproof dressing for the first 5 days). Check your skin each time you take the ice off.
- **No ice machine?** Bags of ice or frozen peas wrapped in a thin towel work well, on the same 20 minutes on, 20 minutes off schedule.

Eat to Heal

What you eat has a **direct effect on how well and how fast you recover.** After surgery your body breaks down muscle to get the building blocks it needs for healing. Good nutrition lets it rebuild instead.

- **Protein:** Aim for 1.6 to 2.0 grams per kilogram of your ideal body weight each day. Most people eat far less. A protein shake is an easy way to close the gap when your appetite is low.
- **Creatine:** 10 grams a day. It helps muscle energy and lowers inflammation, and it is one of the most studied and safest supplements. Let your other doctors know you take it, since it can raise a kidney number (creatinine) on blood work.
- **Vitamin D:** 2,000 to 5,000 IU a day. Important for bone healing and your immune system.
- **Vitamin C:** 500 mg twice a day. Your body needs it to make collagen, the protein that holds tendons, ligaments, and your repair together.
- **Collagen peptides:** 10 to 20 grams a day, taken with the vitamin C.
- **Water:** 8 to 10 glasses a day. Well-hydrated patients have less pain, nausea, and fatigue.

The full nutrition guide is at merrittsurgery.com/surgeries/nutritional-optimization

Is This Normal?

Use this page to decide whether to wait it out, call us, or call 911.

OK NORMAL

NORMAL — expected after surgery

- **Swelling** in the thigh, knee, and even the foot for the first week or two
- **Bruising** that spreads down the thigh to the knee over the first week (gravity pulls it down)
- A **low fever up to 100.5°F** for the first 2 to 5 days. Deep breaths help bring it down
- A **numb patch on the outer thigh** near the incision. It usually shrinks over 6 to 12 months
- Soreness in the **groin or front of the hip** after activity
- The **leg feeling longer** at first. This usually settles as the muscles relax

CALL CALL US

CALL US — (425) 656-5060

- **Temperature of 101.5°F or higher**, or shaking chills
- **Redness that spreads** away from the incision, or drainage that is cloudy, smells bad, soaks the dressing, or leaks out from under the mesh tape
- Any drainage that **starts or continues after day 4**
- **Calf pain or swelling that keeps getting worse**, especially if it is only in one leg
- Pain that is **not controlled** by your medicines
- **New clicking or clunking** in the hip
- Nausea or vomiting that keeps you from keeping down fluids or medicine
- **Unable to urinate** for 8 hours after surgery
- **Black or tarry stools**, vomiting blood, or bleeding that won't stop
- **Foot that is numb, tingling, cold, or pale** and doesn't improve with elevation
- A fall

911 EMERGENCY

CALL 911

- **Chest pain**
- **Shortness of breath** or trouble breathing
- Coughing up blood
- Fainting or passing out
- **Very sleepy, hard to wake up, or slow or shallow breathing** (possible narcotic overdose)
- Swelling of the face, lips, or throat, or a widespread rash (allergic reaction)

Don't see an answer to your question here?

Call our office at **(425) 656-5060**, day or night
Learn more at **merrittsurgery.com**

Frequently Asked Questions

Do I need hip precautions?

No. With the anterior approach there are **no rules about sitting, bending, or crossing your legs**, and no limits on chair or toilet height. Your new hip is stable in all positions. Your only restrictions are **no bridging and no leg lifts against resistance for 6 weeks**.

Why no bridging?

Bridging (lying on your back and pushing your hips up) stretches and loads the front of the hip, where the tissue is healing. After 6 weeks it becomes one of your best exercises.

I feel great. Why should I take it easy?

Many hip patients feel better than expected and do too much. That irritates the hip flexor muscles in the front of the hip and can cause a painful tendinitis that sets you back for weeks. Keep walks short, ice often, and let activity build gradually.

How much weight can I put on my leg?

Full weight, as much as is comfortable, from the day of surgery. Use the walker for the first 1 to 2 weeks for balance, then a cane (usually around week 2). Most people walk without anything by 4 to 6 weeks.

When can I shower?

Starting **48 hours after surgery**, with the waterproof dressing on. It is made to get wet. **Take the dressing off at 5 days**, and after that shower with the glue and mesh tape uncovered. Let soapy water run over the incision, but don't scrub it, and pat it dry. Sit on a shower chair or stool if you have one, and have someone nearby the first time. **No baths, pools, or hot tubs until we clear you**, since soaking softens the glue and the healing skin.

Do I need stitches out?

No. All of your stitches are under the skin and dissolve on their own. The skin glue and mesh tape stay on for **2 to 3 weeks**, and we will review taking them off at your PA visit. Nothing else needs to be removed.

How do I do stairs?

"Up with the good, down with the bad." Going up, step up with your non-surgery leg first. Going down, put the surgery leg down first. One step at a time, with a handrail. Most people are doing stairs normally within a couple of weeks.

When can I drive?

Right hip: usually 3 to 4 weeks. **Left hip (automatic car):** usually 2 to 3 weeks. You must be off all narcotic pain medicine and able to brake quickly and confidently.

When can I go back to work?

Light desk work is usually possible around 3 to 4 weeks. Jobs with standing, walking, or lifting take longer, and we'll plan that together at your visits.

Can I travel or fly?

Long car rides and flights raise the risk of blood clots. It's best to avoid them in the first two weeks. If you must travel, get up and walk every hour, do ankle pumps often, and keep taking your blood clot medicine. Please let us know before you go.

Do I need antibiotics before dental work?

Yes. For **1 year** after your joint replacement, you need an antibiotic before dental procedures. Let your dentist know you had a joint replacement.

How do I get a refill?

Call **(425) 656-5060** during business hours, Monday through Friday, a day or two before you run out. Narcotic pain medicine cannot be refilled after hours or on weekends. You can also ask at your PA visit.

YOUR MEDICATION GUIDE

Hip Replacement

After surgery you go home with a small team of medicines. **Each one has a specific job**, and they work best together. This guide explains what each medicine is for, how to take it, and when to stop. Your prescription labels have your exact doses. If anything here differs from your label, follow the label and call us.

Your Medicines at a Glance

These are my standard medicines after this surgery

Your plan may be different because of your allergies, your health history, or a different plan for pain or blood thinners (anticoagulation). If we discussed a different plan with you, follow that plan and your prescription labels.

Type	Medicine	Its job	How to take it
SWELLING	Anti-inflammatory medicine usually meloxicam (Mobic)	Calms swelling and inflammation where you had surgery, which also lowers pain.	Twice a day, with food
PAIN	Acetaminophen (Tylenol)	Works on pain in a different way than the other medicines, so together they work better with fewer side effects.	Every 8 hours
CLOTS	Aspirin 81 mg baby aspirin	Thins the blood slightly to prevent blood clots after surgery while you are less active.	Twice a day, unless you were given a different blood thinner plan
PAIN	Narcotic pain medicine usually oxycodone (or hydrocodone or Dilaudid)	Takes the edge off strong pain so you can rest, sleep, and do your exercises.	As needed
INFECTION	Antibiotic (cefadroxil) Only some patients get this	Extra protection against infection for patients at higher risk.	Twice a day, 7 days
HELPER	Anti-nausea medicine ondansetron (Zofran) If prescribed	Settles nausea from anesthesia or the narcotic.	As needed
HELPER	Miralax and Senna Miralax is prescribed; Senna is over the counter	Treat constipation from the narcotic, if it happens.	Only if constipated
HELPER	Omeprazole 20 mg (Prilosec) Prescribed	Protects your stomach if the anti-inflammatory or aspirin upsets it.	Only if stomach upset

A Typical Day

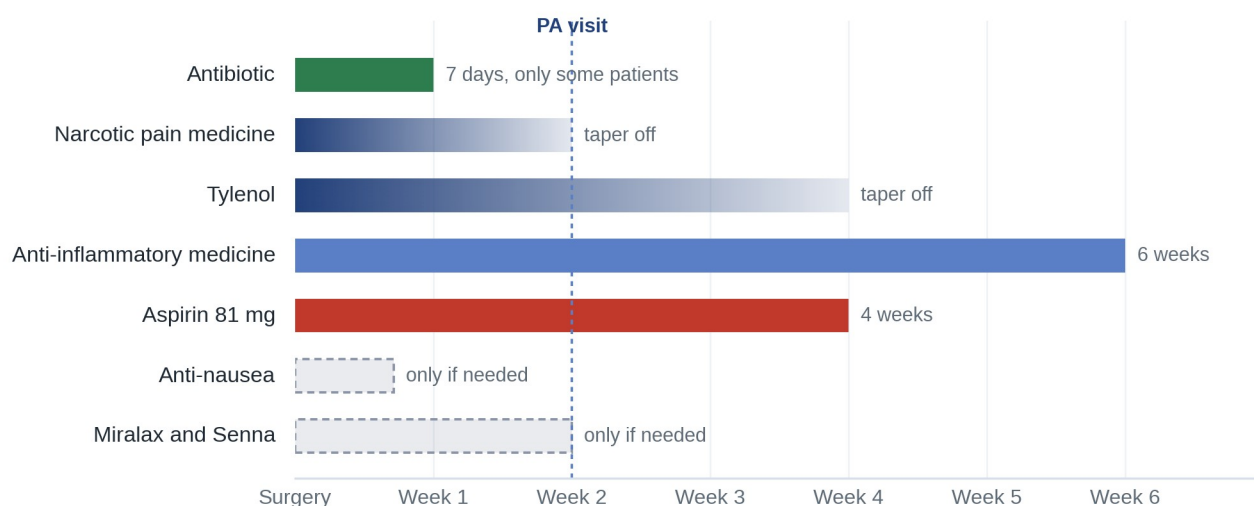
Scheduled medicines, spread through the day. Take the morning and bedtime doses with food or a snack.

Medicine	Morning with breakfast	Afternoon around 3 pm	Bedtime with a snack
Anti-inflammatory medicine	●		●
Acetaminophen (Tylenol)	●	●	●
Aspirin 81 mg	●		●
Antibiotic (cefadroxil)	●		●

Only when needed: Narcotic pain medicine; Anti-nausea medicine; Miralax and Senna; Omeprazole 20 mg (Prilosec). Follow the label for how often.

How Long to Take Each One

Solid bars: take every day for the full time. Fading bars: taper off as you feel better. Dashed: only if needed.



Stop them in this order

- 1. Antibiotic after 7 days**, if you were given one. Finish every pill.
- 2. Narcotic next.** Most people are off it within 1 to 2 weeks.
- 3. Tylenol**, once your pain is manageable without it.
- 4. Aspirin at 4 weeks. Always finish the full course.** It protects against clots, not pain.
- 5. Anti-inflammatory last, at 6 weeks.** We can discuss more at that visit.

Each Medicine in Detail

Anti-inflammatory medicine usually meloxicam (Mobic)

Its job: Calms swelling and inflammation where you had surgery, which also lowers pain.

How to take it: Take **twice a day** (morning and evening) **with food**, as directed on the bottle. Keep taking it for **6 weeks**, even when you feel good. We can discuss continuing it at your 6-week visit.

- **Do not add ibuprofen (Advil, Motrin) or naproxen (Aleve).** They are the same family of medicine, and taking two together raises the risk of stomach bleeding.
- Not prescribed if you are allergic to anti-inflammatories. If you already take your own anti-inflammatory, keep taking yours instead.

Acetaminophen (Tylenol)

Its job: Works on pain in a different way than the other medicines, so together they work better with fewer side effects.

How to take it: Take **1,000 mg (two 500 mg tablets) every 8 hours**. Continue until your pain is manageable without it.

- **WARNING: Never take more than 3,000 mg of acetaminophen in a day from all sources combined.** Too much can seriously damage your liver.
- Some narcotic pills (such as Norco or Percocet) and many cold and flu medicines also contain acetaminophen. If yours does, it counts toward the 3,000 mg. We usually prescribe plain oxycodone for this reason. If you are not sure, ask your pharmacist or call us.

Aspirin 81 mg baby aspirin

Its job: Thins the blood slightly to prevent blood clots after surgery while you are less active.

How to take it: Unless we have discussed a different blood thinner plan with you, take **1 tablet twice a day** (morning and evening) for **4 weeks**. Finish the whole course, even if you feel great.

- **Some patients get a different blood thinner instead of aspirin**, for example if you already take one (such as Eliquis, Xarelto, or warfarin) or need a stronger one after surgery. If we have discussed a different plan with you, follow that plan instead of these aspirin instructions, and do not take aspirin on top of it unless we tell you to.
- If it upsets your stomach, take omeprazole (below).

Narcotic pain medicine usually oxycodone (or hydrocodone or Dilaudid)

Its job: Takes the edge off strong pain so you can rest, sleep, and do your exercises.

How to take it: Take as directed on the bottle, **only as needed** for pain. Use the lowest dose that keeps your pain around 6 out of 10.

- **Do not drive**, drink alcohol, or take sleeping pills or anxiety medicine (like Ambien or Xanax) while taking it.
- It causes constipation. See Miralax and Senna below.
- **This is the first medicine to stop.** See "Stop them in this order" on page 2 for how long most people need it.
- Store it out of reach, and take any leftovers to a pharmacy drop box when you are done.

Antibiotic (cefadroxil)

Only some patients get this

Its job: Extra protection against infection for patients at higher risk.

How to take it: Take **1 capsule twice a day for 7 days**. Finish every pill, even if you feel well.

- Everyone got antibiotics during surgery, and for most people that is enough. If you did not get this prescription, you don't need it.

Anti-nausea medicine ondansetron (Zofran)**If prescribed**

Its job: Settles nausea from anesthesia or the narcotic.

How to take it: Take as directed, **only as needed** for nausea. The dissolving tablet goes on your tongue if you can't keep pills down.

Miralax and Senna**Miralax is prescribed; Senna is over the counter**

Its job: Treat constipation from the narcotic, if it happens.

How to take it: Only if you become constipated. Start with Senna, and add Miralax if you still need it. Follow the package directions, and see the constipation steps in your post-op packet. Stop when you stop the narcotic.

- **We prescribe Miralax for your records.** If you already have Miralax at home, you do not need to fill the prescription. Senna is over the counter.

Omeprazole 20 mg (Prilosec)**Prescribed**

Its job: Protects your stomach if the anti-inflammatory or aspirin upsets it.

How to take it: Only if you get an upset stomach or heartburn: take 1 capsule once a day, 30 minutes before breakfast.

- **We prescribe omeprazole for your records.** If you already have it at home, you do not need to fill the prescription.
- If you already take a stomach medicine (Prilosec, Nexium, Protonix, Pepcid), keep taking yours instead.

Questions about your medicines?

Call our office at **(425) 656-5060**, day or night.

Refills: call during business hours, a day or two before you run out.

Call 911 for trouble breathing, or swelling of the face, lips, or throat after taking a medicine.