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Thank you for choosing Carolina Bone & Joint Surgery Center and Coastal Orthopedics for your upcoming joint replacement. We have worked diligently to create a team that helps you before, during, and after joint replacement surgery. In addition to surgeons who are leaders in their field, our experienced team of physician assistants, anesthesiologists, nurse anesthetists, surgical technicians, physical therapists, and nurses are expertly trained and dedicated to serving you with exceptional skill and compassionate care. We are committed to providing cutting-edge techniques in joint replacement to make outpatient surgery not only possible but also safe and enjoyable.

Our team focus is on patient safety and excellence in clinical outcomes. In all aspects of this episode of care, we take extra steps to exceed our patients’ expectations. We hope you will appreciate our attention to detail, our easy access to our doctors and medical team, as well as our nursing and rehabilitation team.

The care provided by our team of medical professionals does not end when you leave Carolina Bone & Joint Surgery Center. It is quite the opposite. We have put into place the framework to monitor your recovery while at home and ensure a safe and successful outcome. We strongly encourage you to reach out to any member of your medical team along the way should you have any questions or concerns.
Planning for Your Hip Replacement

Patients frequently ask, “What exactly is a total hip replacement?” The simplest answer is that it is a replacement of the worn and arthritic surfaces of the hip joint. A total hip replacement replaces the worn parts of the joint by adding an artificial surface to all parts that contact each other as the hip bends and pivots. The hip is a ball-and-socket joint, consisting of the femoral head (the “ball”), the acetabulum (“the socket”), and the hip capsule, or tissue that surrounds the joint. A hip replacement removes the ball and resurfaces the socket side. The ball is attached to the rest of the bone by a stem that fits down into the femoral canal. Usually, these parts are fixed to the bone without cement, relying on friction for initial fit and bony ingrowth for long-term biological fixation. The implant, which is made of some combination of metal, plastic, and/or ceramic, comes in a variety of sizes and is fitted to the bone to provide an artificial surface that causes no pain when the hip is used.

A surgeon can perform hip replacement in a variety of ways, having the incision on the back (posterior approach), toward the side (lateral approach), or in the front of the hip (direct anterior approach). Hip replacement is a very successful procedure regardless of the surgical approach used. Your surgeon will plan your surgery using the approach that is best suited for you.

Our surgeons most frequently use the direct anterior approach for outpatient surgery. This surgical approach does not require detaching any muscles from their attachments but rather uses the space between muscle bellies to provide exposure. This minimally invasive approach usually allows the patient to experience less swelling and pain than traditional surgical techniques. Most of our patients do not require formal physical therapy after their visit to the surgery center. Just as important, these patients do not have classic hip precautions after surgery, such as “no bending past 90 degrees,” “no crossing your legs,” or “no sleeping on your side.” This is because the anterior approach to the hip disrupts less of the posterior hip capsule, providing more stability and more resistance to dislocation after surgery.

Additionally, the use of a specialized surgical table and intraoperative X-ray allows our surgeons to place your hip prosthesis with better likelihood of optimal fit and position, leading to better short- and probably long-term outcomes.

Blood Donations and Iron Supplements

Patients undergoing hip replacement surgery rarely require blood transfusion. In the outpatient setting, we pay particular attention to your preoperative hemoglobin count (a measure of how much oxygen-carrying capacity is in your blood). If your level is not high enough, your surgery will be delayed until it can be addressed medically and elevated to a level that would be considered safe for surgery without anticipated need for transfusion. In the hospital setting, our rates of transfusion are less than 1% for uncomplicated cases.

Your surgeon may recommend that you take an iron supplement such as Vitron C starting 3 - 4 weeks prior to surgery. This can be purchased at your local drugstore without a prescription. The iron supplements should be taken after meals. Iron will change the color of your stools to a tarry black. In addition, the supplement may be constipating, in which case a stool softener or laxative may be needed.

Your Medications

When asked, please tell your surgeon and your team of all medications that you take, including prescription medications, over-the-counter medications, vitamins, supplements, or other herbal or homeopathic remedies. This is very important as many substances can thin your blood as a side effect of taking them. If your blood is thinner than normal when you have surgery, you may bleed more during and after surgery. Your surgeon feels very strongly that you must stop taking any of these medications at least 7 days prior to surgery, or as otherwise advised. Please refer to the attached sheet for a comprehensive list of medications to stop before surgery, and do not hesitate to ask your team if you have any questions.

Common medications that fall into this category are: Aspirin (any strength), most anti-inflammatory medications (i.e., Aleve, Advil, Motrin, Ibuprofen, Naprosyn, Mobic, Voltaren, etc.), fish oil/ Lovaza, and herbals or supplements. Specific prescription blood-thinners also need to be stopped (Arixtra, Coumadin/Warfarin, Eliquis, Lovenox, Plavix/Clopidogrel, Pradaxa, or Xarelto). If you feel that your primary care provider or cardiologist would not want you to stop these medications, you must discuss this with your surgeon or nurse, as surgery may be inadvisable in this rare case.
Risks and Complications

There are potential risks with any surgery. Outlined below are some of the potential complications associated with joint replacement surgery and suggestions for you to participate in their prevention. The chances of these complications are small and are almost always treatable. We will do everything possible to minimize the chance of any complications. However, it is important for you to be aware of these potential complications so we can promptly address and treat any such issue.

Infection

Postoperative wound infection is a risk with any surgery and may occur even in our healthiest patients. If you have had any recent infection (within the last two months) or are prone to infections of any kind or have recurrent infections (UTI, pneumonia, etc.), it is imperative that you notify your surgical team so that they can minimize your chance of complication. Infections rarely show within the first several days of surgery, so when you are at home, if you notice increasing redness, drainage, or odor from your wound, you should notify your surgeon immediately.

Patients with diabetes are at a higher risk of infection and will be tested for overall blood glucose control preoperatively to ensure their risk is minimized. Good nutrition and maintenance of a normal blood sugar (Hemoglobin A1C < 7.0) should reduce the risk of infection. Patients with obesity (BMI>30) may be at a higher risk of infection as well and could be asked to lose weight prior to surgery in order to minimize risk for infection. Patients who smoke will be counseled for smoking cessation. Any abscessed teeth should be taken care of at least 3 weeks prior to your procedure.

To help reduce your chance of postoperative infection, our team has put into place these evidence-based, proven measures:

- Prior to surgery, you will be asked to do two things to decrease your normal skin colonization of staphylococcus aureus (“staph”) bacteria:
  - Shower daily for 3 days with Hibiclens scrub. Purchase an 8 oz. bottle of (over-the-counter) Hibiclens soap from your local drugstore. See instructions below.
  - Apply Bactroban/Mupirocin ointment to the inside of your nose twice daily for 3 days. A prescription will be sent to your pharmacy by your nurse.
- On the day of surgery, antibiotics will be administered via IV immediately before surgery. Postoperative antibiotics will be administered as prescribed.
- During surgery, your surgeon will use state-of-the-art body exhaust systems and strict sterile protocol. He will also topically administer antibiotics to your wound prior to closure.

PREOPERATIVE SHOWERS

1. DO NOT use the Hibiclens soap on your head, face, or genital areas as irritation may result.
2. IF YOU NOTICE SKIN IRRITATION, CALL YOUR SURGEON’S OFFICE BEFORE DOING ANOTHER SHOWER.
3. If planning to wash hair, wash and rinse first using your normal shampoo.
4. Completely rinse the shampoo from your hair and body.
5. Wash your face and entire body with your normal soap.
6. Completely rinse the soap off.
7. Turn the water off (to avoid rinsing off the Hibiclens in the following steps too soon).
8. Using 1/5th of the Hibiclens soap, apply to your body starting at your neck and working down to your feet. Remember to avoid your head, face, and genital areas.
9. Gently rub in the Hibiclens soap on the surgical leg around the joint having surgery for 3 minutes.
10. Rinse the Hibiclens soap solution off your body completely with warm water.
11. DO NOT use regular soap after washing with the Hibiclens soap.
12. Dry off your surgical site first, then the rest of your body. Use a fresh, clean towel following each shower (do not re-use the towel).
13. Dress in freshly washed clothes after each shower.
14. Do not apply lotions, powders, or perfumes after showers.
15. On morning of surgery, do not use deodorant.
PREOP NOSE OINTMENT
Twice each day for 3 days, apply a pea-sized amount of the Bactroban/Mupirocin ointment to the interior of each nostril and massage gently for one minute.

Treatment of Urinary Tract Infection (UTI)
During your preoperative testing, several lab tests will be done to help determine that you are healthy enough for elective surgery. If it is discovered that you have a UTI, your surgeon’s nurse will notify you. He/she will send a prescription to your pharmacy. You will be asked to fill the prescription immediately and begin taking the medicine that day. Typically, you will take the medication for 5 - 7 days and return to the lab for a repeat test to ensure that the infection has been successfully treated.

Bladder Infection
Bladder infections may also occur. It is important to drink plenty of fluids to help prevent this. If you experience any signs or symptoms of a bladder infection (burning, frequency, or inability to void) prior to or after your surgery, please call your surgical team immediately.

Urinary Retention
Particularly in older men (but possible even in females), surgery can increase your chances of not being able to urinate. Urinary retention, if left alone, can cause serious problems with normal bladder function. Surgery, spinal anesthesia, and pain medications all can make it harder to urinate after surgery. You will be asked to void normally prior to leaving the surgery center. Men will routinely be placed on a temporary dose of Flomax, which helps to promote normal bladder function. If you have difficulty urinating at home on the evening following your surgery, our home health nurse will address the issue with a catheterization if necessary.

Blood Clots (Deep Venous Thrombosis)
Major orthopedic surgery increases your risk of blood clot formation in the legs. This is called deep vein thrombosis (DVT). This typically presents with significant, whole-leg swelling, redness, calf pain, and warmth. Occasionally, a clot may break and travel to the lung creating a Pulmonary Embolus (PE), which can cause shortness of breath, chest pain, and can potentially be fatal. There are several therapies that may reduce your risk for DVT or PE. Early activity (walking and ankle exercises) increases your blood flow and prevents blood pooling in your veins; this may be the single-most important factor in blood clot prevention. Your surgeon may also prescribe compression stockings (TEDs) or even pneumatic calf pumps (SCDs) to promote circulation. Your surgeon is also likely to prescribe blood thinners (pill or injection). Most patients will be asked to take Aspirin daily, which has been shown to be effective blood clot prevention in most patients.

Pneumonia
Decreased activity following surgery may increase the risk of developing pneumonia (lung infection). Sitting upright, walking, and deep breathing are important to reduce this risk. After surgery, you will be instructed on deep breathing techniques to keep your lungs clear. It is also important to get out of bed frequently.

Constipation or Ileus (Intestinal Blockage)
Constipation is the condition of not having bowel movements regularly, comfortably, or easily. It is a very common problem after surgery and can be a significant source of discomfort. Ileus is a condition where the normal pumping action of our intestines slows or completely stops. It is much less common but more severe and needs to be identified and managed as soon as possible to prevent a true blockage. Anesthesia, stress, changes in diet/fluid intake, decreased physical activity, and pain medications all can contribute to constipation after joint replacement. Symptoms may include: abdominal pain, bloating, belching, nausea and/or vomiting, or inability to have a bowel movement. To help prevent this condition, we strongly recommend the following:

• Begin using a fiber laxative or stool softener immediately after returning home.
• Limit your use of narcotic pain medications (oxycodone, hydrocodone, etc.) to what is necessary. You need to be comfortable but should wean the amount as soon as you are able.
• Increase your activity as soon as possible. Gravity works.
• Eat food high in fiber, such as beans, whole grains, bran, fresh fruits, and vegetables.
• Limit intake of cheese, dairy, and processed foods.
• Drink plenty of water. Prune juice and apple cider (not juice) are natural laxatives.
• Eat small, frequent meals throughout the day rather than large meals.

Leg Length Discrepancy
After surgery, some patients may feel that one leg is slightly longer than the other. Most of the time, this is an expected, temporary condition caused by muscle imbalance and can be expected to resolve within 3 months. We use the utmost care (and intraoperative X-ray) to ensure that we match your leg lengths in surgery, but some patients have a persistent sensation of imbalance that only resolves with a heel lift. This usually does not cause major biomechanical problems and is an uncommon complication when using the direct anterior approach.

Nerve Injuries
Although nerve injuries occur in less than 1% of joint replacement patients, such injuries are usually the result of nerve stretching during retraction while in surgery. Injury to the nerve that supplies sensation to the outside (lateral) part of your thigh is uncommon, and if it occurs, it is almost always temporary, but permanent numbness has been reported. Much more common is patchy numbness just next to your incision, which gradually resolves, if incompletely, over time. Sciatic nerve injury resulting in foot drop/weakness or numbness to the foot (seen infrequently in posterior hip replacement) is exceedingly uncommon in direct anterior total hip replacement.

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Fractures
Fractures can occur during surgery less than 1% of the time. They are more common in patients with weak bone, existing bone loss, or in revision (“re-do”) surgery. Treatment of fractures noticed in surgery is performed by wrapping a cable or cables around the bone, and postoperatively, these patients will likely be placed on weight-bearing restrictions until the bone is healed and the prosthesis is deemed to be stable. Most of these patients will go on to have no further symptoms.

Long-Term Complications
When patients have successful joint replacement surgery, they can expect many years of pain-free function. Our outpatient candidates are among the most fit (and often youngest) subset of patients, and they frequently place higher demands on the components than older individuals. Heavy, strenuous, or high-impact activities (such as jogging, singles tennis, skiing, basketball, etc.) are likely to cause premature wear over the course of the patient’s life and may lead to premature failure. When appropriate activities are pursued, long-term implant survival (great than 15 - 20 years) is quite likely. However, even in the best of circumstances, patients can still develop wear of the plastic, degradation of the bone adjacent to the implant, component loosening, or inflammation due to component wear. Any of these causes may lead to the need for revision surgery, which could be simple or quite complex.

This list is not intended to cover all the possible complications related to joint replacement surgery, only the more common ones. By discussing your exact procedure, its risks and benefits, our techniques, alternative treatments, and expected outcomes, we hope to reassure you of our commitment to your well-being.

Anesthesia and You
Anesthesia is defined as the intentional loss of pain sensation for the performance of surgery or painful procedures. At Carolina Bone & Joint Surgery Center, we are committed to providing excellence in all aspects of anesthesia, in order to create the safest, most pleasant experience possible. We perform total joint replacement with one of two types of anesthesia:

General Anesthesia: General anesthesia produces temporary unconsciousness with loss of feeling throughout the entire body. General anesthesia involves multiple drugs and anesthetic gases in order to safely "get you to sleep" and ensure that you feel and remember nothing during your surgery. Breathing is safely managed through a tube that is placed either into the back of your throat (LMA) or into your windpipe (endotracheal tube).

Regional Anesthesia: Regional anesthesia produces a temporary loss of feeling and ability to move a specific area of the body. Regional anesthesia is performed using drugs classified as local anesthetics (numbing medications) injected near nerves in the operative area. After a patient is given mild sedation by IV, a spinal injection is performed to produce a loss of feeling and movement in the lower half of the body. This effect typically lasts for about 2 - 3 hours, giving your surgeon plenty of time to perform your joint replacement. Typically, a spinal anesthetic offers lower incidence of nausea/vomiting, postoperative sedation, and severe pain. For these reasons, your surgeon will likely offer this as a preferred method.

Your anesthesiologist will meet with you prior to your surgical day at Carolina Bone & Joint Surgery Center. He or she will conduct a preoperative interview, which will include your current medications including herbal supplements, current medical condition(s), and previous anesthesia experiences. From this information, a specific anesthesia plan will be recommended for you, and ample opportunity will be provided for questions or concerns. Our goal is for you to feel comfortable before, during, and after surgery.
Your Coach

What Is a “Coach“?
A “coach” is someone who will assist you before surgery, after surgery, and throughout your recovery period. Prior to surgery, we suggest each patient choose a “coach.” It is not mandatory for you to have a “coach” nor is it mandatory for your “coach” to attend all of your appointments. However, you will have to have a responsible person to take you home and stay with you after your surgery, and it would be highly beneficial to you and this person if they are involved as much as possible throughout the process.

If you feel you may need additional assistance before or after your surgery, please let us know and we will help you to obtain the care you may need.

Who Can Be a “Coach“?
A “coach” can be a father, mother, husband, wife, life partner, adult child, family member, friend, or volunteer.

Why Is a “Coach” Part of the Process?
The “coach” makes a commitment to see you through the surgery and rehabilitation. The “coach’s” involvement begins prior to surgery when you are preparing for the program up until weeks and months post surgery. If you have chosen a “coach,” they can assist you with exercises before surgery and attend doctor and rehabilitation appointments with you. Our team will teach them as we teach you, and they can learn to assist you at home throughout your recovery. A “coach” can often be your cheerleader and provide encouragement.
Preoperative Exercises

Exercises are meant to strengthen your body in preparation for the stress and inflammation that accompanies major surgery. Whatever you can do to strengthen your muscles before joint replacement will help to speed your recovery. That being said, if any of the following exercises cause significant and/or lasting discomfort, STOP. They are meant to help, not harm.

Progress each exercise to 20 repetitions at least 4 - 5 times per day, if able. DO NOT hold your breath. Counting out loud may be helpful in remembering to breathe.

Ankle Pumps
Move your ankles up and down. Move your ankle in circles, like a figure 8.

Isometric Adduction/Abduction
Sit in a chair and place your hands along the outside of your thigh. Try to push your legs apart while resisting with your hands for 10 seconds. Now place your hands on the inside of your thigh. Try to bring the knees together while resisting with your hands for 10 seconds.

Gluteal Isometric Contraction
While lying down, sitting, or standing, squeeze your buttock muscles together. Hold for 5 seconds and then relax.

Quadriceps Exercise
Lying on your back with your legs straight, push the back of your knee against the bed. Tighten the muscle on the font of the thigh and hold for 5 seconds. Relax.

Straight Leg Raises
Lie on your back with one leg bent at the knee. Tighten your other knee and thigh and lift your straight leg off the bed. Hold for 3 seconds. Try to keep your lifted leg straight while lowering it to the bed. Repeat this same exercise with the other leg.

Chair Pushups
Sit in a chair with arm rests. Using the arm rests, lift your buttocks off the chair using your arms. Begin by using your feet to assist you and then progress to putting more weight on your arms to lift up. Hold for 3 seconds.
Preoperative Home Preparation

Start Preparing for Your Return Home Now

Our patients are able to go directly home after surgery to continue their recovery in familiar surroundings. This is the plan preferred by your surgeon as it provides you more control over your recovery—to walk frequently, take your own medication, and sleep in your own bed. You will be quite independent, just needing time to recuperate and some periodic help. So, start preparing now for your return home as it will make it easier and safer. To assist you in this process, we have contracted with a home health agency to visit your home a week prior to your surgery. They will assess your living situation and offer hands-on instruction to help you prepare, such as the suggestions found below.

Safety Check
1. Remove any long phone or electrical cords that lie across the floor.
2. Remove any loose rugs or carpet that may cause you to trip.
3. Move any items you may trip over on the stairs or hallways including books and magazines.
4. Watch out for any pets that may run in your path.
5. Make sure banisters, railing, and safety bars are secure; you may be depending on them more than you currently do.
6. Consider purchasing a night light for the bedroom, hallway, and/or bathroom. You may find yourself up at night and should have a safe, lighted path.
7. Look at your home as if you were walking with a walker or cane; consider rearranging furniture, if needed, to provide enough space and straight paths to walk from place to place.

Kitchen Setup
1. Prepare and freeze meals in advance.
2. Microwaveable foods can be bought and stored in advance.
3. Arrange the most frequently used kitchen utensils and food on shelves and counters that can be easily reached.
4. Have a chair or stool handy in the kitchen to sit while preparing and cooking foods.
5. Attach a cup holder to your walker to carry drinks in covered cups to avoid spills.

Bathroom Setup
1. Arrange toothbrush, toothpaste, comb, toiletries, and towels in an easy-to-reach place.
2. Remove any loose rugs that may be a trip hazard but keep a low pile rug with rubber, nonslip backing in front of your shower to help prevent slipping.
3. Consider installing a secure grab bar near your toilet to help you stand up from a seated position.
4. Consider placing a safe, sturdy shower seat in your shower, if ample room exists.

General Considerations
1. Survey the area of your home in which you will want to spend most of your rest period. Select a chair that has some padding for comfort but isn’t too low or soft that it is difficult to stand from. A low sofa is not recommended, as it makes sitting and standing more difficult, and it has an armrest available on only one side from which to push up. A chair with wheels is NOT safe, even if it has brakes.
2. You may need help with some household tasks after surgery, such as grocery shopping, laundry, getting the mail, or feeding or caring for a pet. Make arrangements with your “coach,” a family member, or neighborhood organization to help with these tasks during your recovery. Begin looking now for the help you will need later.
3. It is also a great idea to stock up on books, movies, podcasts, or other projects to do while recovering at home. Don’t feel guilty if you don’t get as much done as you had planned. Your goal is to focus on your exercises and building your endurance—the rest will happen on its own.
4. Finally, if you have a choice of which car to go home in from Carolina Bone & Joint Surgery Center, select the one that has the most legroom. Plan to put the passenger seat all the way back and usually up as high as possible. If you have an elevated car/truck/SUV, consider a sturdy step to help you up. Also, make sure there is a clear path from your car into your house.
Your Surgery Day

Arriving at the Surgery Center

On the morning of surgery, please arrive to Carolina Bone & Joint Surgery Center on time. Take any medications discussed with our anesthesiologist with a small sip of water BEFORE you leave home. Check in at the registration desk just inside the front door.

It is okay to bring some personal items to pass the time while you are in our recovery suite after surgery, but you should plan to leave these in the car when you arrive. Please do not bring any valuables in with you. After registering, you will be escorted to the preoperative holding area, which shares the same area as our recovery suites. You will be asked your name, date of birth, and the surgery for which you are scheduled several times. This is for your safety and the safety of all of our patients. The employees at Carolina Bone & Joint Surgery Center ask all patients this information prior to any testing or procedure.

On arrival to the preoperative bay, you will be assisted into a hospital gown, your vital signs obtained, and a series of questions will be asked. The preoperative team will also start an IV and prep your surgical site as directed by your surgeon.

Family members are welcome in the preoperative area after you are ready for surgery. While in the preoperative area, you and your “coach” will meet the operating room nurse and the nurse anesthetist/anesthesiologist team. For your safety, they will ask to see your identification bracelet, ask your name, birth date, and verification of the correct site for surgery and surgeon’s name. They will ask questions about previous surgeries and/or anesthesia and inform you on what to expect in the operating room.

Prior to leaving for the operating room, your surgeon will mark the designated surgery site with a marker. For example, if you are having a right hip replacement, your surgeon will mark with his/her initials on your right hip. This is for your safety.

You may be given a preoperative medication intravenously by your anesthesiology team to help you relax as you are transported back to the operating room. Your operating room team will make you comfortable and provide you with warm blankets. A typical hip replacement takes about 1 - 1.5 hours. As you are transported back to the operating room, your “coach” and family will be asked to take your personal belongings to the waiting room, where they will be informed on when the surgeon begins your surgery. They will be updated periodically throughout your surgery as able and upon completion of your surgery, with your permission. Your surgeon will discuss the case with them in a conference room, located just off the waiting room. When appropriate, they will be escorted back to your recovery suite to be by your side.

Recovery Suite

After surgery, you will be transported from the operating room to the post-anesthesia care unit (PACU) or recovery room. At Carolina Bone & Joint Surgery Center, we have two private Recovery Suites designed for joint replacement patients that feature extra sitting room and glass doors to provide you and your family with greater comfort and privacy during your postoperative stay. The recovery room nurses will frequently check your blood pressure, temperature, heart rate, and oxygen level. The circulation in your feet will also be monitored. If you have a spinal anesthesia, you may not be able to move your leg or toes for several hours after surgery. This is normal and the function will return after the anesthesia wears off.

Your recovery will be relatively rapid. We have arranged to have a physical therapy team member to assist your first steps, which will be with a walker for support. We will assure that you have adequate balance and strength to ambulate and that you are comfortable with your assistive device (walker or cane). During a second walk, we may try some practice stairs to teach you safe methods and assure your safety in ascending and descending steps.

In our recovery suite, your family is permitted to spend time with you and will have limited but comfortable surroundings. There will be a television, WiFi internet access, and telephone. A family bathroom is available. Please do not bring any valuables with you to the surgery center.

Your length of stay will be determined by your medical recovery, your pain control, lack of side effects, ability to walk with minimal assistance/supervision, and your ability to void or urinate (spinal anesthesia also temporarily affects bladder function). Once these criteria are satisfied, you will be eligible for home discharge. Most patients will spend between 4 - 6 hours in the recovery suite before discharge. A typed/written set of instructions will be provided to you and reviewed by your nurse, including instructions specific to your medications. In the highly unlikely event that you are medically unable to be discharged home from Carolina Bone & Joint Surgery Center, you will be transferred by medical transport to Conway Medical Center for further treatment.
After Surgery and Discharge

Once you arrive home, you should plan to rest for a period of time and ice your operative site. Make yourself comfortable in your surroundings and ensure that you have a good communication plan with your “coach.”

The team at Carolina Bone & Joint Surgery Center has arranged to have a home health agency nurse visit you during the evening after you return home. This should be the same agency (if not the same team member) that performed your preoperative home assessment. The nurse who arrives will check your vitals, score your pain, verify your medications, and verify your physical activity and ability to urinate. He or she will be able to perform some basic interventions, if necessary (IV fluids, pain medication injection, catheterization if unable to void), but these are uncommonly needed. You should expect a phone call from your surgeon or his team as well. The following morning, the home health agency will return to check vital signs, verify urine output, and perform a quick blood test. You will receive another follow-up phone call from your medical team the first day after surgery.

Your first postoperative office visit will have been scheduled prior to your surgery to take place approximately one week from surgery. Should any problems, questions, or other concerns develop, contact your surgeon directly. If you have any concerns about your operative site, pain, or any other surgery-related issue, contact your surgeon directly. Almost all issues can be handled initially over the phone and then with close follow-up in the office, usually the same or next day. It will be more effective and more convenient for you if you communicate with your surgeon and his team, than with someone unfamiliar with your condition or the particulars of your surgery in an emergency room or urgent care setting. However, if you feel you may have a life-threatening condition, go directly to the emergency room or call 911.
Pain Management
You can expect to have some pain after surgery. There are several methods of pain control available for you. Your surgeon will choose the method right for you based on your medical history and the amount of pain you are experiencing. Remember—we want you to be comfortable, but we also need you to be awake and alert enough to be safely at home and to be able to participate in an active recovery. This includes deep breathing, frequent leg exercises, and walking inside and outside of your house.

Your pain control regimen has been proven to be effective in medical literature and verified in our own practice, and it is the least likely to produce unwanted side effects known at this time. However, every person responds differently to medications, and you should know that your regimen will need to become your own. Your doctors have created a program that layers multiple types of medications that work together (synergistically) to create adequate pain control with few adverse effects.

First, you are encouraged to use ice/cold therapy liberally. Be careful to avoid skin burns, which can be prevented by on-and-off use of ice packs. Using cold will reduce swelling and pain after surgery, which you can expect in the front, back, or side of the hip, as well as down the thigh all the way to the knee. Changing position can also be helpful, so feel free to shift frequently (even on to your side) if/as necessary.

Second, you will be asked to fill a number of prescriptions that can be used together in a manner to achieve effective pain control. Although every patient's regimen will be individualized according to allergies, sensitivities, preferences, etc., we recommend taking your medications in a layered fashion. Most patients benefit from fairly regular dosing of an anti-inflammatory first (Celebrex), with Tylenol ES taken throughout the day as well. Two other medications are available as needed for breakthrough pain: tramadol (non-narcotic, mild analgesic) and oxycodone (stronger, narcotic pain pill). Few patients would feel more than uncomfortable after taking these medications together. Appropriate, personalized recommendations with instructions will be provided to you prior to discharge on the day of surgery.

Wound Care
After surgery, you will have a transparent dressing on your operative hip. This initial dressing will be removed at your follow-up visit in your surgeon's office. Your incision is likely to appear bruised, especially 1 - 3 days after surgery. Often, this discoloration will extend down your thigh all the way to your knee and sometimes below, but it can be expected to disappear within the first 7 - 10 days. It will be important to keep your incision clean and dry and to inspect it daily through the transparent dressing. If you should notice any worsening, redness, drainage, or foul odor, you should immediately notify your surgical team. This can be accomplished via the phone or the Patient Portal (with pictures, if applicable).

Preventing Blood Clots
Joint replacement and inactivity can stimulate your blood to pool, forming blood clots in your legs. Your surgeon will order calf or foot pumps to prevent your blood from pooling in your lower extremities. These pumps inflate and deflate (squeezes) your calves or feet at regular intervals to push the blood through your veins. Your surgeon will want you to have these pumps on at all times, except when walking and when bathing. We have arranged to have a pair of calf pumps sent home with you, which will be billed to your insurance.

While in the recovery suite, your physical therapist will teach you some ankle and leg exercises to do while in bed or in the chair. These exercises are important to keep your blood flowing from your legs while sedentary. They should be done at least every hour while you are awake. In addition to helping to prevent blood clots, these exercises are likely to speed your recovery by helping to rebuild muscle strength and stamina.

Activity Precautions
Most patients who have a direct anterior approach total hip replacement will have no “formal” precautions. You may have had friends or family members who were told not to cross their legs, bend past 90 degrees, or sleep on their side after surgery. With anterior hip replacement, however, these restrictions are probably not necessary. Because the direct anterior approach is inherently more stable than traditional hip replacement surgery, you will likely be able to walk with full weight-bearing to tolerance, sit on furniture of any height, sit on a regular height toilet, lie on your side to rest or sleep, and bend over to put on pants or to tie shoes. A few tips: you may feel more comfortable lying on your side if you place a pillow between your legs, but this is not necessary from a surgical standpoint. Also, if you sit in a low chair or on a low toilet, you might want to have firm arm rests or well-fixed grab bars to help push yourself up and out of the seated position. Your muscles are likely to be a little weaker than you might expect.

Patients often ask, “How much should I be walking?” There is no right or wrong answer to this question. We recommend frequent, low-intensity walking at first with an assistive device (walker or cane) as needed until you feel you have sufficient balance, strength, and confidence to go without. For some patients, this may be just a few days. As you gain strength, stamina, comfort, and confidence, you may gradually increase your walking as able. It is okay to “overdo” it with walking, as you are unlikely to cause any structural problem with your surgery. But, you must weigh the benefits of increased activity with the increase in inflammation and discomfort that you are likely to experience if you get too aggressive. Until your first postoperative visit, no driving, no strenuous activity, no sports. Just walk. Let your hip tell you if you are doing too much.
Frequently Asked Questions

I have a lot of swelling and/or bruising down to my ankle. Is something wrong?

No. Often, swelling and bruising get worse in the days following surgery. Some bleeding occurs at the surgical site, which is not absorbed immediately by the body. You may notice that it travels to the back of your thigh, your buttock, even though the incision is in the front—gravity pulls bruising towards the back while sitting and towards the foot while upright. If the swelling becomes significantly uncomfortable or otherwise worries you, please contact your surgical team by phone or portal.

You may also notice focused, fluid-like swelling just next to the incision, like a tiny football. This is called a seroma and is not uncommon after surgery. Although sometimes uncomfortable and/or unsightly, this does not represent infection or other complication. It is best treated with cold compress, anti-inflammatories, and time. Invariably, these disappear over time, sometimes taking months to go completely away. If they become very uncomfortable, your surgeon may elect to drain it with a needle, but they sometimes come back even with this treatment.

When can I shower, bathe, or swim?

You may shower when you go home from the hospital, providing there is no active drainage from the incision. Your dressing is waterproof enough to permit showering, but you should not submerge the incision in a bath, hot tub, or pool for at least 3 - 4 weeks. After your bandage is removed at your first postoperative visit, you will still be permitted to shower with mild soap and water, without vigorous scrubbing.

Should I use cocoa butter, Neosporin, Vitamin E, or other creams on my incision?

No, not for at least 3 - 4 weeks. Ask your surgeon/physician assistant at your postoperative visit for further advice if needed.

When can I drive?

There is little if any literature on driving safety after anterior total hip replacement. Common recommendations are that LEFT hip replacement patients may drive when off narcotic pain medications and have adequate mobility. This often occurs within 3 - 4 weeks. If you have had a RIGHT hip replacement, you should wait until 4 - 6 weeks. Do not attempt to drive before your first postoperative visit.

A stitch is sticking out. What do I do?

We usually suture the skin from underneath to reduce scarring. The knot at the end of the stitch sometimes will protrude from the skin. This is okay and will resolve in days or 1 - 2 weeks as the stitch dissolves from below. Redness and a small amount of drainage may appear. Cleanse the skin with half-strength peroxide. If a piece of suture material appears loose you may remove it. If you have increased drainage, redness, or pain, you need to notify your surgeon.

Frequently Asked Questions

Do I need to take antibiotics when I visit the dentist?

This is a subject of recent controversy. Although traditionally, antibiotics prior to dental procedures were recommended for theoretic risk of joint infection, medical literature has been unable to firmly establish a connection. Dentists, and now orthopedic surgeons, have recently changed recommendations that antibiotics are NOT necessary for routine dental work with joint replacements. Exceptions may include: patients who are immunosuppressed by medical condition or medications, dental work for infection, or other special conditions. If you have questions or uncertainty, please discuss with your surgeon.

Can I get a manicure/pedicure before/after surgery?

You may get a manicure or pedicure before or after your surgery, but you should avoid having cuticles trimmed or other services that may cause bleeding. Nail polish is acceptable, but gels and acrylics should be avoided before surgery; during and right after surgery, nurses will use a monitor that clips to your finger or toe to assess your oxygen level; gels and acrylics can interfere with it working properly.

Can I get a flu/pneumonia vaccine?

Your surgeon recommends avoiding any vaccines for 6 weeks before and 6 weeks after your surgery.

When I travel, will I have difficulty getting through the airport security?

It is very likely that your implant will set off the security scanners; there is no card or ticket that will change this. Plan to arrive early so you will have time to get through the security process. Simply explain to the security staff about your implant and be patient as they do their job.

If I need to refill my pain medication prescription, whom should I call?

Call your surgeon’s office or send a request through the practice’s electronic Patient Portal. Remember to call early, before the prescription is finished. When requests are sent early in the day, we are typically able to renew prescriptions by the end of the business day. However, a number of factors could slow this process down on either the office’s or pharmacy’s end, so you are reminded to plan ahead, especially going into a weekend.

When can I resume taking medications, herbs, or supplements that I had to stop prior to surgery?

When you go home, you will be given a list of medications your surgeon wants you to take. Feel free to ask about specific medications not on the list, but do not start taking other medications for at least 6 weeks without checking first with your surgeon.

I am scheduled for surgery, the joint pain is getting worse. Can I get an injection?

No. Because the risk for surgical infection is elevated for 3 months after a cortisone injection, your surgeon does not recommend an injection prior to surgery.