Keck Medicine of USC | Henry Mayo Newhall Hospital | Los Angeles General Medical Center

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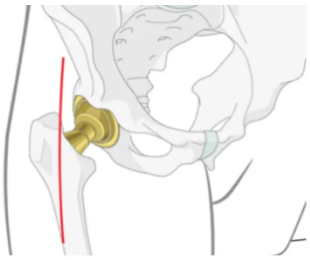
Patient Instructions – Total Hip Replacement – Direct Anterior

About Your Surgery:



You are undergoing a hip replacement, also known as a "total hip arthroplasty," via a direct anterior approach. The incision is in the front of your hip and is typically 8-12 cm long. This approach has advantages and disadvantages relative to the posterior approach. Advantages include earlier return to function and recovery with a lower long-term rate of dislocation events, but a higher rate of intra-operative fractures and other complications. The direct anterior approach is considered "muscle sparing" meaning the surgical dissection involves utilizing inter-muscular planes that leave tissues intact. The use of these anatomic planes results in less pain and earlier recovery.

Weight Bearing:

You are "weight bearing as tolerated" with a walker. The walker will help with your balance and reduce the chance of you falling after surgery. Eventually, you will transition to a cane and then away from an assistive device. The goal is to get you back to your "pre surgery" assistive device (cane/walker) or lack of one, if that was your baseline.

Therapy:

You received therapy while in the hospital and were either cleared for discharge to home, or sent to a rehab facility. Once you are home, "home PT" may have been arranged for you. This arrangement is variable, and sometimes is not approved prior to surgery. Do not worry too much about whether your therapy starts in the first 2-3 weeks after surgery. Perform the exercises that you were instructed to in the hospital (ankle pumps, walking, etc), and we will discuss formal physical therapy at your first post op visit.

Ice:

Ice is great! Ice decreases swelling and redness after surgery. Try using ice or a gel pack 20 minutes on, and 20 minutes off for a few hours every day. Do not put ice directly on your incision – cover ice packs/bags with a towel or pillowcase.

Compression Stockings:

Compression stockings after any lower extremity surgery will help with swelling. Swelling may go up for weeks or months after your procedure. Thigh-high compression stockings worn during the day or when ambulating will decrease the amount of fluid that collects in your calves and feet.

Pain Control:

Take Tylenol around the clock for the first 1-2 weeks after surgery. While you may not find it as effective as the narcotics, it will reduce your other pain medication requirements. The narcotics should be taken "as needed" every 4-6 hours. Usually we prescribe Oxycodone 5 mg tablets for you to take at home. Start with 1 tablet at a time, and if ineffective you may take an extra dose when needed.

Medications:
The typical medication regimen post op is:

- **Tylenol 1000 mg every 8 hours** (two extra strength tablets)
- **Celebrex 200 mg twice a day with meals** (sometimes insurance does not approve this medication in which case you may be given naproxen)
- **Gabapentin 100 mg or 300 mg every 8 hours** (depending on your age, kidney function and comorbidities)
- **Oxycodone 5 mg** every 4-6 hours (or an alternate narcotic such as dilaudid or tramadol both of which have different dosing)
- **Baby aspirin (81 mg) twice a day** for 6 weeks to reduce your risk of forming a blood clot; if you are deemed "high risk" for clots or pulmonary embolism, you may be given a "DOAC" such as Eliquis to take for 1 month

You may resume your other home medications. Call if you need refills of any of the above, but **please try to give us 1-2 days warning so that we have time to respond to your call before you run out of pills.** If you call on a Friday, we may not be able to get authorization for a refill before the weekend. **Refills cannot be performed over the weekend** as there are no office staff to coordinate.

If you are diabetic, your blood sugar may spike or drop unexpectedly after surgery. Please monitor closely and discuss with your PCP.

Constipation:
The narcotics will make you constipated. Take senna or colace (docusate sodium) twice a day while taking narcotics. Miralax may also be helpful and can be mixed with water in its powdered form and ingested as a drink. These medications are available over the counter or by prescription.

Dressings:
Leave your post operative dressing on for **one week** after surgery. After one week, you may remove it and shower normally. Let water run over incision and pat dry. Do not scrub or place any lotion on your incision. Your sutures/staples will be removed at your first post op visit. You may leave the incision uncovered and open to air after the dressing comes off at one week.

Staples:
Your staples or sutures will be removed at your first post-op visit, which is typically 2-3 weeks after surgery. They are not dissolvable (typically). Dissolvable sutures are not as strong and are more likely to result in wound complications.

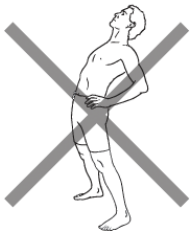
If you prefer, you may leave the dressing on until your first post op visit. There is nothing wrong with leaving the dressing on if you prefer that it be removed in the office. If the dressing becomes saturated, you may change it. If there is an abnormal amount of bleeding or discharge, take a picture and send it to the office.

Showering/Bathing:
As above you may shower after one week. Do not soak in a bath or hot tub for 1 month after surgery as your incision will be vulnerable to infections. Do not apply lotions or creams to your incisions.

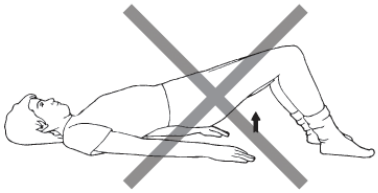
Precautions after surgery ("don't(s)"):

Classically, posterior hips carried "posterior hip precautions." Typically anterior hips do not require formal precautions, because the types of motions that may result in dislocation events are not ones that most people do after surgery, anyway. Try not to worry too much about these activities, but if you would like to know what motions to avoid, see the following:

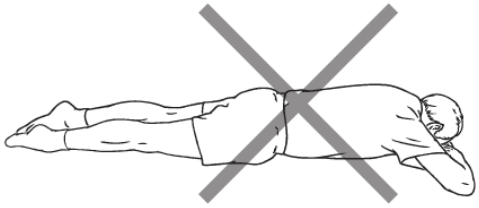
No bending backwards



No pushing hips forward or bridging



No lying face down



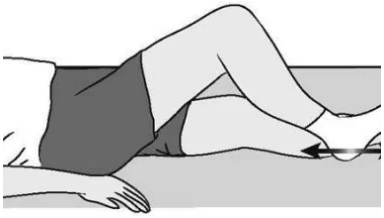
No twisting leg outward

Activities and exercises after surgery ("do(s)"):

"Ankle Pumps"

Ankle pumps will help keep your calf muscles strong while you are recovering. Move your ankles up and down and around in circles. You may perform this exercise with your knee extended or straight.

"Heel Slides"



You may also do this in bed or on the couch, or even while sitting in a chair. Keeping your operative leg's heel planted, gently slide it towards your bottom and then back the other way.

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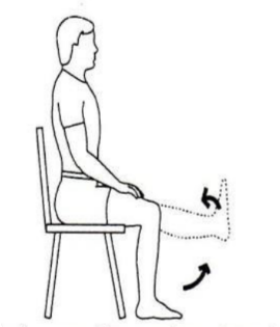
"Knee extensions"



While seated in a chair or on the couch, practice extending your lower leg through the knee. You may also do a "straight leg raise" wherein you keep your knee straight and lift the whole leg up. This motion will keep your quads strong while you recover.

"Marches"

While holding onto your walker, a table, or the wall, gently alternate lifting each leg off the ground. You may also practice holding each side up for several seconds before replacing it on the ground. Do not worry too much about getting your knee up high in the air; just practice the motion!

And, most importantly, just walk!

Questions/concerns:

Call the office if you have any questions or concerns. The phone number is 661-600-1739. During non-business hours, you will be re-directed to the USC call center. You may also email Dr. Blumenthal's coordinator with non-urgent questions.

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