



TOTAL HIP EXPECTATIONS

Let me begin by saying thank you- thank you for the opportunity to provide you with a new hip that is intended to diminish your pain and improve your quality of life. I do not take the responsibility to privilege lightly and hope at the end of six months, your expectations have been met or exceeded.

Let's talk about expectations. Most people can expect to have a great reduction if not elimination of the pain caused by a "bad hip". However, it does not eliminate every ache and pain in your body as other sources of pain often exist. If the surgical recovery goes as planned, most patients say their quality of life is greatly improved and their expectations have been met.

What to expect in phase 1:

Hospital Stay: About half of the patients stay on night and the rest spend two nights. It is always better to get out of the hospital than to linger any longer than medically necessary.

Self-motivation plays a big role in this and fear is the other. Remember, I will not do or suggest anything that is not safe or in your best interest. Be confident with the new hip and do not be fearful or what might happen.

Prescriptions will be provided upon discharge. Refills can be accommodated by calling my medical assistant during business hours. He will get back to you within 24 hours (often the same day) and will call in what he is permitted by law to call in. Most prescriptions, however, need a written script, so sufficient time to do this is needed and once it is approved by me and ready, it can be picked up from the office or mailed to you. Please know that when this is mailed, it takes more than 2 days to be received. Please do not request refills after hours or on weekends as they cannot be provided during these times. It is best to plan ahead to avoid last minute troubles.

Therapy will work with you while in the hospital and will provide a list of exercises to follow. Hip surgery quite frankly does not need an extensive amount of therapy. It's a matter of getting up, walking and being confident rather than fearful.

A front wheeled walker will be suggested and provided (if needed) for use until you are steady on your feet followed by a cane until you no longer feel it is necessary. There is no absolute on the time line, unless I state otherwise in certain instances.

Post Discharge Phase:

Please schedule your outpatient physical therapy appointments with first appointment no later than 5 days after date of surgery. Any barriers to outpatient physical therapy should be communicated to surgeon team for discharge planning resources.

Pain medication can be used as prescribed, but try and wean from them when comfortable to do so. Stay well hydrated and use laxatives or stool softeners as needed. Pain pills tend to cause constipation, nausea, drowsiness and loss of appetite.

Resumption of driving a vehicle will be your decision. When you are off pain medications and feel comfortable behind the wheel, you may proceed to drive but that decision is up to you.

Sleeping on either side, including the operative is fine and using a pillow between the legs for the first 4-6 weeks is suggested. If you are having trouble sleeping you might want to try Benadryl 25-50 mg at bedtime. Avoid long daytime naps if possible.

I encourage you to resume activities outside the house as you feel comfortable to do so. This is not rocket science, but listening to your body and using common sense goes a long way. I would avoid twisting and vigorous exercise for the first 6 weeks. Chipping and putting when walking independently is fine but no full golf swing for 6 weeks. Swimming and submerging in a hot tub or bathtub should be avoided for 10-14 days or until the wound has fully healed.

A little scab at the end of the incision is not uncommon in the less invasive surgery. Keep it clean. A gentle soapy scrub in the shower will keep it clean and soft. If redness spreads or you are concerned, please contact the office.

An X-ray will be performed at the 6 week visit to ensure good healing of the prosthesis interface with the bone. We will also have a chance to see how the mobility of the hip is progressing. At the visit, I will lift any restrictions (if provided at the hospital) Regarding bending down or certain movements. I also do not require the use of the toilet seat riser.

Final Phase:

The next 4-5 months will see gradual improvements in activity level and gradual decrease in stiffness and soreness that may be present in some patients. Playing golf, tennis, pickle ball, hiking and swimming are all perfectly acceptable and encouraged if those are the things you enjoy doing. Working out at the gym and doing upper/lower body exercises is also encouraged.

Get healthy, stay healthy and enjoy your new hip. It should last a long time providing no early (first 1-2 years) complications occur.

Respectfully,

Your Surgeon