

Anterior Hip Replacement: What You Need to Know

5 Things to do Before Surgery

1. Preoperative Testing

- Our hospital requires you to have the following preoperative testing prior to surgery. We will give you prescriptions for these, and strongly recommend you have these tests done through our system. If you do them outside our system, you need to ensure results make it to us at least one week ahead of surgery or there is risk the surgery will be postponed.
 - i. Blood tests (within 90 days)
 - ii. EKG (within 90 days)
 - iii. Other tests (chest x-ray, echo, stress test) are occasionally required

2. Medical Clearance (only when indicated)

- This is best accomplished through your PMD / internist
- Try to schedule this evaluation 2-4 weeks in advance of surgery, whenever possible, to minimize the risk of your surgery being delayed.
 - i. For specific medical concerns, you may also need to see a specialist
- The Columbia Anesthesia Perioperative Evaluation and Exam (APEX) Clinic will remotely review your tests and clearance to ensure you are ready for surgery.

3. Preoperative Education

- Read the “What to Expect” book provided to you.
- Contact Maiken Jacobs at (212) 305-3521 to schedule an individual phone session. It is helpful to do this with the person who will be helping you after surgery (spouse, partner, friend, or family member).

4. Stop Taking These Specific Medications!

- If you are not taking blood thinners, weight loss, or diabetes medications, there is no need to worry about this.
- If you are taking any prescription blood thinners for a preexisting medical condition (e.g., Coumadin, Eliquis, Plavix, Pradaxa, Xarelto), please call the office for specific instructions as these medications will need to be stopped in advance.
- If you are taking GLP-1 agonists (Mounjaro, Ozempic, Wegovy, Zepbound, Trulicity, etc), please call the office for specific instructions as these medications will need to be stopped in advance.
- If you are taking SGLT-2 inhibitors (Jardiance, Farxiga, Steglatro, etc), please call the office for specific instructions as these medications will need to be stopped in advance.

5. Preoperative Hydration

- You need to stop eating at least 8 hours prior to surgery (e.g., midnight the night before) but we encourage you to continue to hydrate with clear fluids until 2 hours before your scheduled surgery.
- Water, black coffee or tea (no milk), and sports drinks are all great options.
- This will minimize the risks of dizziness or low blood pressure after surgery.

Anterior Hip Replacement: What You Need to Know

Medications After Surgery

You will be prescribed several medications to help after surgery. When possible, we will try to prescribe these in advance, although sometimes they are prescribed after surgery during your hospital stay. If you have any questions about medications, please call my office.

While postop medications vary slightly based on individual patient concerns, they will generally fall into the following 4 categories:

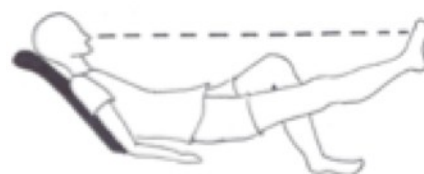
Anticoagulant (Blood Thinner) Necessary to take to prevent blood clots.	NSAID (Anti-Inflammatory) Very helpful to take to improve swelling, soreness, pain.
<i>Varies Based on Blood Clot Risk:</i> Aspirin 81mg twice daily for 3wks (for most patients) Xarelto 10mg once daily for 3wks (for those with higher risk) Other Anticoagulants Let us know if you normally take blood thinners such as Coumadin, Eliquis, Plavix, Pradaxa, or Xarelto or other for another medical condition	Celecoxib 200mg twice daily - OR - Meloxicam 15mg once daily <i>NSAIDs are sometimes NOT prescribed with certain blood thinners, compromised kidney function, or specific GI conditions.</i> <i>Please do NOT take any other over-the-counter NSAID's (Advil/Motrin/Aleve) while taking this prescription NSAID..</i>
Pain Medications Take as needed; stop as soon as pain is tolerable.	Medications for Possible Side Effects Take as needed; skip if you do not have side effects.
<u>Mild Pain</u> Tylenol 500mg 1-2 tablets every 8hrs as needed <u>Moderate Pain</u> Tramadol 50mg 1-2 tablets every 4-6hrs as needed <u>Severe Pain</u> Hydrocodone (Norco) 5mg 1-2 tablets every 4-6hrs as needed	<u>Stomach Protection</u> Omeprazole (Prilosec) 40 mg daily <i>while taking NSAIDs + Aspirin together</i> <u>Nausea</u> Zofran 4mg every 6hrs as needed <i>sometimes helpful early after surgery</i> <u>Constipation</u> Colace 100mg twice daily (stool softener) Senna 2 tabs daily (laxative) <i>These are both helpful while taking narcotics, which are often constipating. If you experience constipation beyond 5 days please call the office.</i>

Anterior Hip Replacement: What You Need to Know

5 FAQ's for After Surgery

1. Swelling is Normal

- Swelling is universal. It tends to increase daily for about a week before beginning to come down. Expect swelling about your hip, maybe into your groin, and even down leg to the foot and ankle. This is often accompanied by bruising.
- Swelling will go away in time, but it can be improved with icing and elevation.
- Reduction of swelling is most effective when the limb is above the level of the heart. Get the toes to the level of your nose. Lying in bed or on a couch with the leg elevated is the best position to reduce swelling. Elevate a minimum of 3-4x day for at least 20-30 minutes each time.



2. Bruising is Common

- Bruising is normal and will likely occur. You may see bruising all the way down the leg even in your toes. This often accompanies the swelling.

3. Icing can Help

- Ice your hip. You can apply ice bags several times a day for 20 min intervals.
- ICING the hip and ELEVATING the leg will help reduce swelling - which will reduce your pain. As the swelling decreases so will the need for pain medication.

4. How to Manage your Incision

- Your dressing is waterproof and can go into the shower immediately without concern. Your incision should not be submerged under water for 3-4 weeks.
- Most patients go home with a Mepilex dressing, with a silk mesh tension-resistant "glue strip" underneath. The outer bandage will typically stay on until your first office visit, where this will be removed.
- Some patients may get a PREVENA vacuum dressing with a suction tube. This remains on for approximately 1 week, when the unit is programmed to stop. You can remove the dressing yourself at this point by peeling off the film.
- Eat healthy! Protein promotes wound healing while sugary snacks delay healing.
- Please call us if you have increasing redness or drainage from your incision.

5. Going to the Dentist?

- Avoid elective dental visits for approximately 3 months after surgery. After that, most patients do not need antibiotics. If you have had prior infections or have a compromised immune system, you should take antibiotics for dental procedures.

Anterior Hip Replacement: What You Need to Know

Is Physical Therapy Necessary after Hip Replacement?

ACTIVITY: Early ambulation (walking) is encouraged. Progression of assistive devices from walker, to cane, to no assistive device is encouraged – remember safety first!

If necessary a physical therapist **MAY be** sent to your home post operatively. They will ensure safety in your home. They will give you guidance with your normal activities of daily living. They will work with you to ensure proper walking - **gait training**. They will work with you on using stairs. They will show you some basic exercises (see below).

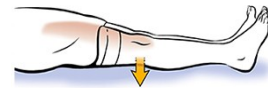
ANKLE PUMPS

Point then flex both feet repeat in quick pace



QUAD SETS

Lie in bed with your legs straight. Tighten the front thigh muscle while pressing the back of your knee down into the bed.



GLUT SETS

Squeeze buttocks together tightly hold for 5 seconds and release



SEATED KNEE FLEXION/EXTENSIONS

Sit upright in a chair, straighten your leg (this exercise is intended to loosen you up and NOT as a strengthening exercise.



These are generally the ONLY exercises I recommend early after surgery.

I recommend you **AVOID HIP STRENGTHENING EXERCISES EARLY**
as these may cause a temporary regression in your recovery.

NO straight leg raises NO abduction exercises NO marching in place

OUTPATIENT PHYSICAL THERAPY WILL NOT BE PRESCRIBED

JUST WALKING!

Gradually increase your walking
Gradually you will get back into your normal routine.

REMEMBER: SLOW AND STEADY....