



YOUR HIP REPLACEMENT GUIDE

UAMS Health

| Orthopaedics & Sports Medicine

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WELCOME

On behalf of your surgeon and the entire joint replacement team, thank you for choosing UAMS for your surgery. We look forward to helping you return to a life of motion and providing you with the best possible care.

You play an important role in your success, and our goal is to involve you in every step of your care. The more informed you are, the better your experience will be.

This guide will help:

- Explain the parts of the hip and how it works.
- Prepare you for your surgery.
- Walk you through your hospital visit.
- Describe what you can expect following your hip replacement surgery.
- Teach you how to continue your successful recovery at home and in the years to come.

In addition to this guide, you will need to complete a brief course online called the Hip and Knee Academy. You can read more about this on page 15.

Please share this guide with your coach – a friend or family member who will be helping you throughout the hip replacement process.

If you have any questions, please don't hesitate to call your surgeon's office.

Once again, thank you for choosing UAMS. We look forward to caring for you!

UAMS Health

Joint Replacement Team

OVERVIEW

About the UAMS Joint Replacement Program

The UAMS Health Hip and Knee Replacement Program is a national and international leader in hip and knee clinical care, education, and research. All our surgeons are board-certified with specialized fellowship training in hip and knee total joint replacements. They are renowned for their expertise in caring for people with advanced osteoarthritis and other conditions requiring hip or knee joint replacement surgery. Our surgeons stay up to date on the latest research on treatment options, implant devices, and surgical techniques to provide state-of-the-art, customized care for patients.

The UAMS Health Hip and Knee Replacement Program is the recipient of The Joint Commission's Gold Seal of Approval® for Certification in Total Hip and Total Knee Replacement. The Gold Seal reflects our commitment to providing safe and quality patient care and preparing patients and their caregivers for discharge. To be awarded this certification, The Joint Commission evaluated the program's compliance with disease-specific care standards and total hip and total knee replacement requirements, including orthopedic consultation, and pre-operative, intraoperative and post-surgical orthopedic surgeon follow-up care. The Joint Commission is the nation's oldest and largest standards-setting and accrediting body in healthcare.



In addition, our joint replacement program has been recognized by *US News and World Report* as a "High Performing" program, which is the highest designation possible. Our joint replacement program has also earned a Blue Distinction+ designation by Arkansas Blue Cross and Blue Shield. Blue Distinction Centers+ for Knee and Hip Replacement have demonstrated expertise in total knee and total hip replacement surgeries. These Centers have lower complication rates and fewer hospital readmissions.

Designated as a

**Blue
Distinction®
Center+**

for Knee and Hip Replacement



HIP REPLACEMENT



KNEE REPLACEMENT

OUR JOINT REPLACEMENT SURGEONS



C. Lowry Barnes, M.D.

Professor and Chair, Department of Orthopaedic Surgery

EDUCATION

Medical School

University of Arkansas for Medical Sciences (UAMS)

Orthopaedic Surgery Residency

University of Arkansas for Medical Sciences (UAMS)

Fellowship

Adult Reconstructive Surgery/Arthritis Surgery

Brigham & Women's Hospital, Harvard Medical School

RESEARCH

250+ Publications; 19 Book Chapters; 7 Patents



Jeffrey B. Stambough, M.D.

Associate Professor, Department of Orthopaedic Surgery

EDUCATION

Medical School

University of Pennsylvania School of Medicine

Orthopaedic Surgery Residency

Barnes-Jewish Hospital, Washington University in St. Louis

Fellowship

Adult Joint Reconstructive Surgery

OrthoCarolina Hip and Knee Center

RESEARCH

100+ Publications; 7 Book Chapters



Benjamin Stronach, M.D.

Associate Professor, Department of Orthopaedic Surgery

EDUCATION

Medical School

University of Alabama School of Medicine

Orthopaedic Surgery Residency

University of Alabama - Birmingham

Fellowship

Adult Reconstruction

University of Utah

RESEARCH

60+ Publications, 3 Book Chapters; 2 Patents

CONTACT INFORMATION

To talk with staff that work with your doctor, please use the contact information below Monday through Friday 8:00 a.m. to 4:30 p.m. Please call as early in the day as you can so we have time to return your call.

| | |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| Dr. Barnes' patients | 501-614-2675 |
| Dr. Stambough's patients | 501-614-2491 |
| Dr. Stronach's patients | 501-614-2686 |
| To schedule appointments: | 501-614-BONE (2663) |
| To fax clearance letters and forms: | 501-686-6260 Be sure to write your surgeon's name on top of the form. |
| To email staff who work with your surgeon: | TotalJointHip/KneeTeam@uams.edu |
| To call after hours/weekends (for urgent needs after surgery) | 501-502-0447 This is a direct number to a provider. *We do not refill medications or schedule appointments after hours. |

For an emergency, call 911 or go to the Emergency Room (ER).
If you go to the ER, please call our office, so that we may tell your doctor.



ABOUT HIP REPLACEMENT

Joint replacements (arthroplasty) help decrease pain, bring back normal functions, and improve your quality of life. Keep in mind that a joint replacement is not a normal joint. It needs special care.

How does my hip joint work?

Your hip is a ball and socket joint. This type of joint allows movement in almost all directions. The head of the thighbone (femur) is the ball that fits into the socket of the pelvis (acetabulum). The surfaces are covered by cartilage, which works as a cushion. Fluid inside your hip joint also helps it move well. Ligaments, tendons, and muscles around your hip help it move and make it stable.

Why do I need hip surgery?

You may need surgery if your hip is damaged. Sometimes hip problems can be treated without surgery. Your doctor may suggest medicines, weight loss, strengthening, or changing activities that make your problem worse. If these do not work, you may need surgery. Surgery removes the damaged parts of your hip and replaces them with metal, plastic, and ceramic. It can also put your hip back in its normal position.

How can hip surgery help me?

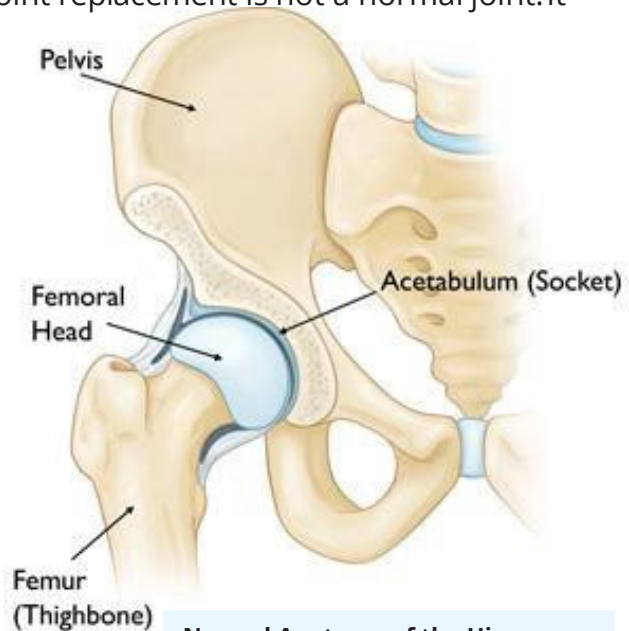
You should only have surgery if you have badly damaged joints. Surgery can:

- Ease your pain (the most common reason).
- Make your hip more stable and correct leg length problems.
- Make it easier for you to walk, stand, dress, and get in and out of the car.

What causes joint damage?

There are a few things that can damage your joints:

- Degenerative arthritis (osteoarthritis): This is when your cartilage starts to break down due to “wear and tear.” This is the most common reason for a hip replacement.
- Developmental Dysplasia: This is a problem with the shape of your joint, in which your hip socket is not deep enough. You are born with it. It can lead to early wear and tear.
- Avascular Necrosis or AVN (also called osteonecrosis): This is caused by a problem with blood flow to the head of the femur. This leads to pain and collapse of the bone. Some known causes are steroid use, alcohol abuse, sickle cell anemia, and injuries to the hip.
- Hip Fracture: You may need a hip replacement if you break your hip.



Normal Anatomy of the Hip:

Reproduced with permission from OrthoInfo© American Academy of Orthopaedic Surgeons.

How long will my surgery last?

Your surgery will last about 1 hour. The time away from your family may be between 4 to 5 hours for:

- Sleeping and resting
- Positioning your body for surgery
- Waking up in the recovery room (PACU)

What will happen during my surgery?

Below is a summary of the steps of the surgery:

1. A cut (incision) is made in your skin. The location of the incision depends on your surgeon's surgical approach.
2. Your hip joint is dislocated (moved out of position), and the neck of your thighbone is cut.
3. We then shape the socket. A metal cup is put into your new socket. A liner is put into the cup.
4. A metal stem is put into your thighbone.
5. X-rays are taken with trial parts in place.
6. If everything works well, we replace the trial parts with real implants.
7. Your hip is put back in place and your skin is closed.

What are some complications of surgery?

Your surgeon will do his best to prevent these problems:

- Bleeding
- Blood clots
- Fractures or breaks
- Nerve or blood vessel harm
- Infection
- Scarring

What are my implants made of?

Many total hip systems are made of:

- Metals: cobalt, chromium, and titanium
- Polyethylene (plastic) can be used for the insert or liner.
- Ceramic or metal can be used for the ball.

Will my implants set off metal detectors?

Yes. Metal implants will probably set off alarms. It may be helpful to tell the security officer beforehand. We don't give implant cards, as most people are scanned with or without one.



Visit <https://orthoinfo.aaos.org/en/treatment/total-hip-replacement-animation/> to view the hip replacement surgery animation video from the American Academy of Orthopaedic Surgeons.

Day of Surgery Schedule:

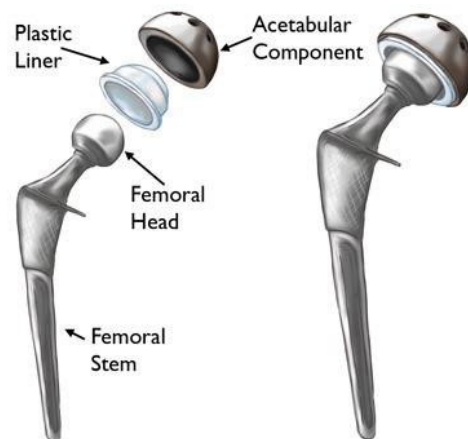
**Estimate only. Times may vary.*

1-2 Hours: Prep for Surgery

1-2 Hours: Surgery

(Surgeon or physician assistant will contact family/friend once surgery is completed.)

1-4 Hours: Recovery Area



Artificial hip: Reproduced with permission from OrthoInfo© American Academy of Orthopaedic Surgeons. <http://orthoinfo.aaos.org>.

WHAT TO EXPECT

What can I expect after surgery?

Patients have the most pain in the first 2 to 4 weeks after surgery. Most patients are happy with their results by 3 to 6 weeks after hip replacement. Many people say they have:

- Less pain
- Good return of movement
- More strength
- Daily activities get easier, such as:
 - Walking
 - Sitting
 - Driving
- Your appetite may be poor from taking pain medicine. Try to drink plenty of water to avoid dehydration (lack of liquid intake). It may take a while for your appetite to return.
- You may have trouble sleeping. This is common. Please see more about sleeping on page 12.
- It is normal for your energy level to be low for a month after surgery.
- It is normal to have redness, swelling, bruising, and warmth for up to 3 months after surgery.
- You may have constipation from the pain medicines. To help:
 - Drink plenty of water (at least 8 glasses a day).
 - Eat fresh fruits and vegetables.
 - Use over the counter stool softeners, such as Miralax or Colace. Follow the instructions on the package.
 - Fiber helps form soft, bulky stool. You should add fiber slowly to your diet to allow your body to get used to it. Foods high in fiber include:
 - Apples
 - Black-eyed peas
 - Broccoli
 - Cabbage
 - Carrots
 - Cauliflower
 - Kidney beans
 - Lima beans
 - Peaches
 - Prunes
 - Spinach
 - Sprouts
 - Tangerines
 - Whole wheat bread

What if my blood count drops during surgery?

- We might have to give you blood. This is called a blood transfusion. It replaces any blood that you lost during surgery. It is rare with first time hip replacements.
- You will be told if you need blood. We will ask you before surgery if we can give you blood. We will not do this without your permission.
- You can take over-the-counter iron pills before surgery to lower your risk of needing a blood transfusion.

Is it normal for my hip to make noise?

Most hip replacements do not make noise. If you hear popping or clicking, and have pain, you should let your surgeon know.

What are the risks of having hip replacement surgery?

There are some problems that can happen after a hip replacement. They are rare, but may include the following:

- **Infection**

If you get an infection, we will treat it with antibiotics and possibly more surgery. Here are things you can do to lower your risk of infection:

- Stop smoking.
- Lose weight (have a body mass index less than 40).
- Control your blood sugar levels.
- Do not take off your bandage until your clinic visit after surgery.

- **Implant loosening**

Too much stress or an injury can cause one or more of the parts of your hip replacement to loosen. An implant may last 20 years or longer, but it can vary. To address this:

- You may need another surgery. This is called a revision hip replacement.
- During a revision hip replacement, the loose implant will be replaced with new implants.
- Outcomes after revision hip replacements are harder to predict.

- **Dislocation**

This is when your hip comes out of socket. It is not common. If this happens, your hip will need to be put back into place by a doctor.

- **Leg length difference**

Arthritis can make one leg feel shorter to you. During surgery, your leg is put back to its normal length. Sometimes, hip replacement makes the leg longer to make it more stable. Your surgeon will do everything possible to make your legs the same length.

- **Pain**

Pain is expected for the first month after surgery and is a normal part of your recovery. Even when things go well, some patients continue to have hip pain without a known cause.

Is it normal to feel depressed or sad after surgery?

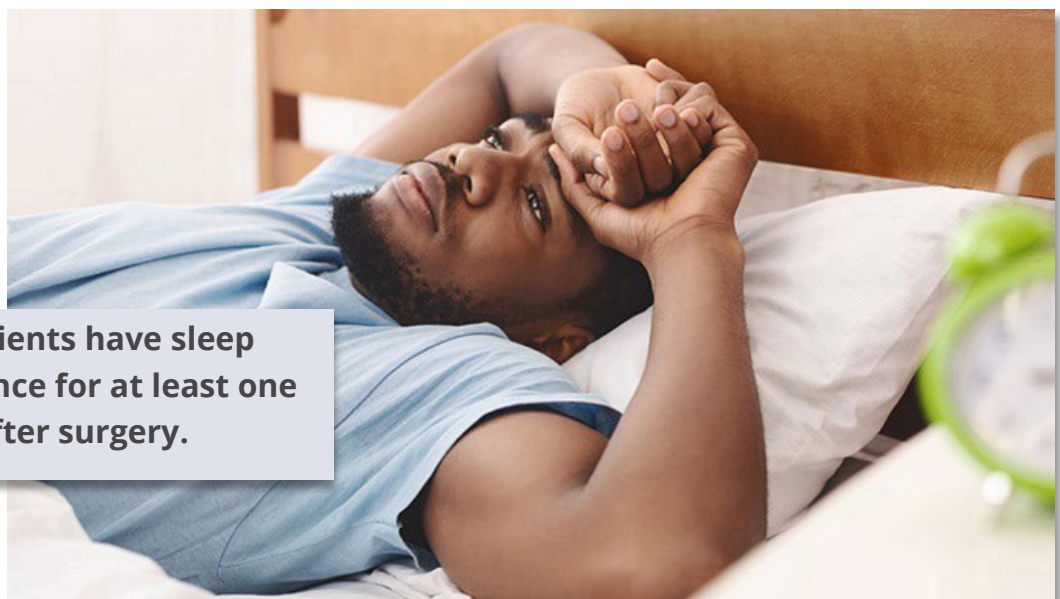
Yes. These feelings should get better as your pain and sleep improve. They will also get better as you become more active. If these feelings do not get better, or if they get worse, or you think about hurting yourself, please call your doctor.

Is it normal to have trouble sleeping?

Yes. Trouble sleeping or insomnia is very normal after surgery. Pain after surgery and trouble finding a comfortable position are very common and can keep you awake.

It is helpful to avoid napping during the day, caffeine in the afternoon, and brightlights or screens at night. Practicing a regular sleep schedule may help.

You may also try Melatonin. We do not prescribe sleep aids or extra pain medicine, as these have not been shown to help and may cause falls. We understand that insomnia after surgery leads to irritability, mental fog, and depression. Please tell your doctor if these do not improve with time.



Most patients have sleep disturbance for at least one month after surgery.

BEFORE YOUR HOSPITAL VISIT

What do I need to do before my surgery?

Before you have surgery, it is important that you are as healthy as possible. You may need to make some changes to your daily habits before you have surgery. If you are not able to reach the goals listed below, your doctor may delay or cancel your surgery until you are able to reach them. To have surgery you will need to:

- **Quit using nicotine and tobacco products** (such as cigarettes, chewing tobacco, cigars, electronic-cigarettes, patches, and vaping). These products cause problems with joint replacement surgery, such as:
 - Higher risk of infection
 - Slower healing
 - Loosening of the implants
 - Higher chance of another surgery

If you cannot quit for good, then you need to stop for at least:

- 6 weeks before surgery
- 6 weeks after surgery

If you want help quitting smoking, talk to your doctor.

- **Make sure your diabetes is under control with an A1C lower than 8**, otherwise your surgery may be postponed. If your blood sugar is not under control:
 - You have a higher risk of infection.
 - You may heal more slowly.
- **Lose weight if your BMI is over 40**. Obesity (being very heavy) can cause many problems with your joint replacement surgery, such as:
 - It is harder to get your body in the correct place during surgery.
 - It is harder to put you to sleep, keep you asleep, and wake you up using anesthesia.
 - It is much harder to get your hip implants in the right place.
 - You have a higher risk of bleeding, kidney injury, and heart problems during surgery.
 - You have a higher risk of infection due to wound healing problems.

- **Make sure your mouth is healthy.** Tooth infections can spread through your bloodstream and may infect your new joint. See your dentist before surgery if:
 - You have toothpain.
 - You need a cleaning.
 - You know or think you have a cavity.
 - You have not been to the dentist in the last year.
 - You have questions about your dental health.
- **Stop taking narcotics to treat pain at least 6 weeks before surgery.** This makes it possible to control your pain after surgery.

What doctors do I need to see before my surgery?

You will see a UAMS primary care doctor before your surgery. We will make this appointment for you. It is to make sure that you are healthy enough to have surgery. During the visit, the doctor will:

- **Review your medical history and the medicines you take.**
- **Tell you what medicines to stop taking before your surgery,** such as:
 - Anti-swelling medicines such as ibuprofen
 - Hormone replacement therapies
 - Certain blood thinners
- **Get routine labs.**
- **Swab your nose to test for staph.** Staph is a type of bacteria that may live in your body. Staph is dangerous because many antibiotics cannot treat it. If you test positive for staph:
 - It only means that you carry the bacteria, **not** that you have an infection.
 - If positive, your doctor will prescribe 2 treatments to use before your surgery. This will help lower your risk of infection. These include:
 - Bactroban ointment. You will use this in your nose 2 times a day for 5 days before your surgery.
 - Hibiclens soap. You will use this in the shower, once daily, for 5 days before your surgery.

Before you see the UAMS primary care doctor, you should get written clearance to have surgery from any specialty doctors you see, including a cardiologist (heart doctor), a pulmonologist (lung doctor), and a nephrologist (kidney doctor). This will let us know about any problems that need to be taken care of before surgery. The doctor can fax the clearance to 501-686-6260. Please also bring copies to your pre-testing visit.

What else do I need to do before surgery?

- Buy aspirin (81 mg) over the counter unless you already take blood thinners at home or your doctor's team has discussed using a stronger blood thinner for you after surgery, due to your medical history.
- Watch the Hip and Knee Academy video. This is an online video you and your coach, the person who will be taking care of you for at least the first week after surgery, must watch before surgery. It will help you get ready for your surgery. You will learn:
 - What to expect with a joint replacement
 - How to care for your new joint after surgery
 - Your nurses in the hospital
 - Your physical therapists
 - Exercises after surgery
 - Wound care
 - Medicines

These are the steps to complete the Hip and Knee Academy:



Visit <https://ortho.uams.edu/hip-and-knee>.

You may also scan the QR code in the back of the book.

Scroll down to find "Preparing for Joint Replacement Surgery: Hip and Knee Academy" and select the red "Launch the Hip and Knee Academy Course" button.

After watching the course, please fill in the Hip and Knee Academy Survey located under the course button and press submit.

Additional information and instructions for surgery medicines can also be found on this website.

What time do I need to come in for surgery?

A member of our team will call you one business day before surgery with instructions on what time to arrive at the hospital. You will need to arrive 2-3 hours prior to your scheduled surgery start time, so we can adjust if there are any schedule changes. If you are not at the hospital on time, your surgery could be delayed. If you have any questions, please contact your surgeon's office.

EXERCISING BEFORE SURGERY

Exercising before your surgery is optional. The stronger and more flexible you are before surgery, the quicker you may recover. If an exercise is overly painful, you should not do it.

Straight Leg Raises to Strengthen the Knee and Hip

1. Lie on your back on a bed or couch. The leg not having surgery may be bent with the foot flat on the bed or couch if more comfortable.
2. Keep the leg having surgery straight.
3. Tighten the muscle on the top of your thigh and lift that leg 12 inches off the bed or couch.
4. Keep your knee straight and toes pointed up.
5. Slowly count aloud to 5.
6. Slowly let your leg down and relax.
7. Repeat 10 times.
8. Repeat for the opposite leg.



Photo showing starting position for straight leg raises.



Photo showing straight leg raises.

Knee Extension: Short Arc Quads

1. Lie on your back on a bed or couch.
2. Put a 2-liter soda bottle or rolled towel under your right knee.
3. Lift your foot, straightening the right knee. Do not lift your entire leg up off the roll.
4. Slowly count aloud to 5.
5. Repeat 10 times.
6. Repeat for the opposite leg.



Photo showing how to start the short arc quad.



Photo showing short arc quad in motion.

Heel Slides for Range of Motion

1. Lie on your back on a bed or couch.
2. Bend your right knee and slide your heel toward your buttock.
3. Slowly count aloud to 5.
4. Slide your heel back and relax.
5. Repeat 10 times.
6. Repeat for the opposite leg.



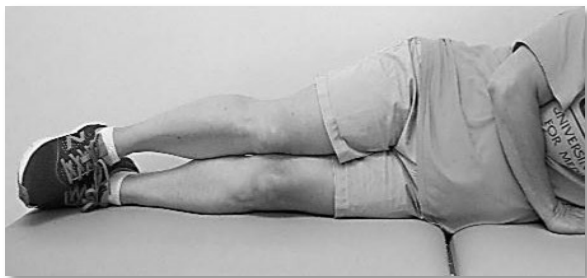
Photo showing starting position of heel slide.



Photo showing heel slide in motion.

Side-Lying Hip Abduction

1. Lie on your side on a bed or couch. To make it more comfortable for you, you can put 2 pillows between your knees.
2. Bend your knee of the leg underneath.
3. Tighten the muscle on the front of your thigh (quadriceps).
4. Lift your leg 6 to 8 inches away from the other leg (off the pillow).
5. Slowly let your leg down and relax.
6. Repeat 10 times on each side.



Photos showing side-lying hip abduction exercise.

Arm Strengthening

This exercise will help make your arms strong for getting up and down while walking with a walker or crutches.

1. Sit in a chair with armrests.
2. Put both hands on the armrests.
3. Straighten your arms, raising your bottom up as much as you can.
4. Slowly let yourself down and relax.
5. Repeat 10 times.



Photos showing how to strengthen your arms.

For more exercises and information from the American Association of Hip and Knee Surgeons, visit www.AAHKS.org/HipKnee.



YOUR CHECKLIST BEFORE SURGERY

- If you smoke, stop smoking 6 weeks before your surgery.
- If you take narcotic pain medicine, stop taking it 6 weeks before your surgery.
- Get clearance letters from your specialty doctors (if you have one) and send them to your surgeon's office.
- Complete pre-testing (clearance) visit with the UAMS primary care doctor. We will schedule this for you. Please bring clearance letters from your specialty doctors.
- Get ready:
 - Put away loose items on the floor in your home.
 - Prepare meals.
 - Arrange help with pets.
 - Buy 81 mg aspirin (unless you already take a blood thinner at home, or you have been told by your doctor that you need a stronger blood thinner after surgery).
 - Buy stool softeners to take after surgery.
- Make sure you have a family member or friend to stay with you for 1 to 2 weeks after surgery.
- Ask someone to drive you to your appointments.
- Pack a bag for the hospital:
 - Loose fitting clothing, socks, and underwear
 - Sneakers or walking shoes with non-slip soles for physical therapy
- Watch the Hip and Knee Academy video and complete the survey.
- Call your surgeon's office before the day of your surgery if you have any new scratches or injuries to the skin.
- Remove all nail polish (fingers and toes) before surgery.
- Do not eat after midnight (12:00 a.m.) the night before your surgery.
- Do not drink anything 2 hours before your arrival time.
Up to 2 hours before you come to the hospital, you can have no more than 12 ounces of soda, sports drink, tea, or black coffee (no cream or sugar).
- The morning of your surgery, only take the medicines your doctor has told you to take.
- Make sure to bring:
 - Your health insurance cards
 - A list of medicines you take
 - Your CPAP or Bi-PAP if you have one.

AFTER HIP REPLACEMENT

In the Hospital

How long will I be in the hospital?

Many patients will go home the same day, a few hours after surgery. Some patients may need to stay the night. Your doctor will talk about this in clinic.

What medicines will I get for pain?

- In the hospital, we will give you pain medicine by mouth.
- We do not use pain pumps because they slow down your recovery.

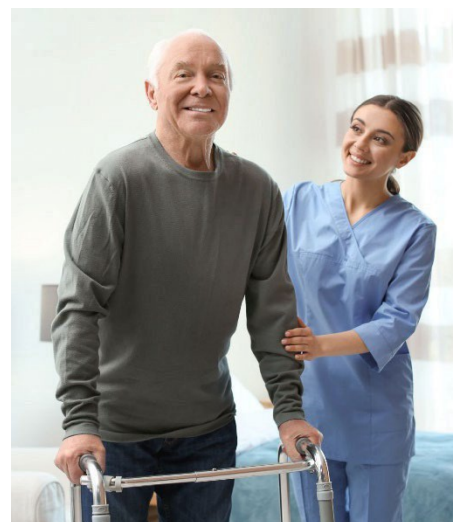
What care will I get in the hospital?

Physical therapists will help get you out of bed and walk soon after surgery. This helps:

- Improve blood flow
- Lower the risk of blood clots
- Prevent skin damage from staying in one spot too long

You may have a physical therapy session before you go home, so that the therapist can teach you:

- Exercises for your hip
- How to walk with a walker
- How to climb stairs with a walker
- How to get in and out of the car and bed
- How to go to the restroom safely



After You Leave the Hospital

Will I go to a rehab facility after I leave the hospital?

Our goal is to send you home from the hospital. We do not send patients to inpatient rehabilitation (rehab) after a hip replacement. If you think you should be sent to a rehab hospital, you must talk to your doctor about this before surgery.

After I leave the hospital, when will I go back to the clinic?

You will go back to the clinic 2 weeks after your surgery. At the visit:

- You may see a physician assistant, resident, or nurse practitioner who works with your doctor.
- We will take off the waterproof bandage and remove your staples if you have staples.
- We will take X-rays.
- We will answer your questions and schedule your next follow-up visits based on your recovery.

Will I need to have someone help me when I get home?

- You will need a friend or family member to stay at home with you for 1 to 2 weeks after surgery.
- You will need a driver until you have been cleared to drive.

How long will it take me to get better?

You will heal the most in the first 6 to 12 weeks after surgery. It may take 6 months or more before your new joint feels “normal” to you.

Will I have home health?

No. We do not use home health physical therapy or nursing services.

Medicines You Will Take

















How do I manage my pain when I go home?

It is normal to have pain after surgery. Take your pain medicine the way your doctor described. You should only need pain medicine for a few weeks after surgery.

- We will give you a prescription for narcotic (opioid) pain medicine before you leave the hospital. Take it as you need it for pain, but no more than every 6 hours, unless instructed by your doctor.
- You can plan to take Tylenol on a schedule every day. Do not take more than 3,000 mg of Tylenol per day. Please be aware that some pain medications already have Tylenol. Check the medication label on your bottle.
- You can plan to take NSAIDS (ibuprofen, Aleve, Advil, Meloxicam or Mobic, naproxen) on a schedule every day ONLY IF you have not been told to avoid these medicines. You can take NSAIDS with aspirin as needed. Do not take NSAIDS if:
 - You have kidney problems.
 - You have stomach ulcers.
 - You take a strong blood thinner (such as Xarelto, Eliquis, Lovenox, or Coumadin [warfarin]).
- Taking Tylenol and NSAIDS routinely (if able) will allow you to use the narcotic pain medicine less often.
- Slowly wean yourself from the prescription narcotics as you are able.




















Use ice to help with pain control throughout the day. You may ice for 20 minutes at time. Be sure to use a cloth barrier (such as a washcloth or thin towel) between your skin and ice pack. We have provided 2 charts that show you how often you can take these medicines. One chart avoids NSAIDS and the other includes NSAIDS. These are also available online at <https://ortho.uams.edu/hip-and-knee>.

WAYS TO HELP WITH PAIN – NSAIDS AVOIDED

| | Opioid | Acetaminophen (Tylenol) | Ice | Elevation |
|------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Morning 7 - 9 am | |  |  20 minutes at a time | |
| Lunch 11am - 12 pm |  | |  20 minutes at a time |  15 minutes at a time |
| Afternoon 3 - 4 pm | |  |  20 minutes at a time |  15 minutes at a time |
| Dinner 5 - 6 pm |  | |  20 minutes at a time |  15 minutes at a time |
| Bedtime 8 - 9 pm | |  |  20 minutes at a time |  15 minutes at a time |
| Night time 1 - 2 am |  | |  20 minutes at a time | |

You may take one extra opioid tablet as needed in a 24-hour period.

WAYS TO HELP WITH PAIN – NSAIDS INCLUDED

| | Opioid | Acetaminophen (Tylenol) | NSAID (Ibuprofen, Motrin & advil) | Ice | Elevation |
|-----------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Morning 7 - 9 am | |  500 mg. |  800 mg. |  20 minutes at a time | |
| Lunch 11am - 12 pm |  (1 Tablet) | | |  20 minutes at a time |  15 minutes at a time |
| Afternoon 3 - 4 pm | |  500 mg. |  800 mg. |  20 minutes at a time |  15 minutes at a time |
| Dinner 5 - 6 pm |  (1 Tablet) | | |  20 minutes at a time |  15 minutes at a time |
| Bedtime 8 - 9 pm | |  500 mg. | |  20 minutes at a time |  15 minutes at a time |
| Nighttime 1 - 2 am |  (1 Tablet) | |  800 mg. |  20 minutes at a time | |

You may take one extra opioid tablet as needed in a 24-hour period.

How many refills of pain medicine do I get?

We will give you 1 refill of your pain medicine if needed.

What other medicines will I need to take?

Antibiotics

- After Surgery: Your doctor may prescribe you an antibiotic to take for 1 week after surgery if you have a medical condition that increases your risk of infection.
- Dental Visits: For the first year after your surgery, you will need to take antibiotics before you go to the dentist. This will lower your risk of infection. Your dentist should prescribe them. We suggest you take amoxicillin (2 grams) 1 hour before your visit. If you are allergic to penicillin, you can take clindamycin (600 mg). Try not to visit the dentist for at least 3 months after your joint replacement.



Blood Thinners

Having major surgery can raise your risk of developing a blood clot. After surgery, you will need to take a blood thinner for up to 6 weeks. To prevent blood clots:

- Get out of bed as soon as possible.
- Take your blood thinner as directed by your doctor.

If you were taking blood thinners before surgery or are at increased risk for a blood clot, we may give you a stronger blood thinner.

What will happen if I get a blood clot?

Please call your surgeon's office if you are concerned you have a blood clot. We will evaluate you, and you may be given a stronger blood thinner.

CARING FOR YOUR HIP AT HOME

How do I care for my wound?

You will have a tan or clear waterproof bandage over your incision. We place this bandage at the end of your surgery. It will keep your incision clean. You can take a shower with the bandage, but not a bath. **Do not take the bandage off at home. We will remove it at your first follow up visit.** Your doctor wants to limit how often it is changed. This lowers your risk of infection.

Do not use any creams, lotions, or ointments on your incision unless your doctor told you to.

When do my stitches come out?

If your incision was closed with:

- Stitches under the skin, they will break down over time. They do not need to be taken out.
- Stitches or staples outside the skin, we will take them out at your follow up visit (2 weeks after your surgery).

What should I do if my bandage is leaking?

Do not panic. If your bandage peels up along the edges and is leaking blood, do not take the bandage off. Cover the leaking edges with clean gauze and paper tape or silk tape. You can buy these at any pharmacy. If the leaking continues, or your bandage is full of blood or drainage, please call your doctor's office. You may use the after-hours number for this on nights, weekends, or holidays.

Should I use ice or heat on my incision?

Ice is most helpful for the first month after surgery to help with swelling and pain. After the first month, you can try using heat, take turns between ice and heat, or just use whichever feels best.

What You Can Do

What should my activity level be after joint replacement?

Everyone is different. But you should try to do a little bit more each day. At some point, most people do too much and have more pain and swelling. Do not be worried. This is a normal part of your healing. If your pain gets worse even with rest and less activity, you should let your doctor know.

What exercises do I need to do?

Do the exercises that you learned at the hospital and from your doctor. The exercises will help you become stronger and more independent.

Do I need to use crutches or a walker after surgery?

- Yes. You will use a walker or crutches full time after surgery.
- Do not stop using your walking aid until your doctor tells you it is okay to stop, even if you do not feel you need it.
- Your doctor will tell you when it is time to switch to a cane or one crutch. Be sure to hold it on the side that did not have surgery.

How do I lie in bed?

You may sleep in any position that feels comfortable to you. You may prefer to keep a pillow in between your knees if you sleep on your side. You can lay on the surgery side as soon as you feel comfortable. You may prefer to sleep on the couch or in a recliner at first.



When can I shower?

You may take a shower with the tan or clear bandage. It is waterproof. Do not soak the bandage in water. Your doctor will tell you when you can take a bath.

When can I drive?

Do not drive while taking pain medication.

- **Left hip** replacement: Wait at least 2-3 weeks before driving. You must be off pain medicine. Please talk to your doctor to confirm you are safe to drive again before doing so.
- **Right hip** replacement: Wait until your doctor tells you it is okay to drive. This will depend on your recovery.

Before you start driving on the road, practice in a large open parking lot. You must be able to quickly brake with your right foot before driving.

When can I go back to work?

Talk to your doctor before you go back to work.

- If you work at a desk, you may be able to return within 1 month of your surgery.
- If you squat or climb at work, it may be up to 3 months before you can go back.

When can I have sex again?

You can have sex when you feel ready.

When should I call my surgeon?

Call your doctor if you think you may have:

- Lost the ability to pull your toes and foot up.
- Infection
 - Smelly fluid or pus coming from your incision.
 - Increased warmth or redness of your incision. Remember, some redness and warmth is normal for 2 to 4 weeks after surgery.
 - Chills or fever higher than 101.5 degrees that has not improved with Tylenol.
- Blood Clots
 - More swelling in your thigh, calf, or ankle compared to the other leg that does not get better when the foot is raised above your heart. Keep your foot raised and your knee straight for at least 30 minutes to properly elevate.
 - Increased pain or tenderness in your calf when gently touched.
 - Remember, some swelling is normal for 2 to 4 weeks after surgery.
- Pulmonary embolism (blood clot in your lungs)
 - Sudden chest pain
 - Trouble breathing
 - Feeling like you cannot catch your breath
 - Confusion or a mental fog
 - Heavy sweating

If you think you have a pulmonary embolism, call 911.

Thank you for choosing UAMS for your surgery!

To access the Hip and Knee Academy course online, you can scan the QR code to the right or visit:

<https://ortho.uams.edu/hip-and-knee/>.

Remember to complete the survey located under the course link.



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C. Lowry Barnes, M.D.
Jeff Stambough, M.D.
Ben Stronach, M.D.

UAMS Orthopaedic Clinic
2 Shackleford West Blvd.
Little Rock, AR 72211
(501) 614-BONE (2663)