

**Dr. Roy Davidovitch
Same Day Discharge
Total Hip Replacement
Recovery Guide**

PREOPERATIVE INSTRUCTIONS

Your Preadmission Testing Visit

About 1 week prior to your surgical date, you will be required to have a Preadmission Testing visit (PAT). Your PAT session is interactive and we encourage you to ask questions. The visit will last approximately 2 hours and is composed of 2 major components:

During your Preadmission Testing assessment, you will be seen by a Physician Assistant and/or a Registered Nurse.

- The Physician Assistants and/or Registered Nurses will complete a health history and initial patient assessment during your visit.
- Diagnostic testing such as a COVID19 test, venipuncture (blood draw) and an electrocardiogram (EKG) may be performed at this time.
- Please make sure to have breakfast on the morning of your Pre-Admission Testing visit.
- Upon completion of your Pre-Admission Testing you will be provided with an after visit summary which will include information regarding which medications you should stop and when, along with patient education advising you on fall precautions and infection prevention.

Joint Replacement Orientation

In conjunction to your Pre-Admission Testing appointment, you will also attend a peri-operative optimization information session in which information will be provided by physical therapy, occupational therapy, and nursing.

- During the physical therapy information session, you will learn how to properly use an assistive device such as forearm crutches or walker, how to climb stairs after surgery and some home exercises that will be helpful in your recovery.
- There will also be time for you to meet with our clinical care coordinator who will review your discharge plan and home care benefits including the nursing and physical therapy services you will receive at home.
- The final stage of your peri-operative optimization information session will consist of a peri-operative nurse practitioner who will demonstrate the use your active care pumps for after surgery.

- Since there will be an abundance of information given to you on the date of your peri-operative optimization information session, we ask that you please make sure to have your coach present with you at this time.

Game Ready Ice Machine

You will have the opportunity to rent a continuous ice/compression machine prior to your surgery. The office will provide our representative to reach out to you to coordinate. Please see additional information regarding the device. It is not mandatory but highly recommended!

Pano Onisiforou (Game Ready Rep) c : 718-747-4953 f : 510-692-4946

When do I stop eating and drinking?

- Please don't eat, chew gum or smoke after midnight.
- You can however drink up to 1 liter of fluid after midnight if you want
- **Stop drinking fluids 3 hours before your scheduled arrival time at the Surgery Center.**
 - These are the fluids that you may drink:
 - Gatorade (any color except red!)
 - Water
 - **IF YOU HAVE DIABETES, OR YOU HAD WEIGHT LOSS SURGERY OR YOUR BMI IS GREATER THAN 35 DO NOT DRINK OR EAT AFTER MIDNIGHT**
- (the stomach empties slower if you have any of the above conditions)

Preoperative Medications

Please take the following medications on the **day before surgery**:*

Medications To Be Taken The Day Before Surgery		
<u>Medication</u>	<u>Purpose</u>	<u>Schedule</u>
Tylenol®/ Acetaminophen (Extra Strength) 500 mg tablet	Pain control	2 tablets every 6-8 hours the day before surgery. Do not take more than 4,000 mg daily as this can harm your liver.
Mobic®/ Meloxicam 15 mg tablet	Pain control Prevent abnormal bone growth	1 tablet the morning before surgery.
Ecotrin®/ Aspirin 81 mg tablet	Pain control Prevents blood clots	1 tablet the evening before surgery.

**You may be prescribed different medication(s) based on your medical history.*

*** Please note that during your Pre Admission Testing appointment, a registered nurse will provide further instructions about your current medications*

DISCHARGE INSTRUCTIONS

Activity:

1. You can bear as much weight as you tolerate on your hip *unless specifically instructed by Dr. Davidovitch otherwise*. You may use the walking aid which you were discharged

with and switch to a cane whenever you feel comfortable doing so. If you feel you can ambulate without any assistive device, you are welcome to do so for limited distances indoors. We expect you to use an assistive device for outdoor walking for the first 4 weeks. Keep in mind that every patient moves at their own speed of recovery so take your time.

2. *Unless Dr. Davidovitch or our office specifically instructed, you DO NOT have any movement precautions with regards to your hip. Although guarantees against a dislocation do not exist, the hip was noted to be sufficiently stable in surgery eliminating the need for precautions. You MAY therefore:*
 - a. Bend your hip past 90 degrees
 - b. Sit on a regular chair, couch, and car seat.
 - c. Cross your legs
 - d. Use a regular toilet seat
 - e. You may sleep on your stomach, back or on either side.
3. High impact activity such as jumping, aerobics, tennis, and skiing are not permitted during the first 3 months after surgery.

Check your temperature on a daily basis. **Please note that a low-grade temp below 101 is not uncommon in the first 3 days after surgery.** Notify the office if your temperature rises above 101.5.

Many patients experience significant swelling and bruising (black and blue marks) in the thigh, this may extend below the knee and sometimes to the ankle. The swelling and bruising generally **occurs and progresses over the first week** following your surgery, and will begin to resolve over the second week. It will largely resolve by your first post-operative visit. Provided you have been on a blood thinner since surgery (Aspirin or Lovenox), the risk of a blood clot is low and this swelling is an expected part of recovery. Swelling can be uncomfortable but generally not painful.

Wound Management:

1. YOU MAY REMOVE YOUR DRESSING 3 DAYS AFTER SURGERY (you may shower with your dressing).

2. If the wound is draining, simply tape a dry gauze pad on the wound until it stops. Please note that mild dark brown or yellow tinged drainage is considered normal for approximately 10 days following your surgery. If drainage persists past 10 days, please notify our office.
3. If your wound is dry, and no drainage is noted, there is no need to apply a dressing. You may keep the wound exposed to air.
4. Do not apply any creams or ointments to your surgical site.
5. You should examine your wound regularly for any signs of infection which include:
 - a. Redness, swelling, tenderness, or warmth surrounding the incision
 - b. Drainage of blood or pus from the wound, or any drainage that has a foul odor.
6. You may notice some bruising and/or mild swelling surrounding the surgical site, this is normal.

Showering/Bathing:

1. You may shower 36 hours after you return home from the hospital provided there is no wound drainage. You can allow the shower water to run down the incision. There is no need to cover the wound while in the shower.
2. You should not scrub the incision. Be sure to pat the incision dry with a towel after showering.
3. If wound drainage is noted, you should sponge bathe instead of showering until the drainage resolves.
4. Any submersion in water, including a bath, jacuzzi, or swimming is **NOT permitted during the first 6 weeks.**

Post-Operative Medications:

1. You will be discharged with pain medication(s). Please follow the instructions regarding these medications as provided by your nurse at the Surgery Center and listed on the "Medications After Surgery" chart (page 9 of this booklet). Please note that most narcotic pain medications have side effects that may include nausea, vomiting, sedation, dizzy spells, and/or constipation. If you experience any of these side effects to a severe extent, you should contact our office.

2. If you are suffering from constipation following your surgery, you may try taking both a stool softener and laxative together. A high fiber diet, as well as adequate hydration is also advised.
3. You should stop taking your opiate pain medication whenever you feel you can. A good way to wean off the pain medication is to cut the doses in half, or increase the time between doses. For example, if you are taking 1 tablet every 4 hours extend that time to every 6 hours, then every 8 hours and so on.
4. A major, yet preventable, complication of Orthopaedic Surgery is a blood clot (DVT). You have been provided with a prescription for **ONE** of the following to prevent a potential blood clot:
 - a. ***Aspirin 81 mg, to be taken twice a day, with food, for 28 days.** Please note that this medication may cause an upset stomach or acid reflux. If this occurs, you may take the proton pump inhibitor Pepcid (Famotidine) prescribed to help alleviate these side effects.

OR:

- b. Lovenox (a self-injectable blood thinner) **1 injection per day of 40mg for a total of 28 days.** In the hospital you may receive 2 injections per day of 30mg. Please note that this is not the protocol while at home.
5. Unless instructed otherwise by our office, the use of any non-steroidal anti-inflammatory medications besides Mobic (including Aleve, Advil, Motrin, etc.) should be avoided while taking your prescribed blood thinner. Unless otherwise instructed, you will take Mobic daily for 28 days.
6. You should restart all of your prescription medications once discharged unless specifically instructed otherwise.
7. Herbal supplements may be restarted 2 weeks after surgery.

Please refer to the following discharge medication list for further instructions:*

Medications After Your Surgery		
<u>Medication</u>	<u>Purpose</u>	<u>Schedule</u>
Tylenol®/ Acetaminophen (Extra Strength) 500 mg tablet	Pain control	2 tablets every 6-8 hours for at least 7 days Do not take more than 4,000 mg daily as this can harm your liver.
Ultram®/ Tramadol 50 mg tablet	'Breakthrough' pain medicine	Take 1 tablet every 4-6 hours between Tylenol® doses only if the pain is worse than you can tolerate with Tylenol® only.
Keflex®/Cephalexin 500 mg tablet OR Cleocin®/Clindamycin 300 mg tablet	-Infection prevention	1 tablet Every 6 hours for 24 hours (3 pills total)
Mobic®/ Meloxicam 15 mg tablet	Pain control Prevent abnormal bone growth	1 tablet daily for 28 days.
Ecotrin®/Aspirin 81 mg tablet OR Lovenox® (Enoxaprin) 40 mg injection	-Prevent blood clots	Ecotrin®/Aspirin 2 tablets daily for 28 days OR Lovenox® /Enoxaprin 1 injection daily for 28 days
Miralax®/ Polyethylene Glycol 17 g packet	Stool softener	1 packet given in 8 ounces of a beverage, twice a day, as needed
Pepcid®/Famotidine 20 mg tablet	-Antacid/reduce stomach irritation caused by Aspirin (Ecotrin®)	1 tablet daily, as needed
Zofran®/Ondansetron 4mg tablet	-Prevent nausea	1 tablet every 8 hours, as needed

**You may be prescribed different medication(s) based on your medical history.*

***Please note that the After Visit Summary (AVS) that you will receive at the time of discharge will reflect a complete list of medications, including any routine medications that you were prescribed prior to surgery.*

If your pain is not adequately managed on this regimen, please contact your surgeon for further instructions

Miscellaneous issues:

1. You may resume driving after 2 weeks if you had a LEFT hip replacement.
2. You may resume driving after 3 weeks if you had a RIGHT hip replacement.
3. Sexual activity can resume after 2 weeks.
4. Return to work depends on the job requirement, transportation issues and multiple other factors. Rest is an important component of your healing both physically and psychologically. You can expect to feel fatigued during your day for the first couple of weeks but you will find that your endurance, energy levels, and ability to ambulate improve on a daily basis.
5. You should avoid dental visits for 3 months after surgery, if possible. You should take antibiotics prior to all dental visits. **Please contact your dentist for this antibiotic.**

You should call the office at 917-594-4447 (917-594-4HIP) and confirm that you have a follow-up appointment for approximately 2 weeks from the date of surgery with our Nurse Practitioner. Please follow the exercises and instructional videos on www.forcetherapeutics.com and use the website to communicate directly with your surgeon and his team.