

# TOTAL HIP REPLACEMENT INSTRUCTIONS

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Hip and Knee Replacement Surgery  
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## WHAT IS HIP ARTHRITIS?

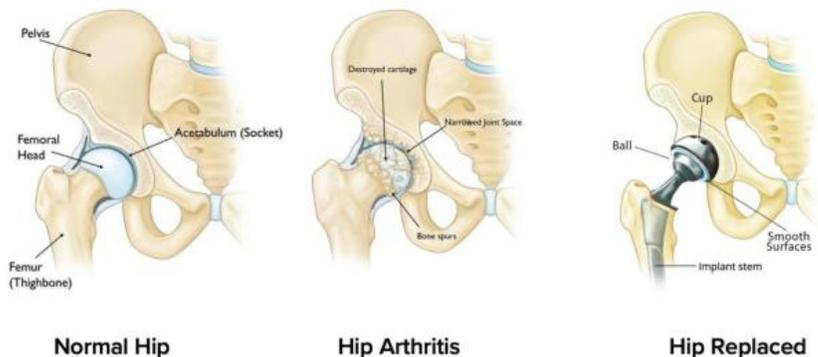
Joint surfaces are covered by a smooth covering called cartilage. This allows pain-free, smooth movement between the bones.

Hip osteoarthritis, also called degenerative joint disease, is the most common form of arthritis. Arthritis is a general term covering numerous conditions where the joint surface or cartilage wears out or becomes damaged. This can be caused by genetics, increased age, overuse, trauma, hip diseases such as avascular necrosis and developmental issues, and/or obesity. In hip arthritis, the cartilage of the femoral head as well as pelvic socket becomes damaged and worn out, causing pain, swelling, stiffness and restricted movement.



## WHAT IS A HIP REPLACEMENT?

Surgery can be considered if non-surgical treatment fails to provide sufficient relief. A total hip replacement can be a good option when the pain is so severe that it affects your ability to carry out normal activities and you are medically optimized/safe to have surgery. This is done by removing the damaged, arthritic portions of the joint and placing a metal cup in the pelvis and a stem down the inside of the femur. A ceramic head is placed on the stem to articulate with a plastic insert that is placed in the cup portion to allow for smooth motion.



## PREPARE YOURSELF FOR SURGERY

**Read these instructions multiple times.** Most of your questions will be answered here. Make sure that you meet all requirements to proceed safely with joint replacement.



## PREOPERATIVE TESTING AND CLEARANCE

Prior to surgery, Dr. Eccles will need you to obtain medical clearance from your Primary Care Physician. This visit is crucial to ensure you can proceed with this major elective surgery. You will need to obtain (non-fasting) blood work within 30 days of your scheduled surgical date as well as an EKG. These will be ordered by your Primary Care Physician who should also review them with you as well as send them to us. We will give you an instructional form to take to them so they are aware. These tests need to be done **within 30 days of surgery** to be valid. If you have diabetes, your hemoglobin A1c ideally should be below 7% to limit infection risk.

During part of your visit with your Primary Care Physician, your medications should be reviewed carefully. This includes a complete list of all the prescription, over-the-counter, herbal supplements, and vitamins you take. Please bring the medicines in their original bottles to your appointment so a complete list can be recorded. If needed, they should instruct you to stop certain medications before surgery.



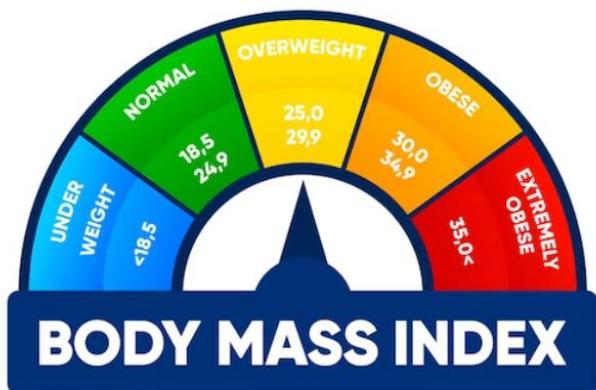
### For example:

- If you take a blood thinner, follow their instructions about when to stop it prior to surgery.
- Many of our patients take medications that are in the non-steroidal anti-inflammatory drug (NSAID) pharmaceutical class which need to be stopped 1 week before surgery. These medications include Ibuprofen (also known as Motrin and Advil), Naproxen (Aleve), Diclofenac, and Meloxicam (Mobic).
- Many herbal supplements, such as fish oil or glucosamine/chondroitin, should be stopped 2 weeks before surgery as they can cause more bleeding or affect how your body responds to other medications.
- Acetaminophen (Tylenol) is safe to continue to take, and we encourage you to do so if need something to help with the pain. You can take 1000mg (two 500mg or three 325mg tablets) every 8 hours before surgery.

**If you have a medical condition that requires you to see a specialist** (such as a cardiologist, pulmonologist, nephrologist, hematologist, etc.), **we will also need a clearance note or recent office note from them** stating that you are optimized to undergo joint replacement surgery. If you haven't seen your specialist in over 6 months, we recommend you call and make an appointment as soon as possible so your surgery isn't delayed.

## BODY MASS INDEX

We want your new joint to last for you. One of the ways to help with this is to control your body weight. Most surgical centers and hospitals have strict guidelines where your BMI (body mass index) should be **less than 35 kg/m<sup>2</sup>**. Every pound you can lose before or after surgery takes 5 to 6 pounds of force off your affected hip or knee! We are aware that arthritic joint pain limits your ability to stay active. Most of the time, however, weight loss can still be accomplished with nutritional changes or medications, and we are happy to refer you to a bariatric specialist or nutritionist if you need help or guidance with losing weight.



## YOU MUST STOP ALL TOBACCO/SMOKING/NICOTINE

Using nicotine in any form (cigarettes, vaping, chew, and even patches) has been shown to slow bone and wound healing. If you use nicotine, it is crucial to stop this to improve your health before surgery and to give yourself the best chance of having a good outcome.



Dr. Eccles, for this reason, does not permit nicotine use before surgery because it significantly increases your risk of an uncontrollable infection, leading to devastating complications such as losing a leg. Nicotine use must be **completely stopped at least 4 weeks and preferably longer** before your surgery. **We can and will test for this.** For more information or help, contact your Primary Care Physician, call 1-800-55-66-222 or visit <https://www.azdhs.gov/ashline/>.

## ILLNESS BEFORE SURGERY

It is crucial that you have your total joint surgery during a time when you are in your best health to optimize the outcome. If you become sick (have a persistent fever, cold, flu, urinary tract infection, tooth infection, open sores, or any other type of illness) within two weeks before surgery, please let us know. It can be dangerous to have surgery if you are not feeling well. Bacteria that may be making you sick could also cause an infection of your new joint if you undergo surgery.

## UNDERSTAND THE RISK AND BENEFITS OF SURGERY:

Joint replacement surgery has been performed for many years, and the techniques and implants continue to improve. Most patients who undergo a joint replacement can get around better and have less pain after a full recovery. Most of the time patients feel better than before surgery after 6–8 weeks or so but **true recovery will take a full year!** Total joint replacement surgery can help people live better lives. In most cases, a new joint should last 20 years or more.



## JOINT REPLACEMENT IS A MAJOR ELECTIVE SURGERY

It does have some risks. You must be aware of possible risks and complications of joint replacement surgery and discuss them with Dr. Eccles. These may or may not require treatment, including the potential for more surgery.

### RISKS INCLUDE BUT ARE NOT LIMITED TO:

- Anesthesia or medical complications
- Bleeding
- Blood clots
- Damage to nerves, blood vessels, or muscles
- Infection
- Wearing out of the new joint
- Dislocation or instability of the new joint
- Leg length inequality
- Loosening of the new joint from the bone
- Possible fractures during or after surgery
- Incision not healing appropriately

## THANKFULLY, COMPLICATIONS ARE RARE

Your safety is important to us. We strive to provide quality care so you can achieve the best possible result.

## PREPARING YOUR HOME FOR RECOVERY

We understand that you have many things on your mind and many tasks to complete before surgery. This section outlines some tips on preparing both you and your home. This will make your recovery easier and safer.



### MAKE PLANS TO HAVE HELP

- If you live alone, have someone stay with you until you are entirely comfortable moving around on your own.
- You may need someone to drive you to appointments, run errands, or grocery shop.
- You may need some help with bathing, cooking, or exercises.
- Arrange for childcare/dependent/pet care if needed.

### COACH / SUPPORT PERSON ROLE

Before your surgery, you will be asked who will help you after. **You will need to identify a “coach”** which can be a caregiver, companion, friend, neighbor, or family member that can help you. You need to ask this person to serve as your coach. This individual should accompany you to your appointments with Dr. Eccles. You should read and study these instructions multiple times with them. They should give you moral support and encouragement at every step of your recovery.

Some things that your coach can do for you for a few weeks after surgery:

- Help you get around.
- Drive you to therapy or other appointments.
- Help you with household chores (cleaning, meal preparation, laundry).
- They can assist you with your medications.
- Guide and support you with your exercises.



### MEALS

- Stock up on easily prepared foods.
- Prepare some of your favorite foods ahead of time and freeze them.
- Have a supply of take-out menus from restaurants that deliver.

### “FALL PROOF” YOUR HOME

- Remove throw rugs to avoid slipping or tripping.
- Clear all the places you will be walking. Remove electrical cords, footstools, and other obstacles.
- Rearrange furniture to make walkways wide enough for you and your walker or cane.
- Watch out for pets. They do not know you had surgery. They may need to be put into another area of the house when you are walking or even temporarily cared for elsewhere for your safety.

## BENEFITS OF OUTPATIENT SURGERY

Historically, patients would be admitted to a hospital for many days after a joint replacement! Things have vastly improved over the years, and we've learned how to improve patient outcomes and decrease complications. This is made possible with recent advances such as improved perioperative anesthesia, less invasive techniques, and initiation of rehabilitation protocols soon after surgery.

**The overwhelming majority of our patients return home safely on the same day as their hip or knee replacement and typically this is our plan with you. Your home is the best place to recover for several reasons:**

- There are fewer germs in your home that could increase your risk of infection
- You will recover faster having to get up and move more often
- At home, you can sleep in your own bed and eat your food
- You can set your rehab program schedule, such as exercising and walking
- You have control of your pain medication schedule, and Dr. Eccles will prescribe you the exact medications for the home that you would get in the hospital setting
- It is more convenient for friends and family to visit you at your home

## PREPARE FOR YOUR SURGICAL DAY

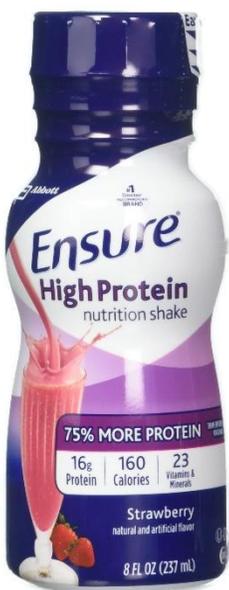
### PACKING FOR THE HOSPITAL/SURGICAL CENTER – WHAT TO BRING

- **Identification** - Bring your driver's license or government-issued ID and your insurance card on the morning of surgery.
- **Clothing** - Plan to wear comfortable, easy-to-remove clothing and nonslip shoes. You will change into a patient gown shortly after arrival. At discharge, you will change back into the clothing you bring.

## EATING AND DRINKING GUIDELINES BEFORE SURGERY

### 7 DAYS BEFORE AND 7 DAYS AFTER SURGERY

We recommend increasing your protein intake to give your body the building blocks necessary to heal appropriately. One way to do this is to drink protein shakes (such as Ensure® or Boost® High Protein Nutritional Drinks) daily for one week before and one week after your surgery.



### THE MORNING OF SURGERY

Continue medications as instructed at your Primary Care Physician appointment. You may take them with a sip of water.

### 8 HOURS BEFORE ARRIVAL TO THE HOSPITAL

**DO NOT EAT ANYTHING.** You may continue to drink clear liquids such as water or Gatorade®. Do NOT drink milk, alcohol, or thicker beverages.

### 2 HOURS BEFORE ARRIVAL

**DO NOT EAT OR DRINK ANYTHING.** You must have an empty stomach going into surgery so there is less chance of anesthesia complications.

## SHOWERING BEFORE SURGERY

There is a risk of infection with any surgery. **You play an essential part in preventing infection.** We all have bacteria on our skin. You can lower the number of normal bacteria on your skin for your surgery by using a special soap called chlorhexidine gluconate or CHG. This soap is also called by the brand name **Hibiclens®**. **Please purchase a bottle of this at any pharmacy prior to your surgery. You do not need a prescription for this.**

Do not shave or wax the area of your body where you will have surgery for 1 week prior to your surgical date to limit potential skin irritation. If you grow hair over where the incision will be, we will use special clippers the morning of surgery to safely remove it.

### USE THE SOAP WITH THE FOLLOWING INSTRUCTIONS:

- **You will shower 3 times with the soap: two days before, the night before, and the morning of surgery.**

For example:

- If your surgery is on Monday, you will shower with the soap Saturday evening, Sunday evening, and early Monday morning.
  - If your surgery is on Thursday, you will shower with the soap Tuesday evening, Wednesday evening, and early Thursday morning.
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- First, wash your hair with your regular shampoo and conditioner and rinse.
  - Turn the water off or step out of the stream while you apply the CHG soap.
  - Use a clean cloth and apply the CHG soap to your body from the jaw down. Do not get CHG soap in your eyes, ears, nose, or mouth.
  - **Wash your entire body for 3-5 minutes and pay special attention to the area where you will have surgery. Do not scrub your skin hard.**
  - Rinse your body. Do not use any other soap after using the CHG soap.
  - Pat your skin dry with a clean towel after each shower.
  - **Dress in clean clothes with clean bed sheets.**
  - Do not apply lotions or powder after using CHG soap. It is ok to use deodorant or antiperspirant.



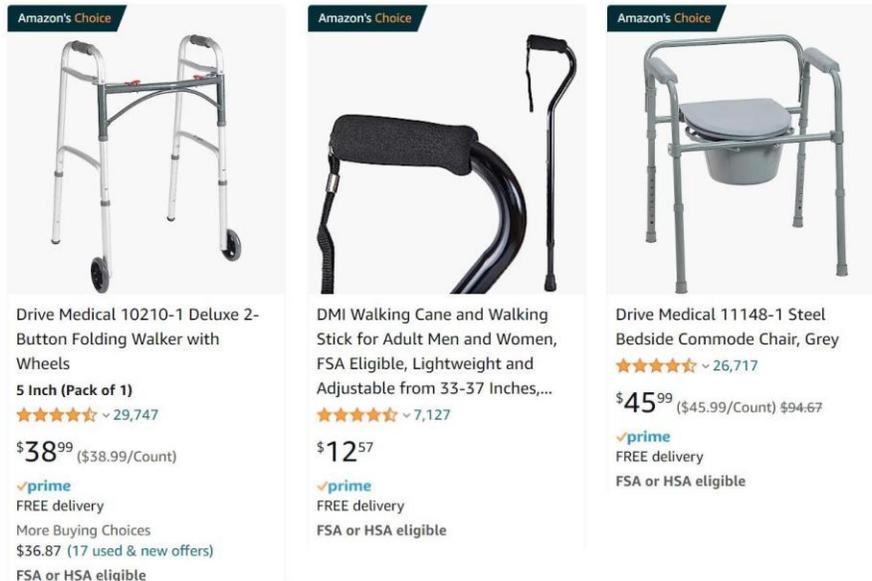
### EQUIPMENT YOU WILL NEED

**We require that every patient have a walker.** Often a cane and bedside commode can be helpful too.

**\*If surgery is done at Arizona Spine and Joint Hospital, we will provide you with a walker on the day of surgery\***

- **A rolling walker** with wheels will be used for stability after surgery. You can use it as long as you feel you need it. Some patients need this for only a few days, and others use it for a few weeks.
- **A cane** can be beneficial once you feel you no longer need the walker. Typically, this occurs when you no longer walk with a limp.
  - If you use a cane, place it in the opposite hand of your replacement and put it on the ground when your operative leg is on the ground when you are walking.
- **A bedside commode** comes with rails that can be placed over your own toilet to give you something to hold on to for sitting down and getting up from the toilet.

Keep in mind that sometimes the out-of-pocket expense, even after insurance, can be more expensive than just ordering them online without a prescription. Amazon.com is an excellent source for these items.



## PHYSICAL THERAPY

Physical Therapy after a hip replacement typically isn't required. Most patients will do enough therapy with walking. If you feel like you would like therapy, let our team know and we can arrange this.

We strongly advise against letting any therapist force your leg and hip through range of motion in the early recovery period after a hip replacement. They need to focus on getting you back to a normal walking pattern and help you with simple exercises to strengthen the muscles that do this.

## PRECAUTIONS FOR HIP REPLACEMENT PATIENTS

The following are some precautions to keep you from dislocating your new hip as the soft tissues heal. Dislocating means moving a body part (or the new prosthetic ball) out of its proper position (from the new socket). This is rare but we want to do everything we can to prevent it. These precautions are just temporary (6 to 8 weeks) as your body heals.

The best advice is to take things slow with a walker initially and "listen to your body." If something is painful or uncomfortable, hold off and don't put your leg in that position right now. Over time, once the scar tissue has formed and matured, our goal will be that you can do whatever you want with your new hip.

### ANTERIOR HIP PRECAUTIONS (If your incision is in the front)

#### Do not turn your knee or foot excessively outward (external rotation of the hip).

- Do not pivot on your operated leg. Make sure you pick your feet up and take small steps to turn.
- Be careful not to let your leg turn excessively outward while getting into or out of a bed or car.

#### Do not extend your surgical leg backward excessively past your trunk.

- When backing up, step back with your non-operated leg first. Then, step with your operated leg so your two feet are together.
- Do not take large steps forward with your non-operated leg.



## SURGICAL LOCATION

Typically, your surgery will take place at Arizona Spine and Joint Hospital. It is a wonderful place with a team that is well trained in total joint replacements.



### Information

4620 E. Baseline Road, Mesa, AZ 85206  
24 Hours | 7 Days a Week | Visiting Hours: 8am-8pm  
Phone: (480) 832-4770  
Fax: (480) 824-1269

### Direct Numbers

Admissions/Operator: 480-832-4770  
Billing: 866-491-4366  
Human Resources: 480-308-7702  
Pre-Op Unit: 480-824-1234  
Recovery: 480-824-1228  
Inpatient Unit: 480-824-1233  
Insurance Inquiries: 480-824-1224  
Medical Records: 480-824-1284  
Pre-Admit Testing: 480-824-1231

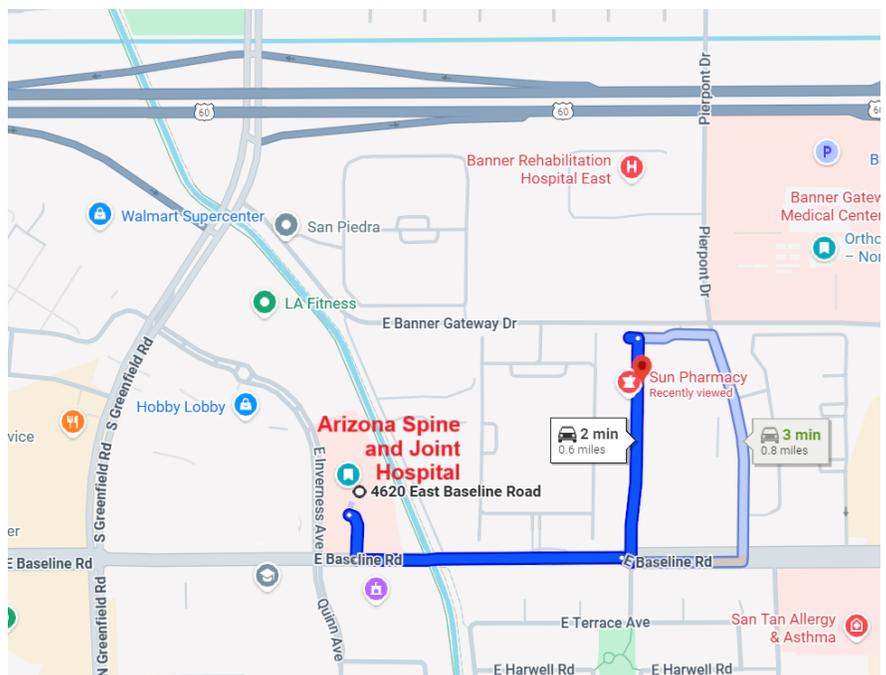
## MEDICATION PRESCRIPTIONS

We will send your prescriptions to a local pharmacy just around the corner from Arizona Spine and Joint Hospital. This is called **Sun Pharmacy** and we've had good results with them. The reason for not going through your regular pharmacy is because some don't have certain medications in stock that you will be prescribed. We want you to get the correct medications and in time. You don't need to do anything right now. Sun Pharmacy will take care of the next steps, and we typically will send the prescriptions about a week before your surgery. They will take your insurance and reach out to you if any additional information is needed. If you do pick them up prior to your surgical day, do not take any medication before your surgery.

If you have any questions, you can contact them directly:

### Sun Pharmacy

Phone: (520) 510-0144  
4838 East Baseline Road, Mesa, AZ 85206  
Hours: Mon-Fri 9 am – 5 pm | Sat-Sun: Closed



## You will start taking most prescriptions the day after surgery.

- Unless otherwise instructed, you will be given baby **aspirin** twice a day for a month to prevent blood clots.
  - **For patients that take blood thinners/anticoagulants** like warfarin (Coumadin), apixaban (Eliquis), rivaroxaban (Xarelto), dabigatran (Pradaxa), and clopidogrel (Plavix), **you typically resume your normal dosage starting the day after surgery.** You will typically *not* be given aspirin or meloxicam.
- You will take **Tylenol** and typically an anti-inflammatory (**Meloxicam**) for at least a month. **Don't miss a dose of these as they aid with pain and swelling control and sometimes are all that are needed.**
  - Patients that take anticoagulants before surgery or have kidney disease will *not* be given meloxicam.
- You will be given an oral antibiotic (**Cefadroxil**) to help prevent infection for a week. You can start taking it in the evening of the day you had surgery if you go home.
- You will be given **Tranexamic Acid** to take for 3 days that will help limit postoperative bleeding.
- **Oxycodone** is a narcotic pain medication and can be extremely dangerous. It should only be used **as needed** for severe pain. Most patients require Oxycodone for the first week or so.



## MEDICATIONS YOU MAY BE PRESCRIBED:

- **Cefadroxil** 500mg Antibiotic – Take one every 12 hours for 7 days postop to help prevent infection
- **Tranexamic Acid** 650mg – Take three pills (1.95g total) once daily for 3 days to prevent excess internal bleeding
- **Acetaminophen** (Tylenol) 500mg – Take two pills (1000mg) three times a day for 30 days
- **Oxycodone** 5mg – Take ½ to 1 tablet every 4-6 hours if needed for pain
- **Aspirin** 81mg – Take one every 12 hours for 30 days postop to help prevent blood clots
- **Meloxicam** 15mg – Take one daily for 30 days

## Other medications you may need that can be purchased at any pharmacy:

- **Omeprazole** – Take to prevent gastroesophageal reflux/heartburn
- **Colace** – Take until moving bowels regularly then discontinue (Oxycodone can constipate you!)
- **MiraLAX** or other laxative – Take as needed if bowels not moving after taking Colace
- **Cetirizine** (for daytime) and **Benadryl** (for nighttime) – Take if itchiness occurs

## Medication Schedule Example:

6:00 AM	10:00 AM	2:00 PM	6:00 PM	10:00 PM	2:00 AM
Cefadroxil (7 days) Tranexamic Acid (3 days) Acetaminophen (Oxycodone?) (Aspirin) (Meloxicam)	(Oxycodone?)	Acetaminophen (Oxycodone?)	Cefadroxil (7 days) (Aspirin) (Oxycodone?)	Acetaminophen (Oxycodone?)	(Oxycodone?)

Medication	Frequency	Purpose	Day of Surgery	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Aspirin (81 mg)	2x/day for <b>a month</b>	Prevents blood clots	-	<input type="checkbox"/> AM <input type="checkbox"/> PM						
Meloxicam (15mg)	Once daily for <b>a month</b>	Pain and swelling	-	<input type="checkbox"/> AM						
Acetaminophen (500mg, Extra Strength Tylenol)	Take 2 pills every 8 hours for <b>a month</b> then as needed	Pain and fever	<input type="checkbox"/> 8 hours from last dose <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> 2PM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> 2PM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> 2PM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> 2PM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> 2PM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> 2PM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> 2PM <input type="checkbox"/> PM
Oxycodone (5mg)	As needed, up to every 4- 6 hours	Excessive pain	- <input type="checkbox"/> PRN <input type="checkbox"/> PRN <input type="checkbox"/> PRN	<input type="checkbox"/> PRN <input type="checkbox"/> PRN <input type="checkbox"/> PRN						
Cefadroxil (500mg)	Twice daily x 7 days	Antibiotic	<input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM
Tranexamic Acid (650mg)	Take 3 pills (1.95mg total) once daily for 3 days	Prevents excess internal bleeding	-	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	-	-	-	-

\* PRN = As needed

- **Individualized Pain Management:** Everyone’s pain tolerance is unique. Our goal is to minimize the use of narcotics by utilizing strong therapeutic doses of over-the-counter medications.
- **Medication Adjustments:** Your specific list of medications may vary based on your health history. For example, if you have kidney disease or are taking blood thinners, you will not be prescribed Meloxicam.
- **Blood Thinners & Anticoagulants:** \* Most patients will be prescribed **Aspirin** as a blood thinner.
  - Patients at a higher risk for blood clots may receive a prescription for **Eliquis** instead.
  - Some patients will simply resume their home blood thinners and will not need Aspirin.
  - *Always follow the specific instructions on your medication labels.*
- **Managing Side Effects:** If you experience signs of stomach irritation or acid reflux, we may need to adjust your regimen or start an acid inhibitor, such as **Omeprazole** or **Pantoprazole**.

## SURGICAL BANDAGE/INCISION CARE

For typical skin closure, Dr. Eccles and his team will place stitches or sutures under your skin. The sutures will dissolve on their own over time, and nothing needs to be removed.

When you leave the surgical center, you will have an antimicrobial bandage on your incision.

Unless otherwise instructed, **leave the dressing on for 2 weeks!** Dr. Eccles or his staff will remove it during your first follow-up visit. It was put on in a sterile environment in the OR and will keep your incision clean.

- **Some minor dressing saturation with bloody drainage can be completely normal. If it is larger than a quarter size or is reaching the edges, notify Dr. Eccles' office.**



## THE FIRST 2 WEEKS AFTER SURGERY

- Your dressing is water-resistant. It will allow for showering when you get home. Unless Dr. Eccles tells you otherwise, you can shower normally and pat the dressing dry afterward.
- Notify Dr. Eccles' office immediately if water has gotten inside the dressing.
- Your joint and skin will feel full, may have some surrounding redness, and will be warm as the body sends blood to the area to aid healing.

## FROM 2 TO 6 WEEKS AFTER SURGERY

- Once the dressing is removed at your first postoperative visit, leave the incision uncovered and open to the air. In general, **JUST LEAVE IT ALONE!** Your body knows how to heal.
- The incision may have some surgical glue on the top that will flake off over time. Refrain from picking at that glue or any small scab that may form.
- Shower normally. Allow soapy water to run over your incision but do not scrub.
- Pat the incision dry with a clean towel.
- Avoid submerging your incision in a bath, pool, or hot tub for at least six weeks after surgery.
- Do not apply ointments, creams, powder, oils, or lotions to your incision until instructed.
- It is very common to have lumps and bumps along the incisional area. Your body will dissolve the underlying stitches over time, and everything will flatten out.
- Sometimes, your body will try to “spit out” a stitch before it absorbs it. It is a race between your body dissolving them and your body recognizing that they are foreign objects it wants to try to eliminate. A spit stitch can look like a small pimple, have some surrounding redness, and can even drain a small amount of fibrinous fluid or what looks like pus. Let us know if this happens and we will have you send us a picture. We can happily see you earlier than your scheduled appointment too. If you see the end of the stitch, you can clean a pair of tweezers with alcohol and gently pull the stitch remnant out. Usually, this is a tiny and extremely short white string that you may see the end of.
- **Your joint will still feel full, stiff, and warm. THIS IS COMPLETELY NORMAL.**

## 6 WEEKS AFTER SURGERY AND ONWARD

- Your scar will continue to be purple/red for many months. You will continue to notice warmth from the joint too. Both are because of the increased blood flow to the area as your body is trying to heal. As the scar tissue from the incision and deep inside the joint continues to heal and mature, the color will change, and the swelling and warmth will decrease.
- Unless you are told not to do so, it is now safe to submerge in water (pools, ocean, baths, etc.)
- You can now apply ointments, creams, powder, oils, or lotions to your incision. Vitamin E lotions work well to decrease scarring. You should also massage your scar to keep it soft, and it should continue to flatten and mature over time.
- It is common to have occasional episodes of scar tissue-mediated pain when being very active during the first 6 months. You might be doing very well and then have sharp pain and swelling that goes away after a day or two. This may be due to some immature scar tissue tearing and causing some bleeding. Just ice the area, take anti-inflammatory medications, and be patient. Let us know if the pain doesn't improve within a few days.

## RECOGNIZING SIDE EFFECTS AND PREVENTING COMPLICATIONS

### NUMBNESS

All patients develop an area of numbness on the outer side of the knee incision. This is normal. It is not a sign of any problem. The numbness should lessen in the coming year after the joint replacement. You may notice “pins and needles” sensations as the microscopic nerves in the skin regenerate.

### BRUISING

You may develop bruising of the operative leg a few days after surgery. Developing this on your thigh, calf, ankle, and foot is normal. Don't be alarmed by this; it doesn't mean anything is wrong. The bruising will gradually go away on its own as the body absorbs the blood.



### SWELLING

Swelling is expected and can affect the entire leg. **ICE AND ELEVATE** your leg (with your “toes above your nose”) to help with this and control pain. Keep ice on for 30 minutes and then remove it for 30 minutes and repeat.

Some total knee patients are prone to swelling, may be sensitive to the skin preps used in surgery, potentially don't ice or elevate enough, and can develop some blistering around the knee. If this happens, they will pop on their own and a non-adhesive dressing over these areas can be used as needed until they heal. Over time, the swelling and blistering will improve. Feel free to reach out to our office and let us know. We will have you send pictures and may want to see you earlier than expected in the clinic as well.

### WARMTH

This is due to the extra blood flow going to the joint as it is healing. It may stay this way for months! Sometimes the blood flow can also cause mild to moderate redness that should improve with icing and elevating.

### STIFFNESS/FULLNESS

This is also due to the inflammation of surgery, the extra blood flow going to the joint to aid in healing, and scar tissue. Over time the fluid will diminish, and the scar tissue will soften.

**NAUSEA** is often a side effect of anesthesia and narcotic pain medicine. Nausea medicine is usually given before and after your surgery. At home, limit your narcotic pain medications if you have nausea. You can also take over-the-counter nausea medication as needed such as Pepto-Bismol.

**ITCHING** is a common side effect from anesthesia, the skin cleaners used in surgery, or your surgical adhesive dressing. We recommend trying over the counter antihistamine medications such as cetirizine (Zyrtec) during the day or Benadryl at night if you experience this.

**SEDATION/SLEEPINESS** can be a side effect of anesthesia and pain medicine. Once you are home, stop taking narcotic pain medication temporarily if you are experiencing sedation or excessive sleepiness.

**URINARY RETENTION** or having trouble urinating after surgery can occur in patients, especially older men with prostate issues. This is due to the surgery itself, anesthesia, and pain medications. We may give you some medication in recovery to help with this. You will need to urinate prior to being discharged from the hospital. At home, drink plenty of fluids.

**CONSTIPATION** can occur after surgery due to a change in activity and diet, surgery and anesthesia, and narcotic pain medications. To help manage constipation at home:

- Limit narcotic pain medications
- Take an over-the-counter the stool softener such as Colace (docusate) or Dulcolax (bisacodyl)
- Walk around to stimulate your bowels
- Drink plenty of fluids
- Increase fiber in the diet. Foods that contain fiber include:
  - Whole grain bread/cereals
  - Fresh fruits and vegetables
- If the above does not work for you, add over-the-counter MiraLAX®

## **INFECTION PREVENTION**

A devastating complication is an infection in your new joint because it typically requires surgical intervention and many weeks of IV antibiotics. Luckily, it is rare, but you play a crucial role in helping prevent it.

- Dr. Eccles will give you antibiotics before and after surgery. Your new joint and wound will be thoroughly cleaned before closure during surgery.
- Care for your incision as you have been instructed to do. This includes making sure that the surgical dressing remains dry and well-sealed from the water and outside environment. When the dressing is removed, leave the incision alone and shower daily.
- Any infection in your body must be treated immediately to prevent it from traveling to your new joint.
- If you are a patient with diabetes, it is vital to keep your blood sugar under control. Continual high blood-sugar readings can increase your chances of getting an infection.
- Notify our office **immediately** if you are concerned you might have an infection. Some warning signs are:
  - Persistent drainage from the incision or an odor.
  - Increased pain with both activity and rest.
  - Increasing redness, reddened streaks, swelling, or tenderness of the surgery site.
  - A temperature that lasts over 24 hours and is greater than 101.5 degrees.



# IMPORTANT

**Avoid the following procedures for *at least 1 month* before and *3 months* after your total joint surgery:**

- Dental work, including routine cleanings
- Major or minor operations
- Colonoscopy or urinary tract procedures
- Vaccines or boosters

## BLOOD CLOT PREVENTION

Blood clots, sometimes called deep vein thrombosis or DVT, can occur after surgery and form in either leg because of decreased activity. DVTs are most often in the calf and thigh and can block blood flow in the vein. Prompt treatment can prevent serious complications. Blood clots can form in either leg.

### To help prevent DVTs:

- Sequential compression devices (SCDs) may remain on your legs during surgery.
- You will receive a blood thinning medication, which typically is a baby aspirin twice a day.
- Take this exactly as prescribed, which typically is for 1 month after surgery
- Perform your exercises and gradually increase walking every day.
- When sitting or lying for periods, be sure to move the joints in your legs. When blood is kept moving through the vessels by the compression of the moving muscles, it is less likely to clot.
- When you begin to travel, you must do ankle pumps frequently (move each ankle up and down multiple times throughout the day).
- If you travel by car, stop every hour, get out, and walk around.
- If you are flying, get up and walk in the aisle every hour.

### Blood clot warning signs:

- Swelling in the thigh, calf, or ankle that does not go down after elevating the leg
- Pain or tenderness in the calf or thigh
- Increased redness, warmth, or discoloration of one leg

While postoperative swelling and tenderness is completely normal, go to your nearest Emergency Department if you have any concerns about a clot. They will likely order an ultrasound study of your leg to look for this.

## PULMONARY EMBOLISM (BLOOD CLOT IN THE LUNGS)

Although rare, a pulmonary embolism can occur when a blood clot breaks loose and travels through the bloodstream, causing a blockage of blood vessels in the lungs. This is a medical emergency. Call 911 if suspected. You must receive medical treatment immediately.

- Symptoms of a pulmonary embolism are:
  - Sudden chest pain
  - Difficult or rapid breathing
  - Shortness of breath
  - Sweating
  - Confusion

## RETURNING TO ACTIVITIES

Total joint replacement surgery aims to reduce pain and return you to a more active lifestyle. We want you to have an active lifestyle, and we want this joint replacement to last a long time.

### RETURN TO A NORMAL WALKING PATTERN

Most people with hip and knee arthritis have often changed how they walk or avoided putting all their weight on that leg to minimize their pain. This occurs slowly over time, and you may not even realize that you favor your other leg. You will need to use walking aids for a while after surgery, such as a walker or cane. The time required to use a walking aid varies from person to person. A physical therapist or your comfort can help you determine which aid is best for your situation and when to progress to a different one. Getting back to walking normally after surgery will take some time and concentration on your part. Your walker handle height should make your elbows bend slightly. You can lift or slide your walker in front of you and then step towards it. When turning, make small movements and lift your operative leg to not pivot on it when it is planted on the floor.

When you feel like you can transition to a cane, it should go in the opposite hand of the operative leg. Place the cane on the ground every time you plant your operative leg. You typically will be able to go up and down stairs immediately after surgery.

Remember “Up with the good, down with the bad” for what leg needs to go first when doing stairs.

- When going up stairs, step up with the nonoperative leg and then bring your operative leg up to the same step.
- When going down stairs, start with your operative leg and then bring your nonoperative leg to the same step.



### RETURN TO WORK

This varies with each person based on what type of work they do. People with active, physically demanding jobs will be off work longer than those with less active jobs. It is best to discuss this with Dr. Eccles or his staff before your surgery so you can plan your time off from your workplace. Typically, you will be given a recommendation for 8 weeks off.

### WHEN CAN I DRIVE?

To resume driving safely, it is essential to follow the guidelines listed below:

- You must be off narcotic pain medication during the day or when you are driving.
- You must be past the point of having to use a walker as an assist device to get around.
- Practice in a safe location first, like an empty parking lot. Ensure there is no hesitancy between the gas and brake before you get out on the open road. You must be able to depress the brake pedal quickly and firmly.

Typically, this can happen 2 to 6 weeks after surgery depending on the joint that was replaced and the side of the surgery. Hips are faster than knees, and left sides are faster than right-sided surgery.

- **Left knee** or Left hip patients – **usually around 2 weeks**
- Right hip patients – using around 3-4 weeks
- **Right knee patients** – **usually around 4-6 weeks**



## RETURN TO GOLF

Typically, patients can return to the course anywhere from 6 to 12 weeks after joint replacement. Start on the putting green and work up to using a driver again.

## AIRPORT SCREENING

Over 90% of implanted total hip and knee arthroplasty devices will set off airport metal detectors. Don't panic if the metal alarm goes off. The TSA agent may use a hand wand to confirm the area, and you may be subject to a pat down of the body region that sets off the alarm. Full-body scanners are now found in many airports and accomplish a security scan without worrying about your metal replacement joint setting off an alarm. If the airport offers both metal detectors and a full-body scanner, you can request a full-body scan. Notifying a Transportation Security Officer that you have had a joint replacement is a good idea. You can do this verbally and an identification card is not necessary. After all, you have a scar to prove it!

They are extremely familiar with the millions of people worldwide with hip and knee replacements. It shouldn't be much of a delay for them to clear you. Give yourself a few extra minutes and arrive early at the airport. The TSA has more information on joint implants at [www.tsa.gov](http://www.tsa.gov).



## DENTAL ANTIBIOTIC PROPHYLAXIS

We recommend that any dental work that needs to be done should be performed before your joint replacement surgery. If you have poor dental health, we may require you to see a dentist before your surgery to reduce the chance of infection. Good dental hygiene now and after your surgery will lower your risk of infecting your new joint. Do this with routine brushing and flossing and visiting your dentist.

**Following your hip or knee replacement, it is important to wait at least 3 months before visiting your dentist, preferably 6 months if possible. This includes routine cleanings.** However, if you have a tooth emergency, you should get that taken care of.

The American Academy of Orthopedic Surgeons (AAOS) and the American Dental Association (ADA) recognize that there is limited or inconclusive evidence about giving prophylactic antibiotics. We would rather prevent infection with a simple and inexpensive antibiotic than treat an infection with major surgery.

After a joint replacement, Dr. Eccles recommends taking an antibiotic before any dental procedure (or cleaning) for the first year. After that, they aren't required unless you are a patient with a weakened immune system or have serious medical conditions such as uncontrolled diabetes. You can get these antibiotics prescribed directly by your dentist. If your dentist doesn't want to give you a prescription, you can contact our office and we will.

**These are taken by mouth all at once, 1 hour before the procedure.**

Standard Protocol:

- Amoxicillin or Cephalexin 2 grams (usually four 500mg tablets)
- If allergic to the above medications, then Clindamycin 600mg (usually two 300mg tablets)

## EXERCISES BEFORE AND AFTER SURGERY

The following exercises will help increase the strength of the muscles in your legs before and after surgery. They will also help you return to walking more naturally and help with the pain.



### GLUTEAL SET - SUPINE

While lying on your back or sitting in a chair, squeeze your buttocks and hold for 5 seconds. Repeat.

**Repeat** 10 Times

**Hold** 5 Seconds

**Perform** 3-5 times a day



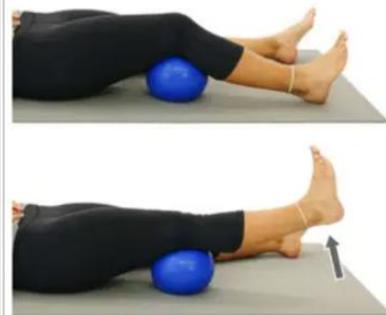
### DOUBLE LEG HEEL RAISES

While standing next to a chair or countertop for support, raise up on your toes as you lift your heels off the ground. Return your heels to the floor slow and with control. Try to keep your knees in full extension.

**Repeat** 10 Times

**Hold** 1 Seconds

**Perform** 3-5 times a day



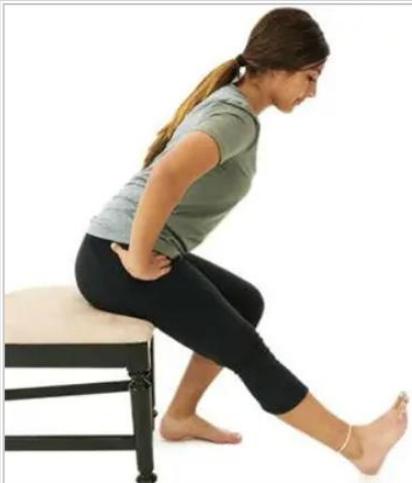
### SHORT ARC QUAD - KNEE EXTENSION

Place a ball or rolled up towel/blanket under your knee and slowly straighten your knee as you lift your foot. Lower back down and repeat.

**Repeat** 10 Times

**Hold** 5 Seconds

**Perform** 3-5 times a day



### SEATED HAMSTRING STRETCH

Sit near the front edge of a chair. Rest your heel on the floor with your knee straight and gently lean forward until a stretch is felt behind your knee/thigh.

Maintain a straight spine the entire time. Bend through your hips.

**Repeat** 2 Times

**Hold** 30 Seconds

**Perform** 3-5 times a day



## MINI SQUATS

Standing at a stable surface such as a countertop, hold on with both hands. Unlock your hips by pushing them slightly backwards, and slightly bend your knees to go into a mini-squat like you are going to sit into a chair. Stand back up. Repeat.

**Repeat** 10 Times

**Hold** 1 Seconds

**Perform** 3-5 times a day



## HIP ABDUCTION - STANDING

While standing next to a chair or countertop for support, raise your leg out to the side. Keep your knee straight and maintain your toes pointed forward as best as you can. Then, lower your leg back down and repeat.

Use your arms for balance support if needed for balance and safety.

**Repeat** 10 Times

**Hold** 1 Seconds

**Perform** 3-5 times a day



## STANDING MARCHING - HIP FLEXION

While standing next to a chair or countertop for support, march in place by lifting your knee up as you allow it to bend. Lower back down and then perform on your other side. Repeat this alternating movement.

**Repeat** 10 Times

**Hold** 1 Seconds

**Perform** 3-5 times a day



## HEEL SLIDES - SUPINE

Lying on your back or in a recliner with knees straight, slide the affected heel towards your buttock as you bend your knee.

Hold a gentle stretch in this position and then return to original position.

**Repeat** 10 Times

**Hold** 1 Seconds

**Perform** 3-5 times a day



## LONG ARC QUAD - KNEE EXTENSION

While seated with your knee in a bent position and your heel touching the ground, slowly straighten your knee as you raise your foot upwards as shown. Lower your foot back down slowly until your heel touches the ground and then repeat.

**Repeat** 10 Times

**Hold** 1 Seconds

**Perform** 3-5 times a day



## HIP FLEXION - STANDING

While standing next to a chair or countertop for support, lift one leg forward and off the ground with a straight knee.

Return to starting position and repeat.

**Repeat** 10 Times

**Hold** 1 Seconds

**Perform** 3-5 times a day

## FAQ

### **How long do I have to wait for surgery after getting an injection into that same joint?**

You need to wait at least 3 months to limit infection risk. Injections of all types change how your joint can fight off infection. You can get injections in other locations of your body, just not in the same joint as surgery.

### **How long is the surgery?**

Standard hip or knee replacement surgeries take 1-2 hours.

### **What is the recovery time?**

This depends on multiple factors, but most patients feel better after replacement surgery between 4 and 8 weeks. Full recovery takes a full year for a hip replacement to be as good as it will be. This is because the scar tissue takes that long to mature.

### **Can I get a vaccine or booster before/after surgery?**

Some things aren't well studied or understood yet, but we recommend avoiding elective vaccines for 6 weeks before and 3 months after surgery.

### **Who do I call with insurance questions about coverage for my surgery?**

It is best to call your insurance provider directly. Their number is located on your insurance card. Tidelands Health will help work with your insurance company to approve your surgery.

### **Is all this swelling, stiffness and bruising normal?**

Yes, your entire operative region and leg down to your ankle can swell and bruise from surgery! Nothing is wrong. This is normal and expected. If you are concerned, please get in touch with our office.

### **Should I put cream on my incision?**

Not for at least 6 weeks until your incision is healed and completely sealed. Don't put anything (Neosporin, Vitamin-E, or lotions) on your incision until you are instructed to do so by Dr. Eccles.

### **Can I shower?**

Yes, unless you are instructed differently by Dr. Eccles, you may shower when you go home. Your dressing is water-resistant. After it is removed, you can let soap and water run over the incision and pat it dry. Don't soak in a bath, pool, or the ocean until instructed.

### **When will my sutures need to be removed?**

Dr. Eccles typically uses absorbable sutures under the skin for closure. These dissolve over time on their own and are hidden. If other sutures or staples were used, they will typically be removed at your 2-week postoperative visit.

### **How long should I ice after surgery?**

Especially for knee replacement patients, icing is a great way to help reduce inflammation and pain. Use a "30 minutes on, 30 minutes off" schedule multiple times daily. You must ice for as many weeks (or even months) as your body needs for swelling and pain control.

### **When can I drive?**

This depends on what side and what joint was replaced. In general, you must be off prescription pain medication during the day, not needing a walker to get around, and be able to stomp down on the brake pedal.

### **How long will my new joint last?**

This depends on many factors, but a modern-day implant should typically last 20 years or more.

**What do I do if I need a refill of my pain medication?**

Call our office. Please get in touch with us well before you run out to give our staff and Dr. Eccles enough time. Several factors, including insurance rules, can slow this process, so plan ahead, especially around a holiday or weekend.

**How soon can I travel after surgery?**

This is up to you and your comfort level. Generally, you won't have restrictions from Dr. Eccles. However, the main concern for sitting for an extended period during the early recovery period is developing a blood clot in your legs. Standing up, walking around, and pumping your ankles are essential activities to keep the blood moving throughout your leg and prevent stiffness.

**How long do I have to wait until another joint is replaced?**

At least 3 months to allow your body to recover.

**How much should I be walking or doing?**

Dr. Eccles recommends getting up and walking short distances every hour you are awake during the first few weeks. The key is frequency and has nothing to do with speed or distance. You can over-do it during the first couple weeks if you walk too far. Make sure you use your walker at the beginning, and you can transition to a cane or nothing as your strength and balance return to normal. Walk on firm, level surfaces and avoid grass or the beach for the first two weeks. Gradually increase your distance as you are able. Sometimes increased activity will cause your operative joint area to have swelling and pain. Control this with rest and ice. Listen to your body as it will tell you if you are doing too much.

**How long will I need to stay in the hospital after surgery?**

Most healthy patients that meet all criteria go home on the same day of surgery. Very few patients require an overnight stay for monitoring.

**How soon will I walk after surgery?**

Hours after surgery. The postoperative nursing or physical therapy team will instruct you on how to walk safely and teach you tips on getting around.

**Will I need physical therapy after surgery?**

Most hip replacement patients don't need formal therapy and just need to walk with a walker to get stronger over time.

**How soon can I resume sexual activity after surgery?**

In general, as soon as you are comfortable enough and if you can maintain any postoperative positioning precautions if you are a total hip patient.

**I think my leg feels longer now. Is this possible?**

In some cases, patients may perceive that their leg is lengthened. This is usually the result of straightening out a knee that had a significant bow before surgery after a knee replacement. With hip replacements, this feeling usually comes from stretching contracted muscles about the hip and bringing the hip location back to a normal position before it was damaged with arthritis. Over time, your body and muscles should adjust, and the feeling of leg length difference disappears.

**Do I have any hip precautions?**

Our best advice is for you to listen to your body and not do anything that causes pain during the early healing phase. Don't put your leg in strange positions for a couple of months. Your leg positioning is typically safe with your toes pointed forward.