Total Hip Replacement

Patient Reference Guide

Orientation, Recovery Instructions & Frequently Asked Questions

Dr. Courtney Bell, MD

Important Phone Numbers & Contacts

Dr. Bell's Office: (239) 204-9712

- **Questions for Dr. Bell's team before or after surgery during business hours**

After-Hours / Urgent Issues: (239) 482-2663

- After-hours **urgent medical issues only**
- Calls will be directed to the on-call provider
- **Billing inquiries**

Fax: (239) 482-7585

Medical Emergency: Call **911** or go to the nearest Emergency Department. Dr. Bell prefers patients go to Physicians Regional Pine Ridge Campus if admission is needed.

Before Surgery

Home Preparation

Preparing your home before surgery can make your recovery more comfortable.

Food & Nutrition

- Prepare meals and snacks in advance.
- Keep nutritious, easy-to-heat meals available.
- Focus on foods containing **protein and fiber** to support healing.
- Helpful options include:
  - Nuts
  - Dried fruit
  - Yogurt
  - Hard cheeses
  - Fresh fruit
  - High-fiber cereals
- Smoothies and nutritional shakes, such as Ensure, may be helpful if your appetite is reduced.
- Small, frequent meals may be easier during the first few days after surgery.

Helpful Items

- Travel mugs or containers with lids
- A small bag, basket, or backpack that allows you to carry items while using your walker
- Consider Sketchers Slip-In shoes.

Your Surgery & Stay

Dr. Bell will discuss the hip replacement procedure recommended for you.

Your incision will be located on the **front of your hip (anterior)**. The length of the incision will depend on the visibility required during surgery.

Getting Up After Surgery

You will be expected to get out of bed and walk with a **walker on the same day as surgery**. You should use your walker until your first postoperative appointment and then will evaluate using a cane.

The best therapy after hip replacement in the first 6 weeks is to walk. Getting up every hour and doing a short walk that you gradually progress is the best therapy.

Avoid leaning far forward when sitting, crossing legs, or pivoting on your operative leg in the first 6 weeks after surgery.

Most patients go home **the same day or the day after surgery**.

Going Home

Going directly home after discharge is recommended whenever you are medically and physically cleared to do so.

- Inpatient rehabilitation is generally **not recommended**.
- Recovery at home may reduce exposure to infection and allow you to recover in a familiar, comfortable environment.
- We recommend having a family member or friend stay with you for at least the first few days after surgery.

Rare exception: If the hospital physical therapy team determines that you cannot safely return home, a short stay at an acute inpatient rehabilitation facility may be recommended.

Home Physical Therapy

Home health physical therapy through **Preferred Home Healthcare** is expected to begin the day after you return home from surgery.

Outpatient Physical Therapy

Outpatient physical therapy, if needed, will begin approximately **6 weeks after surgery**.

Common Side Effects & Frequently Asked Questions

Important: The symptoms below are common after total hip replacement. You may experience **all, some, or none** of them. Every patient heals differently. Your recovery may not look exactly like another patient's recovery.

Swelling

Swelling is **very common** after hip replacement.

It may actually **increase 2–3 days after surgery**, particularly as you begin walking and increasing your activity. Swelling commonly reaches its peak around **1 week after surgery** and then gradually improves.

What may help:

- Apply ice on and off for approximately **20 minutes at a time**.
- Keep your legs elevated when you are not walking.
- Avoid prolonged sitting with the leg dependent during the first few weeks.

Bruising

Bruising is expected after surgery.

You may notice bruising:

- Around the surgical site
- Around the thigh/knee

Bruising generally improves as the tissues heal and does not require specific treatment.

Blisters

Blisters can occur when significant swelling develops.

Do not pop or drain blisters.

Contact Dr. Bell's office for an appointment so the area can be evaluated.

Constipation

Constipation is very common after surgery and may be related to pain medication and decreased activity.

To help prevent constipation:

- Take **Colace twice daily**, as directed.
- Increase your fluid intake.
- Eat high-fiber foods.
- Consider prunes or prune juice.
- High-fiber cereals or Metamucil may also be helpful.

If you have not had a bowel movement for **2 days** and are becoming uncomfortable, contact your medical team for guidance regarding an appropriate over-the-counter treatment, typically Magnesium Citrate works very well.

Incision Care

- Patients who undergo robotic-assisted surgery will typically have **two bandages**.
- These bandages remain in place until your **2-week follow-up appointment**.
- The dressings are water resistant.
- You may use plastic wrap as an additional protective layer when showering.

Showering

You may shower as directed, but **do not soak or submerge the incision**.

Avoid:

- Pools
- Baths
- Hot tubs
- Other activities that submerge the incision

Contact Dr. Bell's office promptly if you have concerns about your incision.

Redness & Skin Color Changes

Some redness or pink discoloration around the incision and surrounding skin can be normal for several weeks after surgery.

You may also notice periods when the redness becomes more noticeable, particularly with increased activity.

Important: Antibiotics will not be prescribed for postoperative redness without evaluation of the affected area. Antibiotics should only be prescribed by Dr. Bell when clinically indicated.

Contact the Office for Evaluation

Contact the office if you develop **significant or worsening redness**, particularly if it is associated with:

- Increasing pain
- Significant warmth
- Severe tenderness
- Concerning changes in the calf

Rash & Itching

Rash

A rash may occasionally develop after surgery.

If a rash does not improve with an appropriate over-the-counter treatment such as Benadryl, contact the office for guidance.

Itching

Itching can occur as a side effect of some pain medications.

An over-the-counter antihistamine such as Benadryl may help when appropriate. If symptoms persist, contact the office.

Nausea & Vomiting

Nausea can occur after surgery and may be related to pain medication.

If you experience nausea or vomiting:

- Increase fluids as tolerated.
- Eat nutritious meals throughout the day.
- Take pain medication as directed.

Contact the office if nausea or vomiting persists or is concerning.

Night Pain & Sleep Disturbance

Nighttime pain and difficulty sleeping are **common after hip replacement** and may continue for several months.

- You do need to sleep on your back for 2 weeks after surgery, then you can sleep on your side with a pillow between your knees. No sleeping on stomach until 6 weeks after surgery.
- Some people find a recliner to be more comfortable to sleep initially.
- Follow your prescribed pain-management plan.
- Discuss persistent or significant nighttime pain with the office.

Melatonin may be used over the counter as directed on the product label if appropriate for you.

Drainage

There should not be drainage from your surgical incision.

Contact Dr. Bell's office if you notice drainage from the incision.

Temperature / Fever

A mildly elevated temperature can occur during the first few weeks after surgery.

According to Dr. Bell's postoperative instructions, temperatures up to **101.5°F** may occur intermittently.

Contact the office if:

- Your temperature is **greater than 101.5°F**
- The temperature does not improve with Tylenol when appropriate
- The elevated temperature persists for **24 hours or longer**
- You have other concerning symptoms

Important: Acetaminophen / Tylenol

Some prescription pain medications may already contain **acetaminophen (APAP/Tylenol)**.

Check the ingredients of your pain medication before taking additional Tylenol.

Do not exceed the total daily acetaminophen dose recommended by your surgeon or other treating clinician (3000 mg/day)

Pain Management

Pain is expected after surgery.

Your pain medication is intended to keep your pain at a **tolerable level**. The goal is not necessarily to eliminate all pain.

Pain may temporarily increase after:

- Walking
- Increased activity
- Exercises

Maintaining tolerable pain levels can help you participate in therapy, increase activity appropriately, and get adequate rest.

When to Contact the Office

Contact Dr. Bell's office if your prescribed medication is **not keeping your pain at a tolerable level** or if you have concerns about your pain-management plan.

Pain Medication & Refills

Controlled pain medications **cannot be prescribed after normal business hours or over the weekend**.

- Opioid pain medications will only be prescribed for **up to 6 weeks following surgery**.
- Request refills **well before you run out**.
- Do not wait until you have only one or two pills remaining.
- Avoid waiting until late Friday afternoon to request a refill.
- Prescriptions can be sent electronically to your pharmacy during office hours when appropriate.

Controlled-substance prescriptions are subject to applicable monitoring requirements.

If another provider prescribes a controlled substance while you are receiving controlled pain medication from Dr. Bell, your prescriptions will be discontinued.

Weaning Off Pain Medication

You are responsible for gradually discontinuing your pain medication by the 6-week postoperative period.

Your taper should follow your surgeon's instructions and may involve:

- Increasing the amount of time between doses
- Gradually decreasing the amount taken

Dr. Bell does not prescribe controlled substances before surgery.

Frequently Asked Questions

Can I Take a Bath or Go Swimming?

No.

Do not submerge your incision in water until you have been cleared to do so. Dr. Bell's current instructions recommend avoiding pools and baths for at least **6 weeks after surgery**.

When Can I Begin Scar Treatment?

After approximately **6 weeks**, once the incision is completely healed and there are **no scabs or open areas**, you may begin gentle scar massage if desired.

Scar creams may also be used at that time.

What Medical Equipment Will I Need?

Obtain necessary equipment **before surgery**.

Recommended equipment includes:

- **2-wheel walker**
- **Cane**
- **Raised toilet seat with handles, particularly if your toilet is low**

When Can I Have Dental Work?

Dr. Bell recommends antibiotic premedication for dental appointments for at least **2 years following joint replacement**.

Do not have routine dental work within 6 weeks of surgery. The office recommends waiting until **3 months after surgery** for dental work unless it is an emergency.

When Can I Fly?

Dr. Bell recommends waiting at least **6 weeks after surgery** before flying due to risk of blood clot or DVT.

Discuss travel plans with your surgical team before making arrangements.

Follow-Up Appointments

Dr. Bell generally recommends postoperative visits at:

- **2–3 weeks after surgery**
- **6 weeks after surgery**
- Additional appointments as needed based on your recovery

Temporary Handicap Placard

Dr. Bell will complete **temporary handicap placard** paperwork for postoperative patients when appropriate.

- Available for patients within **3 months of their surgical date**
- Dr. Bell does **not** complete permanent placard, 3-year placard, or license-plate requests
- For permanent or longer-term requests, contact your **primary care provider**

When in Doubt, Call

Recovery from hip replacement is different for every patient. If something concerns you or does not seem right, **contact Dr. Bell's office rather than relying on another patient's experience.**

Office: (239) 204-9712

After-Hours Urgent Issues: (239) 482-2663

Fax: (239) 482-7585

For a true medical emergency, call 911 or go to the nearest Emergency Department.