

# AOA POST DISCHARGE PROTOCOL

## TOTAL HIP

- Constipation
  - Follow bowel protocol: Miralax and Senna (over the counter) twice per day during the period of time that patient is taking opioid medications.
  - Patient may wean off of bowel protocol as opioid medications are discontinued.
  
- Physical Therapy
  - 2-3 weeks of home health **OR** outpatient therapy.
  - Some patients may go to outpatient right after surgery but must have adequate transportation to and from therapy appointments.
  - Some patients may also go without therapy post-operatively, but this must be confirmed with the surgeon first.
  
- PT Goals/ Assistive Devices
  - Walker for 2 weeks, then transition to cane for 3-4 weeks
  - **Anterior Hip:**
    - No formal restrictions, but do not force any particular position or activity that causes pain.
    - Any activities that cause pain should be avoided/stopped.
  - **Posterior Hip:**
    - Don't bend your hip past a 90 degree angle
    - Don't cross your legs
    - Don't twist your hip inwards-keep knees and toes pointed upwards.
    - Don't turn knees inward or together
  
- Weight-bearing
  - Weight-bearing as tolerated
  
- Dressing Change
  - **For Aquacell dressings:**
    - Remove Aquacell bandage in one week
  - **For Non-Aquacell dressings:**
    - Dressing change daily when draining.
    - Once no drainage x 24 hours, okay to leave incision open to air.
  - Avoid any creams or ointments until the skin is mostly healed.



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- TED Hose/Compression stockings
  - Patient should wear TED hose x 2 weeks after surgery.
  - Patient may take TED hose off at night for periods of rest.
  
- Bathing
  - May shower after 24 hours if no drainage.
  - No need to cover incision during shower. May allow water to run over incision.
  
- Driving
  - Patient may drive within 3-4 weeks. Patient must be transitioned to a cane and completely off of opioid medications.
  - Patient should be able to press the brake firmly in an emergency.
  
- Edema Management
  - TED hose x 2 weeks after surgery during the day. Patient may take TED hose off at night.
  - Elevate leg during periods of rest
  
- Pain
  - Up to 4 weeks post-op for opioids
  - Using ice during periods of rest for pain and swelling
  - Patients will be provided with prescription at pre-op visit
  
- Is bruising/ purple discoloration okay?
  - Yes, the blood thinner, including Aspirin, to prevent blood clots may increase bruising.
  
- How much swelling is to be expected?
  - This can be variable to all patients.
  - Often swelling is worse with activity or exercise.
  - The best treatment is rest, ice (15 min increments), compression and elevation.
  
- Dental Precautions



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- Single dose of antibiotic prior to dental cleaning or procedure for a minimum of 2 years.
  - Some patients that are immunosuppressed (cancer, rheumatoid arthritis, etc) or on chronic immunosuppressant medications (Humira, Prednisone, Methotrexate, etc.) may require lifetime antibiotic prophylaxis prior to any dental procedures
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- **Anti-coagulant**
    - 4 weeks
    - Aspirin 325mg or Xarelto/Coumadin for high-risk patients
    - Only send to Coumadin clinic if patient is considered high risk. This would be determined by the surgeon/PA. All other patients will be managed by AOA and/or Total Joint Nurse Navigator for arranging/verifying anti-coagulant plans.
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- **Staple/ Suture Removal**
    - Staples to be removed 12-14 days post-surgery
    - Steri-strips applied after staple removal
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- **CHG/Pre-op Wash**
    - All total joint patients will receive CHG kit at pre-op visit and should wash with it the night before and morning of surgery.