



Oklahoma Joint Reconstruction Institute

Paul B. Jacob, DO

At-Home Instructions Total Hip Replacement

Wound Care:

- You will MAINTAIN your post-operative dressing for 7 days.
- After **7 DAYS** (from the date of your surgery), you will remove your dressing.
- It does not need to be covered after 7 days **IF THERE IS ABSOLUTELY NO DRAINAGE**
- **DO NOT** apply lotions or creams to incision site, unless instructed otherwise.
- Please contact your home health company or Dr. Jacob if the aquacel dressing is removed prior to **7 days**.
- Please visually inspect your wound(s) at least once daily once the dressing has been removed.

Wound Vac Instructions: (KCI Prevena, Medela Invia Motion, or Smith & Nephew Pico)

- You may have an incisional wound vac on your incision
- You will maintain your wound vac for 7 days (from the date of surgery)
- After 7 days, turn off your wound vac, remove your dressing
- It does not need to be covered after 7 days **IF THERE IS ABSOLUTELY NO DRAINAGE**
- Please contact your home health company or Dr. Jacob if the wound vac is removed prior to **7 days**.

What to do if your having wound drainage:

- You will need to remove the dressing sooner if it becomes saturated.
- Replace the saturated dressing with the extra dressing you were sent home with from the hospital
- Call your home health company if you need to replace your dressing
- If the wound drains or spots, the clock "resets" - make sure the wound has been drainage-free for **24 consecutive hours prior to showering.**

Showering: (After you have removed your dressing on day 7)

- IF the wound remains dry for **24 HOURS** straight you may begin to shower (usually 8 days from your date of surgery.)
- **SHOWER ONLY** No submerging the wound under standing water until cleared by your physician (no baths, hot tubs, swimming pools, etc.).
- **ABSOLUTELY NO BATHING OR SWIMMING** until otherwise instructed.
- Sponge baths are the best way to perform personal hygiene while at the same time protecting the wound from moisture.
- Once you are allowed to get the wound wet, please use gentle soap to wash (ex. **baby shampoo**)
- No scrubbing the wound. You may "**pad dry**" the wound, but do not rub, as this may open up the wound and pre-dispose to wound infection.

Follow-Up:

- Follow-up with Dr. Paul Jacob's office 3 weeks after surgery.
- Please call Dr. Jacob's office if you need to change your post-op appointment date / time.
- Please call Dr. Jacob's office at **405-424-5426** for orthopedic appointments.
- Please call the above numbers if you do not already have a date for scheduled follow-up or if you have not been contacted by the office within 1-2 days of discharge.

Blood Clot Prevention:

- We use a combination of treatments to help prevent blood clots including the following:
 - Early mobilization and walking
 - TED hose (compression stockings)
 - Sequential compression devices (leg squeezers)
 - Medication (aspirin, Lovenox, Coumadin, Eliquis, Xarelto...)
- You should have been supplied with the prescription to obtain a medication. Please call the office IMMEDIATELY if you did not receive this.

TED HOSE: (white stockings)

- **TED hose should be worn on the BOTH the OPERATIVE and NON-OPERATIVE leg for 3 WEEKS.**
- You may remove them for an hour daily for hygiene purposes
- You should wear them continuously to control swelling and help prevent blood clots
- **DO NOT** discontinue wear unless discussed with Dr. Jacob.

CALL IMMEDIATELY IF:

- You have a fever above 101.3 for 24 hours
- A significant increase in your pain for no reason
- A significant change in the amount of drainage from the wound
- Pus draining from the wound site

NORMAL FINDINGS: (It is normal for the following to occur)

- The operative wound will feel slightly warmer than the other side
- Bruising around the operative area

Jacob-10	Ver: #2
Rev: 2-5-16	Updated Logos



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- Swelling around the operative site
- If you have questions or concerns about your incision or wound care call the office (405) 424-5426

ACTIVITY

- No lifting, pushing, or pulling greater than 10 pounds.
- **No driving until cleared by Dr. Jacob.**
- No submerging wound under standing water (pool, bath tub, etc.) until otherwise instructed.
- You may progress to weight bearing as tolerated on your operative extremity.
- Use crutches or a walker for ambulation - wean off as tolerated.

PAIN MEDICATION:

- DO NOT TAKE YOUR PAIN MEDICATION ON AN EMPTY STOMACH
- **Do not wait to take the pain medication until the pain is severe, as it will be difficult to "catch up" once this occurs.**
- The pain medication usually reaches its full effect ~1 hour after ingesting.
- Wean off of your pain medication as tolerated.

TYLENOL (acetaminophen): (Ask your pharmacist if your pain medication contains Tylenol)

- Some pain medication (Percocet, Norco, Vicodin, Lortab.....) contain Tylenol in their ingredient lists.
- **DO NOT EXCEED 4,000 mg (4 grams) of Tylenol, from all sources, within a single 24-hr period.**
- **DO NOT** take Regular or Extra Strength Tylenol when taking pain medications that contain tylenol
- If your pain medication **DOES NOT CONTAIN TYLENOL** (oxycodone, tramadol, nucynta...) then you may take 1000 mg of Tylenol every 8 hours to assist in pain control.

NAUSEA AND ITCHING:

- Some common side effects of the narcotic pain medications include **nausea and itching**.
- You may have been given a prescription for **Vistaril (Hydroxyzine pamoate)**.
- This is a prescription used for the treatment of **ANXIETY, NAUSEA, ITCHING, and SLEEPLESSNESS**.
- **Benadryl** (diphenhydramine) is a great over the counter medication that helps calm your stomach, decreases your anxiety levels, and minimizes the itching.
- You can easily purchase this at your local pharmacy as an over-the-counter medication.
- Please abide by the instructions as printed on the bottle.
- If your nausea persists, make sure to take a small amount of crackers or other lighter foods.

CONSTIPATION:

- You have been sent home on **Colace**, this medication should be taken until you are off all narcotic (i.e. Vicodin, Percocet, Oxycodone, etc) pain medications, in order to soften your stool and help **prevent constipation**.
- If constipation persists you may take **Miralax or Dulcolax**. These medications are available over the counter.
- Please follow the directions on the package.
- If constipation persists for 24 hours after starting Miralax or Dulcolax call your primary care physician for further instruction

ICE / ELEVATION:

- **This is a very important part of controlling your swelling and pain along with your TED hose.**
- Your foot must be **above the level of your heart** in order to adequately decrease your swelling
- Use a large ice pack (**20 min on and 20 min off**) throughout the day
- **DO NOT PLACE ICE or ice packs DIRECTLY ON YOUR SKIN**

POSTERIOR HIP PRECAUTIONS:

- Your therapist will instruct you on specific restrictions. Please follow the following restriction for now:
 - No crossing your legs.
 - No sitting in chairs/couch where you sink deeply into the cushions.
 - Sit in a firm chair.
 - Do not sleep on your side in bed until properly instructed to do so by your therapist



**At-Home Instructions
Total Hip Replacement**

TOTAL HIP REPLACEMENT THERAPY PROTOCOL

Physical Therapy Orders:

1. Evaluate and Treat
2. Modalities as indicated
3. Treat 3-5 times weekly for 6-8 weeks
4. Progression to cane at therapist discretion

Weight Bearing Status: WBAT unless specified

- Progression to cane at therapist discretion.

Exercises: (follow posterior hip precautions)

- Active range of motion (AROM): yes, supine flexion to 45 degrees
- Active assistive range of motion (AAROM): yes, supine flexion to 90 degrees
- Passive range of motion (PROM): no (unless otherwise indicated)
- PROM/AAROM ABDUCTION: yes, both to 45 degrees
- Isometric: yes, quads, gluts, abductors
- Resistive: yes, at 4-6 weeks, up to 15 pounds
- Raised seat stationary bike: yes, as tolerated
- Prone lying to promote extension: yes, after 6 wks if contraction
- No sleeping prone
- Standing hip range of motion: yes

Additional Information:

- Rolling: as tolerated operative & non-operative side slight flexion OK
- Pillow: yes, between thighs and lower leg/ankle
- Abduction pillow: yes, only until POD #1
- Shower: OK once wound has been dry for 7 days (see discharge instructions)
- E-Stim: yes, rarely
- Driving: Not until cleared by Dr. Jacob
- THA precautions: 12 weeks postop
- Lifelong precautions: no bungee jumping, water skiing, snow skiing

Recreational Activities:

- Golf: 2 months
- Swimming: 2-3 months (when cleared by physician)
- Bowling: 3 months
- Biking: regular outdoor 2 months

PLEASE CONTACT DR. JACOB'S OFFICE IF ANY QUESTIONS AT 405-424-5426



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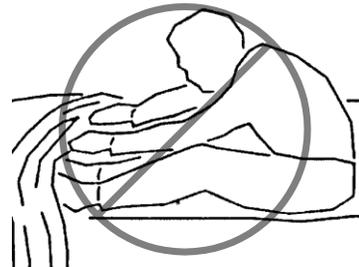
MEDICAL NECESSITY

This is considered a medical necessity for the benefit of the patient and will enable the patient to achieve the maximum rehabilitation.

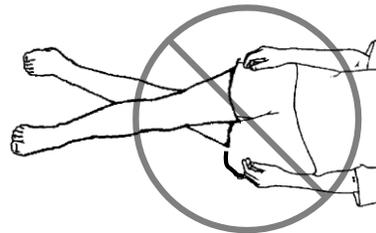
Paul B Jacob D.O.

Posterior Hip Precautions

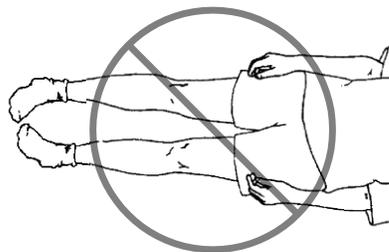
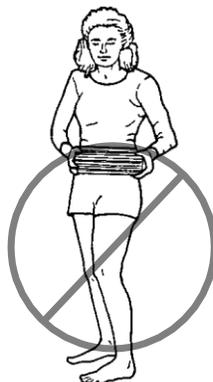
Do not bend forward past 90 degrees.



Do not cross your legs.



Do not turn toes inward and do not twist.





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Do not turn knees inward or together.

