



EVANGELISTA ORTHOPEDIC CLINIC

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DIRECT ANTERIOR TOTAL HIP REPLACEMENT POST OPERATIVE PROTOCOL

Goals of surgery: Relieve pain and restore function

Timeline of Recovery:

1. The therapist will be working with you the day of surgery, in most cases
2. You will be **weight bearing as tolerated** immediately after surgery, in most cases
3. The day after surgery you should be able to walk more than 50ft, go up and down a flight of stairs, get into and out of bed, and safely navigate to and use a bathroom
4. If you can do the above, and you feel you can comfortably perform various activities of daily living then you are ready for discharge, congratulations! (usually 0-2 days after surgery)
5. In home therapy: roughly 2-3x per week until ready for outpatient therapy
6. Outpatient therapy: Usually 2-3x per week for 6-8 weeks but this can last from a few days to a few months after surgery depending on progress
 - a. Most important part of outpatient therapy:
 1. Find a place convenient for you
 2. Feel like you are getting something out of it
 3. Make sure they take your insurance
7. **DRIVING:** You must be off narcotic pain medications, and be able to safely get in and out of your car and utilize the pedals.
8. **Precautions:** In most cases there are no post-operative precautions with the direct anterior total hip replacement.

Before Surgery: Continue exercise regimen and learn how to use cane, crutches or walker (pre-hab)

Showering day before surgery:

1. Use an antibacterial body soap
2. Use a freshly cleaned towel to dry off
3. Avoid putting on lotions or creams
4. Do not shave or clip hair over the operative site
5. Use chlorhexidine wipes prior to surgery "nose to toes"
6. Put clean sheets on your bed the day before surgery



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Expectations: 6 weeks to 3 months recovery period. Sometimes earlier, sometimes longer

Immediate Post Operative Expectations (day one):

1. You will have mild bruising and swelling initially that will start at the surgical site
2. Bruising and swelling are normal after surgery and vary from patient to patient
3. Bruising and swelling will continue to increase over the first two weeks after surgery
4. Bruising may travel up as high as your groin area and may move down to your toes
5. Expect swelling in your entire leg, including your foot for several months

Length of surgery: About 2 hours, start to finish, this includes anesthesia, operating, closing the wound and going to recovery

Blood clot prevention: Most patients will be on 81mg of aspirin twice a day for 4-6 weeks and have foot pumps or compression socks for 4 weeks. If you have a history of clots or a known clotting disorder, a different type of anticoagulant medication will be prescribed

Pain Management: We use a multimodal pain regimen that is not dependent exclusively on narcotics.

1. You will receive pre-operative pain medications
2. Anesthesia may perform a spinal and or nerve block
3. Pain medication injections at the time of surgery
4. Rest, ice, compression, elevation (RICE)
 - a. Rest: You should be up and moving, but in moderation. Do not over do it, especially in the first 5-7 days. Increased activity = increased swelling. Decreased swelling will help speed your recovery
 - b. Ice: Do this as much as possible week 1. Ice is a great anti-inflammatory and helps decrease swelling. You can apply ice to the operative limb anywhere you choose so long as it is not in direct contact with your skin. Icing should occur at 20 minute intervals
 - c. Compression: Compression stocking or pumps help with swelling and to decrease blood clots. Use this for 4 weeks after surgery
 - d. Elevation: This helps reduce swelling. Do this 4-5 times per day for 15-30minute intervals. Make sure your ankle is above your knee and your knee is above your heart for the best results
5. Take pain medication as prescribed
6. Stool softeners to help prevent/ decrease constipation

Two Weeks and After

1. Heat: You can start to use heat to help decrease bruising. Place a hot pack/ heating pad over the front and back of the thigh and calf muscles. Do this three times a day for 20 minutes at a time. This will increase your flexibility and make exercising easier. You can alternate heat and ice. Heat before exercising and ice after exercising
2. Around 4 weeks you will likely not need narcotic pain medication anymore (you may never need it). Continue with alternative prescribed pain medications as you need. It may be that you need narcotics only prior to or after therapy
3. **Expectations at 2-4 weeks:**
 - Ambulate 1-2 blocks without an assist device (if you did not use one prior to surgery)
 - Independent with activities of daily living (if you were independent before surgery)



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Frequently Asked Questions: please read the following before calling the office

1. **What if my leg swells after surgery?** It is very common to experience swelling after surgery. Sometimes, you will not swell until several days after surgery. Remember that your body is healing from a major surgery and some swelling is normal. The more activities and physical therapy you perform, the more swelling you may have.

Maintaining your activity is highly important to the success of your recovery, therefore you should perform the RICE (see above) method and elevate the extremity above the level of your heart (see above).

In some circumstances swelling can be related to a blood clot and may require further medical evaluation.

2. **Will I have bruising after surgery?** Yes, you will have some degree of bruising after surgery, but everyone is different. Some will only experience mild redness around the incision, while others may have bruising up and down the entire leg. Both are considered normal and usually resolve in 14-28 days.
3. **What should I expect my activity level to be?** Every patient is different. Every day you should be increase your activity level, but let your pain level and swelling guide you. 90% of your recovery will occur within the first 4-6 weeks with the remaining 10% coming in the next 6-12 months. At some point in the recovery process most patients overdo their activities, and this forces them to take a few steps back in their recovery. You may have increased swelling or discomfort if this happens. If the pain and swelling become uncontrollable with RICE (see above) and pain medications, or you cannot bear weight, call the office immediately.
4. **What if I am having trouble sleeping at night?** Good sleep hygiene is essential. Firstly, make sure your pain is controlled. If you overdo it during the day, you will have more pain at night. Do not consume caffeine after 4PM, avoid naps in the day, stay well-hydrated, sleep in a cool, dark room. Limit your alcohol consumption to less than 2 drinks as alcohol decreases your ability to achieve a good night's rest. Do not work out after 8PM and avoid large meals prior to going to bed.
5. **How much weight can I put on my leg?** You will be weight bearing as tolerated (as much as you can put on the leg as you need) in most cases. Sometimes the weight bearing status is changed, your surgeon will guide you.
6. **When do I have my stitches or staples removed?** Depending on how the wound is closed, you may or may not have staples or sutures to remove. In some cases there will be buried sutures and no removal is required. If sutures or staples need to be removed this is often done 10-14 days after surgery. **Do not place creams, lotions or ointments on the wound while it is healing, usually 6-8 weeks.** After this time you can begin using scar cream or other lotions if you desire.
7. **When can I shower or bathe?** You can shower when you return home after surgery but **keep the incision dry and clean.** An Aquacel dressing is waterproof and you can shower with this. If you have a soft dressing over the wound, place a plastic wrap over the incision while you shower. Once you return for your two week visit and your incision is healing well, you can begin showering without having to cover the wound. Pat the area with a clean down, avoid wiping the incision while it heals. **Do not bathe or submerge your incision into a tub, hot tub or pool for the first 8 weeks.** If there are any scabs or slow to heal portions, you must continue to wait to submerge in water.



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8. **How long do I have to wear the stocking or compression devices?** Usually 3-4 weeks and on both legs. This helps prevent blood clots and circulates the blood, additionally is helps with swelling.
9. **When can I drive?** You **cannot** drive while taking pain medication. Typically, patients can begin driving around 4 weeks. Take it easy at first, go to an empty parking lot or drive locally, your breaking time will be delayed initially.
10. **What positions can I sleep in?** Generally, you can sleep in whatever position allows you to get a full night's rest. It can be helpful to place a pillow between your legs when sleeping.
11. **When can I restart the medications that I stopped prior to surgery?** Generally, you can resume these medications once you arrive back home. However, in some cases there are medications which must be stopped for additional time, your surgeon will guide you in these situations.
12. **Now that I am no longer requiring narcotic pain medication, what can I take if I should experience discomfort?** Since you will likely still be taking Celebrex, avoid other NSAIDs such as Advil (ibuprofen), Motrin or Aleve. You can take Tylenol or extra-strength Tylenol, do not exceed 4 grams in one day.
13. **What should I do if I think my joint is infected?** As previously mentioned, bruising and swelling is common and expected. Further, a small amount of yellowish or pinkish drainage is also expected, even up to 7 days after surgery. Call the office immediately if there is excessive drainage, such as a large amount that soaks through clothing or if the drainage is yellowish, cloudy or foul smelling. Running a consistent temperature over 101.5°F is also concerning and your surgeon should be made immediately aware of this. Further, if the drainage had stopped and then starts up again several days later or if there is a new onset of uncontrolled pain make sure your surgeon is aware. None of these symptoms exclusively indicate an infection, but nevertheless your surgeon should be notified.
14. **Is it safe to have sex after joint replacement surgery?** Usually intercourse should wait about 4-6 weeks. However, if done safely and not in overly stressed positions there are no absolute restrictions.
15. **Can I fly after surgery?** You will be on a blood thinner after surgery for 6 weeks. Surgery and travel increase your chances of blood clots, as well as swelling. It is therefore prudent to wait about 6 weeks before flying. However, if you must fly or travel, have your surgeon evaluate you if you are within the 6 week post-operative time period.
16. **When should I take antibiotics? Who will prescribe them? How long should I take them for?**

Take antibiotics for the following procedures:

Procedure	Recommended Antibiotic
All Dental Procedures: Cleaning, scaling, dental extractions, root canal, teeth filings, capping and bridge work Dermatologic Procedures: i.e. Mohs surgery, excisions Podiatry Procedures:	Amoxicillin 2.0 grams. Take 1 hour prior to procedure. If allergic to Penicillin, take Clindamycin 600mg 1 hours prior to procedure.



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i.e. nail cutting, ingrown nails	
Ophthalmic Procedures: i.e. cataract surgery	Gentamicin, Tobramycin, Ciprofloxacin, Levofloxacin. Multiple drops topically over 2-24 hours of 10mg over eye
Cardiac/ Vascular Procedures:	Cefazolin, Vancomycin 1g IV 1 hour prior to procedure.
Gastrointestinal Tract Procedure: Endoscopy, gastroduodenal, biliary tract Sigmoidoscopy, colonoscopy, colorectal	Cephalexin 500mg 1 hour prior to procedure. Neomycin and erythromycin base (oral) 1g OR metronidazole (oral) 1g
Head and Neck Procedures:	Clindamycin 600-900mg IV and (Gentamicin 1/5mg/kg IV or Cefazolin 1-2g IV) 1 hour prior to procedure
Obstetric and Gynecological Procedures:	Cefoxitin, Cefazolin (1-2 g IV) or Ampicillin 3 g IV 1 hour prior to procedure
Genitourinary Procedures:	Ciprofloxacin 500mg PO or 400mg IV 1 hour prior to surgery

17. **How do I avoid constipation?** Surgery and narcotic pain medications can lead to constipation. This can range from discomfort to medical emergency. To avoid constipation, limit your narcotic use to an as needed basis. Increase fiber in your diet (apples, peaches, prunes, tangerines, raw broccoli, brussel sprouts, cabbage, carrots, cauliflower, zucchini or cooked spinach, whole grain cereals, beans. Also get plenty of exercise, drink plenty of water or fruit and vegetable juices, try dietary supplements, stool softeners (docusate sodium, purchased over the counter) or laxatives. Notify your surgeon if you should experience any significant change in your bowel habits, including diarrhea or unable to pass stool or flatus (gas).

When should I call Dr. Evangelista’s Office?

1. Fever above 101.5°F consistently
2. Increased drainage or swelling
3. Increased redness around the surgical incision
4. Pain not controlled by pain medication
5. Inability to bear weight on the operative leg
6. Painful calf
7. Chest pain
8. Shortness of Breath
9. Confusion
10. Any symptoms that are concerning to you