

Dr. Schiffman's Discharge Instructions – Total Hip Replacement

ACTIVITY: Weight-bearing as tolerated. You may progress off support as tolerated under the guidance of your physical therapist. You do not need to sleep with a pillow between your legs. It is also permissible to sleep on the operative side or on your stomach.

MEDICATIONS: Upon discharge resume your home medications. Take all medications as prescribed. Take a stool softener (Colace) if taking narcotic pain medications. Stool softeners are only effective if you are adequately hydrated. Try and drink 6-8 glasses of water or fluids a day, unless otherwise contraindicated. Despite using Colace, if you haven't had a bowel movement in 3 days, please switch to Miralax. Miralax is a gentle osmotic laxative and is sold over the counter. Mix one capful of the powder into a glass of water or juice once a day. You should have a bowel movement within 24 hours, if not call the office.

You will be discharged from the hospital with an adequate supply of pain medication. You are encouraged to taper the use of narcotic pain medication as tolerated. Should you require a refill, please call the office. Dr. Schiffman's office prescribes narcotic pain medication for **only 4-6 weeks after surgery**. If you require pain medication beyond this interval you may be referred to your PCP or to the Pain Clinic for further evaluation.

Plan ahead for refills on pain medication as many narcotics either need to be picked up at the office or mailed. It is best to call 48-72 hours in advance of needing a refill so that you don't run out of medication.

To help control the post-operative pain, you may take **NSAIDs** (Aleve every 12 hours or Ibuprofen every 8 hours) and **Tylenol** (1000mg every 6-8 hours).

ANTICOAGULATION: Continue your blood thinner as prescribed for deep venous thrombosis and pulmonary embolus (DVT/PE) prophylaxis. As long as your incision remains dry and you tolerate NSAIDs (Aleve, Advil, Motrin, ibuprofen, naprosyn), it is OK to use NSAIDs while taking your anticoagulation medication. Should your incision start to drain, stop the NSAID and contact our office.

Common symptoms of DVT include:

- Localized pain
- Swelling
- Calf tenderness
- Redness
- Discoloration of the skin

PE symptoms include:

- Shortness of breath
- Rapid pulse
- Sweating
- Chest pain that worsens with inspiration
- Coughing up blood
- Light headedness
- Feelings of apprehension

If you experience any of these symptoms call the office or go to the closest ER.

WOUND CARE: Keep your dressing clean and dry. You can shower but should not tub-bath or submerge your incision in water.

FOLLOW-UP: Please follow-up with Dr. Schiffman in orthopedic clinic in about 2 weeks from day of surgery.

Please call Dr. Schiffman's office, your PCP or report to the ER if you have any nausea, vomiting, fever greater than 101.5, swelling, chest pain, shortness of breath, increased pain/redness/drainage from your incision site, numbness/tingling, or any other concerning symptoms.

