



PANORAMA
Orthopedics & Spine Center



be selective.

Minimally Invasive Hip Replacement

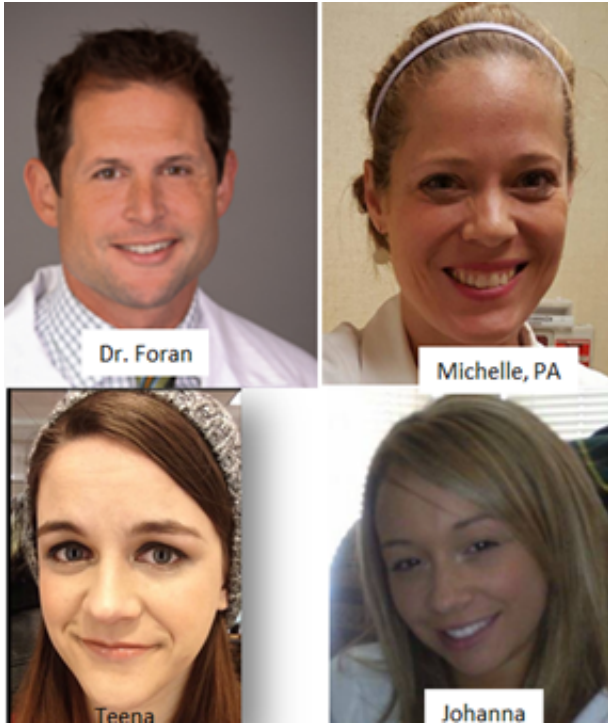


With Dr. Jared Foran

Instructions for Using This Book

1. Read **EVERY** page thoroughly. Most of your questions will be addressed here. Be sure to read "Frequently Asked Questions" at the end of this booklet.
 2. Use the pre-operative checklist to ensure you are prepared for your upcoming surgery
 3. Note the important names and telephone numbers listed on page 3.
 4. There are sample medication regimens on page 15-16. Please note that adjustments will be made on an individual basis. Dr. Foran and his team will explain all changes to your plan.
 5. Write down any questions you still have after reading this booklet, and call Dr. Foran or his team with these questions.
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Your Clinical Team

Dr. Jared Foran

IMPORTANT PHONE NUMBERS

Medical Assistant:	Surgery Scheduler:	Physician's Assistant
Teena Fehling MA (303)233-1223 ext. 6556 FAX 720-497-6718	Johanna Jackson-Pearson (303)-233-1223 ext 7322 FAX 720-497-6722	Michelle Chambers, PA (303) 233-1223

Department	Reasons to Call	Contact Information
Triage (7am-5pm M-F) *Excluding Holidays	<ul style="list-style-type: none"> Medical questions or concerns that require immediate attention 	Call: 303-233-1223 Ask operator to transfer you to the Triage Department
Pharmacy Questions (7am-5pm M-F) *Excluding Holidays	<ul style="list-style-type: none"> Refills for Prescriptions New Prescriptions Questions about meds 	Call: 303-233-1223 Ask operator to transfer you to the Triage Department
Appointment Scheduling (9am-5pm M-F) *Excluding Holidays	<ul style="list-style-type: none"> Schedule follow up appointments and office visits Answer questions regarding patient appointments 	Call: 303-233-1223 Request Appointment scheduling or request ext 6060
Panorama Physical Therapy	<ul style="list-style-type: none"> Schedule physical therapy appointments Questions or concerns for your therapist 	Golden" 720-497-6616 (7am-7pm M-F) Westminster: 720-497-6666 (7am-6pm M-F)
NavCare Team	<ul style="list-style-type: none"> 24 hour call service Live paramedics to help with all questions and urgent situations ; you will get to talk directly to a person 	303-233-21233 ask to be connected to the NavCare team 24 hours a day

Medical Questions: For immediate assistance call 303-233-1223 and ask for Triage. Call Teena for non-urgent matters. The electronic patient portal (NextMD) is the easiest and fastest way to communicate for non-urgent matters/questions. The portal uses email to communicate. Ask how to sign up if you haven't yet!

Non-medical related questions: Billing office, worker's compensation, privacy office, etc. 303-233-1223

Scheduling Surgery

1. Decide with Dr. Foran that you wish to proceed with total hip replacement.
2. Dr. Foran will discuss with you the following:
 - a. Indications for surgery
 - b. Benefits/Risks of surgery
 - c. Alternatives to surgery
3. In the office you will sign a consent form stating that you understand the risks and benefits of surgery.
4. You will be contacted by Johanna, Dr. Foran's surgery scheduler, within one week of consenting for surgery, to schedule your procedure. (Johanna's number is listed in the front of this booklet if you have not heard from her in one week.) Johanna will arrange the date of your surgery. Johanna will also schedule your first post-operative visit (approximately 2 weeks after surgery- Please let Johanna know whether the Golden or Westminster office is most convenient for you). Note, your first post-operative visit may be with Dr. Foran's physician's assistant, Michelle Chambers, PA.
5. If you would like a comprehensive breakdown of what your insurance plan will cover, please call our business office (303-233-1223) and ask to speak to one of our preauthorization specialists.
6. **Within 30 days prior to your scheduled surgery, you will need medical clearance from your primary medical doctor. If you do not have a primary medical doctor, we will arrange prior medical clearance for you. Medical clearance includes a physical examination, blood work, EKG within 6 months and any other tests deemed necessary by your doctor. **Surgery cannot proceed without prior clearance!**
7. **To help prepare you and answer your questions, you will need to attend a "Total Joint" class at OrthoColorado Hospital in the days or weeks prior to your surgery.**

The Joint class page is live and can be accessed at
www.orthocolorado.org/inpatient

- Click on “For Patients and Families”
- Click on “Patient Pre-Operative Registration”
- Select the type of surgery you are having done
- Click on Dr. Foran’s picture
- Complete Steps 2-4

If you do not have access to the internet, please contact OrthoColorado Hospital to sign up for a Total Joint Class. Main Number: 720-321-5450

Pre-Operative Checklist: What you should do to prepare for your surgery

2-4 WEEKS PRIOR TO SURGERY

- Arrange medical clearance from your Primary Care Provider within 30 days of surgery date
- IMPORTANT: You should assume that you are going home after surgery. Some patients “want” to go to rehabilitation or a skilled nursing facility following their surgery. However, it is not possible (per insurance regulations) to arrange for this ahead of time. In fact, only patients who meet certain medical criteria *while in the hospital* are eligible for rehabilitation or skilled nursing facilities upon discharge. If you qualify based on your medical condition, arrangements will be made while you are in the hospital. MAKE SURE YOU SPEAK TO DR. FORAN or Teena about this prior to surgery if you have any questions.**
- Cancel any dental appointments within 2 weeks of your surgery
- Notify Dr. Foran if you are having any minor medical procedures done within one month of your surgery
- Avoid any injection into your affected joint 6 weeks prior to surgery
- Adjust work/social schedule accordingly during your anticipated recovery time
- Practice the exercises listed in this book on pages 7-8, as these will help with your strength after surgery
- If you smoke, you should attempt to stop smoking. If you cannot stop smoking permanently, if you can abstain for 24 hours before surgery, this is of benefit. It is essential to not smoke for at least 48 hours after surgery. All hospitals are NON-smoking facilities

1 WEEK PRIOR TO SURGERY:

- Notify Dr. Foran if there is a change in your medical condition (cold, infection, fever, etc.) prior to surgery. It may be necessary to reschedule your surgery
- If you live alone, arrange for someone to stay with you for the first night you return home and arrange for someone to stay with you or be immediately available the first week after surgery
- Arrange for a family member or friend to accompany you to the hospital on the day of surgery
- If you have pets, you may want to arrange for someone to assist in caring for them for a few days after you return home
- Remove small throw rugs or other small obstacles that may be in your path

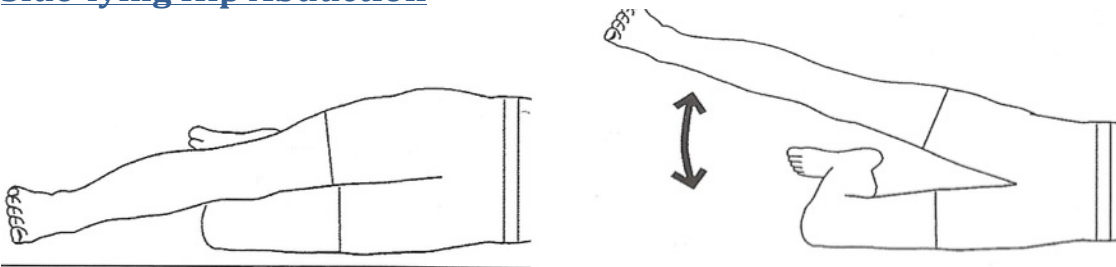
DAY BEFORE SURGERY/DAY OF SURGERY:

- IMPORTANT:** To help prevent infection wash with a Chlorhexidine Gluconate (CHG) solution the night before surgery and the morning of surgery. **See page 21 for full instructions**
- Stay well hydrated the day before surgery- drink plenty of fluids including water, Gatorade, juice
- DO NOT eat or drink anything after midnight the day before your case or your case will be cancelled
- Wear loose casual clothing and do not wear makeup/jewelry to surgery. Leave jewelry, valuables, and contact lenses at home
- Please bring your insurance card and photo ID to the hospital
- Take medications as instructed by Dr. Foran or your primary care provider (See Page 9)
- Arrive at the hospital front desk as instructed. Plan to arrive at the hospital 2 hours before your scheduled surgery time
- You do not need to bring a cane or walker. If you do not have these devices , they will be given to you the day of surgery by the physical therapist. Most health insurances cover the cost of a cane or a walker, but not both.
- Be easily available; as we may need to contact you in the event of any schedule changes or delays. Make sure your contact information is up to date

Pre-Operative Exercise

- If you are currently performing an exercise program, continue to do so.
- If you are not currently performing an exercise program, you may incorporate exercises as directed on the handouts in this booklet.
- After surgery your physical therapist will give you an exercise program and progress you appropriately.

Side-lying Hip Abduction

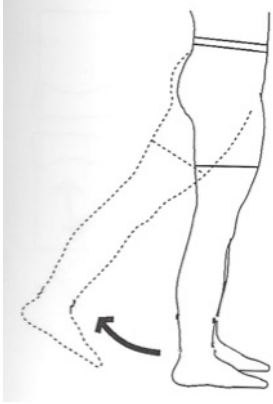


- Lie on uninvolved side, with lower knee bent for stability.
- Keep knee straight on involved leg, lifting leg upward.
- Return to start position and repeat.
- Perform 3 sets of 10 repetitions, once a day.
- Perform 1 repetition every 4 seconds.
- Rest 1 minute between sets.

Special Instructions:

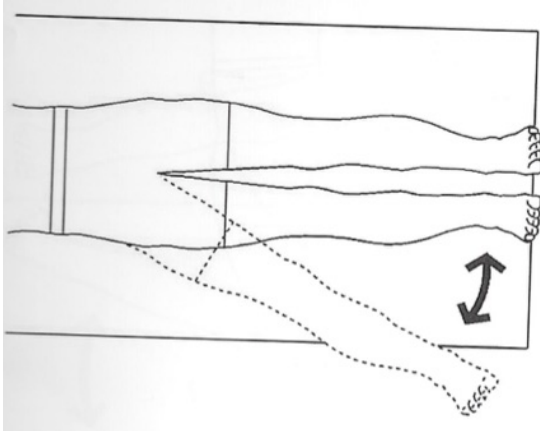
Do not roll trunk forward or backward.

Standing Hip Extension



- Stand, hold onto table or wall for balance.
- Extend leg backward, keeping knee straight.
- Return to start position.
- Perform 3 sets of 10 repetitions, once a day.
- Perform 1 repetition every 4 seconds.
- Rest 1 minute between sets.

Supine Hip Extension



- Lie on back on a firm surface, legs together.
- Move leg out to side, keep knee straight.
- Return to start position.
- Perform 3 sets of 10 repetitions, once a day.
- Perform 1 repetition every 4 seconds.
- Rest 1 minute between sets.

Special Instructions:

Use a pillow case to reduce friction.

Sit to Stand



- Begin standing with a chair behind you.
- Lean forward slightly as you bend the knees and lower buttocks towards the chair as if attempting to sit.
- Before you touch the chair, stand back up to full upright position.
- Perform 3 sets of 10 repetitions, once a day.
- Perform 1 repetition every 4 seconds.
- Rest 1 minute between sets.

Medications to Stop before Surgery

7 Days Prior to Surgery

Stop birth control pills & any male or female hormone (including creams or patches)* such as:

Emcyt Estraderm Estratest Estrace Estradiol Estrogens Ogen Premarin Prempro Testosterone

Vitamins such as: A, C, E, K, Multivitamins, Fish Oil / Omega 3,6,9, Juice Plus, CoQ10, Krill Oil

All herbal & weight loss medications such as: Alpha lipoic acid Acetyl L-carnitine Cinnamon Chamomile Creatine Echinacea Ephedra Fish oil Garlic Ginger Ginkgo Ginseng Glutamine Goldenseal L-carnosine Licorice Kava Milk Thistle Skullcap St. John's Wort Valerian Saw Palmetto

Joint Supplements such as: Glucosamine Chondroitin MSM

Stop all Aspirin* containing products such as: Alka-Seltzer BC Powder Bufferin

Disalid (Salsalate) Dolobid (Diflunisal) Ecotrin or Uncoated Aspirin* (81 mg to 325 mg) Excedrin Fasprin (81mg) Goody Powder Norgesic Pepto Bismol Percodan

****If you have Heart Stents and take Plavix and Aspirin, DO NOT STOP ASPIRIN***

Antiplatelets such as: Aggrenox (aspirin + dipyridamole) Plavix*(clopidogrel) Pletal (cilostazol) Trental (pentoxil)

Ticlid

Anticoagulants: Coumadin (discuss the use of Lovenox with your Surgeon – you will receive special instructions and a prescription if you are on this medication)

5 Days Prior to Surgery

Stop all non-steroidal anti-inflammatory (NSAID) medications; examples include:

Advil (ibuprofen)	Celebrex (Celecoxib)	Clinoril (sulindac)	Lodine (etolodac)
Nuprin (ibuprofen)	Aleve (naproxen)	Daypro (oxaprozin)	Meclomen (meclofenamate)
Orudis (ketoprofen)	Anaprox (naproxen)	Diclofenac (Voltaren)	Mediprin (ibuprofen)
Oruvail (ketoprofen)	Ansaid (flurbiprofen)	Feldene (piroxicam)	Mobic (meloxicam)
Relafen (nabumetone)	Arthrotec (Voltaren+Cytotec)	Ibuprofen (Motrin)	Naprelan (naproxen)
Tolectin (tolmetin)	Cataflam (Diclofenac Potassium)	Indocin (indomethacin)	Naprosyn (naproxen)

Contact Your Medical Doctor for Instructions if You Take Any of the Following Medications:

Adderall Cytoxan Enbrel Imuran Librax Librium Methotrexate Remicade

2 DAYS BEFORE SURGERY

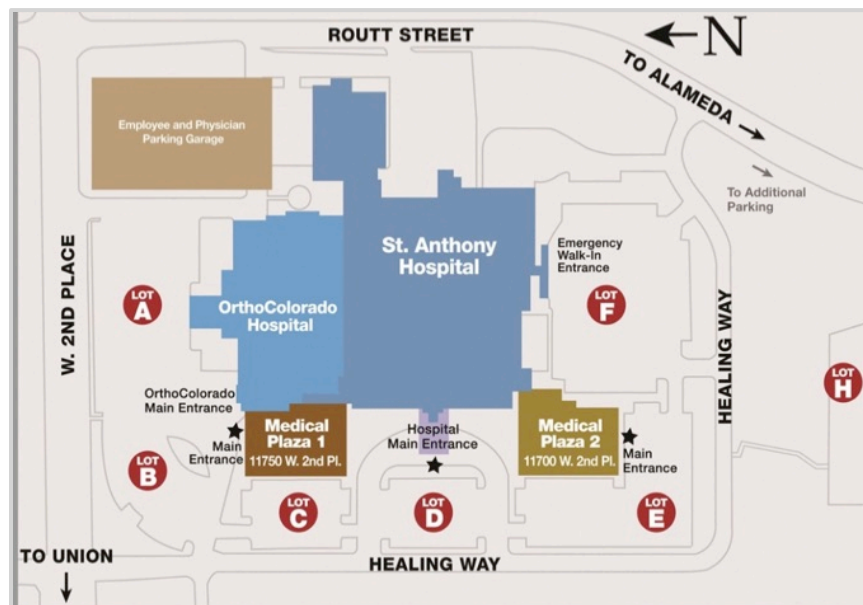
- Start Senokot to help prevent and treat constipation.
 - Take 2 tablets, twice a day starting 2 days before surgery
 - If you experience loose or watery stools, STOP using the Senokot and resume it the night of surgery

YOU MAY CONTINUE TAKING THE FOLLOWING MEDICATIONS:

- Cholesterol medications
- Gabapentin
- Psychiatric medications
- Tylenol (regular, extra strength, arthritis)
- Ultram (Tramadol)
- Ultracet
- Iron Supplements
- Blood pressure medications
 - **You should NOT take the following blood pressure medications on the day of surgery:**
 - ACE Inhibitors. Common ACE Inhibitors include: benazepril (Lotensin), captopril (Capoten), enalapril (Vasotec), lisinopril (Prinivil, Zestril), quinapril (Accupril)
 - Angiotensin Receptor Blockers (ARBs). Common ARBs include:

losartan (Cozaar), olmesartan (Benicar), telmisartan (Micardis), valsartan (Diovan)

- Diuretics. Common diuretics include:
 - hydrochlorothiazide (HCTZ) (Microzide), furosemide (Lasix) spironolactone (Aldactone), triamterene (Dyrenium), chlorthalidone, bumetanide
 - Pills that contain combinations of ACE Inhibitors, ARBs or Diuretics
- **It is OK to take the following blood pressure medications on the day of surgery:**
- Beta blockers. Common beta blockers include
 - atenolol (Tenormin), metoprolol (Lopressor, Toprol), carvedilol (Coreg),
propranolol (Inderal), acebutolol, bisoprolol, nadolol, penbutolol, pindolol
 - Calcium channel blockers. Common calcium channel blockers include:
 - amlodipine (Norvasc), diltiazem (Cardizem, Tiazac), nifedipine (Procardia), verapamil (Calan, Verelan, Covera-HS, nicardipine (Cardene SR), felodipine
 - Vasodilators. Common vasodilators include:
 - hydralazine, minoxidil, clonidine (Catapres), doxazosin (Cardura)



Your Hospital Stay

With minimally invasive hip replacement and contemporary pain control methods, most of Dr. Foran's patients will go home the day AFTER surgery. That is, you will spend one night in the hospital. The following outlines a typical hospital stay:

PREOPERATIVE UNIT:

You will arrive at the front desk of the hospital 2 hours prior to your surgery. You will be taken to the preoperative area where you meet with nurses, anesthesiologists, and Dr. Foran. At this time IV lines will be placed in preparation for your procedure. Any remaining questions or concerns that you have will be addressed. You will then be taken to the operating room for your surgery.

RECOVERY ROOM:

After surgery you will spend approximately one hour in the recovery room, where nurses will monitor you as you recover from anesthesia.

HOSPITAL UNIT ("The floor"):

You will be admitted to a private room on the floor, where the nursing staff will care for you. Your pain will be monitored and controlled. **IT IS IMPOSSIBLE TO COMPLETELY ELIMINATE PAIN AFTER SURGERY.** Dr. Foran's goal is to keep your pain at a 3 or less at all times while you are at rest. (This may require periodic adjustments of your pain medication.) On the day of surgery, you will walk with a cane, which is Dr. Foran's preferred assistive device. You may even walk without an assistive device. In some instances, a walker or crutches may be substituted. Unless otherwise instructed, you WILL be allowed to AND are ENCOURAGED to put FULL WEIGHT on the operated leg. Although you may experience some discomfort in your operated leg, it will support you. Early walking is good for your new hip replacement. Walking is the most important thing YOU can do to prevent blood clots.

POST OPERATIVE DAY ONE (the day after surgery):

Labs will be drawn in the morning. Blood thinners will also be started in the morning. The physical and occupational therapists will continue to work with you on walking, stairs, bathing, getting dressed, and other activities required for daily living. **Most patients will be discharged to go home on postoperative day #1.**

POST OPERATIVE DAY TWO:

If you are still in the hospital on postoperative day 2, you will work with physical and occupational therapists to help you regain independence. You will go home after you fulfill the goals of therapy. If it is determined that you require extra assistance, or that going home will not be ideal for your recovery, then our case managers will arrange for you to be transferred to a skilled nursing facility or rehabilitation until you are ready to go home.

Discharges generally occur in the afternoon/early evening- please prepare transportation. If you are going to a rehab or skilled nursing facility, transportation will be provided.

What to Expect After Surgery

- **EXPECT TO HAVE SOME PAIN AFTER SURGERY.** Hip replacement surgery is a major operation, and operations hurt. While Dr. Foran’s minimally invasive hip replacement is designed to decrease your pain in the first 6 weeks after surgery compared to a traditional hip replacement, there will still be pain. Dr. Foran’s goal is to keep you comfortable, but being “pain free” is not realistic after any total hip replacement. A reasonable goal is to keep your pain at a 3 out of 10, or less, while you are at rest. This is accomplished by providing you with the appropriate pain medications. You may have pain that is greater than 3 out of 10 while you are walking and moving your hip in the first several weeks. This is a normal part of the healing process. It is important that you stay “ahead of your pain,” meaning you should ask for additional pain medications when you are feeling greater than 3 out of 10 pain while at rest in the hospital. Thigh soreness is common in the first several days.

- You will have mild bruising and swelling initially that will start at the surgical site. Bruising and swelling are normal after surgery and vary from person to person. Bruising and swelling will continue to increase over the first 2 weeks after surgery, especially after you have been up and standing/walking for prolonged periods. Bruising may travel up as high as your groin area and may move down to your toes within the first 2 weeks. After a week or two, **expect significant swelling in your entire leg and foot.** Wearing the compression stockings (TED hose) as instructed during the first 2 weeks will decrease your swelling. Elevating the operative leg also helps decrease swelling. The swelling will eventually resolve with time.
- Sleeping may be difficult in the first several weeks. This is due to the physiologic burden of surgery, the new medications you are on, and a change in your activity level. Napping during the day may make sleeping at night difficult. It is also important that your pain is well controlled at night. If sleeping is, or becomes an issue please let Dr. Foran know.
- Physical Therapy (PT) is usually not necessary after total hip replacement. Ninety percent of total hip patients do no formal PT after leaving the hospital. Generally, patients regain full strength and function by simply walking and performing everyday activities after the surgery. In some cases, certain patients will benefit from physical therapy (PT) after they leave the hospital. This is particularly true for patients who have substantial weakness or other medical conditions. If you prefer to have PT after you go home please inform Dr. Foran so he can arrange for this. If you do require or request PT, a physical therapist will come to your home twice weekly for the first 2 weeks. If needed, you will get a prescription for outpatient physical therapy at your 2 week postoperative visit at Panorama.

Medications after Surgery**

(You will be on SOME of these medications, based on your personalized pain regimen)

Aspirin: 325mg tablet to be taken twice a day for **30 days** after surgery, to help prevent blood clots

-AND-

Protonix (Pantoprazole): Stomach protector: Take 1 tablet daily, in the morning to protect your stomach. You should continue to take this medication for 30 days while you take aspirin.

-OR-

Xarelto (Rivaroxiban): 10mg tablet to be taken once a day for 14 days total after surgery to help prevent blood clots

Oxycontin (continuous release): Long-acting pain pill to be taken every 12 hours after surgery. You will get your specific schedule and dose at the hospital with your discharge instructions. You will be weaned off this medication after 10 days.

-OR-

MS Contin: Some patients (based on insurance) will receive MS Contin INSTEAD of Oxycontin. MS Contin is also a long-acting pain pill to be taken every 12 hours after surgery. You will get your specific schedule and dose at the hospital with your discharge instructions. You will be weaned off this medication after 10 days.

Oxycodone (Percocet): Short-acting pain pill to be used as needed for breakthrough pain. You may take 1-2 tablets every 4-6 hours. You are allowed to use Oxycodone while on Oxycontin or MS Contin

-OR-

Hydrocodone/Acetaminophen (Norco or Vicodin): Short-acting pain pill to be used as needed for breakthrough pain. You may take 1-2 tablets every 4-6 hours. The daily limit is 12 pills /24 hours. You are allowed to use hydrocodone while on Oxycontin or MS Contin

-OR-

Hydromorphone (Dilaudid): Short-acting pain pill to be used as needed for breakthrough pain. You may take 1-2 tablets every 4-6 hours. You are allowed to use hydromorphone while on Oxycontin or MS Contin

-OR-

Tramadol: Short-acting pain pill to be used as needed. You may take 1-2 tablets every 4-6 hours.

Meloxicam (Mobic): Anti-inflammatory, take twice a day for a total of 6 weeks after surgery. Make sure you take this medication with food.

-OR-

Celecoxib (Celebrex): Anti-inflammatory, take twice a day for a total of 6 weeks after surgery. Make sure you take this medication with food.

Lyrica (Pregabalin): To prevent nerve pain and tingling sensations. Take twice daily for 2 weeks after surgery.

Senokot-S (Senna Plus): Stool softener/laxative for constipation. Take 2 tablets twice a day starting 2 days before surgery until you are off all narcotics after surgery.

Scopolamine patch (70 years of age or less): To prevent nausea. You will receive your first patch at the hospital the morning of your surgery. Change the patch every 3 days. You have 2 replacement patches to be used on post-op day #3 and post-op day #6

****Patients often wonder why they are on so many different medications postoperatively. You MUST take the anticoagulant to help prevent blood clots. The other medications are not required, but are HIGHLY recommended. This medication protocol is known as multi-modal pain control, and has been shown to substantially improve pain and comfort during your recovery. Everyone reacts to medications differently, and your specific postoperative medication regimen may be adjusted for your specific needs.**

M	DAY 2		DAY 3		DAY 4		DAY 5		DAY 6		DAY 7	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
oxyContin	OxyContin	OxyContin	OxyContin	OxyContin	OxyContin	OxyContin	OxyContin	OxyContin	OxyContin	OxyContin	OxyContin	OxyContin
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M	DAY 9		DAY 10		DAY 11		DAY 12		DAY 13		DAY 14	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
oxyContin	OxyContin	OxyContin	OxyContin	OxyContin	OxyContin (optional) ⁴	OxyContin (optional)	OxyContin (optional)	OxyContin (optional)	OxyContin (optional)	OxyContin (optional)	OxyContin (optional)	OxyContin (optional)
Meloxicam Lyrica Senakot Xarelto	Meloxicam Lyrica Senakot Xarelto	Meloxicam Lyrica Senakot Xarelto	Meloxicam Lyrica Senakot Xarelto	Meloxicam Lyrica Senakot Xarelto	Meloxicam Lyrica Senakot Xarelto	Meloxicam Lyrica Senakot Xarelto	Meloxicam Lyrica Senakot Xarelto	Meloxicam Lyrica Senakot Xarelto	Meloxicam Lyrica Senakot Xarelto	Meloxicam Lyrica Senakot Xarelto	Meloxicam Lyrica Senakot Xarelto	Meloxicam Lyrica Senakot Xarelto

M	DAY 16		DAY 17		DAY 18		DAY 19		DAY 20		DAY 21	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
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M	DAY 23		DAY 24		DAY 25		DAY 26		DAY 27		DAY 28	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Meloxicam Xarelto	Meloxicam Xarelto	Meloxicam Xarelto	Meloxicam Xarelto	Meloxicam Xarelto	Meloxicam Xarelto	Meloxicam Xarelto	Meloxicam Xarelto	Meloxicam Xarelto	Meloxicam Xarelto	Meloxicam Xarelto	Meloxicam Xarelto	Meloxicam Xarelto

M	DAY 30	
	AM	PM
Meloxicam Xarelto	Meloxicam Xarelto	Meloxicam Xarelto

1. MS Contin may be substituted for Oxycontin. Both are long acting narcotic pain relievers.
2. Meloxicam is continued for a total of 6 weeks from the operation (Celebrex may be substituted for Meloxicam)
3. Xarelto is continued for a total of 14 days from the operation
4. Three extra doses of OxyContin may be taken in the morning on days 11,12,and 13 in order to decrease withdrawal symptoms

	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
tin	MS Contin	MS Contin	MS Contin	MS Contin	MS Contin	MS Contin	MS Contin	MS Contin	MS Contin	MS Contin	MS Contin	MS Contin	MS Contin	MS Contin
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	DAY 9		DAY 10		DAY 11		DAY 12		DAY 13		DAY 14			
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
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	DAY 16		DAY 17		DAY 18		DAY 19		DAY 20		DAY 21			
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
am	Meloxicam Senakot Aspirin Protonix	Meloxicam Senakot Aspirin Protonix	Meloxicam Senakot Aspirin Protonix	Meloxicam Senakot Aspirin Protonix	Meloxicam Senakot Aspirin Protonix	Meloxicam Senakot Aspirin Protonix	Meloxicam Senakot Aspirin Protonix	Meloxicam Senakot Aspirin Protonix	Meloxicam Senakot Aspirin Protonix	Meloxicam Senakot Aspirin Protonix	Meloxicam Senakot Aspirin Protonix	Meloxicam Senakot Aspirin Protonix	Meloxicam Senakot Aspirin Protonix	Meloxicam Senakot Aspirin Protonix

are substituted for MS Contin. Both are long acting narcotic pain relievers. continued for a total of 6 weeks from the operation (Celebrex may be substituted for Meloxicam) ed for a total of 30 days from the operation

Post-Operative Visits to the Office

- We will ask you to return to the office at routine times after your discharge from the hospital. You will be seen in our office approximately 2 weeks from the time of surgery for your first post-operative visit. You may see Dr. Foran's physician's assistant, Michelle Chambers, PA, on this first visit.
- **Please bring ALL of the post-operative medications that you are currently taking in a bag so Dr. Foran or Michelle evaluate your further healing process can review and adjust them as needed.**
- All patients are seen in the clinic approximately six weeks post-op to evaluate their progress. This includes a physical examination and x-rays.
- Further follow-up visits will occur at three months, one year, 3 years, and every 5 years thereafter, or as determined by your surgeon.
- Should you have the need for more frequent follow-up visits, you may be asked to return at shorter intervals. Should you desire to schedule a visit for any reason whatsoever, you are always welcome to do so.
- **Note: occasionally, patients are sent home from the hospital with oxygen to help improve breathing for a few days or weeks. The decision to put you on oxygen is made by the internal medicine doctors and respiratory therapists at the hospital. To stop your home oxygen and to have your oxygen tank picked up by the company should be made by your primary care provider. Please call your primary care provider to have your oxygen discontinued.**

FAQ's

1. I have heard there are different approaches to hip replacement. Is one better than the other?

There are many ways to perform a hip replacement. A surgeon may enter the hip joint from various anatomical approaches, including anterior, anterolateral, lateral, posterior, and posterolateral. Despite what you may have heard, there is no single approach that is better than the other. All approaches have pros and cons... There is "no free lunch" in life. Dr. Foran has trained on all of the above approaches, and prefers the minimally invasive posterolateral approach. This approach enables safe exposure, with minimal soft tissue disruption, and has very low complication rates. With this minimally invasive approach, patients are walking on the day of surgery, and generally can leave the hospital the next day.

2. What is the healing process like after a hip replacement

Expect to be in the hospital for one night. On the day of surgery you should expect to put full weight on, as well as walk on the leg with your new hip! Initially, you may use a cane or walker to help you walk. You can eliminate these walking aids whenever you feel comfortable in doing so. When you first begin to ambulate on your new hip, you may have pain. Pain typically improves dramatically in the first several days and weeks after surgery. The first 2 weeks are generally the most difficult. Pain or soreness in the thigh is common early on. On average, by week 6 most patients are about 75% recovered ("healed") from surgery. By 3 months most patients are about 90% recovered. Complete recovery, including maximal pain relief and function, takes about 1 year. Patients generally begin driving and returning to work between 1 and 6 weeks after surgery. **MAKE SURE YOU SPEAK WITH DR. FORAN BEFORE DRIVING OR RETURNING TO WORK.**

3. What will my hip feel like when I am completely healed?

Having a realistic expectation about your hip replacement will ultimately lead to your satisfaction with the surgery. The goal of hip replacement is to improve your pain and your function. Most people can expect to have a hip that feels natural and pain free when it is completely healed. You will likely have a small area of numbness around the incision. Some people with hip replacements may have periodic tenderness around the point of the hip ("trochanteric bursitis")

4. How long will my hip last?

This is a difficult question to answer as many factors determine the longevity of a hip replacement. Major orthopaedic studies indicate that modern hip replacements last a long time. Several recent studies show that there is a greater than 95% chance that a hip will last 15-20 years or more. With modern implants, many orthopaedic surgeons believe that hip replacements may even last 30 years or more, but more data is needed.

5. Is swelling common after hip replacement?

Yes. In fact, you should anticipate quite a bit of swelling from your thigh to your foot after surgery. Your operative leg may swell to as much as 30% larger than your other leg. The swelling peaks at

about 7-10 days after surgery and gradually diminishes. Sometimes the leg can have substantial bruising as well. This bruising is not dangerous. Elevating your leg and wearing a support stocking help decrease the swelling. It may take months for all the swelling to resolve.

6. Why do I have to take all these medications after my surgery?

Medications after surgery are prescribed to help ensure a safe and comfortable recovery. Blood thinners are necessary to help avoid developing blood clots. Pain medications help decrease your discomfort after surgery. Dr. Foran uses “multi-modal” pain control, which has been clinically proven to be effective after total hip replacement. Multi-modal pain control uses different types of medication, which can decrease the need for narcotics. In general, patients are given an anti-inflammatory medication (Meloxicam) for 6 weeks, a nerve-pain medication (Lyrica) for 2 weeks, a long-acting narcotic (Oxycontin or MS Contin) for 10-14 days, and a short acting “as needed” narcotic medication (oxycodone, hydrocodone, or hydromorphone). The most common side effects from these narcotic medications are nausea, constipation, and itching. As such, you may be given an anti-nausea medication (Zofran or a Scopalamine patch), stool softeners (Senakot or Docusate), and anti-itching medication if needed (Benadryl, Atarax). See page 15 for a sample medication schedule. IF YOUR INSURANCE DOES NOT PAY FOR A PARTICULAR PAIN MEDICATION, OR IF YOU DO NOT WANT TO TAKE ONE OR MORE OF THESE MEDICATIONS, YOU DO NOT HAVE TO TAKE IT. See pages 15-16 for sample medication schedules.

7. My Insurance doesn't cover some of my medications? What should I do?

The only medication you must take is your blood thinner (either aspirin, Xarelto, or in rare cases Lovenox or Warfarin). The other prescribed postop pain medications (see page 14-15) are optional, but recommended. In the event that your insurance doesn't cover a particular medication, you can either choose to pay out of pocket (recommended if you are able) or simply go without that medication.

8. What should my activity level be after surgery?

Every patient is different. Each day you should be increasing your activity level, but let pain and swelling be your guide. The first 2 weeks are associated with the most pain. On average, you will make 75% of your recovery by week 6 and 90% by 3 months.

Dr. Foran likes to tell people to “do it, but don't overdo it” in the first few weeks. Basically, this means to use common sense in guiding your activity levels. At some point, most patients overdo it with activities and therefore take a few steps back in their recovery temporarily. You may have increased swelling or discomfort if this happens. This is your body telling you to take it easy and let your hip rest for a few days.

9. When can I shower or bathe?

You can shower the day after surgery, and let water run over your hip. You will go home with a waterproof dressing over your incision. This is a good water resistant barrier, and should be left on for the first week. You should avoid soaking in a bath or pool for at least 3-4 weeks after surgery, when your incision is completely healed.

10. What are hip precautions?

Hip precautions are the positions that you should avoid in the first 6 weeks, in order to prevent dislocation and to allow the soft tissues around your new hip joint to heal appropriately. The positions that you should avoid are: 1. hip flexion past 90 degrees, 2. crossing your operative leg past the midline of your body, and 3. internally rotating your operative leg. In truth, most hip replacements are very stable and patients do not have to “overly worry” about their hip precautions. Furthermore, in actuality, patients really need to avoid SIMULTANEOUSLY going into all 3 of the positions, rather than worrying about any one position.

11. Why do I have to follow hip precautions?

Any hip replacement has the potential to come out of the socket (dislocate) after surgery. After the soft tissues around the hip heal sufficiently the likelihood of dislocation is greatly reduced. This soft tissue healing takes about 6 weeks. Because of this, patients are advised to avoid the positions that most commonly would result in dislocation in the first 6 weeks. After the first 6 weeks patients can relax on their hip precautions.

12. I just had a hip replacement. What positions can I sleep in?

You may sleep in any position you are comfortable in. This means that it is ok to sleep on your back, either side, or even on your stomach. In the first 6 weeks, just remember to abide by your hip precautions (avoid simultaneous flexion past 90 degrees, crossing the leg past midline, and internally rotating the leg).

13. When can I restart the medications I was told to stop prior to surgery?

Usually, as soon as you are discharged from the hospital, but check with Dr. Foran or your primary care doctor if there are any medications in question. You will be informed which medications you should resume when you leave the hospital.

14. What should I do to avoid or alleviate constipation?

You should start taking your stool softener (Senakot) two days before surgery and continue it twice daily until you have a normal bowel movement or while taking narcotic pain medication. Stop the stool softener if you start to experience loose or watery stools. If you continue to have constipation you can take Milk of Magnesia, which is a mild oral laxative, or use Magnesium Citrate, which is much stronger. In addition, you can also try Dulcolax suppositories or a Fleets enema. All of these medications can be bought over the counter at your pharmacy.

15. What are the major risks of hip replacement surgery?

Infection: Infection remains the biggest risk hip replacement and can occur anywhere from days to years after surgery. An infected total hip replacement requires surgery (sometimes multiple surgeries), and great measures are taken to help avoid infection. The national infection rate after hip replacement is about 1 in 100 (1%)

Blood clots: A blood clot, also known as deep vein thrombosis (DVT), may occur after surgery and can be potentially life threatening if it travels to your lungs. The risk of death from blood clots has been **greatly** reduced in recent years by the use of anticoagulants (blood thinners) and early mobilization (walking, moving, etc.).

Dislocation: Dislocation occurs when the ball comes out of the socket. This occurs in about 1 in 100 patients with a hip replacement, and is less common than it used to be. Dislocation requires a closed reduction of the dislocation (usually in the emergency room). Dislocations that recur may require additional surgery.

Limb Length Inequality: One of the goals of hip replacement is to make your legs equal in length. The vast majority of patients will not notice a difference in leg lengths. Occasionally, the operative leg will feel longer or shorter than the other leg. If this difference persists a shoe lift may be helpful.

Continued pain Rarely will people continue to have pain after a total hip replacement. Often the cause of this pain can be determined, but rarely it may be difficult to tell why a hip still hurts. Fortunately, this is uncommon.

Nerve or blood vessel injury: Major nerve or blood vessel injury is uncommon after hip replacement surgery. The most common such injury may lead to a foot drop, which in most cases is temporary, and resolves with time.

Chlorhexidine Gluconate (CHG) Pre-Op Bathing Instructions

OrthoColorado Hospital follows a standardized process for the prevention of surgical site infections.

Below is a summary of the things you can do to help.

PLEASE READ ALL INSTRUCTIONS COMPLETELY PRIOR TO BATHING

All Surgical Procedures

- Most drug stores will carry small bottles of chlorhexidine gluconate (4% CHG) that you may purchase for about \$5.00. Look for Hibiclens® or Dyna-Hex®, or ask the pharmacist
 - **NOTE: this product will not be covered by insurance**
- The night before surgery, place a fifty-cent piece size of CHG solution onto a clean washcloth and apply to all body surface areas (excluding face and genitals), concentrating on the area where your surgery will be. Use additional soap when needed to cover all areas.
- At the end of your shower, wait 2 minutes before thoroughly rinsing the soap-like material off of your skin surfaces.
- Do not apply lotion, creams, or deodorant after your shower.
- If possible, sleep in clean pajamas and on clean sheets the night before surgery.
- Do not shave the area of surgery. Do not shave legs before hip or knee surgery
- Repeat this process on the morning of surgery.

CAUTION: Do not use on face, eyes, ears, or mouth- and avoid use in genital area. If you accidentally get some of the soap in those areas, rinse immediately. If you experience burning or irritation on the skin, rinse immediately and do NOT reapply.



FOLLOW UP IS THE BEST MEDICINE® HEALTHLOOP®

At Panorama Orthopedics and Spine, we believe in treating each patient as the most important person by providing you with the tools to support you in achieving the best possible outcome.

What is HealthLoop?

HealthLoop is a free service that may be offered to you by your physician to enable your care team to stay connected to you throughout your surgical journey. We want you to have the best outcome and your care team wants to deliver the best quality care.

How can I get on a "LOOP"?

Panorama is currently offering HealthLoop for patients undergoing specific procedures offered by our Sports, Total Joint and Spine physicians. Ask your physician if HealthLoop is an available tool for the procedure you are being scheduled for.

Getting on a "LOOP" is easy. Once you have been invited by your physician you will get an email check in. After you activate through that email, you will be able to use your computer or smart phone to connect with your care team.



Is it difficult to work a "LOOP"?

HealthLoop is extremely intuitive and provides automated guidance and reassurance, helping you organize what to do, when to do it, tracking your progress the entire way and answering any questions through secure messaging. All this is without having to pick up the phone!

**Questions? Contact Julie Meurer, Director of Special Projects
at 303.274.7306 for more information**