PANORAMA
Orthopedics & Spine Center

Ortho Colorado Hospital
We Care About What Moves You.

Minimally Invasive Hip Replacement Surgery 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 2.

4. There is a sample medication regimen on page 14. 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.

You may reach a pre-operative nurse at OrthoColorado Hospital any time before your surgery to ask questions, or to schedule your Pre-Operative Hip Class through the OrthoColorado Hospital Pre-Admission Testing and Teaching Center at: **720-321-5450**

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Your Clinical Team at Panorama Orthopedics

IMPORTANT PHONE NUMBERS:

Medical Assistant:
Hayley Campbell MA
(303)233-1223 ext. 6556

Surgery Scheduler:
Tina Wagener
(303)-274-7310
twagener@panoramaortho.com

Physician's Assistant:
Jeff Hamilton PA
303-233-1223

Pre-Admission Testing and Teaching Department at OrthoColorado Hospital: 720-321-5450

<u>Medical Questions:</u> For immediate assistance call 303-233-1223 and ask for Triage. Call Hayley for non-urgent matters.

<u>Non-medical related questions</u>: Billing office, workers 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 Tina, Dr. Foran's surgery scheduler, within one week of consenting for surgery. She will schedule your procedure with you over the phone. (Tina's number is listed in the front of this booklet if you choose not to wait for her call, but to call her directly.) Tina will arrange the date of your surgery, and schedule your first post-operative visit at Panorama. This visit will be approximately 2 weeks after surgery. Please let Tina 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 Jeff Hamilton, 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 pre-authorization 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 care physician, OrthoColorado Hospital PATT Department will refer you to a primary care physician in your area that can help you complete this clearance. Medical clearance includes: a physical examination, blood work, EKG (within 6 months of surgery) and any other tests deemed necessary by your doctor. **Surgery cannot proceed without a medical clearance!** (OrthoColorado Hospital needs your clearance paperwork from your primary care physician one week prior to surgery.)

7. To help prepare you and answer your questions, you will need to attend a "Total Joint" class specifically "Minimally Invasive Hip" class at OrthoColorado Hospital. This is best to attend approximately 2 weeks prior to surgery. (A friend, family member, or care taker is encouraged to attend class with you.) OrthoColorado's Pre-Admission Testing and Teaching Department will contact you to schedule.

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 Physician approximately 3-4 weeks prior to your 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 Hayley 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 9-10, 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.

TWO DAYS BEFORE SURGERY:

- ☐ An OrthoColorado pre-operative nurse will call you 2 business days prior to surgery to give you your surgery time. During this time please let the RN know if you are taking any medications for blood pressure or blood thinners.

DAY BEFORE SURGERY:

- ☐ IMPORTANT: To help prevent infection wash with a Chlorhexidine Gluconate (CHG) solution the night before surgery. **See page 20 for full instructions.**
- ☐ Eat a light meal in the early evening the night before surgery.
- ☐ Stay well hydrated; drink plenty of fluids including water, Gatorade, and juice. Avoid caffeinated and alcoholic beverages.
- ☐ **DO NOT** eat or drink anything after midnight the day before your surgery or your surgery will be canceled. This includes: gum, mints, coffee, and chewing tobacco.
- ☐ Please be available via phone the evening before surgery as an anesthesiologist will attempt to call you.

DAY OF SURGERY:

Plan to arrive at the hospital 2 hours before your scheduled surgery time; check in with the front desk as instructed.

- ☐ IMPORTANT: Please take a shower the morning of your surgery. To help prevent infection wash with a Chlorhexidine Gluconate (CHG) solution the morning of surgery. See page 20 for full instructions.
- ☐ Do not use lotions, creams, powders or ointments on your skin. DO NOT APPLY DEODORANT.
- ☐ Please do not wear contact lenses the day of your surgery.
- ☐ Do not apply makeup. Please remove all polish from fingernails and or toe nails.
- ☐ DO NOT eat or drink anything after midnight the day before your surgery or your surgery will be canceled.
- ☐ Take your medications as instructed by Dr. Foran, the OrthoColorado anesthesiologist, and your primary care provider, (see page 9.)
- ☐ 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.

What to bring to the Hospital

- ☐ This guidebook, place in your luggage.
- ☐ Wear loose comfortable clothing such as shorts or pants with elastic waistband, and loose fitting shirts. Bring loose fitting pajamas.
- ☐ Bring good shoes with non-skid soles. (Athletic shoes are best.)
- ☐ Dentures, CPAP machine, hearing aids w/case, or eyeglasses with hard case, if you normally use these items.
- ☐ Bring toothbrush, soap, powder, deodorant, battery-operated razor, and hand-held mirror, etc.
- ☐ Do not bring valuables such as jewelry, or cash. Do bring a credit card if you plan to purchase equipment at the hospital.
- ☐ Bring your insurance card, photo ID and any co-payment if required by your insurance company.

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 Disalsid (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
If You Have Heart Stents: DO NOT STOP PLAVIX UNTIL SEEN BY A CARDIOLOGIST PRIOR TO SURGERY

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- 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
- 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

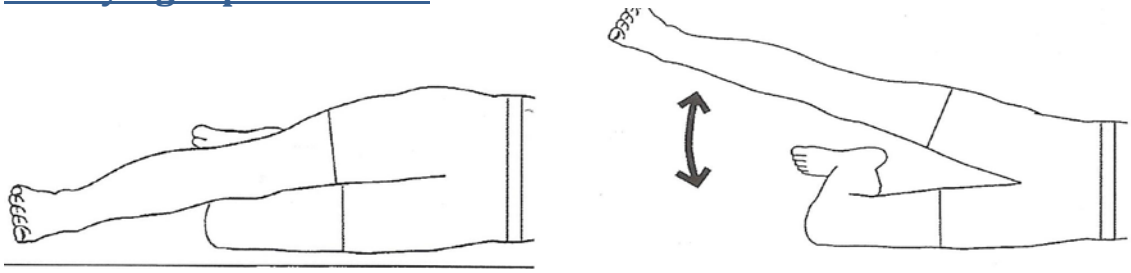
It is OK to take the following blood pressure medications on the day of surgery:

- 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 (Catapress), doxazosin (Cardura)

Pre-Operative Exercises

- **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 binder.**
- **After surgery your physical therapist will give you an exercise program and progress you appropriately.**

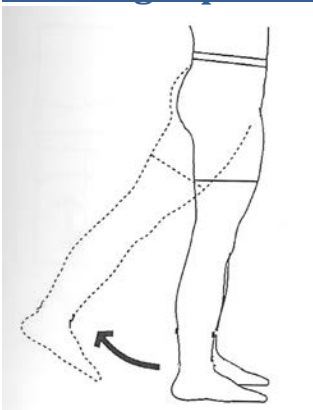
Side-lying Hip Abduction



- 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 second
- Rest 1 minute between sets.

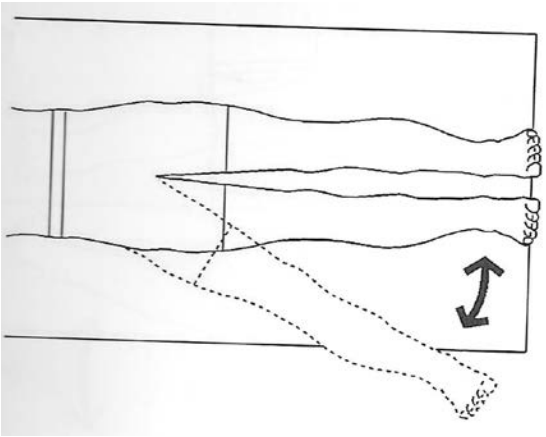
Special Instructions:
Do not roll trunk forward or backward.

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 second
- Rest 1 minute between sets.

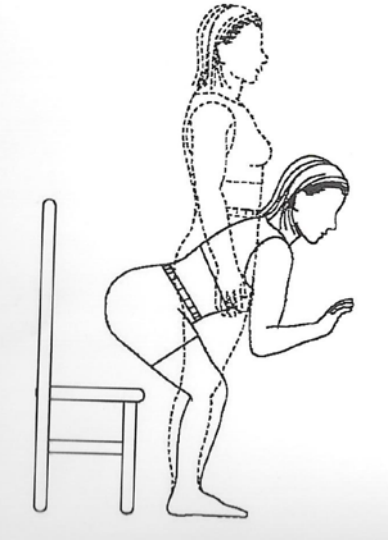
Supine Hip Extension



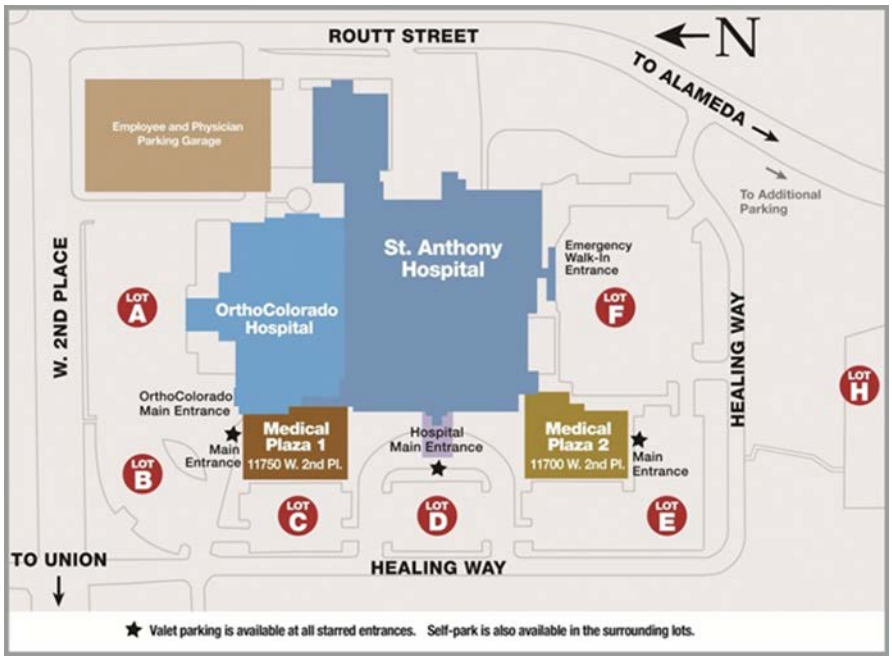
- Lie on back on a firm surface, legs together.
- Move leg out to side, keep knee straight.
- Return to start position.
- Perform 3 sets of 10 repetitions, once a day.
- Perform 1 repetition every 4 second
- Rest 1 minute between sets.

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 second
- Rest 1 minute between sets.



What to Expect Day of Surgery

PRE-OPERATIVE UNIT: You will arrive at the front desk of the hospital 2 hours prior to your surgery. You will be taken to the pre-operative area where you meet with nurses, anesthesiologists, and Dr. Foran. Any remaining questions or concerns you have prior to surgery will be addressed. An IV will be inserted, Intravenous fluids (IV) will be started and pre-operative medications may be given, if needed. Your anesthesiologist will review all information needed to evaluate your general health. This will include your medical and surgical history, laboratory test results, allergies, and current medications. With this information, the anesthesiologist will determine the type of anesthesia best suited for you. He or she will also answer any further questions you may have.

ANESTHESIA: At OrthoColorado we use a team approach for your anesthesia care. Our anesthesia team consists of Board Certified or Board Eligible physician anesthesiologists, and certified registered nurse anesthetists. Decisions regarding your anesthesia are tailored to your personal needs. The types available for you are:

Spinal anesthesia-

• A single injection of local anesthetic in the lower back produces no movement or feeling from the waist down for approximately 6-8 hours from the time the spinal is administered
• Does not require assistance for breathing
• Provides pain control for several hours after surgery
• IV sedation will be administered during procedure to induce "twilight sleep." (You will not be awake)

General anesthesia-

• Anesthetic gas requiring a breathing tube and ventilator
• Patient is fully asleep

Your anesthesiologist will call you the night before surgery to discuss any health concerns and types of anesthesia. He or she will explain the risks and benefits associated with the different anesthetic options as well as any complications or side effects such as nausea and or vomiting that can occur with each type of anesthetic. Medications to treat nausea and vomiting can be given if needed.
Before your surgery you will meet your anesthesiologist in the pre-operative department. Your anesthesiologist will review all information needed to evaluate your general health. This will include your medical and surgical history, laboratory test results, allergies, and current medications. With this information, the anesthesiologist will determine the type of anesthesia best suited for you. He or she will also answer any further questions you may have. Your anesthesiologist is responsible for your comfort and well-being before, during, and immediately after your surgical procedure.

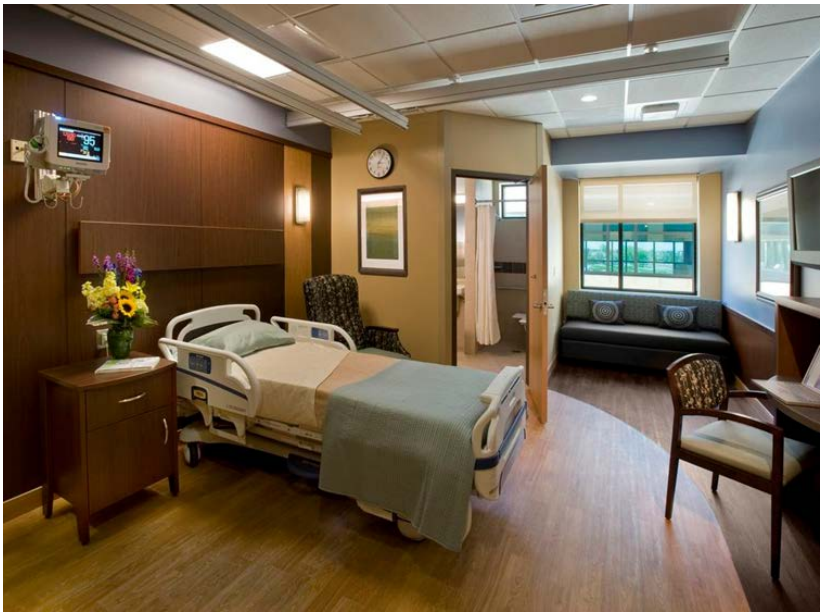
OPERATING ROOM: Once in the operating room, monitoring devices will be attached such as a blood pressure cuff, EKG, and other devices for your safety. The certified registered nurse anesthetist (CRNA) will manage vital functions, including heart rate and rhythm, blood pressure, body temperature, and breathing. This anesthesia team will be responsible for fluid and blood replacement when necessary.

RECOVERY ROOM: After surgery you will spend approximately one to two hours in the recovery room, where nurses will monitor you as you recover from anesthesia. During this time your pain is assessed and your vital signs will be monitored. Once awake and stable a friend or family member will be asked to come back to see you for a 5 minute visit.
Our team will work to make you as comfortable as possible. Your doctors and nurses will do everything possible to relieve pain and keep you safe. Your pain will be well controlled, but do not expect to be totally pain-free after surgery. The staff will teach you the numeric pain scale to better assess your pain level. Once you are stable a transporter will take you to the in-patient unit.

Your Hospital Stay at OrthoColorado

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:

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): Your blood will be drawn in the early morning. Typically around 4-5 a.m.) Your vital signs will be taken throughout the day, and your urinary catheter removed. Blood thinners will also be started in the morning. *
A care team including a medical doctor and an orthopedic physician assistant will make morning rounds. The physical and occupational therapists will continue to work with you on walking, climbing 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: You will work with physical and occupational therapists to help you regain independence. You will go home after you fulfill the goals of therapy and medically cleared by your doctor. If it is determined that you require extra assistance, or that going home will not be ideal for your recovery, then our case manager will assist the care team in determining you have met the criteria, and 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 at this time*.

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 3-4 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 3-4 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 3-4 out of 10 pain while at rest in the hospital.

- 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. Swelling is also common. **Wearing the compression stockings (TED hose) as instructed during the first 2 weeks will decrease your swelling. The swelling will eventually resolve with time.**

- Please keep in mind constipation is very common while taking pain medications. Use stool softeners or laxatives as necessary.

- Please try and keep your incision dry. (No soaking in baths, hot tubs, or swimming pools, and do not use lotions, creams, ointments, salves, or oils on the incision.) At your follow-up visits your surgeon or nurse will tell you when it is okay to submerge the incision.

- 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 the change in your activity level. It is important your pain is well controlled at all times, including at night. Please keep in mind napping during the day may make sleeping at night difficult. This is due to the physiologic burden of surgery; if the new medications become 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 surgery. In some cases, certain patients will benefit from physical therapy after they leave the hospital. This is 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. A physical therapist can come to your home for these secessions post-operatively twice weekly for the first two weeks. If needed to continue therapy, you will get a prescription for outpatient physical therapy at Panorama at your two week post-operative visit.

Medications after Surgery**

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

Xarelto (Rivaroxiban): 10mg tablet to be taken once a day for 30 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 breakthough 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 need. You make 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.

Post-Operative Home Medications

DAY 1		DAY 2		DAY 3		DAY 4		DAY 5		DAY 6		DAY 7	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
OxyContin[1]	OxyContin	OxyContin	OxyContin	OxyContin	Oxycontin	OxyContin	Oxycontin	OxyContin	Oxycontin	Oxycontin	Oxycontin	Oxycontin	
Meloxicam[2] Lyrica Senakot Xarelto[3]	Meloxicam Lyrica Senakot	Meloxicam Lyrica Senakot Xarelto	Meloxicam Lyrica Senakot	Meloxicam Lyrica Senakot Xarelto	Meloxicam Lyrica Senakot	Meloxicam Lyrica Senakot Xarelto	Meloxicam Lyrica Senakot	Meloxicam Lyrica Senakot Xarelto	Meloxicam Lyrica Senakot	Meloxicam Lyrica Senakot Xarelto	Meloxicam Lyrica Senakot	Meloxicam Lyrica Senakot Xarelto	Meloxicam Lyrica Senakot

DAY 8		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
OxyContin		OxyContin		OxyContin		OxyContin (optional)[4]		OxyContin (optional)		OxyContin (optional)			
Meloxicam Lyrica Senakot Xarelto	Meloxicam Lyrica Senakot	Meloxicam Lyrica Senakot Xarelto	Meloxicam Lyrica Senakot	Meloxicam Lyrica Senakot Xarelto	Meloxicam Lyrica Senakot	Meloxicam Lyrica Senakot Xarelto	Meloxicam Lyrica Senakot	Meloxicam Lyrica Senakot Xarelto	Meloxicam Lyrica Senakot	Meloxicam Lyrica Senakot Xarelto	Meloxicam Lyrica Senakot	Meloxicam Lyrica Senakot Xarelto	Meloxicam Lyrica Senakot

DAY 15		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
Meloxicam Senakot	Meloxicam Senakot	Meloxicam Senakot	Meloxicam Senakot	Meloxicam Senakot	Meloxicam Senakot	Meloxicam Senakot	Meloxicam Senakot	Meloxicam Senakot	Meloxicam Senakot	Meloxicam Senakot	Meloxicam Senakot	Meloxicam Senakot	Meloxicam Senakot
Xarelto		Xarelto		Xarelto		Xarelto		Xarelto		Xarelto		Xarelto	

DAY 22		DAY 23		DAY 24		DAY 25		DAY 26		DAY 27		DAY 28	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Meloxicam	Meloxicam	Meloxicam	Meloxicam	Meloxicam	Meloxicam	Meloxicam	Meloxicam	Meloxicam	Meloxicam	Meloxicam	Meloxicam	Meloxicam	Meloxicam
Xarelto		Xarelto		Xarelto		Xarelto		Xarelto		Xarelto		Xarelto	

DAY 29		DAY 30	
AM	PM	AM	PM
Meloxicam Xarelto	Meloxicam	Meloxicam Xarelto	Meloxicam

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

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, Jeff Hamilton, PA, on this first visit.

- 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.

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. 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 orthopedic 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 orthopedic 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 (Sennakot or Docusate), and anti-itching medication if needed (Benadryl, Atarax). See page 14 for a sample medication schedule.

7. 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.

8. 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 clear plastic dressing over your incision. This is a good water resistant barrier, and can 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.

9. 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.

10. 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.

11. 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).

12. 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.

13. 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.

14. 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 people will 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 in 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.