KAYSER ORTHO

Anterior Hip Replacement

This guide outlines what to expect after anterior hip replacement surgery, including wound care, activity, medications, pain control, and recovery at home. Please read this carefully and keep it available during your recovery.

Wound Care

- Keep the incision **clean and dry**.
- For the first **72 hours**, use sponge baths or wet wipes only.
- After 72 hours, you may **shower**:
    - Protect the dressing from direct shower spray
    - Pat dry after showering
    - Change the dressing if it becomes soaked
- **No swimming, baths, hot tubs, or submersion** for the first **3 months**.

Call the office for increasing redness, drainage, odor, wound separation, or fever.

Activity and Movement

- Perform **ankle pumps and ankle motion** while resting.
- **Frequent walking with a walker is encouraged** — this hip is made for walking.
- **Do not fall.** Use your walker and take your time.
- Avoid strenuous activity for the first **6 weeks**.
- To reduce dislocation risk, avoid:
    - Crossing your legs
    - Sudden pivoting
    - Deep hip flexion

Physical Therapy

- Most patients do very well with **regular walking alone** and do not require formal physical therapy early.

Driving

You may return to driving when:

- You are **off narcotic pain medication**
- You have good control of your leg
- You have practiced in a safe, controlled environment

Diet and Nutrition

- Take a **daily multivitamin and protein supplement** for **2 weeks before and after surgery**.
- Limit sugar intake — elevated blood sugar increases infection risk.
- Increase fiber intake to help prevent constipation.

Follow-Up Appointments

Patients are typically seen at:

- 2 weeks
- 6 weeks
- 12 weeks
- 6 months
- Sutures or staples (if present) are removed at the **2-week visit**.
- Later visits focus on function and implant monitoring.

Dental Procedures

- No non emergent dental procedures in first 3 months after surgery
- 3 months after surgery, if you are having a dental procedure that causes **bleeding**, prophylactic antibiotics are recommended.
- If your dentist cannot provide a prescription, contact our office.

Post-Operative Pain Control

Sleep, Daily Routine, and Healing

Poor or interrupted sleep is **very common** during the first 1–2 weeks after joint replacement. This is normal.

Rather than trying to sleep more, focus on maintaining a **regular daily routine**. A consistent schedule helps:

- Reduce pain sensitivity
- Improve daytime energy
- Support healing
- Make medications easier to take correctly

Do **not** change medication timing to try to improve sleep. Light or interrupted sleep early on is expected.

Using timers or alarms can help maintain consistency.

Daily Routine

Try to follow the same schedule each day:

- **Morning:** Wake near sunrise, eat breakfast, take morning medications
- **Midday:** Eat lunch, take midday medications
- **Evening:** Eat dinner, take evening medications
- **Night:** Go to bed at a consistent time

Short naps (20–30 minutes) are acceptable. Avoid long or late naps.
Aim for **7–9 hours of sleep per night**. Sleep improves as pain and swelling decrease.

Home Medication Instructions

Begin this schedule the day you go home.

The foundation of pain control is **scheduled medications**, combined with movement, ice, and sleep.
Narcotic medication is **not** the foundation — it is only for breakthrough pain.

Step 1: Scheduled (Baseline) Medications

Morning (Breakfast ~7 AM)

- Acetaminophen (Tylenol) 1,000 mg
- Aspirin 81 mg (blood clot prevention)
- Celecoxib (Celebrex) 100 mg
- Pantoprazole (Protonix) 40 mg
- Multivitamin
- Polyethylene glycol (Miralax) 17 g

Midday / Lunch (12–2 PM)

- Acetaminophen (Tylenol) 1,000 mg

Evening (Dinner)

- Celecoxib (Celebrex) 100 mg
- Aspirin 81 mg

Bedtime (8–10 PM)

- Acetaminophen (Tylenol) 1,000 mg

Bedtime acetaminophen helps control overnight pain.

Step 2: Narcotic Pain Medication

For breakthrough pain only

- Oxycodone 5 mg every 6 hours as needed for severe pain (6–10/10)
- Maximum: **4 doses (20 mg) in 24 hours**
- Use **in addition to**, not instead of, scheduled medications
- Do **not** drive, drink alcohol, or take sleep medications while using narcotics

Tramadol may be used as an alternative if appropriate.

Step 3: Preventing Common Side Effects

Constipation

- Take Miralax daily
- If no bowel movement after 1 day, add Senna at bedtime as needed
- Drink plenty of fluids

Nausea (As Needed)

- Ondansetron 4 mg ODT every 8 hours as needed
- Maximum: 3 doses (12 mg) per day

ODT instructions:
Place on tongue → allow to dissolve → swallow with saliva (no water needed)

Important Safety Information

NSAIDs

Do **not** take any additional NSAIDs while on Celecoxib, including:

- Ibuprofen (Advil®, Motrin®)
- Naproxen (Aleve®)
- Meloxicam (Mobic®)
- Diclofenac (Voltaren®)
- Ketorolac (Toradol®)

Combining NSAIDs increases the risk of:

- Stomach ulcers and bleeding
- Kidney injury
- Cardiovascular complications

Acetaminophen

- Do not exceed **3,000 mg per day**
- Avoid other products containing acetaminophen

Blood Thinners

If you take a blood thinner, you must discuss this with your surgeon.
Do **not** take aspirin in addition to medications such as Eliquis®, Xarelto®, Pradaxa®, Coumadin®, Plavix®, or Lovenox® unless specifically instructed.

Pain Medication Policy

- Narcotics are intended for **short-term use only**
- Our practice does **not** prescribe opioid pain medication beyond **two months** after surgery

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Transitioning to Over-the-Counter Pain Medication

After prescriptions are finished, you may use:

Option 1:

- Naproxen (Aleve) 220 mg: 1–2 tablets twice daily (max 660 mg/day)
- Acetaminophen 500 mg: 2 tablets up to 3 times daily

Option 2:

- Ibuprofen 400–600 mg three times daily (max 1,800 mg/day)
- Acetaminophen 500 mg: 2 tablets up to 3 times daily

Contact Your Surgeon If You Have

- Black or bloody stools
- Severe stomach pain or vomiting blood
- Fever greater than 101.5°F
- Increasing redness, drainage, or pain at the incision
- Pain not controlled with medication and ice

Key Reminders

- Do not take additional NSAIDs
- Most patients need little or no opioid medication after the first few days
- This plan is designed to control pain while minimizing side effects
- Joint replacement surgery is painful — this plan supports safe recovery

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