THOMAS F. GOLDEN, M.D. A Professional Corporation Diplomate American Board of Orthopedic Surgery Fellow American Academy of Orthopedic Surgery

PATIENT INSTRUCTIONS FOR ANTERIOR TOTAL HIP REPLACEMENT

The following are instructions and general information to help you get through some of the details of your upcoming surgery. Hopefully, this will help answer many of your questions; however, I am sure you will have additional questions as we go along. Please feel free to ask us any questions that you may have.

- 1. During your preoperative visit about one week prior to your scheduled surgery date, I will again discuss with you the benefits and potential risks of surgery—as well as your expectations regarding your joint replacement.
- 2. Be careful not to cut your skin or develop any skin infections, especially around the surgical site.
- 3. Make sure that you have stopped all blood thinners, aspirin, or anti-inflammatory medication as discussed by my medical assistant.
- 4. On the morning of surgery, take your normal medication with a sip of water. You will not be able to eat or drink anything after midnight prior to the surgery except for the pre op hydration drink about 4 hours prior to surgery. If you take diabetic medication, we will discuss how to take this at your pre-op visit.
- 5. Some patients are able to go home the same day. If not, you will be admitted to the hospital for 1 or 2 days. If you need care that is not available at home, a skilled nursing facility (SNF) may be necessary.
- 6. You will be able to discuss the type of Anesthesia that you will have with the Anesthesiologist before your surgery. Usually, we use general anesthesia for hip replacement surgery.
- 7. Postoperatively, we will closely monitor your pain level and will order medication to manage the pain. Please make us aware if this is not being done. I will give you a prescription for pain medication during your pre-op visit, so you can pick up this prescription and have it ready when you are discharged from the hospital.
- 8. You may have a urinary catheter placed while you are under anesthesia. If so, this catheter will be removed the morning following the surgery.
- 9. Physical therapy will start the day of surgery and will be given at least two times a day while you are in the hospital. Upon discharge, we will arrange PT to come to your house three times a week for two weeks. Following this I will order outpatient PT for you if needed.
- 10. You will be on a blood thinner after the surgery in order to help prevent blood clots. I usually use Aspirin tablets 81 mg twice a day. If there is a higher risk of blood clots, I use Lovinox medication. This is given by injection once a day. If we use Lovinox injections, the hospital nurses will instruct you and/or your family members on how to do these injections. If you need help with these, we can send a nurse home to help you.
- 11. Your wound will be closed with absorbable sutures under the skin, and it will be covered with a waterproof dressing. You may shower as soon as you like after the surgery. The water runs off the dressing, so you can it wet, but do not soak in the bathtub or hot tub. If the

dressing comes off prior to your office visit, you may take a shower but keep the wound covered with sterile gauze and tape between showers. Again, no bath or hot tub please.

- 12. If you have persistent wound drainage or redness after hospital discharge, contact my office.
- 13. I will remove the dressing at your first 2-week office visit.
- 14. The hospital discharge planner will make the arrangements for certain equipment for home use. This may include a walker or crutches, a raised toilet seat, and a shower chair as needed.
- 15. In terms of your activity at home, spend some time during the day walking around the house or outside using your walker. We will arrange for a physical therapist to visit you at home three times a week for two weeks.
- 16. Use ice packs 20 minutes at a time 4-5 times a day. Always place a clean towel on the wound before applying the ice pack.
- 17. At your first postoperative visit about two weeks following surgery, we will discuss your progress including pain management and physical therapy.
- 18. I do not recommend that you drive until 4- 6 weeks following the surgery. We can discuss this at your postoperative visits in greater detail if necessary.
- 19. If you have any further questions during the post-operative period, please feel free to contact us at 805 648 3902 x 106. Ask for Angela.

Ventura 168 N. Brent St., Suite 505 Ventura, CA 93003 Office: (805) 648-3902 Fax: (805) 648-4014