Direct Anterior Total Hip Arthroplasty Post-operative Guidelines

Total hip replacement via the direct anterior approach is an innovative way to give patients the proven hip arthroplasty procedure with minimal disruption of hip muscles.

---Dr. J Toman

Post-op Precautions

DIRECT ANTERIOR APPROACH PRECAUTIONS

- No limitations with ADLs
- Avoid excessive hip extension and external rotation
  Avoid the "fencing pose" where your non-op leg would be lunging forward, and your operative leg is held back. This may cause dislocation.
  Avoid the 'getting on a bike' maneuver. Like the fencing pose above it may stress the healing soft tissues involved in hip stability
- If the RIGHT hip is operated on, no driving until you can walk normally, off narcotics completely and lift your thigh up from a seated position. This will occur after two weeks. If the left leg is operated on, you may drive when you are off narcotic pain medication, and your vehicle is an automatic.
- Weight-bearing as tolerated to the operative leg unless otherwise instructed.
- NOTE: If there is any doubt, err on the conservative side until WB or activity status can be verified.

1. The risk of acute infection is generally about 1-2% for all patients. Notify the office if you develop fever > 101° F, with unusual increase pain, redness, and warmth. Report any pus or unusual drainage to our office immediately. If you encounter any problems, please call 229-502-7930 during the day; if I am not available, someone will be able to help you. If you develop significant swelling in the lower leg/foot (not just the knee or hip) after the first 3-4 days please call our office and an ultrasound will be scheduled to check for blood clots in the leg veins.

2. Use ice therapy to the operative site as needed – it will significantly decrease the pain.

3. We will start physical therapy in the hospital, and continue it as an out-patient. Moving around during activities of daily life is a great way to start. However, as the leg muscles may feel weak, I recommend use of an assistive device until cleared to discontinue by PT.

4. Use pain medication as needed. You may also use Tylenol (500 mg every 6 hours). When you complete your prescriptions, you may take either advil (2 tablets every 8 hours) or Aleve (2 tablets every 12 hours) as needed for pain and swelling. You can come off the prescription pain medication when you feel comfortable.
5. Resume other home medications as per your usual regimen unless otherwise instructed (see below for blood thinners).

6. Change the dressing daily with a dry, sterile dressing. Do not finger or touch the wound if possible until a good scab has formed. If there is persistent clear (serous) drainage from the wound, a wound vac may have been applied, and will be cared for by a VNA. Otherwise, I advise patients to paint the wound with one swipe of betadine right over the incision with each dressing change. This will help prevent infection. DO NOT put any ointments, salves or creams (ie, Bacitracin) on the wound until cleared to do so by myself.

7. Please administer the blood thinner medication circled below as prescribed every day to help prevent dangerous blood clots.

   Xarelto by mouth once daily
   Ecotrin by mouth twice daily
   Lovenox by injection once or twice daily

One of these agents should be taken for a minimum 4 weeks from the date of surgery to prevent blood clots and not in combination. You may be on a blood thinner already, such as Coumadin, in which case one of the above agents may be used as a bridge to return to your home therapy.

Rarely, a clot form in or move to the lungs; these are called pulmonary emboli and are potentially life-threatening. After completion of the formal anticoagulation period, once daily baby aspirin may be recommended for a period of time.

*If at any time following discharge from the hospital, if you develop shortness of breath or chest pain, go immediately to a convenient ER for evaluation of a blood clot in the chest.*

8. Sleeping is usually tough for the first few weeks; pain seems to increase at night – this is normal – use the medication and the cryo cuff or ice pack.

9. I will see you approximately 2 weeks from the date of surgery. We will remove the staples at that time, and we will start a physical therapy program at that time as well. Call the clinic with any questions (number above).

10. The pain medication causes constipation; drink plenty of fluids, apple juice and prune juice as needed. You can also use colace 100mg by mouth two times a day. If you do not have a bowel movement within 5 days drink ½ bottle of magnesium citrate, which is sold at the pharmacy.

11. Do not drive, operate machinery or make important decisions while taking pain medications, or immediately following administration of anesthesia.

12. Some patient’s report having pain after surgery that is quite manageable, other patients report a significant amount of discomfort. The response to the reconstruction over the first 5 days is quite individual. Do not hesitate to take 2 tablets of the pain medication every 3 hours if needed, and do not hesitate to use supplemental Tylenol as needed. Of course, rest, ice and taking it easy for the first few days will have a significant impact on your recovery.