



**Patient Discharge Instructions**  
**Revision Total Hip Arthroplasty**

**ACTIVITY RESTRICTIONS**

- Your weight-bearing restrictions will be discussed with you postoperatively.
- Weight bearing status:

Weightbearing as tolerated		Partial weightbearing		Touch-down weightbearing	
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- While ambulatory, always use your front-wheeled walker, at least until seen in clinic for your first follow-up visit.
- Continue home exercises as instructed. If given a home exercise packet, start to work on these exercises a few days after surgery. This will give you some time to recover.
- Walk regularly with your walker on level ground. Walking is the best therapy after total hip replacements.
- Please follow the hip precautions discussed with you in the hospital until you are fully healed. These include not flexing your hip past ~60 degrees, not crossing your legs, not getting into a deep-seated position such as a deep recliner. These will be discussed further in clinic.
- If you were enrolled in the remote therapeutic monitoring program preoperatively, a representative from Inkwell/ptMantra will reach out in the next 1-2 days to take the next steps in the program and go over further instructions with you.

**MEDICATION INSTRUCTIONS**

- Your medications will be sent in 2-3 days ahead of your surgery to your pharmacy of choice. Please wait until after your surgery to begin taking these medications.
- After your surgery, you should be taking Aspirin 81 mg twice a day with food for blood clot prevention (*unless you are already on a different blood thinner or directed otherwise*). You have been prescribed a different blood thinner for blood clot prevention. Check your discharge medications for clarification. Alternatively, if you are already on blood thinners at home, you may restart your normal blood thinners the morning AFTER surgery unless otherwise directed.
- Take your Tylenol/acetaminophen 500 mg, 2 tablets every 8 hours. This will help provide a baseline level of pain control.
- If you were prescribed an anti-inflammatory prescription, typically meloxicam 15 mg, take this scheduled for the next 4 weeks. This will also help with baseline pain control and help with inflammation after your surgery.
- You should also take the daily omeprazole for the next 4 weeks. This will help protect your stomach with all the new medications.
- If you are still experiencing moderate to severe pain, you may take your Tramadol prescription as directed. If you are experiencing severe or breakthrough pain, you may additionally take your oxycodone (or alternative opioid pain medication) prescription as directed. These medications should only be taken as needed.
- Unless otherwise directed, do not take other opioid pain medications in addition to what is prescribed to you for your postoperative medications.
- Your Zofran and stool softener medications can be used as needed if you are experiencing nausea and/or constipation.
- Resume your prescribed home medications as directed. When taking pain medications, you may experience dizziness or drowsiness. Do NOT drink alcohol or drive when you are taking these medications.

**FOLLOW-UP INSTRUCTIONS**

- Your first follow-up visit will be made for you prior to your surgery. This information will be given to you ahead of time.
- Your first follow-up visit will be 2-3 weeks after surgery. Further follow-ups will be discussed and scheduled at this time.

## **GENERAL ANESTHESIA OR SEDATION**

- Do not drive or operate machinery for the next 3-4 weeks. We will discuss this at your clinic visits.
- Do not use alcohol, tranquilizers, or sleeping medications for 24 hours.
- Make sure you have good help at home for the first 2 weeks after surgery. It is not advisable to stay home alone the first 1-2 weeks after surgery.
- You may experience dizziness, sleepiness, muscle aches after surgery.

## **CARE OF SURGICAL SITE**

- Your surgical dressing was placed in the operating room under sterile conditions, therefore, leave it in place if it is not saturated or falling off.
- If you have an incisional wound vacuum device, recharge the portable device, and use it for as long as it will run. This is typically for either 8 or 14 days depending on the device. After this device will no longer charge and is no longer running (it will no longer make any sounds and the lights on the front will no longer light up), simply leave the surgical dressing in place. It will all be removed at your postoperative appointment. Call if there are questions regarding this.
- You may shower over your waterproof dressing. Do not submerge your surgical site under water. Let water run over it and pat dry.
- Regularly apply ice/cryotherapy to your surgical site at home while keeping it dry to help with inflammation, pain, and swelling.
- The incisions may be slightly red, swollen, or bruised, and there may be a small amount of drainage from the sites. This is normal.
- Keep your surgical dressing on until your first clinic follow-up appointment.

## **SPECIAL INSTRUCTIONS**

- Your surgical findings and treatment given at the time of surgery will be discussed further at the time of your first postoperative office visit.
- Use the compression wrap or stockings to help control swelling and prevent a blood clot.
- Allow appetite to dictate food intake. You may resume your home diet.

## **CALL YOUR SURGEON IF ANY OF THE FOLLOWING OCCUR:**

- Fever over 101.5 by mouth.
- Signs of infection: redness, warmth, drainage that is not clear or bloody, hardness around incision.
- Numbness, tingling, or cold toes.
- Tenderness, redness, or swelling of the calf.
- Unable to urinate.

*If you have any additional concerns or need to make a follow up appointment  
please call: Bay Street Orthopaedics, at 231-347-5155.*

*If you have urgent questions or concerns after hours, please call McLaren Northern Michigan Hospital at 231-487-4000 and ask for the Bay Street Orthopaedic Surgeon ON CALL.*