



Proliance
SURGEONS®

Skagit Northwest Orthopedics



TOTAL JOINT CARE

A Guide for Your
Hip Replacement Recovery



Proliance Joint Guide

Summary Sheet

Age: _____ BMI: _____ Care Partner: _____

RISK FACTORS FOR SURGERY

Diabetes Skin Heart Smoking Kidney
 Liver Bleeding (blood thinners) GI Prior Infections
 Prior Infections Prior Narcotic Use Previous Surgeries

MEDICATIONS FOR AFTER SURGERY:

Blood Clot Prevention:

Aspirin 81 mg twice daily.

OR

Lovenox once daily injection for 10 days and then start Aspirin 81 mg twice daily.

***All patients to continue Aspirin for 6 weeks.**

NSAID's:

Ibuprofen 400 mg every 4 hours. Take with food. **Do not exceed 2400 mg daily.**

Other (list): Celebrex or Mobic

Tylenol/acetaminophen:

Tylenol/acetaminophen 500 mg every 4 hours. **Do not exceed 3000 mg daily.**

Antihistamine/Anti-nausea:

Vistaril 25-50 mg every 6 hours **as needed for nausea or muscle spasms**

Ondansetron (Zofran) 4 mg take every 8 hours **as needed for nausea**

Narcotics:

Oxycodone 5 mg, take 1-2 tabs every 3-4 hours **as needed for severe pain.**

(Pharmacies now require the prescription to say 1 tablet every 4 hours, but you may take 1-2 every 3 hours as needed for pain.) Take as little as needed.

Other Medications:

MiraLAX 1 capful daily as needed for constipation.

Docusate Sodium 100 mg one tablet twice daily as a stool softener

Pepcid (Famotidine) 20 mg daily optional for stomach irritation while on aspirin and NSAIDS

YOUR PATHWAY TO RECOVERY

Pre-Operative Phase of Care	1
TIMELINE	1
4 – 6 Weeks Prior to Surgery	2
2–4 Weeks Prior to Surgery	3
5-7 Days Prior to Surgery	3
Night Before Surgery	3
Day of Surgery	4
IMPORTANT PRE-OPERATIVE APPOINTMENTS	5
Medical Optimization	5
Pre-Operative Physical Therapy.....	6
Pre-Operative Surgery Appointment	7
PRE-OPERATIVE ACTIVITY	8
HOME SAFETY CHECKLIST	9
PRE-OPERATIVE MEDICATION INFORMATION	11
HIBICLENS SHOWER	12
MUCIPOCIN NASAL OINTMENT	12
GOOD NUTRITION	13
Surgical Phase of Care.....	14
WHAT TO EXPECT DAY OF SURGERY	14
MORNING OF SURGERY	14
CHECK-IN PROCESS.....	15
AFTER YOU HAVE CHECKED IN	16
ANESTHESIA.....	17
Post-Operative Phase of Care	18
WHAT TO EXPECT AFTER SURGERY	18
The First Night Following Surgery	19
Medication	24
DME Locations	25
NOTES	26

Pre-Operative Phase of Care

TIMELINE

4-6 Weeks
Prior

- Medical Optimization
- Review Joint Care Guide (website or hardcopy)
- Pre-Operative Physical Therapy
- Complete labs and EKG, as requested by surgeon.
- Obtain necessary medical equipment for home.

2-4 Weeks
Prior

- Complete Home Safety Checklist and prepare your home for discharge.
- Complete pre-operative forms.
- Pre-Operative Surgery Appointment
- Review Joint Care Guide (website or hardcopy) again
- Obtain home medications

5-7 Days
Prior

- Stop aspirin 7 days prior to surgery.
- Stop blood thinner(s), per surgeon's recommendation.
- Start Hibiclens body wash once daily 5 days prior to surgery.
- Start Mupirocin topical ointment twice daily 5 days prior to surgery.

Night Before
Surgery

- NOTHING to EAT or DRINK after midnight.

Day of
Surgery

- Nothing to EAT or DRINK
- May have up to 8 ounces of WATER 4 hours prior to surgery, if needed
- Take any morning medications as instructed by Surgeon and/or Pre-Operative Anesthesia department

Pre-Operative Phase of Care

4 – 6 Weeks Prior to Surgery

1. **STOP SMOKING at least 6 weeks prior to surgery.** Tobacco use has been shown to have a significantly higher risk of complications after total joint replacement. Patients that smoke also have a higher risk of needing revision surgery. We ask you to stop smoking for at least 6 weeks before and 6 weeks after surgery, but ideally use it as an opportunity to quit smoking for good. If you need support, please discuss it with your primary care provider. You will need to be off all nicotine products (patches and gums) prior to surgery as well. There is a blood test (Cotinine) that will be administered prior to surgery to confirm cessation. Make sure you have stopped all gums and patches 7 days prior to the test to avoid a positive result.
2. Schedule an appointment with your **Primary Care Provider** to obtain medical optimization if requested by your surgeon. This will help to reduce the risk of surgical complications by diagnosing and addressing any underlying medical conditions prior to surgery.
3. Review this Joint Care Guide (website or hardcopy).
4. Make your **“Pre-Operative Physical Therapy” and education appointment** with your physical therapist. This appointment will help to prepare you for your surgery. Your visit will include creating a personalized pre-operative exercise plan, review home safety, and pre-operative education addressing potential challenges following surgery. Your care partner should attend this appointment with you.
5. **Start pre-operative exercises** as directed by your physical therapist.
6. Complete appropriate **lab work and EKG as required.** Our office or your primary care provider will determine which tests are needed and will order them. Labs must be completed within 90 days of surgery. EKG is needed within the last year prior to surgery.
7. **Obtain all home Durable Medical Equipment (DME)** that you will need following surgery. This includes a front wheeled walker, cane, and ice packs. DME locations provided in the back of your guide. Your surgeon and/or physical therapist can help to decide if any additional DME is needed. Our office will provide you with a prescription for your DME upon request. Bring your front wheeled walker to your Pre-Operative Physical Therapy appointment so your physical therapist can aid in any height adjustments as needed. (Home DME can be rented or purchased.)
8. Any necessary dental work must be completed 6 weeks prior to, or 12 weeks after surgery. If you need emergency dental work, please inform your surgeon. Dental prophylaxis recommended for 2 years after surgery and may be extended per your Surgeon’s recommendation.
9. Arrange transportation to and from the hospital, and care partner.

Pre-Operative Phase of Care

2-4 Weeks Prior to Surgery

1. Complete the Home Safety Checklist and prepare your home for discharge.
2. A part of providing exceptional outcomes is ensuring that our patients receive high-quality care, prior to surgery and throughout the recovery process. As such, your physician will ask you to complete a health status form prior to your surgery online at <https://login.oberd.com/institutions/proliance>.
3. Attend your **Preoperative Surgery appointment**. This will allow us to address any remaining questions, review your surgical file, and provide pre- and post-operative education.
4. Review this Joint Care Booklet again (website or hardcopy).
5. Fill prescriptions and obtain over the counter medication for after surgery.
6. Hormone replacement therapy 3 weeks before and after surgery, unless otherwise instructed to reduce the risk of blood clots.
7. If you are taking any medications for rheumatoid arthritis (or other inflammatory and arthritis) notify your surgeon. Some of these need to be held before and after surgery.
8. Notify your surgeon if you take any blood thinners or are diabetic or have any family or personal history of bleeding disorders or blood clots, deep venous thrombosis or pulmonary embolism.

5-7 Days Prior to Surgery

1. **Review the stop medication list** and discontinue listed medications as directed. See page 9.
 - Discontinue aspirin 7 days prior to surgery. (Patients on 81mg daily may continue prior to surgery.)
 - Discontinue other blood thinners per surgeon's recommendations.
 - Discontinue non-selective COX non-steroidal anti-inflammatory medications (Aleve, Motrin, Ibuprofen) 3 days prior to surgery. Selective COX inhibitors (Celebrex) can be continued.
 - You may continue Tylenol or acetaminophen up until surgery.
2. **Start Hibiclens and Mupirocin topical ointment as directed 5 days prior to surgery.**
3. Prepare home for after surgery.

Night Before Surgery

1. **NOTHING TO EAT OR DRINK AFTER MIDNIGHT** (Unless otherwise directed by your surgeon).

Pre-Operative Phase of Care

Day of Surgery

1. **NOTHING TO EAT OR DRINK.** This includes no gum chewing, sucking on a mint and/or candy. Do not swallow mouth wash.
2. You may brush your teeth, but do not swallow any water.
3. Wear loose fitting clothing and follow the Surgical Phase of Care instructions. See page 12.
4. Bring your front wheeled walker.
5. In general, **DO NOT TAKE** medications the morning of surgery unless previously discussed with your care team. A nurse from the surgery center or hospital will also discuss your medication use during the pre-operative phone interview. If you have not had your pre-operative phone interview 24 hours before surgery, contact the Ambulatory Surgery Center (360) 424-2421 or Island Hospital (360) 299-4272.



Pre-Operative Phase of Care

IMPORTANT PRE-OPERATIVE APPOINTMENTS

When it comes to your upcoming hip replacement, our primary goal is your health and safety. To ensure the best possible outcome, you will be required to attend the following appointments:

Medical Optimization

To ensure you are in optimal health, you may be required to have a series of medical tests, and to have been medically cleared by your primary care provider or other specialist as needed. This is termed your “Medical Work-Up” and will include:

1. A physical exam by your primary care provider.
2. Blood work based on your individual risk factors needs to be completed within 90 days of surgery. Any testing outside of 90 days may need to be repeated.
3. An EKG if needed.
4. Any additional tests if indicated.

These tests, which are based on your medical history, will help minimize potential medical complications during and following surgery. If you do not have a primary care provider, our office will help you find one.

If both labs and an EKG have been ordered, please have them done at *Island Hospital*. But they can also be done at Skagit Valley Hospital or your Primary Care Doctor’s office. No appointment necessary at Island Hospital. The EKG and blood draw should take place at your earliest convenience, as these test results need to be in our office at the Preoperative Surgery appointment.

ISLAND HOSPITAL

1211 24th Street

Anacortes, WA 98221

Hours: Monday-Friday 7:00am-6:00pm

Saturday 8:00am–1:00pm

If only labs have been ordered, you may have them done at Island Hospital or any of the other labs listed below, or Skagit Valley Hospital, other hospitals, or your Primary Care Doctor’s office: The blood draw should take place at your earliest convenience, as these test results need to be in our office at the time of your Preoperative Surgery visit. No appointment necessary.

LABCORP

1117 E Division St.

Mount Vernon, WA 98273

Hours: Monday-Friday 7:00am-5:00pm

Saturday 8:00am-12:00pm

LABCORP DYNACARE

275 SE Cabot Dr., Suite B2020

Oak Harbor, WA 98277

Hours: Monday-Friday 7:00am-5:00pm

LABCORP

638 Sunset Park Dr., Suite D

Sedro Woolley, WA 98284

Hours: Monday-Friday 7:00am-4:00pm

Pre-Operative Phase of Care

Pre-Operative Physical Therapy

This appointment is required prior to surgery. It should be made by you, as soon as possible, after scheduling surgery. If possible, it is our preference that this appointment is with Proliance Surgeons Skagit Northwest Physical Therapy. We have offices located in both Anacortes and Mount Vernon for your convenience. We have a well-designed program that will help prepare you for surgery. Our therapists will teach you strategies for:

1. Fall prevention after surgery.
2. Exercises help increase range of motion and build strength. Post-operative exercises and design your post-operative rehab program.
3. Control of swelling.
4. A review of your Home Safety Checklist.

If you have an established relationship with a physical therapist and would prefer to continue working with them, we are happy to help accommodate this. You will need a prescription from our office which will outline the pre-operative evaluation and training requirements you need to accomplish prior to surgery.

APPOINTMENT DETAILS

Location: _____

Date: _____ **Time:** _____

Pre-Operative Phase of Care

Pre-Operative Surgery Appointment

Your Preoperative Surgery appointment will be made for you at the time your surgery is scheduled. It is required within 30 days prior to surgery. This is typically conducted by a Physician Assistant (PA-C). They will review the following:

1. Medical and surgical history
2. Medications
3. Planned surgical procedure, recovery, and rehabilitation plan.
4. Anesthesia
5. Questions or concerns
6. Education

You are strongly encouraged to bring your care partner to this appointment so that they have a better understanding of how to care for you once you are home. This appointment serves as your primary education and planning visit. At this appointment you will be provided the following prescriptions if not already provided:

1. Any Durable Medical Equipment (DME), based on individual need, such as a front wheeled walker.
2. An application and prescription for a Temporary disabled parking permit is available if requested.
3. Post-operative medications, which will include a narcotic for pain, Ibuprofen, Tylenol/acetaminophen, a stool softener, a medication to treat possible post-operative nausea or vomiting, and a blood thinner (aspirin or Lovenox) to prevent blood clots/DVT.

Your post-operative medications will be reviewed with you at great length during this appointment. As noted above, you will receive the prescriptions at this time. We strongly suggest you fill your medications prior to surgery. Per state recommendations, we generally do not refill narcotic prescriptions beyond 6 weeks after surgery. Our office policy is prescription refills may take up to 48-72 hours to be reviewed.

APPOINTMENT DETAILS

Location: _____

Date: _____ **Time:** _____

Pre-Operative Phase of Care

PRE-OPERATIVE ACTIVITY

Maintaining an active lifestyle prior to surgery will help you achieve a faster recovery. Keeping your upper and lower body strong, and maintaining as much range of motion in your hip as possible will be important in your recovery phase. Remaining active will not cause more damage to your hip, nor will it have a negative impact on your recovery or end outcome.

You will determine your own activity tolerance. It is important to continue to exercise and remain as active as you can; this can include the elliptical machine, cycling or a stationary bike, water activities such as swimming or water aerobics, yoga, golfing, hiking, and walking. Every patient is different. You should be reasonably comfortable in doing the activity you have chosen—if you are not, stop, and try something different.



Pre-Operative Phase of Care

HOME SAFETY CHECKLIST

Bring this form with you to your Pre-Operative Physical Therapy appointment.

GENERAL	Yes	No
Do you take four or more medications?		
Have you noticed a change in your hearing?		
Have you noticed a change in your vision?		
Do you have macular degeneration, glaucoma, cataracts, or a visual field cut?		
Have you fallen two or more times in the past six months?		
Do you walk with a can or walker?		
OUTSIDE ENTRANCE		
Are there broken or worn steps? Number of steps to enter your house: _____		
Are there broken or missing railings?		
Are there unpaved/uneven surfaces to walk on?		
Is there a steep ramp or hill?		
LIVING ROOM		
Are there throw rugs?		
Do you have a carpet that is not secure?		
Is it difficult to get into or out of any of your furniture?		
Do you have a telephone that is not accessible?		
Are lamps, extension, and/or telephone cords in the flow of foot traffic in the room?		
Is there low-height furniture?		
Is there clutter in pathways?		
KITCHEN		
Are regularly used items out of reach (do you need to climb to reach them)?		
Do you use a step stool that is not sturdy or in good repair?		
Do you have trouble picking up objects from the floor?		
Do you have difficulty cleaning up spill on the floor?		

Pre-Operative Phase of Care

BEDROOMS	Yes	No
Do you have difficulty turning on the light in a dark room?		
Do small rugs and runners slide or roll up when you push them with your foot?		
Is the lamp or light switch not within reach of your bed?		
Is the telephone not within reach of your bed?		
Do you have difficulty getting up and down from your bed?		
Do you have difficulty getting to a closet or drawer?		
BATHROOMS		
Do you wear floppy slippers or a long bathrobe?		
Do you have difficulty getting in and out of the tub/shower?		
Do you have difficulty getting on and off the toilet?		
Does the floor have a slippery surface?		
Are there throw rugs?		
Do you use a towel rack as a grab bar?		
Do you have difficulty turning on the light?		
Do you get up during the night to use the bathroom?		
STAIRWAYS		
Are there stairs without full-length railings?		
Are there dark hallways or stairwells?		
Is it difficult you to see the outline of each step as you go up and down the stairs?		
Are the stairs covering (rugs, treads) loose, torn or worn?		
HALLWAYS		
Are there objects and clutter in the passageways to the rooms?		
Do area rugs or runners slide up or roll up when you push it with your foot?		
Are lamps, extension and/or telephone cords in the flow of foot traffic?		

Pre-Operative Phase of Care

PRE-OPERATIVE MEDICATION INFORMATION

The use of narcotic medication prior to surgery can pose substantial difficulties in controlling post-operative pain, poses significantly increased risk for post-operative complications, and significantly decreases patient satisfaction following surgery. It has been proven that the long-term narcotic pain relief function and patient satisfaction after surgery are demonstrably less in patients taking narcotics before surgery. It is essential, if possible, to discontinue use of all narcotics no less than 4 weeks prior to surgery. After you stop taking narcotics, you may continue to use Tylenol, ice, and further modify your activities.



3-7 days prior to surgery stop taking all over the counter medications, including medications like aspirin, ibuprofen and supplements per surgeon or Island Hospital Pre-Operative Anesthesia department recommendations.

We recommend that all tobacco and marijuana products be discontinued 6 weeks prior to surgery. This will help promote proper wound healing, reduce the risk of infection, and decrease possible respiratory complications during and after surgery. If you need support, please discuss this with your primary care provider.

Proper skin care prior to surgery will play an important role in preventing post-operative infections. You will need to shower with **Hibiclens (neck down- do not put on your face or head) for 5 days** prior to surgery. You will also use **Mupirocin 2% nasal ointment for 5 days** prior to surgery to help reduce the risk of post-operative infection. Mupirocin is applied to each nostril twice a day for 5 days prior to surgery.

Pre-Operative Phase of Care

HIBICLENS SHOWER

Shower daily for 5 days with the Hibiclens.

The 5th shower should be the morning of surgery.

1. First wash your entire body as you normally would with soap and shampoo.
2. Rinse well and do not apply any other products.
3. Turn the water off, and using a washcloth, apply the Hibiclens a full cap full at a time.
4. First, wash the surgical site thoroughly, front, and back, followed by the remainder of the surgical extremity.
5. Then wash from the neck down the torso.
6. Wash the feet/toes, followed by washing the groin and buttock last.
(Avoid washing the end of the penis and vagina. If Hibiclens gets in these areas, rinse well with water.)
7. **DO NOT** re-apply soap until your next shower.

Shaving

DO NOT shave or wax body hair on the surgical leg for at least 72 hours prior to surgery. Facial shaving is okay.

After Showering

1. Dry yourself with a clean, freshly washed towel.
2. **Dress in freshly washed clothing.**
3. Remove all nail polish from your fingers and toes.

DO NOT apply any lotions, make-up, hair products, or perfumes.

MUCIPOCIN NASAL OINTMENT

Starting 5 days before the day of your surgery, apply Mupirocin inside both nostrils 2 times per day, every day, per prescription.

Pre-Operative Phase of Care

GOOD NUTRITION

A proper diet will provide the necessary nutritional building blocks to optimize post-operative healing and recovery. It is also a key element in preventing constipation following surgery. It is important that you and your care partner plan healthy meals as part of your recovery process.

CONSTIPATION: to avoid this uncomfortable and at times painful post-operative complication, stay well hydrated and eat foods rich in fiber. Avoid dried, dehydrated, and processed foods. Avoid cheese, sweets, excessive red meats, and dairy products until you are having regular bowel movements.



Focus on the following food choices:

Protein

1. 3 daily servings of protein: fish, seafood, pork, poultry, tofu, beans/legumes, or eggs.
2. Protein snacks include nuts, hard-cooked eggs, beef jerky, string cheese, Greek yogurt, protein bars high in protein and low in carbohydrates (sugar). The amino acids in protein help with wound healing and tissue regeneration. Protein can also increase your strength and energy following surgery.

Fruits and Vegetables (fiber)

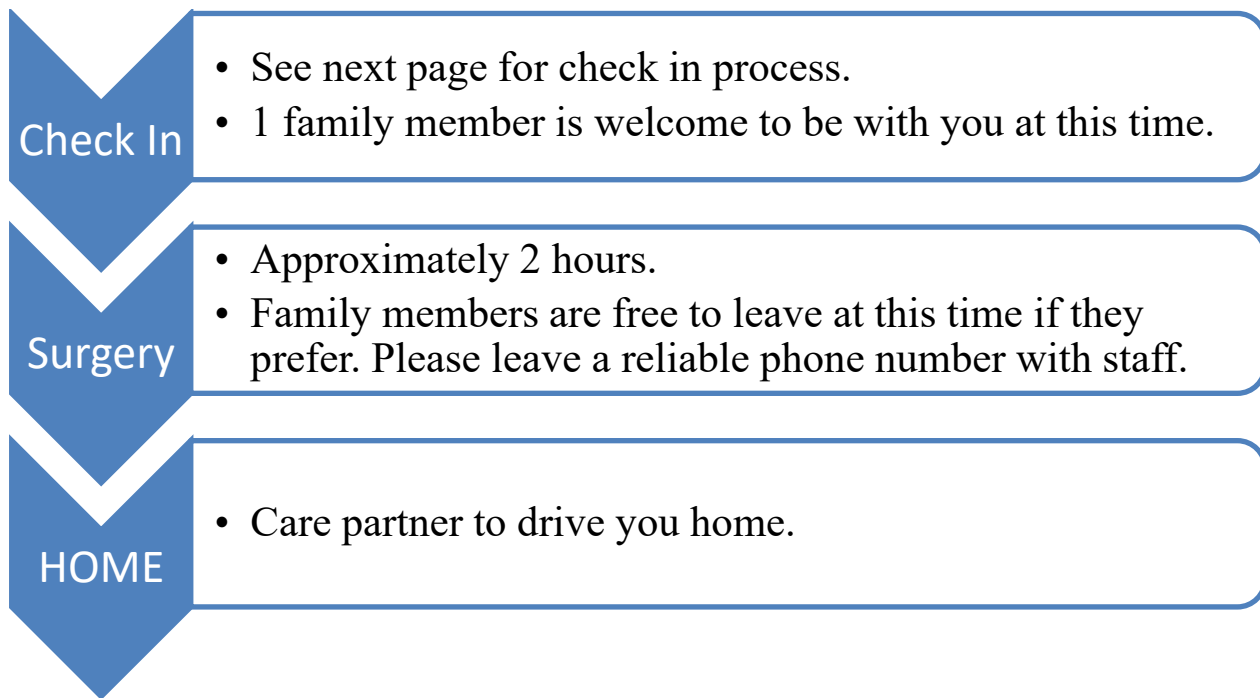
1. Consume fruits that are fresh or frozen (1–2 daily servings).
2. Eat a variety of raw and cooked vegetables (4–6 daily servings). Foods high in fiber will help to prevent post-operative constipation.

Whole Grains (more fiber)

1. Choose 100% whole grain and high-fiber cereals, bread, oatmeal, crackers, rice, and pasta.

Surgical Phase of Care

WHAT TO EXPECT DAY OF SURGERY



We encourage you and family members to ask questions or express any concerns about your surgery. The nursing and operating room staff, your anesthesiologist, surgeon, and the remaining staff work as a team to make your

MORNING OF SURGERY

1. **NOTHING TO EAT OR DRINK** after midnight the night before surgery. If you eat or drink after midnight, your surgery may be **canceled** for your safety. This includes gum, breath mints, cough drops, etc. **Your safety is always our primary concern.**
2. **DO NOT** apply any products such as lotions, powders, hair spray, gel, perfume, or deodorant.
3. **Take only the medications that you and your surgeon previously discussed.**
Your medication list will also be discussed during your Preoperative Surgery appointment and pre-operative phone call with a nurse from the Ambulatory Surgery Center or Island Hospital.
4. **Dress in loose baggy gym-type clothing** that will be easy to change in and out of. No yoga or tight stretch pants. If possible, wear shoes without laces (e.g., slip-on shoes with a closed heel).
4. **Remove all jewelry.** No exceptions.
5. The morning of your surgery, your surgeon will ask that you point to the surgical site, and they will put their initials on your surgical hip.
6. . The surgical team will re-confirm the accuracy of the surgical site when in the operating room, using these initials as a part of the process.

Surgical Phase of Care



CHECK-IN PROCESS

What to Bring

1. Insurance information, pharmacy cards (if you did not fill your prescriptions prior to surgery), and your photo ID,
2. A list of your medications.
3. Your front wheeled walker.
4. Your Proliance Joint Care Guide.

What Not to Bring

1. Do not bring your credit cards.
2. Do not bring cash. Have your care partner hold your payment of choice for filling prescriptions, if needed. Again, we recommend having all prescriptions filled prior to the day of surgery.
3. Do not bring any valuables such as jewelry, rings, earrings, or watches.

Check-In for Your Surgery

Proceed directly to the check-in desk on the first floor of ASC/Island Hospital. Your check-in time will be approximately 2 hours prior to your surgery.

1. You will need to present your insurance information and photo ID.
2. The nursing staff will be notified that you have arrived.

Surgical Phase of Care

AFTER YOU HAVE CHECKED IN

1. A nurse will take you and your family member to the pre-operative area where you will get ready for surgery. Your family will be able to stay with you until you are taken into the operating room. The Hospital or Surgery Center is not an appropriate place for toddlers or young children. It is recommended that you find childcare. **We ask any visitor who is ill to please stay at home.**
2. Once in your pre-operative room, you will change into a hospital gown and socks, both of which will be provided. A warm blanket will be provided. Your clothes will be stored in an unsecured locker. Again, we ask that you bring nothing valuable with you.
3. Your medical history will be briefly reviewed.
4. Your vital signs, height, and weight will be recorded.
5. An IV will be started in one of your arms.
6. Your anesthesiologist will visit with you and discuss anesthesia options. They will be happy to answer any questions or concerns you might have about your anesthesia.
7. Your surgeon will see you prior to surgery. They will go through a series of safety questions. This will include asking what type of surgery you are having; they will then ask that you point to the body part. They will then mark the surgical site. **DO NOT** write anything on your body.
8. The nursing staff and your surgeon will review your surgical consent with you and have you sign it.



Family Members

Once in the operating room, it will be roughly 2.5-3 hours before family members will be allowed to see you again. The surgeon will call and talk to family members after the surgery is completed.

Surgical Phase of Care

ANESTHESIA

Prior to surgery, you will have an opportunity to discuss the choices for your anesthesia. In most cases, our preference is a spinal anesthetic. With this, you will be given medication through your IV to help you sleep throughout your surgery. In most cases, this will allow you sleep through your surgery and awaken without experiencing nausea, vomiting, or the hazy feeling that people will often experience with a general anesthetic. Patients will often awaken with less pain, and it will allow patients to be up and walking after surgery. This will allow a smoother transition in controlling your pain immediately following surgery.



1. Spinal anesthesia is placed once you are in the operating room, sitting up on the surgical table. A needle is placed in the lower back and a short-acting numbing agent is used. As a result, you will have no feeling in your lower extremities for appropriately 2-3 hours. Once the spinal is placed, you will be positioned for surgery, with particular care for comfort and safety. When this is accomplished, you will be given IV medicine which will allow you to drift off to sleep for the entirety of your surgery.
2. Your anesthesiologists will remain with you at all times during your surgery.
3. General anesthesia is an option. With this, you will simply go to sleep for your surgery.

Toward the completion of your surgery your surgeon will inject what is known as the “pain cocktail”. The pain cocktail is a combination of numbing agents that are injected around the hip joint immediately following surgery but before you wake up. This injection will last 24-48 hours before it starts to wear off.

Post-Operative Phase of Care

WHAT TO EXPECT AFTER SURGERY

First Night
Following Surgery

- Begin your rehab process by icing and elevating your operative leg.
- First physical therapy session with an ASC staff member or hospital PT.

5-7 Days Following
Surgery

- Within 5 days after your surgery you will receive a phone call from our office to discuss how you are doing.
- Resume your outpatient physical therapy within 5-7 days following surgery.

14 Days
Following Surgery

- Approximately 14 days after your surgery you will have your first post-operative visit.
- Dressing will be removed at this visit.

6 Weeks Following
Surgery

- Approximately 6 weeks from surgery you will have your second scheduled appointment with your surgeon.
- Complete post-surgery forms online at <https://login.oberd.com/institutions/proliance>.

Post-Operative Phase of Care

The First Night Following Surgery

Rehab will start immediately following surgery. You will have your first physical therapy session with an ASC staff member or Hospital PT prior to discharge home. You will need to resume your outpatient physical therapy 5-7 days following surgery.

Once at home, start the exercises as taught during your Pre-Operative Physical Therapy appointment. Your rehabilitation timeline will be based on many individual factors, including pre-surgical range of motion (ROM) and strength, rehabilitation compliance, age, and health status.

The number one rule following your surgery is **DO NOT FALL**. Take great caution in preventing any falls by using your ambulatory devices (such as a front wheeled walker), and ensure your home is properly prepared as discussed in your pre-operative planning phase. Allow your care partner to help with all transfers and give assistance with ambulation until your physical therapist clears you for independent ambulation.

Following surgery, you will need to start prophylaxis treatment to prevent a blood clot (DVT). This will consist of a specific set of exercises, early mobilization, and medication. The medication choice will be based on several potential risk factors. Your surgeon will discuss this with you prior to surgery.

Begin icing your surgical extremity as soon as you return home. Ice as much as tolerated for the first 48 hours. Then ice regularly for the next 1-2 weeks as needed to treat discomfort. For ease, you should have 2-3 sets of ice bags or an ice machine. The recommended amount for each ice session is 2-3 bags. Manage any post-operative pain as necessary. Strategies to help manage your post-operative pain will be discussed with you by your surgeon and a guide to pain management is detailed on page 18. If you have any questions, concerns or feel you have uncontrolled pain, please contact our office at **(360) 424-7041**.

In general, uncontrolled pain can be managed through our office and **does not require a visit to an Urgent Care facility or the Emergency Room**.

Once home, gently advance your diet. Start with foods that are considered “clear liquids” such as broth, gelatin, and tea. Once you are tolerating clear liquids, add foods that are typically very gentle on your stomach, such as saltine crackers, rice, or lightly buttered toast. **DO NOT** start with heavy or greasy foods as this may cause severe nausea and vomiting.

Post-Operative Phase of Care

Post Operative Pain Management

If you are NOT experiencing pain, then you do NOT need to take narcotic pain medications. While they are important in the recovery process, they can have their own adverse side effects such as constipation, nausea/vomiting, or dizziness.

Equally important in the post-operative phase is the use of Tylenol (acetaminophen) and ibuprofen, icing, and elevation.

What to Expect at Home as Your Anesthetic Wears Off

Post-operative pain following your

replacement is normal and expected. The onset and intensity of pain is extremely variable between patients.

A typical post-operative course:

6-72 hours following surgery: The “pain cocktail” injected in your surgery site will gradually wear off. This will likely be noted by an increase in discomfort globally around your hip. This should stabilize within a few hours and may require a small increase in your pain medication.

An increase in swelling and aching will often coincide with activities or physical therapy. It is important to rest, ice, and elevate.

Proliance Surgeons Skagit Northwest Orthopedics utilizes a multimodal pain control to control your pain postoperatively while minimizing exposure to narcotic pain medication. This program starts before surgery with medication before anesthesia to help minimize your pain after surgery and is continued during the procedure with the use of blocks from the anesthesiologist and long-acting local anesthetic from your surgeon. Unless you have allergies or medical conditions that prevent it, you will receive instructions for the use of acetaminophen, anti-inflammatories, and a narcotic pain reliever after surgery. Our anticipation is that you will use acetaminophen and anti-inflammatory around-the-clock for your baseline pain control and intermittently use the narcotic as needed for the more severe pain. We will provide the necessary amount of narcotic pain medication for your postoperative prescription. Many patients do not require a refill of the narcotic and can manage pain with the acetaminophen and anti-inflammatories alone shortly after surgery. If you feel that you need additional narcotics, you may discuss this with your surgeon, but our intention is to wean you off the potentially addictive pain medication as soon as possible. Refills beyond 6 weeks after surgery are very rare. Proliance Surgeons Skagit Northwest Orthopedics does not provide chronic pain management services but works very hard to minimize the acute postoperative pain our patients may experience.

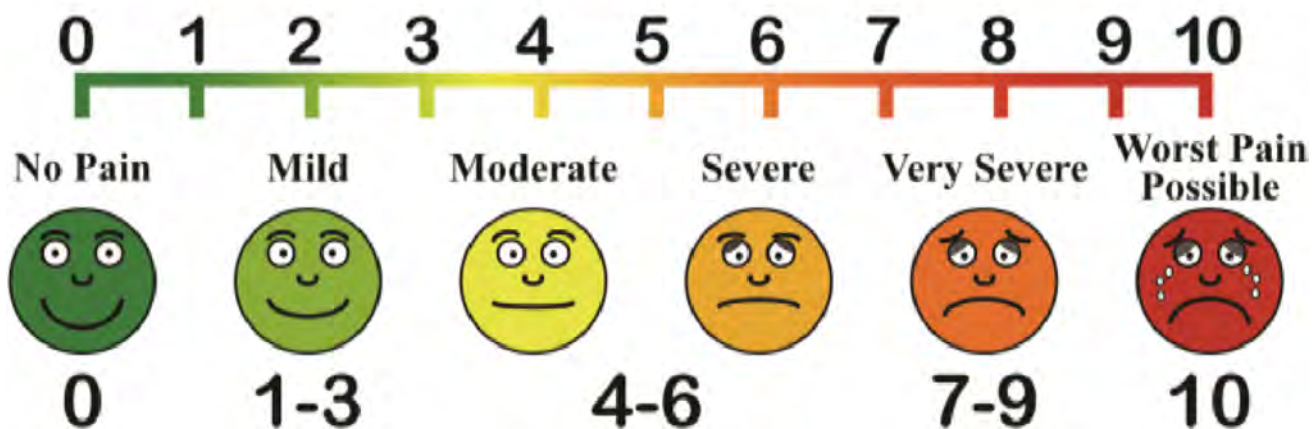
Post-Operative Phase of Care

How and When to Take Pain Medications

Pain management after surgery is a vital component to your recovery. You and your surgeon will create a program to specifically control your pain, constipation, and nausea/ vomiting based on your individual needs. This will allow you to do your physical therapy as well as rest with minimal discomfort. It is NOT realistic to expect to be pain free after surgery. When to start your pain medication, how often to take it, and how much to take varies greatly among patients. You should start taking pain medications once you start to feel substantial discomfort. If you are not feeling discomfort, then you DO NOT need to take narcotic pain medications.

Below is a guide to timing and pain medication dosing. If you have any questions or concerns, please do not hesitate to contact your surgeon's office.

PAIN ASSESSMENT TOOL



TAKE ONLY ONE TYPE OF NARCOTIC AT A TIME. DO NOT MIX NARCOTIC PAIN MEDICATION WITHOUT DISCUSSING THIS WITH YOUR SURGEON.

Post-Operative Phase of Care

Things to Know About Pain Medications

1. **DO NOT** take more than the amount prescribed. This can cause respiratory depression and ultimately cause you to stop breathing.
2. **DO NOT** consume alcohol or any other drugs, including marijuana. This too can cause respiratory depression and ultimately cause you to stop breathing.
3. Narcotics **WILL** cause constipation. Take your medications with a small snack to avoid stomach upset. See next page for details.
4. Narcotics can cause a variety of side effects, including nausea/vomiting, rash, anxiety, hallucinations, excessive sweating, and dizziness. If you experience anything out of the ordinary for you, please call our office to discuss your symptoms and to discuss whether changing your medications may be appropriate.
5. Narcotic refills require a 48–72 hour turnaround time. **Our office CANNOT refill your narcotics after 5:00 p.m. during the week, nor over the weekend or on holidays.** Please anticipate your needs so as not to run out.
6. Not all pain is best controlled with narcotics. Icing and elevation will be key in decreasing pain levels. You will also be given an anti-inflammatory, typically ibuprofen, and Tylenol (acetaminophen) both of which can provide a substantial amount of pain relief after the initial 2–3 days following surgery. These will be discussed with you before surgery and you will likely take it routinely, rather than only when needed.
7. **Nearly all problems can be resolved with a phone call to our office.** There is always someone on call who can help so please do not hesitate to call. If you do not feel that your symptoms are life threatening, please contact our office before going to an urgent care facility or emergency room.

Skagit and Island Counties Secure Medicine Return Disposal Program

Residents of Skagit and Island Counties can safely dispose of the medicines they no longer need by taking them to a drop-box located throughout the counties at. Participating pharmacies, clinics, hospitals and law enforcement offices will also accept most prescription and over-the-counter medicines for disposal. There is no cost to residents to use this service.

Did you know?

- Most people who abuse prescription pain relievers get them from unknowing friends or relatives.
- Nearly 10 percent of Skagit County students have used prescription drugs not prescribed to them.
- Tests have shown trace amounts of pharmaceutical drugs in our water supply.

<http://www.skagitcounty.net/Departments/HumanServices/DTB.htm>

<https://www.islandcountywa.gov/PublicWorks/solidwaste/Documents/MedicationsHandoutWI.pdf>

Post-Operative Phase of Care

Bowel Care and Constipation

Constipation is a very common problem following surgery and is a result of a combination of factors. The use of narcotics, poor diet and hydration, and lack of activity are factors in developing constipation. Eating a healthy diet high in fiber, staying well hydrated, eliminating, or limiting narcotic use, and increasing activity will help prevent constipation from occurring. You will be prescribed medication to help reduce the risk of developing this post-op side effect.

Until you have regular bowel movements, we encourage you to follow the regimen below:

1. Take MiraLAX oral powder, 1 capful daily.
2. If you have not had a bowel movement in 2 days, please call our office (360) 424-7041.
3. Stay well hydrated and eat foods high in fiber.
4. Once you start having regular bowel movements, you may discontinue the use of stool softeners.

If you develop sudden onset abdominal pain, nausea, or vomiting contact our office (360) 424-7041. This may be a sign of a more serious post-operative complication.

If you have a history of constipation, or concerns about this being a potential postoperative occurrence, you can start over the counter MiraLAX as directed 3 days prior to surgery.

Medication Chart

- ASA** - Aspirin - 81 mg twice daily
- TYL** - Tylenol/acetaminophen - 500 mg every 4 hours
- INF** - Anti-inflammatory (Ibuprofen) - 400 mg every 4 hours
- Other:
- NAR** - Narcotic pain medication - as needed
- VIS** - Vistaril/hydroxyzine - as needed

	ASA	TYL	INF	NAR	VIS	ASA	TYL	INF	NAR	VIS	ASA	TYL	INF	NAR	VIS	ASA	TYL	INF	NAR	VIS	ASA	TYL	INF	NAR	VIS
	DAY 1					DAY 2					DAY 3					DAY 4					DAY 5				
8 am																									
9 am																									
10 am																									
11 am																									
12 pm																									
1 pm																									
2 pm																									
3 pm																									
4 pm																									
5 pm																									
6 pm																									
7 pm																									
8 pm																									
9 pm																									
10 pm																									
11 pm																									
12 am																									
1 am																									
2 am																									
3 am																									
4 am																									
5 am																									
6 am																									
7 am																									

DME Locations

Anacortes

Soroptimist International of Anacortes

(360) 293-7251

1107 3rd Street

Anacortes, WA 98221

Open Tuesday 9:00am to 11:30am / 1:30pm to 4:00pm and Fridays 9:00am to 3:00pm

Borrow - Must be a resident of Anacortes to qualify.

Bellingham

Al Boe Wheelchair Warehouse

(360) 752-5526

4141 West Maplewood Avenue

Open Monday and Thursday 9:00am to 11:30am

Borrow - Must be a resident of Skagit or Whatcom County.

Edmonds

MS Helping Hands Donor Closet

(425) 712-1807

4141 West Maplewood Avenue

Open Tuesday through Saturday 10:00am to 3:00pm

Affordable medical and mobility equipment.

Oak Harbor

American Legion Oak Harbor

(360) 675-2411

690 SE Barrington Drive

Open Monday through Thursday 2:00pm to 5:00pm

Friday through Sunday 12:00pm to 5:00pm

Borrow- Call ahead to ensure they have what you need.

Island Senior Resources

(360) 544-0300

917 E Whidbey Avenue

Oak Harbor, WA 98277

Open Monday, Tuesday, Thursday 1:00pm to 4:00pm

Borrow

South Whidbey

Island Senior Resources

(360) 321-1600

14594 SR 525

Langley, WA 98260

Open Monday, Wednesday, Friday 1:00pm to 4:00pm

Borrow

