

DR. SAYEED POST-OPERATIVE INSTRUCTIONS TOTAL HIP REPLACEMENT

1. There is NO driving while on narcotic pain medications for both right and left total hip replacements. Once you are off of narcotic pain medications, the majority of patients will be allowed to drive on the day of their postoperative appointment. You will have a discussion with Dr. Sayeed to determine if you are cleared to drive at that time.
2. Pain: Please take your pain medication protocol as directed by Dr. Sayeed while an inpatient in the hospital. Pain is subjective and every patient may need an adjustment to the typical pain regimen that Dr. Sayeed will use. We strive to avoid schedule 2 narcotic medications such as Norco, Hydrocodone, and Oxycodone.
 - a. The typical pain medication protocol that you will be on will be:
 - i. Tramadol 50mg tablets; 1 tablet by mouth every 6 hours. Tylenol #3 tablets; 1 tablet by mouth every 6 hours. You will ALTERNATE the Tramadol and Tylenol #3 tablets every 3 hours. This ensures a steady state of pain medications for the first 7 to 10 days after surgery. You may increase to 2 tablets of the Tramadol or Tylenol #3 if your pain is not controlled with 1 tablet.
 - ii. Celebrex 100mg tablets every 12 hours
 - iii. Gabapentin 300mg tablets every 8 hours
 - b. You may experience constipation with the pain medication. Please increase your intake of green leafy vegetables, grapes, prunes, and take your stool softening medication as prescribed.
3. You may NOT get your incision wet for approximately 2 weeks after your surgical date. At your first postoperative appointment, your incision will be checked. If it is deemed to be healed, you may shower and use gentle soap/water on the incision. Pat the incision dry, DO NOT RUB/SCRUB. There are NO BATHS allowed until 6 weeks after surgery. DO NOT submerge your incision until cleared by Dr. Sayeed.
4. Watch for signs of infection at the surgical site. These include but are not limited to: redness, swelling, drainage, and increasing pain from the incision site. Also, if you have fevers greater than 38 degrees Centigrade or 100.4 degrees Fahrenheit, chills, or night sweats, please call our office immediately at 210-696-2663 to receive further instructions.
5. Watch for symptoms and signs of a blood clot in the legs or in the lungs. Indications of a deep venous thrombosis (DVT) include but are not limited to calf pain, calf tenderness, and calf swelling. If you experience any of these, proceed to your closest emergency room for evaluation and then contact our office immediately at 210-696-2663 to receive further instructions. Indications of a pulmonary embolus (PE) include but are not limited to profuse sweating, chest pain, chest discomfort, palpitations, shortness of breath, and chest heaviness. If you experience any of these, proceed to your closest emergency room for evaluation, and then contact our office immediately at 210-696-2663.

6. DVT/PE prevention: One of the key mechanisms to prevent a blood clot in the legs or lungs is by walking. It is imperative that you walk daily and perform ankle pump exercises to keep the blood flowing in your leg veins. In addition, **it is critical that you wear your knee high TED/compression stockings every night at bedtime for 28 days after surgery.** You may wash and re-wear your TED/compression stockings every few days. The compression stockings are very important to wear if you have swelling and are very important at night when you are asleep. In addition to walking and wearing your compression stockings, **it is critical that you take your Enteric Coated Aspirin 81mg by mouth twice a day for 28 days after surgery.** The Aspirin therapy will aid in the prevention of a blood clot. You will use your mobile sequential compression devices that Dr. Sayeed mandates for all total knee replacement patients. These can be worn during the day but MUST be worn at night while you are asleep.
7. Physical therapy: Please perform physical therapy as directed by Dr. Sayeed while you were an inpatient in the hospital. You will be given an instruction sheet of exercises by either Dr. Sayeed or the physical therapist to perform between 5-6 times a day. The instructions will include ankle pumps, quadriceps sets, straight leg raises, side laying hip abduction exercises, and standing hip abduction exercises. THERE IS NO ACTIVE HIP EXTENSION FOR 6 WEEKS AFTER ANTERIOR TOTAL HIP REPLACEMENT.
8. Walking and physical therapy: These will be the keys to your success after total hip replacement. By doing your therapy (hip strengthening exercises) and walking, you will have a higher chance of successfully achieving your activity goals after total hip replacement. Dr. Sayeed wants to see that you have a successful outcome after total hip replacement. By doing your therapy you will have a higher chance of successfully achieving your activity goals after total hip replacement.
9. Dressing changes: You will perform a once a week dressing change with the dressings provided to you in the hospital. Make sure you take the dressings home from the hospital in order for you to use at home. When you change your dressing once a week, you will see a mesh dressing on the skin. DO NOT PEEL the mesh from the skin. It is glued and will tear the skin if pulled off. If the dressing gets saturated or becomes dirty, please contact our office at 210-696-2663 immediately to have your dressing changed.
10. Follow-up appointment: Your follow-up appointment has been scheduled for approximately 2 weeks after your surgical date. This appointment was made at the time of your pre-operative appointment with Dr. Sayeed. If you have forgotten the date/time of your appointment, please call 210-696-2663 to obtain this information. At this appointment, you will have your incision checked and have a discussion with Dr. Sayeed about your recovery process.