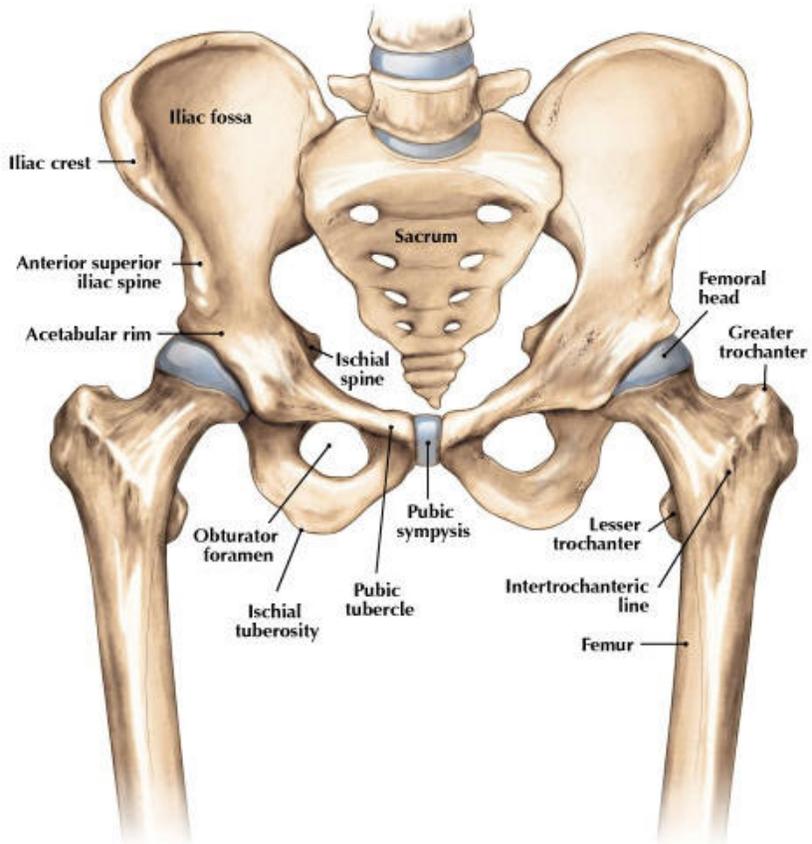
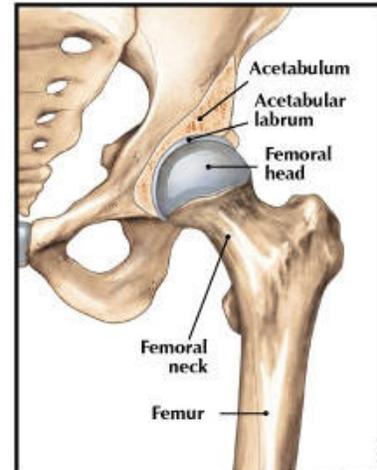


TOTAL HIP REPLACEMENT



ANATOMY OF THE HIP



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TOTAL HIP ARTHROPLASTY

The goal of hip replacement surgery is to relieve severe pain and to improve function and stability. Hip surgery is commonly performed for reasons such as osteoarthritis, rheumatoid arthritis, avascular necrosis, trauma or problems from birth.

Degeneration of the hip joint can effect people of all ages. In the young, it often begins due to trauma in an automobile or motorcycle accident, football injury, falling off a horse or bicycle, or medication which causes the bone to lose its blood supply (avascular necrosis). It can be caused by gradual eroding diseases, such as rheumatoid arthritis or lupus. The most common cause is simply normal wear and tear of the cartilage over a lifetime of use and is called osteoarthritis. In order to be considered for a total hip replacement, there are three problems you need to be experiencing. They are severe pain that is so bad you can't stand it, fear of falling, and you can't get around and do things you normally do.

Artificial hips last anywhere from one year to twenty years with an average life of 12 years. Since some bone is lost with each replacement, it is better to be in your 50's if possible before having your first hip replacement. However, we know that this is not always possible. To insure the longest life possible for your artificial joint, it is best to maintain a normal weight and avoid abusive activities, such as running for exercise.

A plain x-ray of your hip will give us a realistic picture of what has happened to your bone. The x-ray, along with the history you give and a physical examination of your hip, will help your surgeon diagnose your condition. Even with all the sophisticated diagnostic tools available today, the plain x-ray is generally all that is needed.

In the early stages of hip disease (degenerative joint disease), a program of exercise, stretching, weight control and nonsteroidal anti-inflammatory drugs (NSAID'S) can help decrease the need for surgical treatment. In people under the age of 50, conservative treatment is especially important to try to delay the need for the hip replacement until they are older. But when conservative measures are no longer helpful and you meet certain criteria including weight and strength capacity, a total hip can be the answer.

When a total hip replacement is decided upon, a prosthesis which is a combination of metal and plastic is implanted to create a new joint, which will glide painlessly with a greater range of motion than you have had in years. Many different prostheses exist, and specific details about you dictate the type selected. The metals used are an alloy designed specifically for use in orthopedic surgery. Polymethyl-methacrylate (PMMA, commonly called "bone cement") may also be used to hold the acetabular and femoral components in place. Dr. Bramlett's patients commonly receive a high strength alloy hip through a minimally invasive technique avoiding internal muscle disruption.

For total hip replacement surgery, an incision is made down the lateral part of the hip, two to six inches long, depending on how thin you are. The femur and hip socket/acetabulum is exposed. The smallest amount of bone possible is removed and replaced by the metal and plastic components chosen for you. When the joint has been tested for maximum range of motion and your surgeon is satisfied with the stability of the hip (the hip does not dislocate easily), it is closed, sometimes with a drain in place.

Once surgery is completed, a dressing is applied and you are taken into the recovery room. The surgery and transfer off the operating room table takes approximately 30 minutes.

Complete recovery should be obtained within 2-6 months, yet this is dependent on one's condition. Physical and emotional preparedness prior to surgery is essential. The average is 3 months. Most patients progress back to their normal activities within 5 weeks even though healing will continue for weeks after that. You will forget you have an artificial hip. You may still have some stiffness with weather changes or increased activity, but your daily life will be much improved. Better quality of life is the main goal for this surgery – eliminate pain and gain confidence in range of motion and function.

As with any type of surgical procedure, there are certain risks associated with hip surgery. These problems include dislocations, infection, blood clots, leg length discrepancy, nerve palsy, vascular injury, fractures, swelling, and pulmonary embolus. Even though rare, complications do sometimes occur. Extensive measures are taken to prevent each of the above. Our overall success rate over ten years has allowed us a complication rate well below all national averages.

You will be instructed to exercise to build up your stamina and strength and to diet or maintain a normal weight. This can be accomplished by swimming daily and/or riding a recumbent bicycle every other day for 30 minutes. Your cooperation is vital in your recovery process.

Total hip replacements are excellent procedures when chosen and performed correctly on appropriate patients. Your surgeon can provide you with information regarding the specific procedure and implant selected for you.

We hope that you find this information helpful. We also trust you will know that if any of the material mentioned in this booklet is confusing or hard to understand, you may contact the office with any questions.

Thank you for taking the time to read this material. We understand that this manual contains a great deal of information. We also know that the best results come from the most informed patients and those motivated to see themselves in their best condition as quickly as possible.

INFORMATION NEEDED BEFORE SURGERY

- All total joint implant patients with heart/blood pressure issues should have a medical check-up with your internist or primary care physician at least 2-4 weeks prior to your surgery date. This is suggested in order to prevent any acute changes in your condition from occurring and will serve to insure a safer and less complicated hospital stay. If you are healthy and without any heart issues, you will need to call and schedule an appointment with preadmission testing 7-13 days prior to your surgery date. The telephone number is (205) 877-1980.
- If your medications change from the time of your office visit until your surgery, please notify the office. It is always wise to keep a complete list of your medication and allergies with you, especially when coming to the hospital.
- If you are taking aspirin or arthritis medication such as Naprosyn, Lodine, Voltaren, Feldene, Motrin, Relafen, Daypro, Aleve, Advil or Ibuprofen, you should stop taking it 5-7 days prior to your surgery. You may continue Tylenol or Celebrex. If you are on Coumadin, Plavix, Xarelto, Eliquis, Lovenox, Pletal or any medication that thins your blood, please obtain a letter from you primary care physician indicating that you may temporarily discontinue the medication and a specific date for doing so.

- If you smoke or use any type of nicotine product, we want you to stop at least two weeks before surgery. Smoking increases the risk of respiratory and other complications and impedes the healing process. The cessation of smoking will enhance the overall improvement of your health and give your body the maximum opportunity to recover without complications.
- It is important to understand that always before any surgery, DO NOT EAT, DRINK, EAT ICE CHIPS, SMOKE, CHEW GUM, or EAT HARD CANDY AFTER MIDNIGHT THE NIGHT BEFORE SURGERY. If you take blood pressure, thyroid, and stomach medicine every morning you should take these with a sip of water the morning of your surgery. Pre-admission Testing will also go over the medications you should take before coming to the hospital.
- Work on your exercise program two times a day every day until surgery. If possible, ride a recumbent bicycle every other day for approximately 30 minutes.
- Arrange for family or friends to help you for the first week after discharge from the hospital. A daily visitor or family member to assist with meals and a shower will make the transition easier. Please start preparing to return to a safe and familiar home environment. If you do not have any help at home please let the Nurse Case Manager on the 4th floor at the hospital know after you have surgery that you will need Home Health Care or a Rehab Facility. You need to verify insurance coverage for this service in advance.
- You will need to start showering with Phisoderm or Dial soap 3 days before your surgery. This will help guard against infection.
- The office will call you before your surgery to give you your arrival time for surgery. This cannot be determined sooner due to surgery schedule changes and emergencies.
- Each hospital day is carefully planned, yet changes are not always predictable. Please be patient if your surgery or discharge is delayed.
- You will prepare to come to the hospital the day of your surgery. Upon arrival at the hospital, check in at the admitting desk in the main lobby of the hospital.
- The average hospital stay for hip surgery is 1-2 days.
- As with all medical information in this manual, please be sure to consult your surgeon's office if questions exist. All details are beneficial to the overall clinical outcome

WHAT YOU SHOULD BRING TO THE HOSPITAL

- If you have your own crutches or walker, please bring them and be sure to put your name on them. The hospital therapists will make needed adjustments. If you don't have crutches or a walker the hospital will provide them.
- Loose fitting clothing. Your leg will be swollen following surgery. The day after surgery you will start dressing in these clothes instead of a hospital gown. We suggest a loose pair of shorts, a very loose pair of slacks or jogging pants, shirts and comfortable walking shoes.
- Insurance cards unless you provided this information at Pre-admission Testing.
- Medications you are currently taking. Please bring all your bottles of medicines if you didn't go to Pre-admission Testing at Brookwood Hospital.
- A copy of the results of tests from your internist and/or specialists if you didn't go to Pre-admission Testing at Brookwood Hospital.
- Personal items, such as toothbrush/ razor.
- Living Will if you have one.

WHAT YOU SHOULD NOT BRING TO THE HOSPITAL

- Jewelry.
- Unnecessary personal valuables.

WHAT YOU WILL NEED AT HOME

- Walker or crutches and a cane (a walker can be given to you at the hospital).
- Large zip lock bags for ice or ice packs. . You may make your own ice mixture by mixing 1 cup of alcohol and 3 cups of water, putting it in a zip lock bag and placing the bag in the freezer. It will be slushy and colder than normal ice bag.
- Rubbing alcohol for cleaning the incision and tape and gauze pads for a dressing.
- Someone to assist you with a shower and meals for a week once you return home.
- Pain, headaches, or post-operative fever are which normal reaction of the body after surgery. We recommend you take Tylenol for these problems.
- A safe environment for walking, without loose rugs or cords, etc.
- A firm bed that is easily accessible for rest. Chairs with high and firm seats with armrests.
- DO NOT sit in couches or recliners. Patients tend to sit in recliners or couches and reach for objects, which could put the operative leg in the wrong position dislocating your hip.
- Polysporin to apply to your incision IF you have staples.

AFTER SURGERY

Operative Day: On the day of surgery, you may rest in bed and when alert you may either stand at the bedside and/or sit in a chair. Make sure you have a nurse or physical therapist help you until you are safe getting up and down on your own. Once alert, we want you up and out of bed weight bearing as tolerated with a walker and begin walking with the assistance of a physical therapist or your nurse. When you are in your room begin doing your post-operative exercises such as pumping your ankles to help with circulation. Also, press your knees down flat on the bed, locking your quads for extension. It is also time to do the frog abduction exercises. You can move any way that is comfortable for you, but initially you need to ask for help when turning to your side and getting out of bed. When turning from your back to your side be sure to use a pillow between your knees. Please remember to use your spirometer hourly while awake preventing lung issues such as pneumonia. You may start using a regular toilet the day of surgery. After the first 6 hours bedpans and urinals should not be used. Our patients do get out of bed 3-6 hours post-operatively. Plan on this as it starts the recovery process.

Post-op Day 1: You need to have breakfast sitting in a chair. You should sit in a chair for all your meals and only use the bed for rest or sleep. The nursing staff and physical therapists will check to see that you are doing your exercises correctly. Initially, the physical therapist or nurse will help you get up and will walk with you until you are independent. The nursing staff will be assisting you in transfers. These activities are important to your progress. Your dressing and drain will be removed, and a smaller bandage will be one applied.

Post-op Day 2: You will progress toward independently moving from bed to chair, exercising and walking with a walker or crutches. You should be out of bed as much as possible. While sitting in the chair, practice lifting your foot off the floor. Your hip and knee should be at a 90 degree angle while doing this. While in bed, you should be working your legs into the frog position. This is a very safe position and will help you later in putting on your shoes. By consistently practicing this you should obtain a greater range of motion than you have had in years. You will also work on stair climbing. It is likely you will be able to be discharged on day 2 and the confidence and independence gained in the recovery is critical. Each step of instructions builds on the other.

Post-op Day 3: You may take a hot shower the day you go home. Practice all the exercises started on the previous day until you are comfortable performing them. Many hip surgery patients are able to return home on the 2nd post-op day. Most find home more comfortable once they are independent and medically stable.

Post-operative appointment: To insure your safe post-operative progression, your surgeon may ask you to return to the office within 12-16 days. Your staples, sutures or tape from dermabond, a type of glue, will be removed at this time. Thereafter, your surgeon may ask to see you again for repeat x-rays at various intervals, for example, 6 weeks, 2 - 4 months, 6 months and 1 year post-op. For the long term, each patient is evaluated every two years. This is for x-rays and clinical exams.

WHAT TO EXPECT AFTER SURGERY

Once home, with a total hip it is important to get up and move frequently. We want you to get up every hour for 10-15 minutes during the day. Hip replacements do well and people thrive on the lack of pain and sudden ability to be active again. Post-operative problems are uncommon, yet it is important to call your surgeon's office if you have a sudden increase in hip pain, increased swelling which does not decrease in the morning, or drainage from the incision. If you experience chest pain or shortness of breath, you should go to the emergency room immediately. The following guidelines will apply for the next four weeks or until your surgeon allows changes:

- Use your walker or crutches as instructed until you feel safe and confident enough to go to a cane or one crutch or a staff. This should take 1-2 weeks.
- After finishing your blood thinner of Aspirin 325 mg., Xarelto, Eliquis or Lovenox, take an 81mg aspirin daily for one month to decrease the risk of blood clots. Other methods to prevent blood clots include Coumadin, Plavix, Pletal and other anticoagulants. If on Coumadin, please contact your medical doctor 2-4 days after discharge to establish and regulate the proper levels in your blood. **This is very important.**
- Use a pillow between your knees to turn in bed for approximately two months after surgery.
- Get in and out of bed on the side of bed nearest your surgical hip.
- Keep your knees four inches apart at all times for the first two months. In any situation, whether sleeping, sitting, getting in and out of the car, be careful to keep your knees apart for the first two months. This will enable you to relax and enjoy your hip for a long time.
- When sitting, choose an armchair for the first two months and anytime thereafter if you have an option. It will make getting up and down easier and safer and extend the overall life of your hip. For the first two months, do not sit on couches, low chairs, recliners or in bathtubs.
- An elevated toilet seat is not necessary due to the method used to insert the hip. However, if your bathroom is a good distance from your bed, it might be helpful to have a bedside toilet to use at night. During the day, the arms of the toilet can be used over your regular toilet to assist you.

- Continue to wear your support stocking (anti-embolism hose) for 4 weeks after surgery. You should not sleep in them. You may request a second pair before you leave the hospital, or you may purchase regular support hose elsewhere. For best results, lie down with your legs up for 30 minutes, then put your hose on with your legs still up.
- You may shower when you go home from the hospital if the incision is healing without complications. When showering let hot water run over incision. After patting the incision dry clean the incision with alcohol which will dry the area thoroughly.
- Either surgical stainless steel staples or dermabond, a type of glue, are used to close the skin after surgery. Staples are removed or the tape from the dermabond is removed in the office 12-16 days after surgery. You may shower daily. Clean the incision with alcohol after getting out of the shower. To make the removal of your staples easy apply polysporin to the incision for three days before your staple removal appointment. With a dermabond closure we will remove the mesh covering your incision at your first post-op visit.. Do not rub the mesh covering your incision. After showering pat your hip dry. Then pat with alcohol before applying outer bandage.
- Ice your hip every hour for 20 minutes after surgery. This will help with pain and swelling.
- You may use Maderma Cream, Aloe Vera Cream, or Vitamin E Cream on the incision after it has healed completely (approximately 3 weeks).

Picking up objects from the floor

Begin by practicing standing on the operative leg, then squat (bend) slightly on the one leg and hold for a minute. As you get stronger, go lower with the squatting position. Alternate working with both legs. You may start this as early as you want, usually around two weeks. When you feel you are strong enough to get to the ground safely, begin by holding on to a table, chair or wall for balance. Kneel down on the knee of your non operative leg. Once you are stable, bring your other knee down so that you are in a kneeling position. Finally, spread your knees apart. You are now in the correct position. To get back up, reverse the process you just followed. Hold onto something for support. It is important to always have someone with you the first few times you practice this technique. You should gain strength before trying this alone. Hold onto a piece of heavy furniture such as an armchair with the opposite hand. Stan on the non-operative leg and lift the affected leg (straight) behind you while bending down to pick up the object. You must have good strength in order to do this safely.

Putting on socks and shoes

To put on socks and shoes, sit in a chair, put foot on a stool with knee rolling outward. It is safe to reach and do these activities in this manner. Never put your shoes on by bending at the waist and putting your foot out to the side allowing your knee to bend and roll inward. This can cause dislocation of the hip. Women shaving their legs or applying lotion sometimes use this same improper movement. More problems are experienced following hip surgery by people attempting to do these things than by any other activity.

Getting in and out of a car

Getting in the car should be done keeping your knees apart at all times. Back into the seat, holding onto the car door and the seat back. Sit down and bring one leg in and then the other. Remember to keep your knees separated and heels turned inward, knee outward as if you are keeping a ball between your knees. Have the seat pushed as far back as possible and the back of the seat tilted so you will have more room.

ANTIBIOTICS INFORMATION

A joint replacement reacts much like a heart valve replacement to bacteria circulating within the blood stream. It is recommended that you have an antibiotic before you have any dental/oral procedures for life. We can call in a prescription or your dentist can do this for you. The antibiotic protocol for implant prophylaxis follows, in a general format:

- Amoxicillin 2.0 grams, taken orally one hour before procedure.
- *For amoxicillin/penicillin-allergic patients:*
- Clindamycin: Adults, 600 mg give orally one hour before procedure.
- Cephalexin or cefadroxil: Adults, 2.0 grams orally one hour before procedure.

TOTAL HIP EXERCISES

Physical therapy

During your hospitalization, physical therapy is a vital part of your recovery. We have three initial basic exercises we emphasize to follow once home. Do the frog exercise, the leg squatting exercises by holding on to your walker or a counter, and the alternating leg lunges. These are described below. These help you to regain your full potential. Once at home, continue to do the exercises your therapist has been teaching you at the hospital four times a day. Start using your stationary bicycle with the seat at a comfortable height about 3-4 weeks after surgery. Remember to ride your bicycle every other day, not every day. In addition to your exercises begin walking on flat, even ground. Start with walking 10 - 15 minutes per day and each week add another five minutes so you will be walking 30 minutes to one hour three to four days per week. Outpatient physical therapy will be addressed at the time of your first post-operative office visit.

The following are some exercises you must do, particularly as you make preparations for your hip surgery. Work out twenty to thirty minutes twice a day before surgery and four times a day after surgery. Remember, with any new exercise program you will probably have an increase in muscle soreness and pain. Please do not stop, but continue and work through this phase. It is normal.

After about three weeks you will find everything becoming easier. Each exercise protocol has been tested and developed during twenty years of successful implementation and follow up. They are designed to help you and will not impair or be harmful.

Phase One Exercises (BEFORE) Surgery

Ankle Pumps

Ankle pumps help prevent the development of blood clots. Lie on you back or sit in a chair. Pull your toes toward you and hold for 5 counts. Then point your feet and toes downward and hold for 5 counts. Relax for 10 counts. Be sure to generate full force in both directions. Before your operation, do 30 ankle pumps in the morning and 30 in the afternoon, plus anytime in between. You will resume this exercise when you awaken in the recovery room

Quad Sets

Quad Sets help you gain leg control after surgery and improve circulation. Lie on a bed or floor or you can sit in a chair and place heel in another chair. Tighten your thigh muscle by pressing the back of your knee down and elevating your toes toward your face. Hold for 10 counts and then relax. You need to do this exercise 30 times, twice a day. You will also do this exercise immediately after surgery. This exercise can be combined with some of your other exercises, such as your gluteal sets. Both are critical to your ability to transfer in and out of chairs.

Knee Extensions

Knee Extensions also will assist you in moving from the bed to the chair and from the chair to a standing position. Lie on the bed. Place a roll of towels (the size of a 3 liter soda bottle) under your knee. Push the back of your knee down on the roll, tightening your quadriceps muscle on the top of your leg. This will cause your lower leg to straighten and your heel to come off the bed. Pull toes toward your face to tighten the entire leg. Hold five counts and then relax allowing your heel to go back down to the bed. Rest for five seconds and repeat. You need to do this exercise 30, twice a day.

Lunges

Holding onto your walker or counter, standing up straight, take your right leg and lunge forward approximately 3 feet making sure to keep back upright and straight. Hold for 10 seconds. Go back to standing up straight. Now lunge forward with the left leg. Hold for 10 seconds. Do this 5 times three times a day.

Knee Bends Standing up

With legs apart approximately 2 to 2- 1/2 feet between feet and holding onto walker or counter, bend at the knees 1/3 of the way to the floor, hold for 10 seconds. Do this 5 times 3 times a day.

Stationary or Recumbent – Chair- Bike

Before your surgery, you should use a stationary or recumbent-chair- bicycle and build up your endurance to ride it at least 30 minutes **every other day**. Normal to progressive resistance is all that is required. Starting 3-4 weeks after surgery, put the seat where it is comfortable and begin riding the bicycle. Start with five to ten minutes and work up to 30 minutes **every other day**. Be careful as you get on and off the bicycle. Use ice on your incision and groin area ten minutes before and after each exercise for the first two weeks may make you more comfortable. If you do not have a bicycle, it is very likely that a relative, friend, church or exercise club may have one that you can use. This is an exercise which should be done three times a week for the rest of your life. It is something that is safe and harmless.

Swimming

Swimming is also an excellent exercise. If possible, swim 20-30 minutes three times a week or more. You may resume swimming 2-3 weeks after surgery. We prefer using a float (noodle) to assist floating and tread water for 4-6 minute intervals 4-6 times each pool session.

Chair Exercise 90 degrees – 90 degrees

This exercise begins after surgery and helps you regain control of your muscles enabling you to lift your foot to take a step or to get into the car. It is simple, but effective. To do it, sit in a chair with your hips and knees at 90 degree angles. Both feet should be flat on the floor. Without using your hands, lift the foot of the affected leg up so that the sole of your foot clears the floor. Hold this position for as long as you can. Continue to improve on your time until you can hold your foot off the floor for 2 to 3 minutes.

Phase Two Exercises (AFTER SURGERY)

The way you perform various functions after surgery, like putting on socks and shoes, becomes very important. This is because picking objects from the floor and getting in and out of cars involves moving your hip. The most frequently seen complication after hip surgery is dislocation of the hip joint. You need to remember that the new hip does have limitations and you need to learn to avoid positions which might lead to dislocation. Here are three exercises you need to start after your surgery and continue as you return home. These help assure proper hip position and movement. They also allow you to function safely in your home.

Frog Abduction

Frog abduction is important to insure full range of motion after surgery and will result in decreased pain and minimization of scar tissue. You may start this the day of surgery. Lie on your back. Slide your feet toward your body so that your knees are in the air and feet are flat on the bed. Now spread your knees out to the sides. You may have to push them and it is OK to have someone help by applying gentle but firm pressure. You will not cause damage to your hip by doing this. Hold for 2 minutes and then repeat. Once you can frog lying down you can start holding rigid support, such as a walker, furniture, etc. and standing up and squatting in slow manner to hold your position. This really builds strength and eliminates your limp.



Lunges

Holding onto your walker or counter, standing up straight, take your right leg and lunge forward approximately 3 feet making sure to keep back upright and straight. Hold for 10 seconds. Go back to standing up straight. Now lunge forward with the left leg. Hold for 10 seconds. Do this 5 times three times a day.



Knee Bends Standing up

With legs apart approximately 2 to 2- 1/2 feet between feet holding onto walker or counter, bend at the knees 1/3 of the way to the floor, hold for 10 seconds. Do this 5 times 3 times a day.



Walking

When you are discharged home be sure to get up every hour during the day and walk around for 5 – 15 minutes.

Climbing Stairs

Yes, at first you will climb the stairs the same way you did before surgery by climbing one stair at a time going up the stairs with the non-surgical leg and going down the stairs using the surgical (bad) leg. Very soon you will climb them in a normal way. You will be instructed to safely do this before your discharge.

HOW HIPS ARE DISLOCATED

- Putting on socks, shoes and hose improperly by rolling the knee inward
- Picking up things from the floor improperly by rolling the knee inward
- Sitting on seats which are too low and rolling the knee inward
- Turning your body before your hips and leg
- Not having a pillow between your legs when lying on your side
- Putting lotion on or shaving your legs improperly by rolling leg inward to an extreme

OFTEN ASKED QUESTIONS

What should I watch for concerning blood clots?

The chances of a blood clot occurring are low. All the exercises you are performing assist in eliminating this occurrence. If you experience the following symptoms please notify either your surgeon or primary care physician.

- Leg swelling that does not go down after sleeping and elevation.
- Skin that is shiny and tight from swelling.
- Severe pain and heat in the calf or groin or along the inner thigh down to the knee.
- If the leg is swollen and shiny and the swelling does not go down some during the night or if the swelling is accompanied by sudden pain in the calf or groin especially when doing the ankle pumps, please call your surgeon or go to the ER.
- Shortness of breath or pain in chest when breathing.

I've noticed some drainage from my incision. Is this normal?

Yes, it is common to see a clear yellow or blood-tinged drainage up to two weeks after surgery. Such drainage does not indicate an infection. Continue to shower and clean the incision with alcohol daily. Leave the incision covered with a dry dressing until 1st post op appointment. If you have staples apply Neosporin to the incision 2 days before your office visit for easier staple removal.

What signs of infection would be of concern?

- A change in pain to a more constant, severe pain, whether standing, sitting or lying down.
- Very red and angry (warmth and mild to moderate redness is normal).

- A thick drainage, color creamy yellow to green.
- A temperature of over 101 degrees for 36 hours. (A temp of 99-101 degrees, off and on, for two to three days is a normal response).

What is a good policy regarding sitting or lying around?

Initially, it is best not to sit longer than fifty minutes at a time. You must get up and walk around every hour for 5 - 15 minutes. Constant up and down activity is helpful. This will help decrease the risk of blood clots and stiffness.

When can I begin driving a car?

We routinely allow our patients to drive a car when they feel it is safe, usually after your first post-op visit and you didn't have surgery on your right hip. Do not drive until you have complete control of your right leg and are no longer taking pain medication. One test to begin driving again is to sit in a chair and if you can pat the operative foot and lift the entire leg with control then you may start driving again as long as you are not taking pain medication.

May I cross my legs?

Yes, ankle on the knee (this is referred to as the "figure 4") is fine or ankle on ankle. DO NOT cross your legs at the knees, as is common with women, until you have gained leg and function control.

May I turn to my side or stomach while lying down?

Yes, you may turn to either side but you should do so with a pillow between your knees to keep them apart. This is a necessary precaution to prevent a hip dislocation, especially for the first two to three months. To turn on your stomach you can straighten the legs firmly and roll over. It is not particularly high risk.

When may I resume sexual activity?

It is considered safe to resume sexual activity six weeks after surgery.

We hope you have found this information helpful. We also trust you will know that if any of the material mentioned in this booklet is confusing or hard to understand, we will be glad to address your concerns. Surgery exists as a method of correcting a medical problem or improving a patient's condition. Please be assured that your surgeon and the medical team are available to answer any questions or to review any material before and after surgery. The best results are obtained when people are confident about receiving the correct care and information to make a safe and speedy recovery.

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