

**JOINT REPLACEMENT INSTITUTE**  
**at**  
**Orthopaedic Hospital**

**HIP RESURFACING and THR with BIG FEMORAL HEAD**  
**POST-OPERATIVE PATIENT INSTRUCTIONS**  
**and**  
**PROTOCOLS**

**(Note to Prospective or Established Patients: These protocols may vary slightly depending upon your surgeon.)**

**1. Preventing Blood Clots**

Several measures are used to help prevent the formation of blood clots in your legs which can become dangerous:

a. Coumadin and Aspirin Instructions

**PLEASE READ THE COUMADIN AND ASPIRIN INSTRUCTION SHEET GIVEN TO YOU AT TIME OF HOSPITAL DISCHARGE.**

Blood thinning drugs (*Warfarin - Coumadin*) are given to prevent blood clots. A PT (*prothrombin time*) and INR blood test will be needed to determine the appropriate dosage for anticoagulation after you are discharged from the hospital and this will be managed by the internist. The Coumadin is typically continued for three weeks following surgery. A children's aspirin is recommended for another three weeks resulting in six weeks of total prophylaxis.

Lowmolecular heparin (Fragmin, Lovenox, or Arixtra) are other types of blood thinning drugs may be used when deemed appropriate by the internist or surgeon.

b. Ted Hose

It is desirable that you continue to **wear your TED hose FULL TIME for at least three weeks from date of surgery with two thirty-minute breaks per day. For the second three week period, wear your TED hose DURING THE NIGHT ONLY.** If you notice swelling in the operated (very common) or non-operated leg or foot, lie down with your leg elevated for ½ – 1 hour, several times during the day. Make sure the TED

stockings are on during this time.

Frequent pumping up and down of your ankles will decrease some of the swelling. Perform your exercise program of buttock squeezes, isometric tightening of the quadricep and hamstring muscles 10 times every hour while resting in bed or in a chair. **However, if swelling develops in your legs, you should elevate them and continue to use your TED hose, until there is no longer any swelling.** If the swelling is accompanied by pain or redness, please elevate limb and notify your internist, your local orthopaedic surgeon or the JRI immediately.

## 2. **Medications**

**Please refer to the Coumadin and Aspirin Instruction Sheet given to you at the time of discharge for additional information regarding medications.**

Resume your usual medications unless instructed differently. Continue to take **iron pills** and **Vitamin C** for three weeks.

Iron:            either Ferrous gluconate (Fergon) 320mg twice a day; or Ferrous sulfate 325 mg (contains 65mg of elemental iron) twice a day  
Vitamin C:    500mg twice a day

A prescription is not necessary for these vitamins. The hospital pharmacy will provide you with a few days supply at the time of discharge. You should avoid drugs which can interact with the Coumadin by either increasing or decreasing the prothrombin time. Please consult your local pharmacist or your internist if you have any questions regarding the use of these medications while taking Coumadin.

## 3. **Activity and Dislocation Precautions**

Gradually increase your activity as is comfortable. The amount of time spent out of bed and the number and distance of walks should gradually increase each day. As your muscles become stronger you will progress from crutches to a walking stick or cane at three to four weeks after surgery. You will then be able to gradually walk without support if you are walking without a limp and if you have been cleared by your surgeon.

Each day you should feel a little more comfortable as your hip heals and becomes stronger. Please carefully follow the precautions indicated in the following paragraphs **for four weeks following surgery** in order to minimize the risk of dislocating your new hip joint. Although the risk of dislocation is minimal with hip resurfacing and THR with a Big Femoral Head due to their inherent increased stability, it is advisable that you adhere to the above precautions until the soft tissue repair is secure. This risk of dislocation increases if your hip is bent (flexed) greater than 120° in combination with your knee pointing inward (*internal rotation*) and the operated leg crossing beyond the midline (*adduction*). Therefore, while lying in bed, remember to keep both legs apart.

When out of bed and sitting, you should be in a high chair with your torso reclined or upright and your knees placed lower than your hip joint to avoid bending your hip past 120°.

Use a raised toilet seat for a minimum of three weeks if you are tall and your thighs are flexed beyond 100° and then discontinue its use when you are comfortable in doing so.

When you sleep you should maintain a supine, face up position with the pillows between your legs. Do not lie on either side unless there are two pillows between your legs and you have been instructed how to roll safely toward your non-operated side. Use the pillows for a minimum of four weeks. You may roll on your side with pillows between your legs if cleared by your physician/therapist.

Walking should be your primary recreation for the first 4 weeks while the soft tissues heal around your hip joint and you may bear weight as tolerated. Swimming is often beneficial and is permitted after the wound is secularly healed at about 2 weeks. Stationary cycling is permitted at 4-6 weeks. Other non-impact activities may start at two to three months after surgery or as indicated by your surgeon.

Pain is usually a result of overactivity. Therefore, when you are in pain, sit or lie down, elevate your leg and rest. If pain does not subside, take the pain medication ordered for you.

You may resume sexual activity as soon as it is comfortable.

The therapist will help you in determining what type of equipment you will need to use at home. Some of this equipment includes a **reacher** that enables you to pick up things without bending past the 120° restriction, a **sock cone** which assists you in putting on nylons and socks, a long **shoehorn** to help put on shoes, and equipment for bathing. The therapist will also discuss with you safety procedures for various activities. Prior to discharge, a set of instructions with diagrams will give you specific guidance on how to sit, use a walker or crutches, get into or out of bed, position a chair correctly, etc. Since you will not be allowed to bend your hip more than 120°, special instructions for entering a car will be given to you as well. Every program is designed specifically for each patient and only equipment that will be useful to you will be suggested. If you have any questions, please ask your therapist and/or nurse.

#### **4. Physical Therapy Following Hip Resurfacing and THR with a Big Femoral Head**

Metal-metal hip resurfacing and THR with a Big Femoral Head involve a partial capsulectomy and synovectomy as well as replacing both sides of the joint with an artificial bearing.

Upon discharge, patients are given some very simple bent-knee flexion

exercises, isometric knee extension exercises, and hip extension (squeezing the buttocks together) exercises. These exercises are sufficient during the first four-week period when the capsule is healing and the lubrication properties of the synovial fluid is restored. Some patients will feel a clicking sensation with the metal-metal bearing that may represent slight separation of the bearing. This is of no consequence and generally disappears in time. In this early period we are optimizing fixation with early bone in-growth on the acetabular side. If the patient had a preoperative flexion contracture, then physical therapy may be indicated and we would prescribe it at time of discharge. The patient should be on a firm surface such as a mat, table or floor (agility permitting), flexing the opposite side and stretching out the operated side to make certain the flexion contracture does not reappear. If the patient has had bilateral surgery then similar procedures should be undertaken from the prone position. It is very important that this be stretched out so that the contractures do not reappear.

If healing is secure, local tissue reaction around the wound has subsided, the four week x-rays have been reviewed and all the components are stable, then the physical strengthening program can begin. Our office will provide a physical therapy prescription at this time. This would include strengthening exercises for hip flexors and abductors as well as a prone extension.

**Note: Outpatient physical therapy is to begin ONLY after your 4-6 week x-rays have been sent to the JRI and reviewed by your JRI surgeon. We also want to know how you are progressing.**

Since dislocation is rare and has not been observed after wound healing except with a very severe traumatic accident (i.e., motorcycle or auto accident), more flexibility exercises and stretching are permitted than with conventional hip replacement and your therapist should be informed that the ball is large and very stable.

## 5. Diet

You can resume your normal diet. However, while taking Coumadin, it is important to avoid excessive intake of vitamin K. Coumadin is an anticoagulant or blood thinner, and vitamin K may counteract its effects. Therefore, it is recommended that you:

1. Avoid foods high in vitamin K, such as broccoli, cauliflower, brussel sprouts, liver, green beans, garbanzo beans, lentils, soybeans, soybean oil
2. Avoid green leafy vegetables such as spinach, kale, lettuce, turnip greens, cabbage
3. Avoid large amounts of onions
4. Avoid green tea and herbal teas
5. Limit both regular and decaffeinated coffee intake to no more than one cup per day as they each have a moderate amount of vitamin K
6. Avoid alcohol as it can change the way Coumadin affects your body

After you discontinue taking the Coumadin, your body will need time to recover before your blood clotting ability returns to normal. Use the same caution during this period of time as you did while you were taking the anticoagulant.

## 6. Staple Removal and Wound Care

Staples are removed and the incision site is checked seven to ten days (7-10) after surgery. If you live locally or if you are planning to remain in the Los Angeles area for an extended period of time after discharge, then please schedule an appointment with our office for staple removal and wound check. If you are returning home before the staples are due to be removed, then please arrange to have them removed by your local family physician. Dressing should remain on until there is no drainage from the wound. You may shower and get your incision wet after the staples are removed but do not soak in a bathtub, pool, jacuzzi, etc... for two weeks following surgery. If the incision becomes red or starts to drain, you should immediately contact your physician.

## 7. Follow-Up Exams, X-rays and Hip Survey Forms

Follow-up x-rays and exams are required at these intervals:

- 4 - 6 weeks (depending upon surgeon)
- 3.5-4 months
- Annually based upon date of surgery

If you live out-of-town, please have the x-rays taken by your local orthopaedic surgeon or at a hospital that is able to do the correct views and send them to your JRI surgeon as soon as possible for review. Your surgeon or the Clinical Fellow will contact you following their review of the x-rays to discuss your progress and make recommendations regarding physical therapy, resumption of physical activity, release from dislocation precautions, return to work, etc.

For hip resurfacing, we require the following x-rays:

- 1. AP pelvis
- 2. Cross Table lateral ( Johnson ) (This is a “shoot-through view” to view the neck of the femur tangentially)

**The Johnson lateral view is not performed after THR because the head and neck have been resected. Therefore, for hip resurfacing patients, instructions and an illustration are included below which must be given to your x-ray technician. However, please emphasize the correct position and that the view should be taken with a cone to provide better image quality. Unfortunately, some surgeons' offices do not have x-ray facilities with the capacity to obtain**

**this specific type of x-ray. Please insist upon this view and/or locate an x-ray facility that can perform this type of x-ray.**

(Note: The first set of post-operative Hip Resurfacing or post-operative THR X-rays are taken at 4 - 6 weeks and 3.5 - 4 months depending upon the surgeon. Prescriptions for these x-rays are included in the “hardcopy” of this booklet that is provided to the patient at the time of hospital discharge.

For THR with a Big Femoral Head we require the following X-rays:

1. AP pelvis to include the entire prosthesis or if the prosthesis is long then an AP of the femur should be taken as well.
2. MTDL (Modified Table Down Lateral) of the involved femur. Refer to the illustration that follows.

It is also extremely important that the “SF-12” and “Hip Survey” questionnaires be completed starting at the 3.5 to 4 month interval. These surveys can be completed online at JRI’s website ([www.jri-oh.com](http://www.jri-oh.com)) or ([www.jrilosangeles.com](http://www.jrilosangeles.com)) and submitted electronically to the JRI. If you do not have Internet access, then please request forms from our office and we will send them to you. After receiving the X-Rays and the forms the surgeon will call you and discuss your status. The “Sports Activity” questionnaire should be completed at one year postoperatively and sent to us annually thereafter with the hip survey and SF-12.

## **8. Antibiotics for Infections**

Infection can localize at the site of the artificial implant and can cause major complications. Therefore, if at any time you should contract an infection anywhere in your body, especially those which cause high fever, you should have it treated immediately by your physician.

### **Dental procedures:**

**Do not** schedule any elective dental procedures until at least three (3) months after your hip replacement.

Antibiotics must be taken before any dental procedure that may provoke bleeding during the first year after hip surgery. After the first year, antibiotics are recommended only for complicated dental work (e.g., root canal, infection, etc.) - not for routine work (cleaning, caps, fillings, etc.). Your dentist will prescribe the antibiotics.

In general, **Amoxicillin** 3 grams is recommended 1 hour before and 1.5 grams 6 hours after any dental root canal or major dental procedure. **If you are allergic to Amoxicillin or Penicillin, Erythromycin stearate is recommended (1 gram 1.5**

**to 2 hours before and 500 mg 6 hours later).**

After one year, prophylactic antibiotics are necessary for any dental procedure if: 1) you are on steroids; 2) you have rheumatological disease (RA, SLE, etc.); 3) you are diabetic; 4) you are immunosuppressed; or 5) you have a chronic infectious process in the mouth/gingival area.

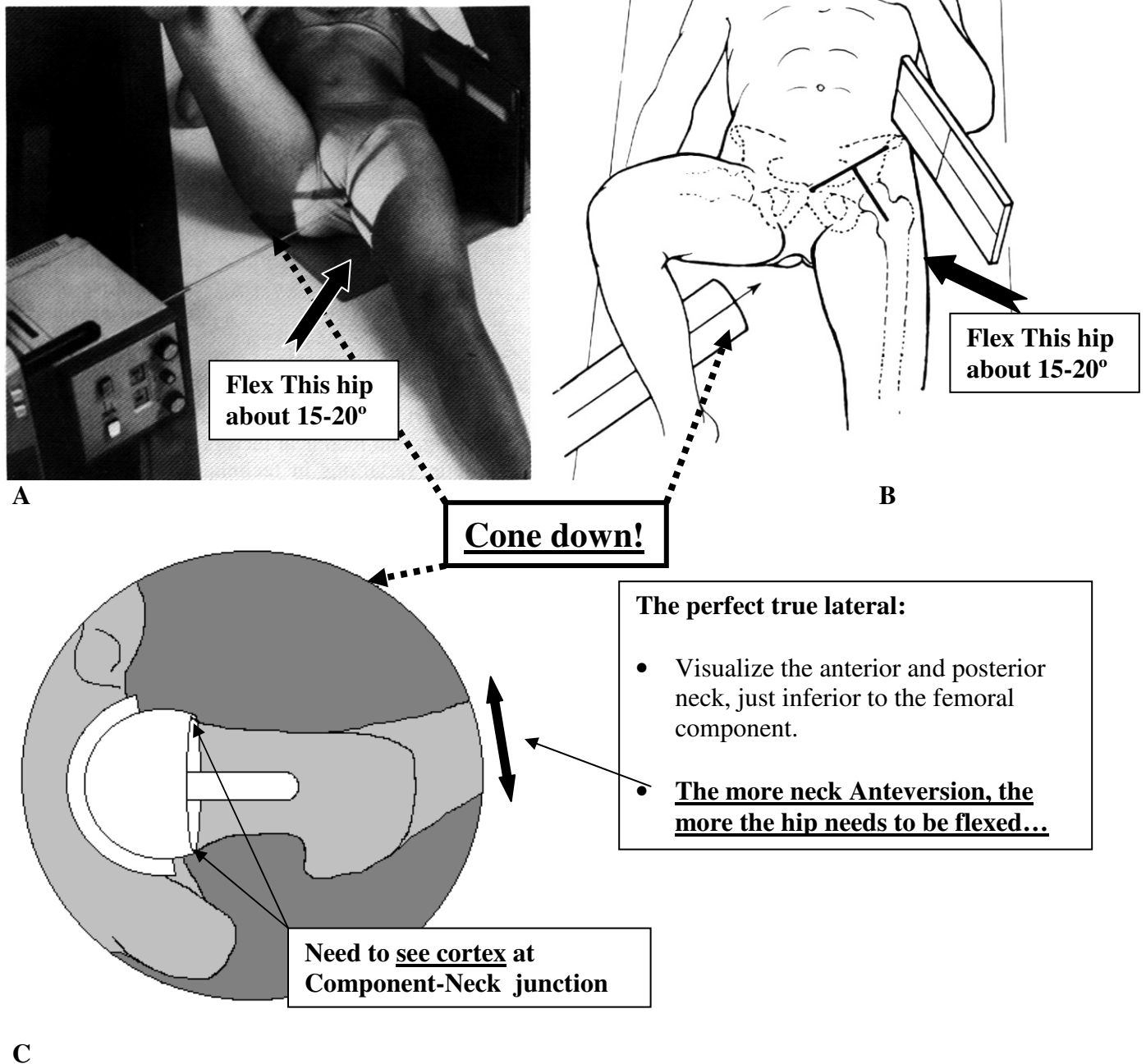
### **Cystoscopy**

Routine antibiotics are necessary only if urinalysis or urine culture is positive. Antibiotics would be recommended and/or prescribed by your Urologist.

### **Endoscopy**

Routine antibiotics are necessary only if there is an infection/abscess at the site of procedure.

**Note: JRI physicians do not prescribe antibiotics for dental or other procedures. Antibiotic coverage for dental or other surgical procedures or infections is individualized according to the possible bacterial contamination and, therefore, you should notify the respective treating dentist, physician or surgeon so that he or she can prescribe the appropriate medication.**



C

**Fig. 10-2.** True-lateral (Johnson or cross-table) lateral view. **(A)** Position of patient. The long axis of the left femoral neck is localized by imaging a line drawn between the anterosuperior iliac spine and the superior border of the symphysis pubis, determining the midpoint of the line, and then palpating the greater trochanter and imaging a point 1 inch distal to it. A line drawn between these two points parallels the long axis of the femoral neck. **(B)** The cassette is placed in the vertical position with its cephalad border in contact with the body at the level of the iliac crest; it is parallel with the long axis of the femoral neck. The central ray is perpendicular to the long axis of the femoral neck and cassette and is centered 2.5 inches below the point of intersection of the localization lines. **(C)** Roentgenogram of hybrid surface arthroplasty. The ischium is toward the bottom of the image. (Fig. B, from Ballinger PW: *Merill's Atlas of Radiographic Positions and Radiologic Procedures*, 6<sup>th</sup> Ed., Vol. 1. CV Mosby, St. Louis, 1986, with permission.)

**Instructions for Modified Table Down Frog Lateral (MTDFL) X-Ray**  
**For Stem Type THR**

1. Lay Patient down on x-ray table on patient's back
2. Abduct the leg out (turn leg out) so that the lateral side is touching the x-ray table
3. It may be necessary to rotate the patient to the affected side
4. X-ray should be taken on a 14x17 cassette to include the hip and proximal 2/3 of the leg

**PLEASE SEE ILLUSTRATION BELOW**

