

Wound Care:

- You will MAINTAIN your post-operative dressing for 7 days.
- After **7 DAYS** (from the date of your surgery), you will remove your dressing.
- It does not need to be covered after 7 days **IF THERE IS ABSOLUTELY NO DRAINAGE**
- **DO NOT** apply lotions or creams to incision site, unless instructed otherwise.
- Please contact your home health company or Dr. Jacob if the aquacel dressing is removed prior to **7 days**.
- Please visually inspect your wound(s) at least once daily once the dressing has been removed.



Aquacel Dressing

Wound Vac Instructions: (KCI Prevena, Medela Invia Motion, or Smith & Nephew Pico)

- You may have an incisional wound vac on your incision
- You will maintain your wound vac for 7 days (from the date of surgery)
- After 7 days, turn off your wound vac, remove your dressing
- **RETURN THE WOUND VAC TO AND ALL ITS PARTS TO DR. JACOB (discard soiled dressings)**
- It does not need to be covered after 7 days **IF THERE IS ABSOLUTELY NO DRAINAGE**
- Please contact your home health company or Dr. Jacob if the wound vac is removed prior to **7 days**.



Smith & Nephew Pico Wound Vac



Medela Invia Motion Wound Vac



KCI Prevena Wound Vac

home

What to do if you're having wound drainage:

- You will need to remove the dressing sooner if it becomes saturated.
- Replace the saturated dressing with the extra dressing you were sent with from the hospital
- Call your home health company if you need to replace your dressing
- If the wound drains or spots, the clock "resets" - make sure the wound has been drainage-free for **72 consecutive hours prior to showering.**

Showering: (After you have removed your dressing on day 7)

- IF the wound remains dry for **72 HOURS** straight you may begin to shower (usually 8 days from your date of surgery.)
- **SHOWER ONLY** No submerging the wound under standing water until cleared by your physician **ABSOLUTELY NO BATHING OR SWIMMING** until otherwise instructed. (no baths, hot tubs, swimming pools, etc).
- Sponge baths are the best way to perform personal hygiene while at the same time protecting the wound from moisture.
- Once you are allowed to get the wound wet, please use gentle soap to wash (ex. **baby shampoo**)
- No scrubbing the wound. You may "**pad dry**" the wound, but do not rub, as this may open up the wound and pre-dispose to wound infection.

CALL IMMEDIATELY IF:

- You have a fever above 101.3 for 24 hours
- A significant increase in your pain for no reason
- A significant change in the amount of drainage from the wound
- Pus draining from the wound site
- Abnormal odor to the wound

Normal Findings: (It is normal for the following to occur)

- The operative wound will feel slightly warmer than the other side
- Bruising around the operative area
- Swelling around the operative site
- If you have questions or concerns about your incision or wound care call the office **(405) 424-5426**

Posterior Hip Precautions:

- Your therapist will instruct you on specific restrictions. Please follow the following restriction for now:
 - No crossing your legs.
 - No sitting in chairs/couch where you sink deeply into the cushions.
 - Sit in a firm chair.
 - Do not sleep on your side in bed until properly instructed to do so by your therapist

Activity

- No lifting, pushing, or pulling greater than 10 pounds.
- **No driving until cleared by Dr. Jacob.**
- No submerging wound under standing water (pool, bath tub, etc.) until otherwise instructed.
- You may progress to weight bearing as tolerated on your operative extremity.
- Use crutches or a walker for ambulation - wean off as tolerated. (unless otherwise instructed)

Pain Medication:

- DO NOT TAKE YOUR PAIN MEDICATION ON AN EMPTY STOMACH
- **Do not wait to take the pain medication until the pain is severe, as it will be difficult to "catch up" once this occurs.**
- The pain medication usually reaches its full effect ~1 hour after ingesting.
- Wean off of your pain medication as tolerated.

Tylenol (acetaminophen): (Ask your pharmacist if your pain medication contains Tylenol)

- Some pain medication (Percocet, Norco, Vicodin, Lortab.....) contain Tylenol in their ingredient lists.
- **DO NOT EXCEED 4,000 mg (4 grams) of Tylenol, from all sources, within a single 24-hr period.**
- **DO NOT** take Regular or Extra Strength Tylenol when taking pain medications that contain tylenol
- If your pain medication **DOES NOT CONTAIN TYLENOL** (oxycodone, tramadol, nucynta...) then you may take 1000 mg of Tylenol every 8 hours to assist in pain control.

Nausea and Itching:

- Some common side effects of the narcotic pain medications include **nausea and itching**.
- You may have been given a prescription for **Vistaril (Hydroxyzine pamoate)**.
- This is a prescription used for the treatment of **ANXIETY, NAUSEA, ITCHING, and SLEEPLESSNESS**.
- **Benadryl** (diphenhydramine) is a great over the counter medication that helps calm your stomach, decreases your anxiety levels, and minimizes the itching.
- You can easily purchase this at your local pharmacy as an over-the-counter medication.
- Please abide by the instructions as printed on the bottle.
- If your nausea persists, make sure to take a small amount of crackers or other lighter foods.

Constipation:

- You have been sent home on **Colace**, this medication should be taken until you are off all narcotic (i.e. Vicodin, Percocet, Oxycodone, etc) pain medications, in order to soften your stool and help **prevent constipation**.
- If constipation persists you may take **Miralax or Docolax**. These medications are available over the counter.
- Please follow the directions on the package.
- If constipation persists for 24 hours after starting Miralax or Docolax (usually takes 24 hours to work)
- Call your Family Physician for further instruction if you are not successful with 24-48 hours of Miralax / Dulcolax

ICE / ELEVATION:

- **This is a very important part of controlling your swelling and pain along with your TED hose.**
- Your foot must be **above the level of your heart** in order to adequately decrease your swelling
- Use a large ice pack (**20 min on and 20 min off**) throughout the day
- **DO NOT PLACE ICE or ice packs DIRECTLY ON YOUR SKIN**

Follow-Up:

- Follow-up with Dr. Paul Jacob's office, on _____
- Please call Dr. Jacob's office if you need to change your post-op appointment date / time.
- Please call Dr. Jacob's office at **405-424-5426** if you have not been given an appointment.
- Please call the above numbers if you do not already have a date for scheduled follow-up or if you have not been contacted by the office within 1-2 days of discharge.

Home Health Company: (if ordered)

- Your home health company is _____ Phone #: _____
- Your first appointment will usually be within 24 hours of discharge from the hospital.
- **If you have not been contacted by your home health company within 24 HOURS of your discharge please contact them directly**

Blood Clot Prevention:

- We use a combination of treatments to help prevent blood clots including the following:
 - Early mobilization and walking
 - TED hose (compression stockings)
 - Sequential compression devices (leg squeezers)
 - Medication (aspirin, lovenox, coumadin, eliquis, xarelto....)

Coumadin bridging

- You will need to complete a bridging course of Lovenox after surgery, in order to minimize the risk of blood clots following surgery. This requires a single shot in the abdomen, to be taken once daily. You will be supplied with the prescription to obtain this. Prior to your discharge from the hospital, the nursing staff will instruct you on self-administration of the Lovenox. During this time, you will be continuing your bridging process from therapeutic lovenox to coumadin
- Currently your INR is _____, you will need to continue lovenox injections daily until your **INR is between 2 and 3 for at least five days while on your coumadin therapy.**
- **You will be followed by the physician who was previously managing your Coumadin / INR.** Your lab work should be done daily until your INR has normalized between 2-3.
- After this, you will need to set up INR blood work at your coumadin clinic until the bridging is complete. All the information needs to be communicated back to your primary care physician, as he is managing this bridging.

TED hose: (white stockings)

- **TED hose should be worn on the BOTH the OPERATIVE and NON-OPERATIVE leg for 2 WEEKS.**
- You may remove them for an hour daily for hygiene purposes
- You should wear them continuously to control swelling and help prevent blood clots
- **DO NOT** discontinue wear unless discussed with Dr. Jacob.

Patient Signature: _____ Date: _____

Staff Signature: _____ Date: _____

TOTAL HIP REPLACEMENT THERAPY PROTOCOL

Physical Therapy Orders:

1. Evaluate and Treat
2. Modalities as indicated
3. Treat 3-5 times weekly for 6-8 weeks
4. Progression to cane at therapist discretion

Weight Bearing Status: WBAT unless specified

- Progression to cane at therapist discretion.

Exercises: (follow posterior hip precautions)

- Active range of motion (AROM): yes, supine flexion to 45 degrees
- Active assistive range of motion (AAROM): yes, supine flexion to 90 degrees
- Passive range of motion (PROM): no (unless otherwise indicated)
- PROM/AAROM ABDUCTION: yes, both to 45 degrees
- Isometric: yes, quads, gluts, abductors
- Resistive: yes, at 4-6 weeks, up to 15 pounds
- Raised seat stationary bike: yes, as tolerated
- Prone lying to promote extension: yes, after 6 wks if contraction
- No sleeping prone
- Standing hip range of motion: yes

Additional Information:

- Rolling: as tolerated operative & non-operative side slight flexion OK
- Pillow: yes, between thighs and lower leg/ankle
- Abduction pillow: yes, only until POD #1
- Shower: OK once wound has been dry for 7 days (see discharge instructions)
- E-Stim: yes, rarely
- Driving: Not until cleared by Dr. Jacob
- THA precautions: 12 weeks postop
- Lifelong precautions: no bungee jumping, water skiing, snow skiing

Recreational Activities:

- Golf: 2 months
- Swimming: 2-3 months (when cleared by physician)
- Bowling: 3 months
- Biking: regular outdoor 2 months

PLEASE CONTACT DR. JACOB'S OFFICE IF ANY QUESTIONS AT 405-424-5426

MEDICAL NECESSITY

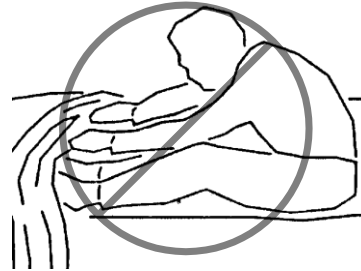
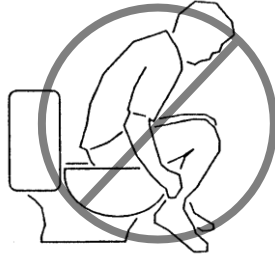
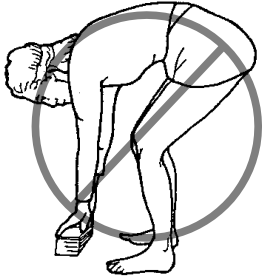
This is considered a medical necessity for the benefit of the patient and will enable the patient to achieve the maximum rehabilitation.



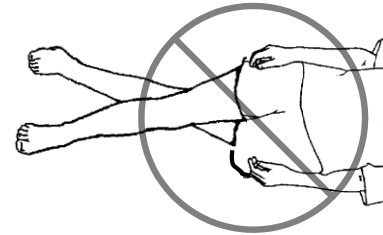
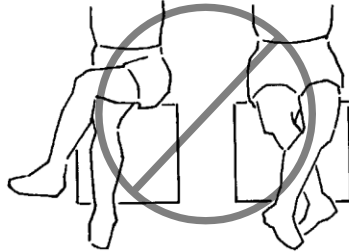
Paul B Jacob D.O.

Posterior Hip Precautions

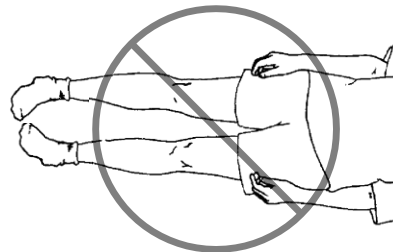
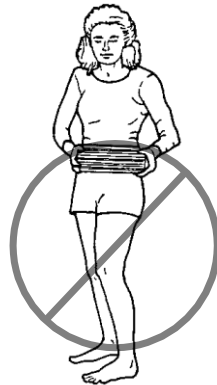
Do not bend forward past 90 degrees.



Do not cross your legs.



Do not turn toes inward and do not twist.



Do not turn knees inward or together.

