Total Hip Replacement Discharge Instructions
Dr. H. Morton Bertram III / Bertram Total Joint Centers
For patients being discharged to Rehab or SNF after their acute care stay

A) **DVT Prophylaxis:** There are essentially 2 choices, all patients should be on one.
Lovenox 40 mg sub Q, Q.D. for a total of 10 days from the date of surgery is sufficient according to the most recent literature. Some high-risk patients should be on Lovenox for 4 weeks. Patients on Lovenox should have weekly CBC to check their Hct. and platelet counts. The reason for this is that Lovenox can cause Thrombocytopenia, which can be very dangerous. An Hematocrit less than 30 or an abnormal Platelet count should be called to the doctor.
Coumadin-dose adjusted for an INR in the therapeutic range. The typical goal for prophylaxis is 2.0 INR. The attending doctor at the facility should adjust this dose, and coumadin when used should be given for 4 weeks from the date of surgery. For patients on CRC at NCH, you may use my coumadin sliding scale daily.

B) **Wound care:** Currently, our hip and knee replacement patients are having their wounds closed with a subcuticular stitch and Dermabond surgical glue. A Tegaderm dressing has been applied and can be left in place for approximately 2 weeks. If water gets under the dressing it can be replaced. It can be removed at 2 weeks and the incision can be left open to air. These patients have sutures on either end of their incision, and these knots can be simply cut and removed any time after 10 days. Do not attempt to pull on the stitch, just simply cut off the ends.

C) **Physical Therapy:** P.T. should be on a B.I.D. schedule using the existing Total Hip Replacement protocols. Weightbearing is as tolerated, and use Posterior Approach Hip Precautions unless otherwise stated. Ice can be used on a p.r.n. basis. Aquatic exercises or whirlpool can be used as long as the incision is dry and clean with no drainage. Encourage the patients to lie flat 10-15 minutes three times daily to stretch out their anterior hip capsule. Use walker or crutches at your discretion. These patients can go to a cane at any time. Please reinforce hip precautions daily until discharge. Do not use supine straight leg raise as an exercise, as it exacerbates lumbar spine problems.

D) **Venous Ultrasound:** Any calf or thigh tenderness or increased swelling should be investigated with a venous ultrasound and those results should be faxed to our office, positive or negative.

E) **TED Stockings:** Can be used to control typical and normal postoperative swelling. Patients with normal shaped or normal sized legs can use Thigh high hose, and patients with fat or atypical shaped legs do better with knee high hose. These should be removed at night, and are not needed for every patient.

F) **Occupational Therapy:** On appropriate patients, at your discretion.

G) **Follow Up Appointment:** 2 weeks after discharge from your facility.

H) **Prescriptions upon discharge:** At the discretion of the attending physician at the Rehab facility or SNF. Use the DVT protocols as above, noting the majority of patients will not need anything, as most of our current patients will be on Lovenox. Pain meds should be as they were using at time of discharge. Oxycontin usage upon discharge from Rehab/SNF is discouraged.

Updated January 10, 2007 by H. Morton Bertram III, M.D. 239-592-0373