



JOINT REPLACEMENTS

UMAR BURNEY, MD, MBA

Dr. Burney completed a sports
Medicine and joint replacement fellowship
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Dr. Burney practices at the Orthopaedic Specialists of
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Dr. Burney, MD

Orthopaedic Specialist of Dallas

Total hip replacement information

Surgery Scheduler: Areli Gonzales

469-887-6508

Clinic number for any questions:

972-771-8111. Ask for Brooke R., Dr. Burney's medical assistant

Jeff or Kennedy, Dr. Burney's physician assistants, can also answer any questions.

HIP REPLACEMENTS

What to expect the day before surgery:

- You will receive a phone call from the hospital to confirm your surgery details and arrival time at the hospital/surgery center.
- They will discuss bathing with specific soap to decrease the likelihood of bacterial contamination of your surgical site at the time of surgery.
- They will also confirm which medications you should and should not take the night before and on the day of surgery.
- Do not eat or drink any food or liquid, except for sips of water for medications, after midnight.
- You may have one 12-oz Gatorade (**any color except red**) up to 4 hours before your scheduled surgery time.

What to expect on the day of surgery:

- You will arrive at the hospital a few hours before your surgery. The nursing team will check you in, have you change into a gown, review your medical history, check your medications, and confirm your surgery details.
- You will then meet the anesthesiologist, who will discuss with you the plan for anesthesia and any planned nerve block procedure.
- These nerve blocks help reduce pain and usually involve administering spinal anesthesia, which means injecting medication into the spinal cord, similar to an epidural used during childbirth.

- It can also involve administering medication around the knee to help reduce pain after surgery.
- Finally, you will meet with Dr. Burney to confirm that the knee is clean and free of wounds, you're feeling well, and you understand the post-op plan.
- Dr. Burney will also mark your limb to verify the site of surgery.
- Most patients can go home the same day; however, you may stay overnight and leave the next day if needed.

What to expect after surgery:

- You will most likely be discharged home, but the decision depends on your progress with physical therapy in the hospital. You might need to stay overnight if there are concerns about your mobility.
- Therapy will start within 1-2 days after surgery.
- You will be up, walking, and learning to transition from the bed to a chair and toileting at this time.
- You will start on a blood thinner for DVT prophylaxis.
- You will continue this after being discharged from the hospital for a total of 4 weeks.
- The blood thinner is usually aspirin 81 mg (baby aspirin) taken one tablet every 12 hours.
- Some patients may need different medications, which will be reviewed and discussed with them before surgery.

Range of Motion (ROM) Restrictions:

- It is essential for the first six weeks that you DO NOT extend the leg backwards past the vertical plane of your body.
- Also, in the first six weeks, please DO NOT flex your hip past 90°
- You should also limit the external rotation of the hip for the next six weeks.

Post- op restrictions:

- Incisions should not be soaked until they are fully healed, which typically takes about six weeks. Specifically, this means no baths, Jacuzzis, lakes, rivers, swimming pools, and similar environments.
- You should not apply any lotions, gels, or creams on the incision for at least six weeks.
- For right hip replacements, you are not allowed to drive for 6 weeks; for left hip replacements, 4 weeks. You should also not drive while taking narcotic pain medication.
- Long term, there are no specific activity restrictions for your knee.

Dressings:

- Remove the large bandage 3 days after surgery, but leave the Steri-Strips on the actual incisions. You may shower normally at this time, and the Steri-Strips will fall off on their own over time.
- Do not scrub the surgical incision; allow soap and water gently rinse over the area.

- After showering, gently pat the incision dry with a clean, dry towel. Then, cover the incision with a fresh dressing, such as an island dressing (available at any local pharmacy).
- The incision should stay covered until your two-week post-op appointment.
- Some blood and/or fluid on the dressing is normal, especially upon the first dressing change.
- If there is continuous bleeding, the incision is draining fluid, or the area is red and itchy, please contact the office.
- Incisions should not be soaked until they are fully healed, which typically takes about six weeks. Specifically, this means no baths, Jacuzzis, lakes, rivers, swimming pools, and similar environments.

Pain Management:

- Experiencing pain after surgery is normal.
- 24 hours after your surgery, it's very common to experience increasing pain as the nerve block administered by the anesthesia team begins to wear off.
- Begin taking your pain medication the day after your surgery to ensure you have an easier transition when the nerve block wears off.
- **Please allow at least one business day for us to refill prescriptions. Pain medication cannot be refilled after hours or on weekends. Refill requests will only be processed when initiated directly by the patient. Automatic refill requests from pharmacies will not be processed.**

Swelling:

- Swelling is quite common after surgery. It is typical for the limb to swell because of the inflammatory response and disruption of blood flow caused by the incision.
- It can take several months for all the swelling to go down. In the early stages, staying active and walking can help.
- Rest, ice, compression, and elevation can also assist in reducing swelling.

Numbness:

- Numbness in the knee after surgery is normal and is caused by swelling around the incision and nerve irritation from the operation.
- Most patients will see their symptoms resolve entirely, but numbness and related nerve pain might take up to 18 months to lessen.

The following are the medications you have been prescribed for pain and symptom management:

Hydrocodone:

This medication is a narcotic pain reliever that effectively manages pain but may cause side effects such as drowsiness, nausea, constipation, and has the potential for addiction. It is imperative to take this medication with food and to use a stool softener to help promote regular bowel movements.

Instructions: Take 1-2 tablets every 6 hours as needed for pain. Take with food.

Tylenol:

This medication is a non-narcotic pain reliever. It effectively controls pain and can be safely taken with your other pain medications. Do not exceed 4000 mg of Tylenol in one day. Since Tylenol is included in the hydrocodone, please take it exactly as prescribed below.

Instructions: Take 1 tablet every 8 hours as needed for pain. Take with food.

- Do not take Ibuprofen (Advil) or naproxen (Aleve) for pain after surgery while you are on aspirin or other blood thinners.

Constipation:

It's common to experience some constipation after surgery; this is a side effect of anesthesia and pain medications. Staying regular is important, so consider taking a fiber supplement like Metamucil, drinking plenty of water, and trying home remedies like prune juice. You can also use supplements such as milk of magnesia when needed. If your constipation persists, over-the-counter suppositories might help.

The following medication is prescribed for constipation:

Senna with Docusate:

This medication is a stool softener and laxative.

Instructions: Take 1 tablet every day for constipation.

Nausea:

Nausea is common after surgery due to anesthesia and the side effects of narcotic pain medications. Staying hydrated during recovery is important; make sure you're drinking plenty of water. You may be prescribed the following medication for nausea:

Ondansetron:

Ondansetron is an anti-nausea medication that blocks the receptors in your body that cause nausea. It is placed under the tongue and is designed to dissolve and be absorbed into your body. Talk to the team if this is a concern post-op.

Instructions: Take one tablet sublingually every 8 hours as needed for nausea.

Blood Clot Prevention:

Joint replacement surgery increases the risk of developing a blood clot that can travel to your lungs. It is vital to stay active and walk after surgery to help prevent a blood clot. If you notice increased swelling in the leg, calf pain, or fever, be sure to call the office to discuss your symptoms with our team. If you are currently taking a blood thinner, we will usually resume the same medication but reduce the dose temporarily. Otherwise, the medication prescribed for you is:

Aspirin:

Aspirin is an NSAID that also prevents platelet clumping, which is why we use it to prevent blood clots. While this medication can help reduce pain, its primary purpose for you is to prevent blood clots. Because it is an NSAID, it's essential to take it with food.

Instructions: Aspirin should be started the day after surgery and taken twice daily (morning and evening) for 4 weeks after the procedure.

Physical Therapy:

Physical therapy is crucial after hip replacement surgery. Patient satisfaction in the long term is associated with maintaining functional hip movement. It is vital to work closely with a physical therapist to restore the range of motion after the procedure.

- After about 3 months, making progress in motion becomes very difficult because scar tissue forms, which is why it's imperative to work hard early on to regain a functional range of motion.

Follow-up appointments:

- You will be seen at 2 and 6 weeks after surgery. We will take X-rays to confirm that the implants are correctly positioned and to check your wound for proper healing.
- You will be seen back at the office at 2 weeks post-operatively with one of our physician assistants, Kennedy or Jeff.
- You have another appointment scheduled at 6 weeks with Dr. Burney.
- We will also examine your limb for any signs of a blood clot and ensure you're meeting your range of motion goals.
- Long-term, we will monitor you annually to ensure the components stay in position and show no signs of implant failure.

Driving:

- Driving is **NOT** recommended while you are taking narcotic pain medication.
- It typically takes 4-6 weeks before you can drive a vehicle.

- You must be off narcotic pain medication and no longer using a walker (if you were using one) before attempting to drive.

Work:

- Patients with sedentary desk jobs or those working from home may typically return to work 2–4 weeks after surgery. This will be evaluated during your first post-operative visit.
- Physically demanding jobs that involve prolonged walking or heavy lifting usually expect a return to full duty around 3 months after surgery. Returning to light duty might be possible sooner.
- A \$25 fee will be charged to your account to cover the provider's time in completing any required disability paperwork for your surgery and related time off for rehabilitation. This fee must be paid when the paperwork is submitted to the office for completion. Paperwork will not be processed without payment.
- Once the paperwork is received and payment is completed, it will be processed within 7-10 business days.

RED FLAGS: If any of the following occur, please call the office immediately or go to the emergency room.

- Fever of greater than 100.4°F, pus, or continuous bleeding from the incision site.
- Uncontrolled nausea or vomiting, lack of bowel movement 4 days after surgery.
- Inability to move your leg for more than 48 hours after surgery.
- Unusual shortness of breath or chest pain.