



ORTHOPEDIC ASSOCIATES
OF LONG ISLAND

Hip Replacement

With Dr. Gregory Minutillo



Surgical Booklet

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A Note From Dr. Gregory Minutillo

Thank you for taking the time out of your day to come and see us. It is an honor to be selected to take care of you. Your success in overcoming hip pain in a safe and effective manner is my highest priority – so much so that I have personally assembled this booklet for you. It contains what I believe to be the most important information for anyone considering hip replacement surgery and should be consulted throughout this journey. My team and I are committed to delivering customized and state-of-the-art care that anyone would want for a family member. While I promise to do my very best, I ask that you do the same and become an informed and dedicated patient. In light of this, I ask that you read this booklet and familiarize yourself with its content. If you do so, I can assure you that together, we will have the greatest chance of giving you the best outcome possible.

Thank you for the privilege of taking care of you,

Gregory Minutillo MD/MPH



Team Members

Bailey Lillis – Medical Assistant
Danielle Stahl – Surgical Coordinator
Nicole Sanita – Administrative Assistant
Nicole Branca – Administrative Assistant

Sign up for Dr. Minutillo's texts



Add Dr. Minutillo To Your Contacts





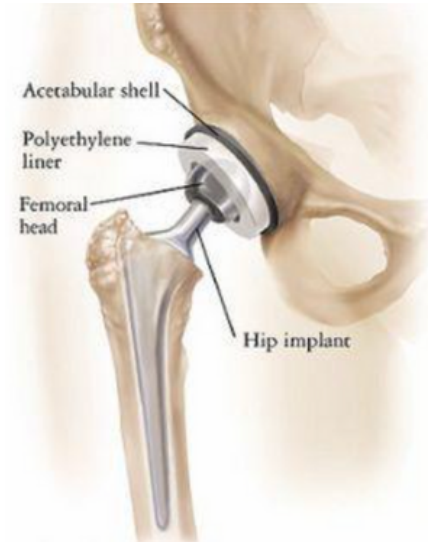
Hip Replacement Overview

INTRODUCTION

In hip replacement surgery, Dr. Minutillo replaces the damaged surfaces of the hip with artificial parts. The artificial joint decreases pain, restores motion, and improves function at the hip joint.

INDICATIONS AND GOALS FOR SURGERY

Most patients who consider hip replacement surgery have severe arthritis of the hip or another condition that has led to the destruction of the cartilage in the hip. When the patient's hip condition causes daily disabling pain, loss of motion, or decreased function and conservative (non-surgical) measures are no longer effective, then hip replacement may be an appropriate option.



The primary goal of hip replacement surgery is to reduce hip pain. Hip replacement may also improve hip function and reduce or eliminate a limp.

DESCRIPTION OF THE SURGICAL PROCEDURE

During hip replacement surgery, Dr. Minutillo will make an incision near the hip, enter the hip joint, and remove the ball (head) of the femur. He will then remove the damaged cartilage from the surface of the acetabulum ("cup" portion of the pelvis). Then, he will put a metal shell in place with a plastic liner. A metal part will be placed into the thigh bone (femur) along with a new femoral head. The "new" hip will be placed and tested for stability and motion. All tissues that were cut during surgery will be repaired.

REHABILITATION

After discharge, the patient will begin physical therapy postoperatively. The patient's motivation and willingness to participate in the rehabilitation program are critical in determining their final strength and walking pattern.

POTENTIAL BENEFITS

The primary benefit of hip replacement surgery is a reduction in hip pain. As rehabilitation progresses, the patient may also note an improvement in hip function and walking patterns.

POTENTIAL RISKS

Total hip replacement surgery is considered a major surgical procedure. Serious medical risks associated with the surgery may include and are not limited to problems with anesthesia, heart attack, heartbeat irregularities, and stroke. In very rare situations, a person may die from complications related to surgery.

Other risks related to the orthopedic procedure include but are not limited to blood clots, pulmonary embolism, infection, dislocation, differences in leg lengths or rotation of the leg, fracture of bones involved with the procedures, hematoma (blood accumulation in the hip) which may require surgical drainage, nerve injury, blood vessel injury, and numbness and scarring around the surgical incision. Blood loss can occur during or after the surgery, which may require transfusions. The implants may need to be removed or replaced if they become loose, wear out, or if there is evidence of infection. Hip replacement may not alleviate hip pain, restore the function of the hip, or eliminate a limp.

ACHIEVING THE GOALS OF SURGERY

Upon full recovery, most patients have no pain or significantly less pain. Most patients can walk more smoothly, have more endurance with their new hip, and function more normally. A small percentage of patients have persistent discomfort and/or limp after surgery.

ALTERNATIVES TO SURGERY

Conservative (non-surgical) measures may help control hip pain. These include using anti-inflammatory and/or pain medications, weight loss, use of a cane or other assistive devices, and reduction in heavy and/or pounding activities. In selected cases, other surgical options may exist, such as osteotomy of the bones to realign the hip, resurfacing the joint, or eliminating the joint by fusing the bones together. Another alternative to hip replacement surgery would be to seek no treatment at all.

CONSEQUENCES OF DECLINING CARE

Arthritis itself is not considered a life-threatening illness. If the patient elects not to undergo total hip replacement, then they will likely continue to have hip pain. The patient's pain and disability may increase over time. If left unattended, arthritis may progress enough that surgery in the future may be complicated and provide less predictable results.

MEMBERS OF THE SURGICAL TEAM

Dr. Minutillo works with a team of experts during surgery. Physician assistants, surgical assistants, and surgical technicians will be performing critical surgery-related tasks. These activities are in accordance with the hospital or surgery center's policies.

LONG TERM CONCERNS

Long-term complications are possible after total hip replacement. Late loosening, wear, infection, or progressive bone loss may occur and require reoperation. Close follow-up is necessary to monitor for changes around the joint replacement, which could threaten the strength of the bone near the joint replacement. The risk of problems related to wearing artificial joint surfaces increases over time. Regular follow-up (every two years) becomes more important as the joint replacement becomes older. The risk of problems related to wearing artificial joint surfaces increases over time.



Preparing For Surgery Begins Early

What should I be doing 3-4 weeks before my surgery date?

Critical tasks:

- Make sure you've made an appointment with your medical doctors for pre-surgical clearance. ***It is extremely important that this appointment is before your pre-operative visit with Dr. Minutillo. This visit is typically at 1-2 weeks prior to your surgery.***
- Enroll in our text messaging service if you have not already. We know what you're thinking: "Oh no, another app." This isn't like that. Simply text "Join" to (631) 649-7725 or scan the QR code below and follow the instructions. This is a series of text updates in accordance with Dr. Minutillo's specific protocols. These texts will begin approximately 2 weeks preoperatively and extend until 7 weeks post-operatively. This is free, and if you wish to stop the service, you may at any time.
- Schedule your teaching class with our team at Orthopedic Associates of Long Island.

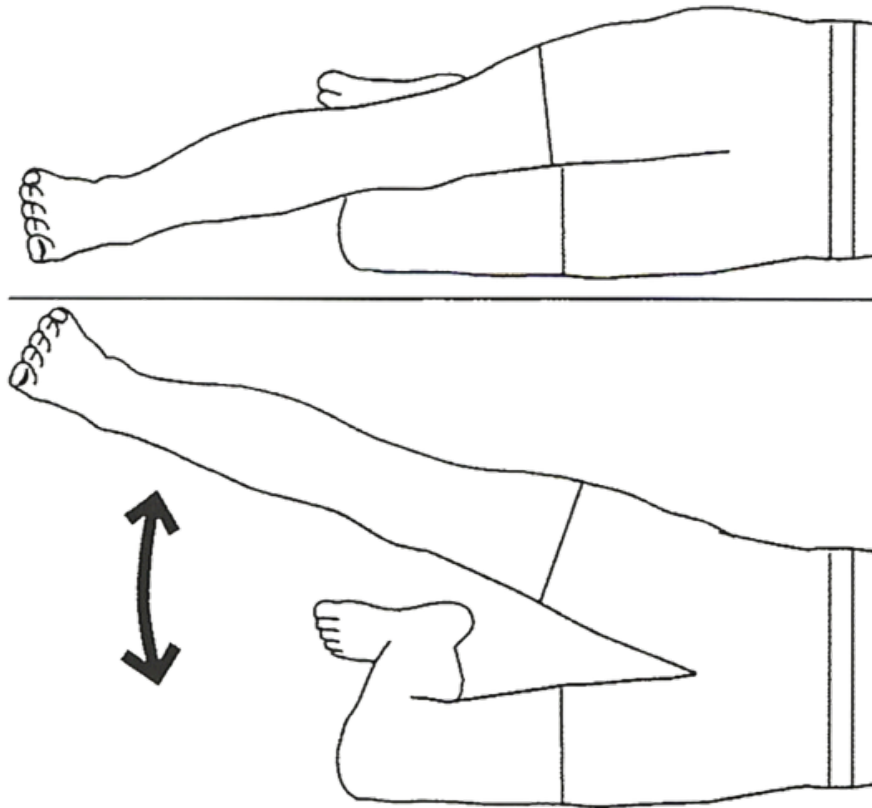


Other Important tasks:

- ***Cancel any dental appointments/invasive procedures that fall between 3 weeks prior to surgery and 3 months after surgery.***
- ***Avoid any injections into your surgical joint for 3 months prior to surgery. Please inform Dr. Minutillo's team immediately if you believe you have scheduled surgery in this window.***
- Arrange for a family member or friend to accompany you to the hospital on the day of your surgery.
- Arrange for someone to stay with you the first night you return home or to the hotel after the surgery.
- You will be discharged from the hospital or surgery center as discussed, so plan ahead for transportation home or to the hotel on the day of your planned discharge.
- While taking narcotic pain medication, you will NOT be permitted to drive. Oxycodone and Norco (Hydrocodone) are narcotics. You may need to arrange for transportation to your initial follow-up visit.
- Adjust your work/social schedule accordingly during your anticipated recovery time. Recovery will be covered in more detail in this book.
- Prepare your home for recovery:
 - Remove small throw rugs or other small obstacles in your home that may be in your path.
 - If you have pets, you may want to arrange for someone to assist in caring for them for a few days after you return home.
- In order to stay well hydrated after surgery, pick up some alternatives to water, such as Gatorade, juice, or vitamin water.
- Consider taking additional protein prior to and after surgery for healing benefits.
- If you are currently performing an exercise program, continue doing so.
- If you are not currently performing an exercise program, you may incorporate exercises as directed in this binder. ***If you start the exercises and they are too painful, stop doing them.***

Exercises Prior To Hip Surgery

Sidelying Hip Abduction



- Lie on the uninvolved side, with your lower knee bent for stability.
- Keep knee straight on the involved leg, lifting the leg upward.
- Return to the start position and repeat.

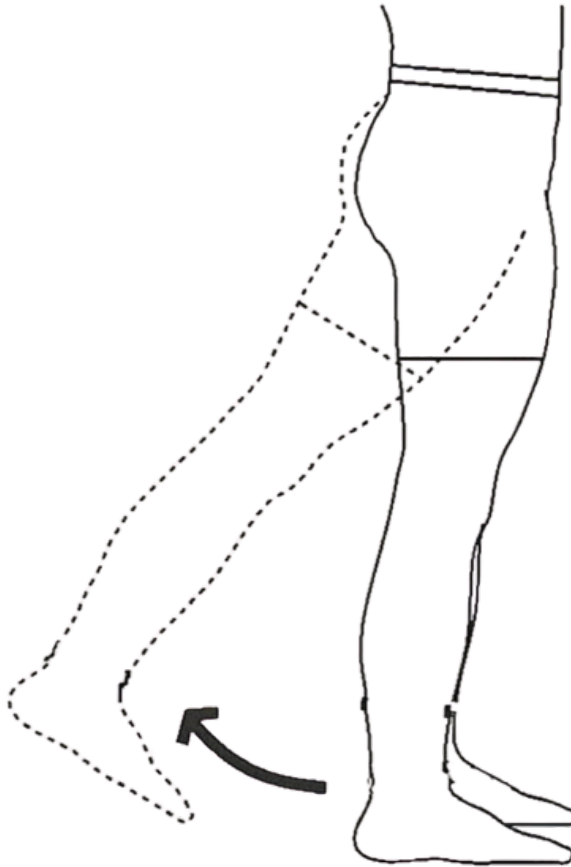
Perform 3 sets of 10 repetitions, once a day.
Rest 1 minute between sets.
Perform 1 repetition every 4 seconds.

Special Instructions:

Do not roll trunk forward or backward

Exercises Prior To Hip Surgery

Standing Hip Extension

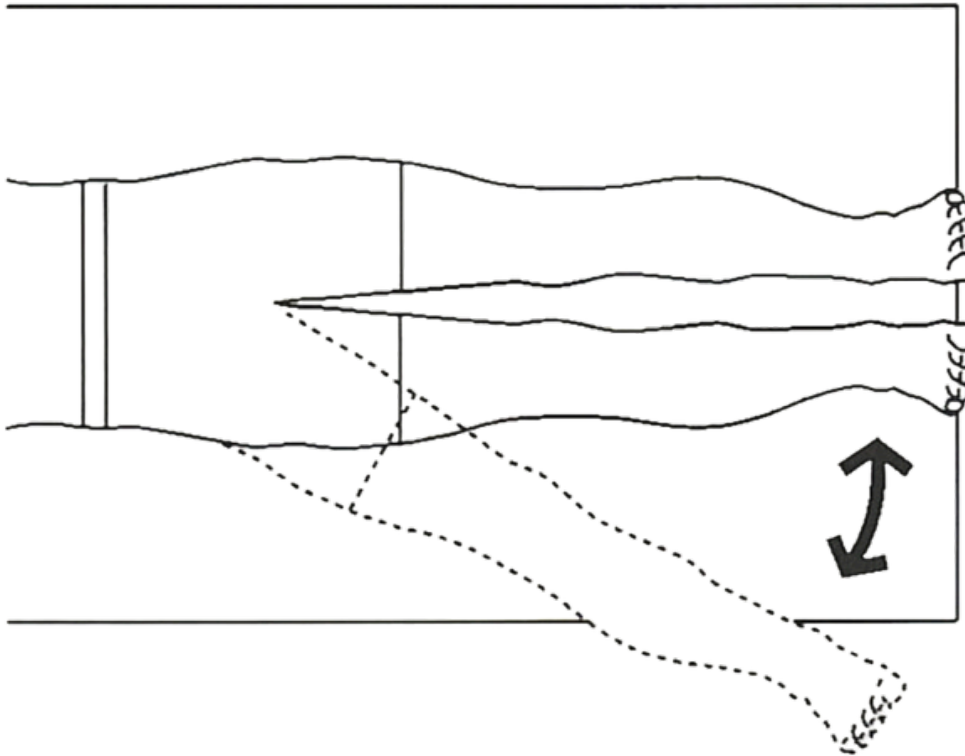


- Stand and hold onto the table or wall for balance.
- Extend the leg backward, keeping the knee straight.
- Return to the start position.

Perform 3 sets of 10 repetitions, once a day.
Rest 1 minute between sets.
Perform 1 repetition every 4 seconds.

Exercises Prior To Hip Surgery

Supine Hip Abduction



- Lie on your back on a firm surface, legs together.
- Move your leg out to the side, keeping the knee straight.
- Return to the start position.

Perform 3 sets of 10 repetitions, once a day.

Rest 1 minute between sets.

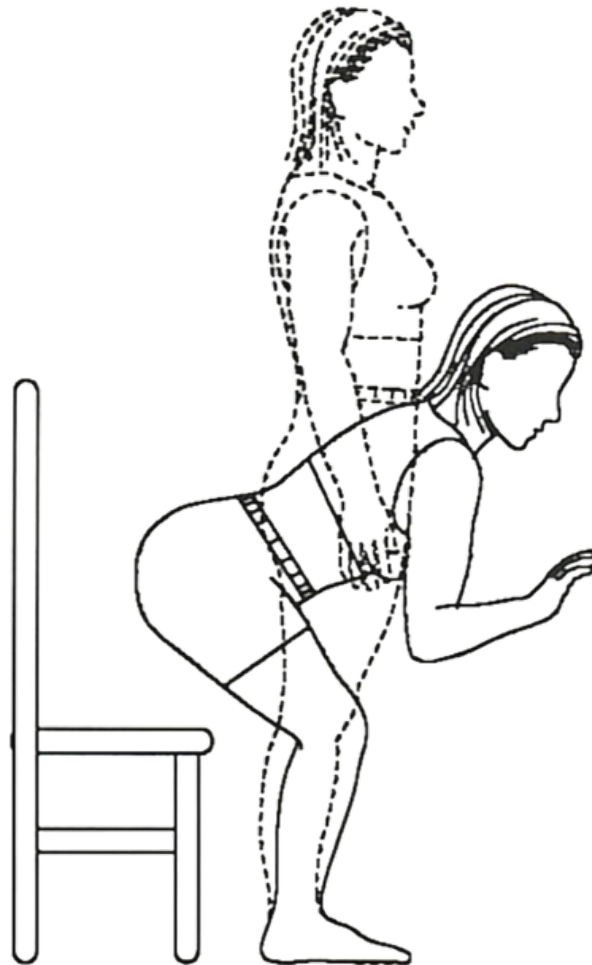
Perform 1 repetition every 4 seconds.

Special Instructions:

Use a pillow case to reduce friction.

Exercises Prior To Hip Surgery

Sit To Stand



- Begin standing with a chair behind you.
- Lean forward lightly as you bend the knees and lower buttocks towards the chair as if attempting to sit.
- Before you touch the chair, stand back up to a full upright position.

Perform 3 sets of 10 repetitions, once a day.
Rest 1 minute between sets.
Perform 1 repetition every 4 seconds.



2 Weeks Before Surgery

Your Pre-operative appointment

Within 1-2 weeks prior to your surgery, you will have a pre-operative appointment. At this time, Dr. Minutillo and his team will sit down with you to review your surgery and medical clearance and answer any questions you may have after reading this booklet.

Prior to this appointment, please be sure you have:

- Completed your pre-operative clearance appointment with your medical doctor
- Reviewed the teaching class you attended
- Gathered all other remaining questions you may have after reading this book

Assemble Additional Supplies

Dr. Minutillo recommends purchasing these additional items online (Ex. From Amazon) or at a pharmacy.

1. **Additional waterproof dressings.** You will leave the hospital or surgery center with a waterproof dressing that will stay on for the first week. I recommend buying at least 1 additional dressing to cover your hip wound for an extra week after you take the first dressing off.
 - Amazon recommendation: EVERLIT Silicone Foam Dressing with Gentle Adhesive Border (4" x 10" | 5 Pack) - ~\$25.
2. **Chlorhexidine soap.** This is a special soap that you will use for three days leading up to your hip surgery, which has been shown to kill bacteria on your skin and reduce the risk of infection after surgery. The specific instructions are below in the “Week of surgery” section. This can be purchased at any drugstore or on Amazon; the brand name is Hibiclens, and the generic name is Chlorhexidine Gluconate (CHG) 4% Solution.
3. **Pill organizer.** After surgery, you will be on a combination of medications that are designed to work together and make your recovery quicker and less painful. Medications will be scheduled at breakfast, lunch, dinner and right before bedtime. To keep track of the timing of your medications, I recommend buying a 4-time-a-day pill organizer that has 7 days. These can be purchased for around \$10 online and may also be available in your local drugstore.
4. **Compression stockings.** After surgery, your surgical leg will be bruised and swollen, which is normal. I recommend 20-30 mmHg compression stockings to help with swelling and associated pain for the first three weeks after surgery.
 - Amazon option 1: ABSOLUTE SUPPORT Post Surgery Compression Thigh High 20-30mmHg - Silicone Border & Open Toe - ~\$27
 - Amazon option 2: ABSOLUTE SUPPORT Plus Size Thigh High Compression Socks 20-30mmHg with Silicone Border & Open Toe - ~\$27



The Week Of Surgery

The final week leading up to surgery can provoke anxiety and stress. This is entirely normal and is to be expected. By this point, our team is prepared and has everything we need to provide you with excellent care as if you were our own family member. Try to relax and focus on seeing yourself with joint pain relief in the coming weeks. Some simple yet important things are left to do.

- 1. Pick up your medications from your pharmacy prior to your surgery date.** This is extremely important to ensure that your pain is well controlled and to optimize your chances of having a safe and rapid recovery. You will need these medications right after your surgery.
- 2. Review the next section, “MEDICATIONS TO STOP BEFORE SURGERY,”** and stop taking those medications as directed.
- 3. Three days prior to surgery, begin your chlorhexidine soap treatment.**
 - Use your regular soap and shampoo to wash your head and entire body. Rinse thoroughly.
 - After rinsing off your regular soap, use the CHG soap on your entire body, excluding your eyes and mucus membranes. Rinse this off completely.
 - Avoid applying lotion or oil anywhere on your body after the shower.
 - Wear clean clothes after each shower.
 - Ensure that you sleep in clean clothes and sheets the night before your surgery.
 - **If you shave, stop shaving the area around the surgical site.** Small nicks from a razor introduce bacteria below your skin.



Medications To Stop Before Surgery

10 days before surgery, you need to stop:

- Aspirin

Seven days before surgery, you need to stop:

- Plavix
- Any Anti-inflammatory medications except Celebrex
 - Examples are Advil, Aleve, Voltaren, and Mobic/Meloxicam
- Any herbal supplements
- Vitamins (vitamin E, K, etc.)

5 days before surgery, you need to stop:

- Coumadin
- Warfarin
- Pradaxa

3 days before surgery, you need to stop:

- Xarelto
- Eliquis (blood thinners closed parentheses)

You can continue to take the following medications:

- Tylenol
- Celebrex
- Ultra set
- Glucosamine chondroitin
- Iron supplements
- Ultram (tramadol closed parentheses)

Take a moment to speak with the medical doctor about your regular prescription medications (blood pressure, heart, cholesterol) and what effect they may have on your surgery.

If you are having a second surgery, please refer to the top of this list to stop the appropriate medications preoperatively.

If you take a sleep aid currently, you may not take it while on narcotic or opioid medications.



The Night Before Surgery

- Nothing to eat after midnight! The hospital and surgery center are very firm on this. We would hate to have to cancel your surgery after all of this work.
- Each facility has different rules about having Gatorade or water a few hours before your surgical procedure. We will address this at your preoperative visit.
- It is OK to have one alcoholic drink the night before surgery
- Pack your bag for surgery (Items below)
- Get a good night's sleep, and know that you are well taken care of.

What should I bring to the surgical center?

- ID card
- Insurance card
- Wear loose and comfortable clothing
- Cane or crutches - if you do not have them, we will provide them for you

What should I not bring?

- Jewelry – please remove all.
- Medications (The hospital will provide all of the medications you take at home if you are spending the night).
- Contact lenses (wear glasses if you have them; you can't wear contacts during surgery).



Day Of Surgery

Congratulations! Today is the big day. You've made all the preparations to give yourself the best shot at getting rid of this hip pain. You should be excited to get your life back. Remember, **no eating and no coffee today!** If you have medications to take, it is OK to take them with a sip of water.

On Arrival

Once you have arrived at either the surgery center or the hospital, enter the main entrance and check in at the front desk. Tell them you are here to have hip surgery with Dr. Minutillo. You will be ushered into the preoperative holding area after completing check-in.

After Check-in

After checking in at the front desk, you will eventually be brought to the preoperative holding area, where you will change into a patient gown and be introduced to your pre-operative nurse. Your nurse will ask you a ton of questions that are likely to be repeated. The repeats are on purpose. Your safety is most important, and we take every measure necessary to ensure everyone is on the same page at every step. You will also meet your anesthesiologist at this time, who will review the type of anesthesia you will be receiving. Most commonly, this will be spinal anesthesia, which will feel like a quick pinch to the lower back, combined with an injection in your thigh called an "adductor canal block." Sometimes, if the anesthesiologist feels it to be safer for you, they may give general anesthesia, where a breathing tube is placed.

Relax!

At this point, there is nothing left for you to do but fall asleep and allow Dr. Minutillo and his team of experts to take care of you. You are on the way to hip pain relief!



Immediate Post-Op Period

You did it! You will wake up in the Post Anesthesia Care Unit, also known as the PACU. You will be taken care of by a PACU nurse who will continue to monitor your vital signs and IVs and make sure you are doing as expected. Grogginess is OK and is to be expected. When appropriate, they will allow the person who accompanied you for the day to come see you and sit with you. Your course from here will be one of two pathways based on your discharge plan:

- **If you are being discharged home the same day**, you will walk with a physical therapist once your spinal has worn off and your pain is controlled. We also like to see that you're eating, drinking, and feeling good in general. Once you have demonstrated that you can perform all their tasks safely, you will be discharged so that your support person can bring you home.
- **If you are staying the night at a hospital**, you will probably just rest after surgery and have your physical therapy session the next morning. Once again, Physical therapy will ensure that you can get home and be home safely.

Your incision and surgical bandage

You will have either a waterproof bandage (Aquacel) OR an incisional wound vacuum dressing (Prevena) placed over your incision during surgery. The dressing that is best for you will be determined by Dr. Minutillo during your surgery.



Post-Operative Medications

By this point, you should already have your post-operative medications that you picked up from your pharmacy before you had surgery. Unfortunately, taking medication is part of this process and absolutely necessary to ensure that you have a safe and rapid recovery. The medications and the way in which they are taken (outlined below) have been shown at major academic institutions to control pain and reduce complications related to your surgery. Dr. Minutillo has specifically chosen all of these to optimize your recovery. He asks that you please follow this guide closely. You will see the medications are split into two categories of necessity:

1. **Scheduled medications** consist of pain and anti-inflammation medicines, a medication to prevent DVTs, and a medication to protect your stomach.
2. **As needed medications** consist of a weak and strong narcotic medication that you will usually use for the first 1-3 weeks, a medication to treat nausea, and a medication to treat constipation.

Dr. Minutillo recommends using a pill organizer to reliably take these medications with ease. Below is a description of these medications, followed by a sample medication plan for a sample patient.

Pain and Anti-Inflammatory Medicine			
Medicine	Description	Doses	Typical duration
Extra-Strength Tylenol (Acetaminophen)	Very effective pain medicine when taken around the clock. You will take this medication scheduled for the first three weeks.	Breakfast - Lunch - Before bed	3 weeks
Aspirin	Aspirin is an anti-inflammatory and also prevents blood clots. You will take it twice a day scheduled for 4 weeks.	Breakfast - Dinner	4 weeks
Meloxicam or Celebrex	Long-acting anti-inflammatory medications that help reduce pain and speed up recovery. You will take it scheduled with breakfast for 8 weeks.	Breakfast	8 weeks
Lyrica (Pregabalin)	Nerve medication that helps with tingling and shooting pain after surgery. Take scheduled for the first 2 weeks.	Breakfast - Dinner	2 weeks
Tramadol	Weak opioid pain medicine that you will take as needed. Most people take it around the clock for the first 1-2 weeks, and then taper off by the third week.	Every 4-6 hours as needed	2-3 weeks as needed
Oxycodone	Opioid pain medicine that you will take as needed. Most people take this in addition to the medications listed above for a few days and then taper off.	Every 4-6 hours as needed	1-2 weeks as needed
Stomach Protector			
Pantoprazole	Protects your stomach from aspirin and meloxicam. You will take this scheduled once per day as long as you are on those medications (4-8 weeks)	Breakfast	4 weeks
Anti-Nausea			
Zofran (Ondansetron)	Anti-nausea medicine to use as needed. Make sure you take all the medicines above with food to prevent nausea. If you are not hungry, have a premade protein shake, and never take medicines on an empty stomach	As needed	As needed
Stool Softener			
Senna Plus (Docusate/Senna)	Opioid pain medication causes constipation because it slows your digestion. Take this medication scheduled twice per day early on when you are taking both oxycodone and tramadol, and once per day if your stool is too loose.	Breakfast - Dinner	3 weeks

Sample personalized medication plan

The following is an **example** of a personalized medication plan. Your unique plan may differ from this exact plan based on the medications you already take and any pre-existing medical issues. Your personalized plan will be discussed in detail at your preoperative information appointment with Dr. Minutillo's team, which is 1-2 weeks before surgery.

STEP 1: Scheduled medications Do these things no matter how much pain you are in			
Ice and Elevation			
Ice	Ice your hip over the incision for 20 minutes every hour for the first 7 days, then 3 times a day if it feels good.		
Elevation	Elevate your surgical leg above your heart to help reduce swelling for 40 minutes every hour for the first 5-7 days.		
Medications	Dose	How often and how long	For what reason
Extra-Strength Tylenol (Acetaminophen)	1000mg	Three times a day: 2 x 500mg (1000mg total) with breakfast, lunch, and before bedtime for 3 weeks	Baseline pain medicine (Non-narcotic)
Aspirin	81mg	Twice a day: 1 pill with breakfast, 1 pill with dinner for 4 weeks	Prevent blood clots
Protonix (pantoprazole)	40mg	Take 1 40mg pill with breakfast for 4 weeks	Protect stomach from other medicines
Celebrex (Celecoxib)	200mg	Take 1 200mg pill with breakfast for 8 weeks	Anti-inflammatory, pain medicine (Non-narcotic)
Lyrica (Pregabalin)	50mg	Take 1 tablet at breakfast and one at bedtime for 2 weeks	Helps with pain at night, especially nerve pain (Non-narcotic)
STEP 2: "As needed" pain medicine Take this medicine if you are still uncomfortable after baseline medicine			
Medications	Dose	How often and how long	For what reason
Try this first:			
Tramadol	1 x 50mg	Every 4-6 hours as needed for breakthrough pain.	Extra pain medicine (Weak narcotic), expect to take every 4-6 hours for 1 week, usually wean off around 3 weeks after surgery, wean off of doses before PT and night dose last.
If still having too much pain after 30 minutes:			
Tramadol	2nd 50mg pill	Take a second 50mg Tramadol 30 minutes after the first one if you are still having too much pain. If this relieves your pain to an acceptable level, take 2 x 50mg Tramadol 4-6 hours later as needed for pain.	
If still having too much pain after 30 minutes:			
Oxycodone	5mg	Take 5mg oxycodone if still having too much pain after 2 x 50mg Tramadol. If this relieves your pain, it can be repeated with 2 x 50mg Tramadol every 4-6 hours as needed.	Extra pain medicine (Narcotic), expect to take around the clock for first week and usually wean off around 1-2 weeks after surgery.
If still having too much pain after 30 minutes:			
Oxycodone	2nd 5mg pill	Take 5mg oxycodone if still having too much pain after 2 x 50mg Tramadol and 1 x 5mg oxycodone. Can be repeated every 4-6 hours as needed, ok to take with Tramadol.	
If still having too much pain after 45 minutes:			
Call Dr. Minutillo and his team at (631) 689-4162 and follow prompts to speak with Dr. Minutillo or the on-call surgeon.			
Other as needed medications - Extra medications just in case			
Nausea medicine			
Zofran (Ondansetron) 4mg oral dissolving tablets	Place tablet under the tongue	Take every 4-6 hours as needed for feeling nauseated. Most often, nausea is due to taking medicines on a stomach that does not have enough food in it. Take medicines immediately AFTER meals if they are listed with a meal.	
Senna Plus (Docusate/Senna)	2 X 50 mg/8.6 mg	Take 2 tablet with breakfast and 2 at bedtime while taking Tramadol or oxycodone. Prevents constipation, which is very common with opioid pain medications (Tramadol and oxycodone)	



The Post-Operative Phase

Week One

You've done the hard part. By now, you should be in the comfort of your own home, resting and taking all the medications as outlined in the previous section. It is natural to feel some discomfort at this stage, but it will gradually improve as long as you continue to follow the instructions.

First, give your body time to heal. Despite how quickly this procedure went, it is still is a major surgery. You must give your tissues and muscles a chance to recover. The theme of the first weeks is "DON'T OVERDO IT AND TAKE IT EASY." Premature activity, before your body is ready, can result in increased swelling and pain and ultimately work against Dr. Minutillo's rapid recovery protocol.

Physical Therapy and Activity

Physical therapy will likely be delivered by your home nurse. The focus is generally to ensure that you can walk safely by training you to use a walker and obtain your balance. It is not uncommon for people to feel that they "don't need a walker" because they can walk just fine. Dr. Minutillo still prefers you to use the walker in the first 1-2 weeks for safety purposes and really make sure you are ready to progress.

Your Bandages

As described previously in the "immediate post-op period" section, you will either have an Aquacel or a Prevena dressing. Listed below are some points pertaining to questions you may have.

- **The dressings are designed to stay in place for 7 days.**
- You may shower with either bandage in place. However, if you have a Prevena placed, please place the machine in a waterproof bag (like a ziplock) and put it off to the side of the shower.
- On day 7, you may slowly peel off either dressing and throw it away. At that point, you can leave the incision open to air or place gauze and compression shorts. Try to avoid adhesive tape. If there is any area of dampness, suture exposure, or concern, please cover the wound with an extra bandage.
- Once the dressing is removed, you may go in the shower without a covering and then **pat dry after exiting the shower**. However, **do not soak/submerge the incision as you would in a bath or hot tub**.
- No creams, lotions, or ointments on the incision.
- Please call the office should you notice any drainage leaking outside of the bandage.
- Your incision will be closed with skin glue.
- If external sutures are used instead, they will be removed at your 2-week post-op appointment.

Week 2

Many patients go straight to outpatient physical therapy this week. You will continue to work on balance and ensure safe mobility. You will remove the surgical bandage at home or with your therapist 7-10 days after surgery as described above. You may notice some redness and or bruising. This is not uncommon. Some bloody drainage will also be on the inside of the dressing.

Expectations at this time

- Pain is even more tolerable than week 1, but you are likely still taking Tramadol and maybe oxycodone on top of your baseline medications. By the end of this week, you should begin thinking about reducing or stopping these medications.
- You still feel tired from having surgery
- Your swelling and bruising will peak this week and start to get better.

Week 3

This week, you will have your follow-up appointment with Dr. Minutillo, so he can physically see you and check on you in person. At that visit, we will get X-rays of your new hip.

Expectations at this time

- At this point, you should just about be transitioned off of a walker and ambulate independently.
- You can drive at this point **if** you are off narcotic medicines and feel comfortable.
- By this time, the vast majority of patients have stopped taking tramadol and oxycodone.
- The swelling and bruising are still there, but they will be improving
- Your incision is still healing at this point – once again, don't scrub it aggressively, but let the water roll over it and pat it dry.

Weeks 4-6

You should be walking freely without a cane or walker, but if you feel you need to use it for safety, you may do so. You should still refrain from any high-impact exercise like intense bike riding, jogging, or jumping. Yes, that includes pickleball.

Expectations at this time

- You should no longer require pain medications.
- Pain should be minimal.

Weeks 6-12

At 6 weeks, your pain should be minimal, if there is any at all. However, everyone is different, and some people need a little more time than others. Most of the total hip replacement implants that Dr. Minutillo uses actually allow for the bone to grow directly into them. Research demonstrates that this process typically takes about 6 weeks. Consequently, Dr. Minutillo will allow you to begin increasing your activity towards the amount that you once had!

Weeks 12 and Onward

It has been quite a journey. Most of the recovery should be complete this time. However, it is important to remember that this was still a major surgery, and everyone heals at a different rate. This will continue, even in small amounts, to progress throughout the first year in terms of mobility, pain, and comfort. Most people are doing very well and are pleased with their decision to take their lives back with hip replacement. We will see you back in one year!



Other Useful Information

When to Contact the Office

- It is not uncommon to have some redness and swelling after surgery. Please do not hesitate to contact the office if you have concerns.
- Fever greater than 101
- Significant drainage or drainage that is thick, yellow/green, foul odor
- Redness spreading away from the incision
- Increased pain uncontrolled by pain medications
- Unable to put weight on leg or decrease in range of motion
- Abdominal bloating associated with nausea/vomiting and constipation
- Unable to empty bladder
- Please reach out to your primary care doctor for concerns related to heart rate and/or blood pressure or present to an urgent care/emergency department.

When to Call 911 or Go to the Emergency Room

- Chest pain
- Shortness of breath
- Difficulty breathing

Office Contact Information

· *For questions and/or concerns Monday-Friday 8:00 AM-5:00 PM, please contact Dr. Minutillo's office directly at 631-689-4162. Nicole, Danielle, and Bailey are able to answer most questions you may have.*

· For clinical concerns Monday-Friday after 5:00 PM, weekends, and holidays, please dial, and you will be directed to a call service. Please ask to be connected with the On-Call Surgeon. This is a surgeon who works with Dr. Minutillo.

· If you need to present to the Emergency Room for conditions related to your hip or knee, I recommend that you try to go to Saint Catherine's of Siena or Saint Charles Hospitals. If your issue is an acute emergency, please call 911 or present to the nearest Emergency Room.

Dr. Minutillo's Office Number: (631) 689-4162

Staff

Danielle Stahl – Surgical Coordinator
Nicole Sanita – Administrative Assistant
Nicole Branca – Administrative Assistant
Bailey Lillis – Medical Assistant