

The Joint Replacement Center at

BBJI

Boston Bone & Joint Institute

A DIVISION OF **NOA**
NORTHEAST ORTHOPAEDIC ALLIANCE

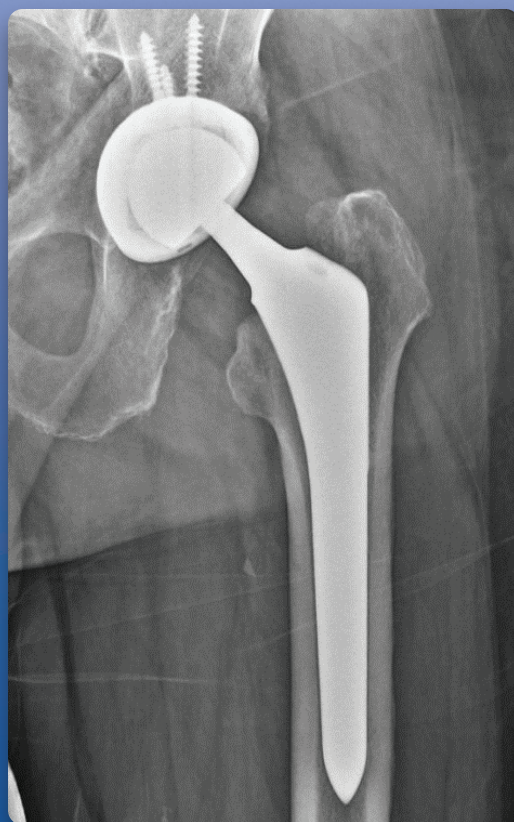
A Guide to Hip Replacement Surgery

James G. Nairus, MD

Daniel Lococo, NP-C

Kim Frey – Surgical Coordinator

Jenna Foscaldi - Patient Care Coordinator



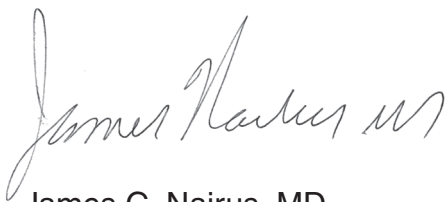
To our patients,

Thank you for the opportunity to take part in your care. Our number one goal, along with that of our team at the Boston Bone & Joint Institute, is to improve your quality of life through our knowledge, skill, experience, and most importantly – compassionate care.

Hip replacement surgery is a highly effective procedure, but we recognize surgery can be stressful. We hope to make this process as smooth as possible. Our team of experts is here for your questions, concerns, and general support through this journey to improve your quality of life.

This booklet is intended to be a resource to help you and your loved ones understand your joint replacement, the risks and benefits of surgery, and what to expect during your surgical and postoperative experience. Please read this entire booklet as most questions you may have can be answered here. Please keep this with you all the way up to your date of surgery and beyond. Additionally, our team is always here to answer your questions – please do not hesitate to contact us about anything. See page 41 of this booklet for information on how to relay questions to the team.

Sincerely,



James G. Nairus, MD



Daniel Lococo, NP-C

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Meet Your Joint Replacement Team

JAMES G. NAIRUS, MD



Dr. James G. Nairus is an attending orthopedic surgeon at the New England Baptist Hospital and has been Board Certified by the American Academy of Orthopedic Surgeons since 2004. He came to New England Baptist Hospital from the University of Massachusetts Memorial Medical Center in Worcester, Massachusetts, where he was an Assistant Professor of Orthopedic Surgery and the Chief of the Division of Adult Reconstructive Surgery. Dr. Nairus is a Clinical Instructor at Tufts University School of Medicine.

Dr. Nairus has lectured at orthopedic conferences and authored numerous works of orthopedic literature. He graduated *cum laude* from the College of the Holy Cross in Worcester, Massachusetts, where he was a first team GTE Academic All-American in basketball. He obtained his medical degree from the University of Cincinnati College of Medicine. He completed his general surgery internship, orthopedic residency and an orthopedic research fellowship at the University of Massachusetts Medical Center in Worcester. He then completed the Otto E. AuFranc Fellowship in Adult Reconstructive Surgery at the New England Baptist Hospital. Dr. Nairus specializes in surgery of the hip and knee performing total joint replacements as well as knee arthroscopy.

DANIEL LOCOCO, NP-C



Daniel Lococo is a Nurse Practitioner at Boston Bone & Joint Institute. He graduated from Boston College, where he received both his BSN and his MSN degrees. Dan also graduated from Duke University's Orthopedic Specialty Certificate Program. He is a member of the nursing honors society, Sigma Theta Tau, a member of the Massachusetts Coalition of Nurse Practitioners, and is accredited by the American Association of Nurse Practitioners.

Dan worked as a Nurse Practitioner at Longwood Orthopedic Associates since 2019. Prior to that, he was an RN working in the operating room at New England Baptist Hospital. Dan specializes in conservative measures of osteoarthritis of the hip and knee, including injections, and is a first assist in the operating room.

Dan lives in Andover with his wife, Kristina. In his free time, he likes to attend any Boston sports games, exercise, and spend time with family and friends.

KIM FREY, SURGICAL COORDINATOR

Kim assists in surgical scheduling, pre-operative testing questions, and pre-surgical packets. Please only refer to Kim with regard to needs directly related to your surgery.

Kim can be reached at 617-751-5210.

JENNA FOSCALDI, PATIENT CARE COORDINATOR

Jenna is located in the Whittier clinic and handles disability forms, letters, work forms, PT scripts, diagnostic orders (MRI, CT, bone scan), scheduling telehealth appointments and assists with patient calls for Dr. Nairus and Dan. **Jenna can be reached at 617-751-5217.**

Understanding Hip Replacement Surgery

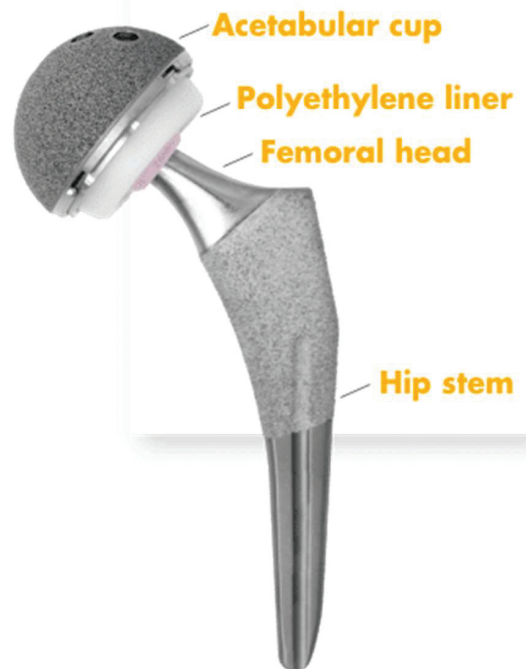
Hip replacement surgery is the treatment for the arthritic or post-traumatic conditions that cannot be treated with conservative techniques. The procedure is initiated with anesthesia and then involves an incision followed by removal of the arthritic and damaged femoral head and replacement of the surfaces with titanium and a highly cross-linked plastic liner and ceramic head.

The implants are attached to the bone with titanium components textured for the bone to grow into them. We usually do not use glue or cement.

Dr. Nairus prefers to use a Mini Posterior Lateral approach — he makes a small incision near the side and buttock of the hip in a natural tissue plane to allow for removal of damaged bone and cartilage, and implantation of an artificial hip limiting any damage to surrounding muscle and tendons. Unless a rare fracture occurs, the patient is weight bearing as tolerated immediately after the procedure with the use of crutches or walker for 2-3 weeks on average just for comfort.

The use of the mini posterior lateral approach lowers the incidence of nerve damage around the hip in addition to other complications and has less bleeding compared to a direct anterior surgical approach.

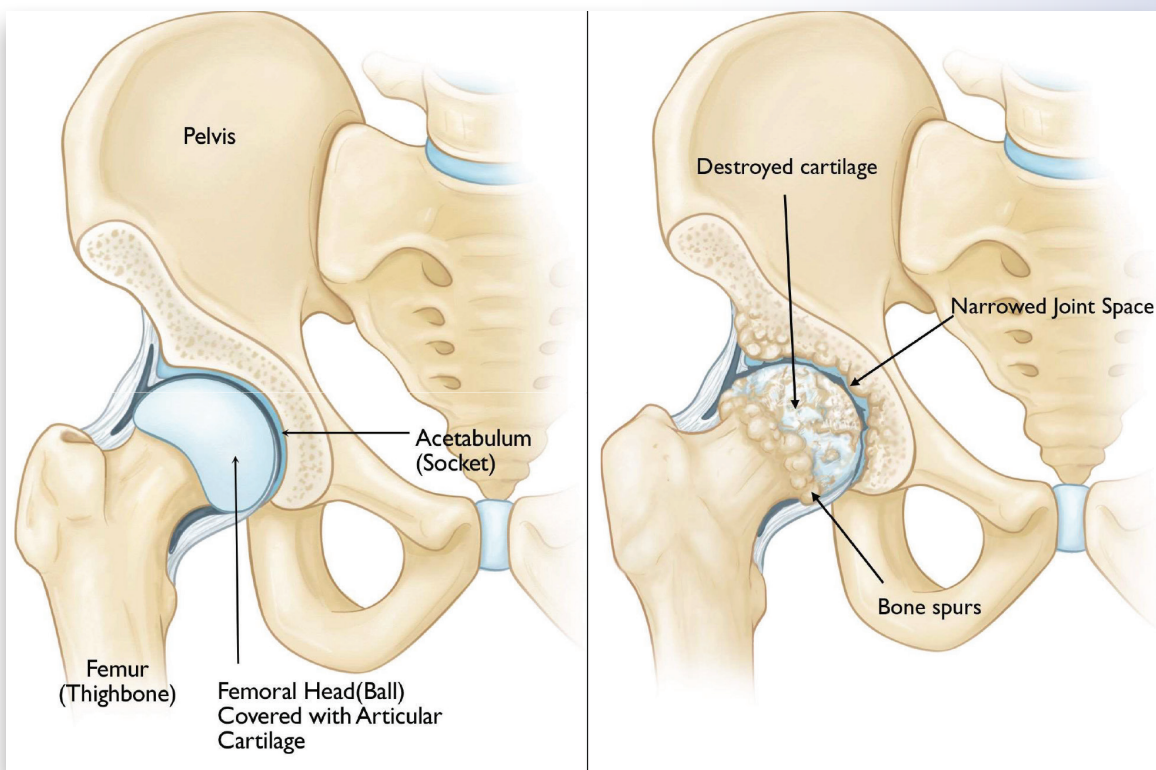
Hip replacement surgery takes about 2 hours. The patient then moves to the recovery area for approximately 2 hours. Healthy patients who have support at home will be discharged the same day, or otherwise with 1 overnight stay in the hospital. After discharge, the patient goes home with therapy services provided at home for a time. The follow-up visit is in our office at four weeks with Dr. Nairus, for an x-ray and further instruction.



Hip Anatomy

The hip is a ball-and-socket joint. The ball, at the top of your femur (thighbone) is called the femoral head. The socket, called the acetabulum, is a part of your pelvis. The ball moves in the socket, allowing your leg to rotate and move forward, backward and sideways.

In a healthy hip, cartilage covers the ball and the socket to help them glide together smoothly. If this cartilage gets worn down or damaged, the bones scrape together and become rough. This condition, osteoarthritis, causes pain and restricts motion. An arthritic hip can make it painful to walk or even to get in or out of a chair. If you have been diagnosed with hip arthritis, you may not need surgery. Nonsteroidal anti-inflammatory drugs (NSAIDs) and/or physical therapy may provide relief. But, if these efforts do not relieve symptoms, you usually require a total hip replacement.



The normal anatomy of the hip.

A hip damaged by osteoarthritis.

Planning for Your Total Joint Replacement

BMI (Body Mass Index)

As a patient's BMI can correlate with poor patient outcomes as it presents additional risks with regard to total joint replacement, Dr. Nairus has a BMI cutoff for his joint replacement surgeries. If Dan or Dr. Nairus discussed your BMI with you, you must meet your goal weight that was agreed upon in that visit before scheduling your surgery date with Dr. Nairus.

The following information is addressed in this packet. Any questions or concerns should be discussed between you and the team in preparation for your surgery. Much of this information can also be found in a video.

- Preoperative education about the surgical procedure.
- Preparation for surgery.
- What to bring to the hospital.
- Discharge planning.
- Home preparation for after surgery.

Preparing Your Home for After Surgery

- Move frequently used items, especially in the kitchen, bathroom, and bedroom, to easy-to-reach drawers and/or shelves.
- Make sure all your medications are within easy reach.
- Have a cell phone or cordless phone close to you.
- Place a list of emergency phone numbers by the phone.
- If possible, arrange assistance with laundry and cleaning.
- Clear pathways between your most commonly used areas – such as from your bedroom to your bathroom and kitchen, and between the living room, bedroom, and bathroom.
- Remove all clutter and keep stairs free of objects.
- Install night lights between bedroom and bathroom.
- Make arrangements to keep pets in another area of the house when you first get home. They can be an unintentional hazard.
- A raised toilet seat helps for the first month. **(TOILET SEAT REQUIRED FOR HIP PATIENTS.)**

Clothing for After Surgery

- Loose fitting clothing is recommended after.
- You may want to get a couple pairs of pants that have elastic waists.
- You will want to be sure to have a pair of slip on shoes. Do not wear flip flops as it is too easy to trip.

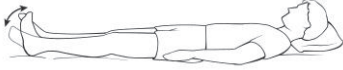
Your Hip Replacement

Pre-Operative Exercises

These exercises were designed to give you an early start on your rehabilitation program and help strengthen you in preparation for surgery. All exercises are to be done within the limits of comfort. Discontinue any exercises that produce pain. For all exercises: Repeat 10 times, 1-2 times per day.

Bed Exercises - Lying on Back

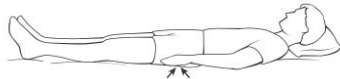
Ankle Pumps - Pump ankles back and forth.



Quad Set - Tighten muscle on the front of your thigh by pushing your knee down into the bed, hold for 5 seconds.



Glut Set - Squeeze your buttocks together, hold for 5 seconds.



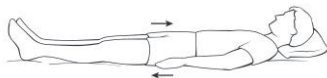
Hip Rotation - Roll both of your legs out to the side and then back to neutral, keep your knees straight.



Thomas Test Stretch - Bring your un-affected leg toward your chest, hug your knee to chest using your arms. Stretch your affected leg long, hold for a count of 5 seconds. You should feel a stretch across the front of your affected hip.



Hula - Push one leg long while pulling the other leg short, keep your knees straight. Repeat with your other leg.



Heel Slides - Bend your knee by sliding your heel on the bed towards your buttocks.



Short Arc Quad - Place a folded pillow or towel roll under the knee of your affected leg, so that your knee is bent and your heel is resting on the bed. Lift your lower leg off the bed, hold for 5 seconds.



Hip Abduction and Adduction - Slide your affected leg out to the side and back to the center, keeping your knee straight.



Standing Exercises

Use solid sink or countertop for support

Toe Raises - Lift heels up and down slowly.

Hip Flexion - Lift affected leg off floor, bringing the knee as high as you can, and hold for 5 seconds.

Hip Extension - Keep your knee and trunk straight; bring your leg behind you.

Hip Abduction - Keep your knee straight and bring your leg straight out to the side, hold for 5 seconds.



Toe Raises



Hip Flexion



Hip Extension



Hip Abduction

Pre-Operative Testing Appointment

For Outpatient Surgical Center Patients

Northridge Surgical Suites, Nashua, NH

New England Baptist Surgery Center, Dedham, MA

You will be required to make an appointment with your Primary Care Physician or Nurse Practitioner for a complete History & Physical, EKG, blood work (CBC, CMP) and surgical Clearance. All testing must be done within 30 days of your surgery date. Please obtain your PCP's FAX# and give it to Kim Frey so she can fax the pre-op paperwork to your doctor. Dan Lococo, NP, will send you a notification within a week prior to your surgery to prescribe your post-op medications.

For New England Baptist Main Hospital Overnight Patients

A pre-operative testing appointment at New England Baptist Hospital will be made roughly 2-3 weeks ahead of your surgical date. Some patients may qualify to do their pre-operative testing with their Primary Care physician. Please check with Kim to see if you qualify. ALL pre-op testing appointments must be within 30 days of your surgery date.

The Surgical Centers or New England Baptist Hospital will provide you with the information and perform any tests that may be required to have prior to surgery. The following are discussed with you at your pre-screening appointment:

- Medications
 - Please bring a list of your medications to your pre-operative visit.
- Blood/Urine tests
- Medical clearance from your doctors
 - You may have additional appointments with a specialist (cardiologist, hematologist) depending on your medical history.
- Pre-operative infection prevention
- Hospital stay and anesthesia concerns
- Post-op home services including physical therapy

If you have not received your pre-screening appointment within 3 weeks before your surgery, or if you have questions regarding the dates or times, please contact Kim Frey at Boston Bone & Joint Institute, **617-751-5210**.

It is important to continue taking all your other prescribed medication until your pre-admission testing office visit. During this visit, you will be given specific instructions about all of your prescription medication(s).

Recovery Shop

Dr. Nairus and Dan recommend some items to assist with your post-op healing, such as an ice machine. Please visit our recovery shop website at: <https://shop-recovery.net/nairus>

Diet

Healthy eating **before** surgery helps you heal and recover **after** surgery. Good nutrition is necessary for healing. During the healing process, the body needs increased amounts of calories, protein, vitamins A and C, and sometimes the mineral zinc. The following guidelines will help you choose “power” foods to promote healing. Eat a variety of foods to get all the calories, proteins, vitamins, and minerals you need. If you have been given a special diet, follow it as much as possible. It will help promote wound healing and may prevent infection and some complications.

Iron-rich foods

Eat iron-rich foods prior to surgery. Iron combines with protein to make hemoglobin, the substance that carries oxygen in the blood to all parts of your body. When hemoglobin is low, weakness and fatigue may result causing a slower recovery.

Foods that contain a high amount of iron include:

- Lean red meat/liver
- Enriched bread, pasta, fortified cereals
- Dried beans and peas
- Dried apricots and raisins
- Green leafy vegetables. NOTE: Patients on Coumadin should talk with their physician

Vitamin C

Eating foods high in vitamin C along with iron-rich food will help your body absorb the iron.

Foods that are high in vitamin C include:

- oranges and orange juice
- cantaloupe
- tomatoes
- potatoes

Eating in the days leading up to surgery

Eat only light meals, especially the day before surgery. The combined effects of anesthesia and your medication may slow down your bowel function. This can cause constipation after surgery. Increase fluids (water) and fiber in your diet as well.

Preparing For Your Surgery

The Night before Surgery

- Remember that you are to have ***nothing to eat or drink after midnight*** the night before surgery. Do not eat or drink anything including: gum, mints, or candy, and water or black coffee. You may take medications on the morning of surgery with a sip of water.
- If you are experiencing any signs of infection such as fever, cold/flu symptoms, diarrhea, skin rash, or open sores, please call the team and your medical doctor as soon as possible.
- Try to get a good night sleep. It is important to be well rested before surgery.
- Bathe or shower the night before or the morning of your surgery. You should wash your hip with antibacterial soap or Hibiclens the night before and/or the morning of surgery.
- **All nail polish should be removed before your arrival for surgery.** Your fingers will be used to accurately monitor your oxygen level during surgery.
- Creams and lotions should not be applied on the day of surgery. A light application of deodorant is allowed.

You will arrive to the hospital or surgery center 2-3 hours prior to your surgery. **New England Baptist Hospital or the Surgery Center will contact you the day prior to your surgery with an exact time to arrive at the hospital registration area on the day of surgery.** Please make every effort to arrive on time!

Patients are typically discharged to their home without the need for a rehab facility. It is important to prepare your home for discharge after surgery (see Preparing Your Home for Surgery section).

What to Pack for an Overnight Stay

Pack a bag or small suitcase with only the items you may need during your hospital stay. Please bring your own toiletries and any necessary personal items. While in the hospital you may opt to wear the hospital gown or you may bring your own clothes from home. Please review the following about what to and what not to bring with you.

What to Bring to Surgery Center or Hospital the Day of Surgery

- This Total Joint Replacement Guide.
- A full set of comfortable clothing. The clothing should be loose-fitting to allow room for any post-operative swelling.
- Shoes with non-skid soles.
- Personal items: contact lenses/denture care materials, glasses, hearing aids.
- CPAP/BIPAP machine (if routinely used). If you require a CPAP/BIPAP, you must stay overnight at the hospital for monitoring.
- A form of photo ID and insurance cards to present to the registration and admitting department.
- Cold therapy unit, if purchased ahead of time.
- Cell phone and charger.

What Not to Bring to the Hospital

- Money, jewelry, or other valuables.
- Medication – unless instructed by your surgeon/pre-operative nurse.
- Cigarettes, electric cigarettes, or tobacco.



Bring this Total Joint Replacement Binder with you on the Day of Your Surgery

Your Surgery Day

When You Arrive at the Hospital or the Surgery Center

The day of surgery you will check in and proceed to the pre-operative area where you will change into a hospital gown. You will be asked to confirm your name, date of birth, your surgeon's name, and the procedure for which you are scheduled. Before your surgery, several different people who are in charge of your care will ask you to repeat this information. Do not be alarmed, this is a routine safety measure. The nurse in the surgery area will take your vital signs, start an IV, and review your medical history.

You will also meet with the anesthesiologist. Anesthesiologists are physicians who administer the medication to make you fall asleep and provide pain management during and following the surgery. During surgery, anesthesiologists choose from a variety of medications for their different functions such as relieving pain, making the patient unconscious, and relaxing the body's muscles. The anesthesiologist balances all of these medications in accordance with medical and surgical needs of each patient.

Anesthesia Options

The most common method of providing anesthesia during joint replacement is **spinal anesthesia**, but occasional **general anesthesia** is used if certain risk factors contradict spinal anesthesia.

Spinal Anesthesia

In spinal anesthesia, numbing medication is injected into the fluid surrounding the spinal cord in the lower back. This will numb your legs and block all sensation in the lower half of your body for several hours.

Once you are in the operating room, routine monitors for blood pressure, heart rate, and oxygen saturation will be applied before you are given medication. While you are in a seated position, your skin is numbed with local numbing medication; a longer needle will then be applied through the numb area. After the needle reaches the desired space, numbing medication is injected into the fluid surrounding the spinal cord. You will then lie down on your back to allow the medicine to settle in. We will make sure that you are comfortable, safe, and sleepy.

You will not be awake during surgery. Spinal anesthesia provides surgical anesthesia, and you will be given sedatives to help you relax and put you in a light sleep. The level of your sleepiness can be adjusted, and you can be easily awakened, if needed. In other words, you will be sleepy but not completely out.

If you are not a candidate for spinal anesthesia, or your surgery is expected to be longer or involve more blood loss, general anesthesia will be chosen.

Side effects of spinal anesthesia may include short-term back pain, rare headaches, and trouble urinating. Nerve injury from needle trauma is very rare. Most of our patients don't remember the spinal being performed. Patients sometimes ask if they should worry about spinal anesthesia causing paralysis. Spinal anesthesia is relatively safe and the chance of paralysis is very rare. The needles used are very small and we make sure that you are not taking any blood thinning medication prior to performance of spinal anesthesia.

Advantages to using spinal anesthesia during hip or knee replacement surgery include:

- You avoid general anesthesia and receive less medication, thus having fewer potential side effects.
- After surgery, you are more awake with a lower chance of developing nausea and vomiting.
- You experience less bleeding during surgery and fewer complications from blood clotting after surgery.
- After surgery, spinal anesthesia usually lasts beyond surgical time. This makes your pain management after surgery much smoother.

General Anesthesia

General anesthesia keeps you in a deep sleep that affects your entire body. We will give you medicine through your vein that will put you to sleep.

Once you are asleep, the anesthesiologist will place a breathing tube down your windpipe. You will be breathing a mixture of oxygen, air and anesthetic gas that will make sure you stay asleep throughout the surgery.

Side effects of general anesthesia may include nausea, vomiting, sore throat/hoarse voice, or the potential for dental damage. General anesthesia can have more serious side effects that are far less common. Your anesthesia team will monitor your heart rate, blood pressure, breathing and body temperature throughout surgery to ensure your safety.

Advantages to using general anesthesia during hip or knee replacement surgery include:

- May be used for longer surgeries or when surgery may cause much blood loss.
- Used if patient is not a candidate for spinal anesthesia.

Other Items

Hearing Aids

If you use hearing aids, wear them to the hospital on the day of your surgery. Wearing them will help you hear everything we need to tell you.

Dentures

You will be asked to remove all nonpermanent dental work before your surgery.

Contact Lenses

Wear glasses if possible. If contact lenses must be worn, bring your lens case and solution. If glasses are worn, bring a case for them.

Hair

Wear your hair loose. Do NOT use clips, pins or bands in your hair. Do not use hair spray. A head cover will be provided on the way to the operating room. Before going to surgery, patients are asked to remove wigs and hairpieces.

Family Waiting Area

When you are taken to the operating room, your family will be directed to the family waiting area, where they can wait during your surgery or they can go home. Once the surgery is completed, your surgeon will call or visit your family to update them on your condition.

During Surgery

Once in the surgery suite, you will be assisted onto the surgical table. The surgery room itself is kept cool and the nurses will give you warm blankets if needed.

The anesthesiologist will attach monitoring equipment and check your IV. They will constantly monitor your vital signs, including your heart rate and rhythm, blood pressure, and amount of oxygen in your blood throughout your procedure.

An additional aspect of our culture of safety is called the “time out.” In this safety measure, we confirm that we have the following before surgery begins:

- the correct patient
- the correct side and site marking
- the correct procedure
- the correct position on the operating table
- the correct implants, special equipment, and x-rays (when applicable)

Your surgery will last approximately 2 to 3 hours, possibly longer.

Post Anesthesia Care Unit (PACU)

After surgery, you will be taken to the Recovery Room/Post-Anesthesia Care Unit (PACU) where a nurse will care for you for at least the next 2-3 hours. The total time spent in recovery varies for each patient. The nurse will take your temperature, pulse, and blood pressure and assess your pain level. Pain medication will be started. You may feel very cold after surgery and may be warmed with blankets. Your hip will have the surgical dressing on, nurses will continue to check on you for the duration of your stay.

To assist your breathing, you may receive oxygen through a small nasal tube or mask. Circulation aids will be applied to your lower legs to prevent blood clots. A cold pack system may be wrapped around your surgical site to reduce swelling and pain.

At **New England Baptist Hospital**, friends and family cannot visit with you in the PACU but can meet you in your hospital room. Dr. Nairus, or the hospital staff will inform your family members that once they leave you in the pre-operative waiting area it may be a number of hours before they see you again.

At **The Outpatient Surgery Centers**, your accompaniment will be brought into the recovery room when you are ready to see them.

Going to Your Room at New England Baptist Hospital

After leaving PACU, you will be transferred to a nursing unit. The nurses will check your vital signs and make you comfortable.

A member of your surgical team will visit you daily. Many times, this visit will occur early in the morning. You are encouraged to write down any questions you may have for your surgical team so they may be answered during the visit. In addition to your surgical team, you may also be treated by an internal medicine doctor, or his/her nurse practitioner or physician assistant. They will also be aware of your plan of care and will assist as needed.

Circulation Aids

Compression stockings: You will not be as active as you usually are; therefore, you have a greater chance of developing blood clots. To help prevent them from forming, you will need to wear TED stockings. They are to be used at all times for 4 weeks after surgery. You may take them off at night and during therapy sessions.

Sequential Compression Calf Sleeves: Another device to assist with preventing lower leg clots. The sleeves inflate every 20 to 60 seconds and make it feel as though your calves are being massaged. These sleeves are a very important part of your care. Please help by making sure you wear them at all times while in bed for up to the first 72 hours after surgery if in the hospital.



Cough and Deep Breathing

Coughing and deep breathing are extremely important to your recovery after surgery.

Incentive Spirometer: When in the hospital, you will be using a small device called an incentive spirometer. A nurse will show you how to use it and help you with deep breathing exercises. It is important that you use the incentive spirometer 10 times every hour while you are awake. Use this for 3-4 days after returning home from the hospital. Using it helps reduce the chance of developing Pneumonia after your surgery and helps to keep your lungs clear and active during your recovery. Having good lung function will help you perform activities of everyday living once you return home.



Pain Management

Effective pain management following surgery is a major priority for both you and your healthcare providers. Every effort is made to safely minimize your pain; however, it is normal to experience some discomfort following surgery.

You will be asked about your level of pain upon admission, and this will continue throughout your stay. You will be asked to “rate” your level of pain on a scale from 0 to 10. A rating of ‘0’ means that you are not in any pain at all, a 5 means that you are experiencing a moderate amount of pain, and a 10 means you are experiencing the worst possible pain. This score will be used to select the best pain medicine to manage your level of pain. The doctors and nurses will ask you how the pain medicine is working and adjust the dose as needed. Again, remember to take pain medication before your block wears off to stay ahead of your pain.

Most commonly, post-operative pain is best managed with oral pain medications.

The following information will help you understand your options for pain treatment, describe how you can help your doctors and nurses control your pain, and empower you to take an active role in making choices about pain treatment.

- You may receive more than one type of pain treatment, depending on your needs and the type of surgery you are having. All of these treatments are relatively safe, but like any therapy, they are not completely free of risk. Dangerous side effects are rare. More common side effects, such as nausea, vomiting, itching, drowsiness, constipation, and light-headedness can occur. These side effects are usually easily treated in most cases.
- Be sure to tell your doctor and nursing staff if you are taking pain medication at home on a regular basis and if you are allergic to or cannot tolerate certain pain medications.
- It is important that you DO NOT DRIVE while on pain medications.

Why is pain control so important?

In addition to keeping you comfortable, pain control can help you recover faster and may reduce your risk of developing certain complications after surgery, such as pneumonia or blood clots. If your pain is well controlled, you will be better able to complete important tasks such as walking and deep breathing exercises

Please give our office 24-48 hours’ notice for all narcotic refills!

IMPORTANT! Do not wait until your pain is severe before you ask for pain medications.

Bowel Management

Some patients become constipated because of the pain medication and inactivity. We recommend staying on a stool softener (Colace, Senokot, Milk of Magnesia) or laxative while you are taking pain medication. If you have not had a bowel movement within 3 days after surgery, you may try an over the counter suppository, fleets enema, or mag citrate. If still no bowel movement, please call our office for further recommendations.

Physical Therapy

The goal of therapy on the day of surgery is to begin working with the assistive devices, CRUTCHES, WALKER, etc., while doing activities that will help you move at home. Doing these activities will help you gain confidence. These activities may be performed at bedside by your nurse or a Physical Therapist.

Occupational Therapy

Occupational therapy is the part of your care plan that centers on teaching you how to take care of yourself once you return home.

Occupational therapy focuses on such things as:

- Activities of Daily Living (ADLs), which includes bathing and bathroom safety, dressing, toileting, and homemaking tasks.
- Advice on possible equipment needed.
- Education about restrictions.

Care Coordination

During your surgical stay at the hospital, a Care Coordinator will visit with you to assist in making your discharge plans. You have already discussed your options in the pre-operative stage, but the Care Coordinator is there to help make the final arrangements. Most patients plan to be discharged home after surgery. Generally, outcomes after surgery are much better when patients go home. However, if there is concern about your ability to manage at home, the Care Coordinator will help discuss post-operative rehabilitation in the facility of your choice. The referral process will be started and you will be informed of the status and anticipated day of your discharge.

If you are going to a community skilled nursing or rehab facility, you may want to consider having a family member/friend drive you to the facility on the day of discharge from the hospital. Transportation can also be arranged through an ambulance service; however, there may be a cost for this service.

After Discharge

You will be discharged from the hospital or the outpatient surgical suites when it is felt that you are safe to be discharged and your pain is under control. This is a collaborative decision made by you, your nurse, and the physical therapist. It varies for each individual patient.

Your nurse will review your discharge instructions, medications, and address any questions you may have.

If you are having surgery at the hospital and you have not met the criteria to be discharged home, you will be discharged to a skilled nursing facility of your choice. The facility will be informed of your hospital stay and a time of anticipated arrival will be arranged.

Please have your ride available on this day. Your team will let you know the approximate time. When notifying the person coming to pick you up, ask them to bring a pillow for your comfort. If you chill easily, it would be a good idea to have them bring a blanket.



Narcotic Fact Sheet for Patients

Please read the information below regarding what to expect following your surgery, the goal of post-operative pain management and the side effects of the medications prescribed.

What to expect after surgery

- Almost all surgical procedures result in some level of pain and discomfort. Pain and discomfort are generally greatest immediately after surgery and subside as time goes on.
- Reducing your pain is a priority for caregivers.
- Over time, your pain will reduce and may be eliminated completely.
- Oral narcotic medication is frequently administered to patients after surgery to help control post-operative pain. It is important to note that although these medications are effective for the treatment of acute pain, use beyond that can be detrimental to your health.
- It is vital that you discontinue the use of these medications as soon as your pain allows. Specifically, the medication should only be taken as needed as prescribed (usually every 4 hours). The medication is not required for the prescribed time interval.

Narcotic medication: Facts you need to know

- Physical dependence on opioids (which means the absence of opioids can produce withdraw symptoms) can occur at prescribed doses.
- Opiate abuse is on the rise in recent years and has tripled in the US since 1990.
- 5 million people in the United States are addicted to opiates.
- There are 17,000 opiate overdoses per year in the US.
- There were nearly 5 million drug related ER visits in 2010; 425,000 from narcotic pain relievers.
- Every day in the US, 46 people die of prescription drug overdoses.
- Unintentional deaths from prescription narcotics outnumber those of heroin or cocaine.

Adverse reactions to opioids include:

- Sleepiness or Insomnia
- Difficulty controlling arms/legs
- Constipation
- Limit ability to fight infection
- Itching
- Decreased breathing
- Drug interactions
- Death
- Decreased coordination
- Slower reaction times

Early symptoms of withdrawal:

- Agitation
- Anxiety
- Muscle aches
- Insomnia
- Sweating

Potential risk factors for opiate abuse:

- Age 18-34
- Male
- 4 or more opioid prescriptions
- Refilling prescriptions early
- Opioid prescriptions from 2 or more pharmacies or physicians

Late symptoms of withdrawal:

- Abdominal cramping
- Diarrhea
- Nausea
- Vomiting



Other Concerns/Considerations

Infection

What is a surgical site infection (SSI)?

A surgical site infection (SSI) is an infection (although VERY rare) that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection.

Some common symptoms of surgical site infection are:

- Increased redness and pain around the area where you had surgery
- Drainage of cloudy fluid from your surgical wound
- Foul odor from the incision site
- High Fever

DVT/Blood Clot

Deep Vein Thrombosis (DVT) is a formation of a blood clot. This is a potential complication following a total hip replacement. A blood clot from your leg can travel to your lungs and cause a serious complication called a pulmonary embolism.

Sudden onset of shortness of breath and chest pain are warning signs of this condition. If you develop any of these signs, call 9-1-1.

Symptoms of a DVT may include:

- Pain in your calf and leg
- Increased swelling of your thigh, calf, ankle, or foot
- Redness
- Increased skin temperature at the site

Prevention of blood clots is the best treatment:

- Exercise, increased mobility
- Blood thinners, including aspirin
- Support stockings

Future Procedures – Dental work

- Dr. Nairus wishes ALL his total joint patients take an antibiotic before Dental Procedures for one year after surgery. Our office will provide your antibiotic prescription and give refills as needed. You must wait **3 MONTHS** from your day of surgery before any routine dental procedures, including cleaning. Please call our office if there is need for an emergent visit.

Smoking

If you smoke, you are required to stop 4-6 weeks prior to surgery. Stopping smoking will reduce the risk of breathing (respiratory) problems and complications from anesthesia that is used for surgery. Smoking also affects wound healing after surgery and puts you at an increased risk of infection and blood clots.

There are many other health benefits from stopping smoking. Stopping smoking helps to:

- Prolong your life
- Decrease your risk of disease, including heart disease, heart attack, high blood pressure, lung cancer, throat cancer, emphysema (a type of lung disease), ulcers, gum disease and other conditions
- Help you to feel better (if you stop smoking, you won't cough as much, have as many sore throats, and your stamina will improve)

We know it is an extremely difficult process to stop smoking, but we will be flexible and will work with you in scheduling surgery. Speak with your primary care physician for information on how to stop smoking. For more information about other smoking cessation programs in your community, please contact your local American Heart Association at 1-800-242-8721 or American Cancer Society at 1-800-227-2345.

Alcohol Use

Drinking alcohol can greatly affect the outcome of your surgery. Your recovery from surgery may not proceed as planned if your health care providers are not aware of your history of alcohol use. Tell your health care provider how many drinks you have per day (or per week). Although it may be difficult to discuss alcohol use with your healthcare team, it is done for your safety and to improve the outcome of your surgery.

During your pre-surgical visit, you will be asked a series of questions. Your answers will help determine your risk of alcohol withdrawal and other alcohol related problems that could occur after surgery. Alcohol withdrawal is a serious condition that occurs when someone stops using alcohol after prolonged periods of heavy drinking. Symptoms include headaches, nausea, tremors, anxiety, hallucinations, and seizures. Alcohol withdrawal can be life-threatening. To appropriately gauge your risk for alcohol withdrawal while in the hospital, please respond to the questions as honestly as possible. Remember, any information provided is held in strict confidence. We are here to help you prepare and recover from your surgery as quickly and safely as possible.

Discharge Information After Total Hip Replacement

Activity:

- You may WBAT, weight bear as tolerated (unless otherwise indicated).
- You will have some dislocation precautions that will be shown to you prior to leaving the surgical center or hospital that will remain in place for 4 weeks.
- Gentle stretching to increase range of motion daily.
- Use proper form with assistive devices, crutches/walker/cane, do your best to walk standing tall without a limp.
- Use common sense with activity – if you feel severe pain or discomfort, back off exercise.
- A raised toilet seat is helpful for your home after surgery.

Ice:

- An ice device or ice bag should be utilized to reduce swelling and pain. Please ice every 3-4 hours for about 30-60 minutes each time until swelling subsides.
- ICE is the best post-op pain medicine!

Wound Care:

- A waterproof “Aquacel” dressing will be applied to your incision after surgery. *This may be removed 1 week after surgery.* You may shower with this dressing, but no soaking in baths, pools or hot tubs. You may notice staining (darkening) of the dressing; this is normal, but if there is seepage through the dressing please contact the office.
- Under the Aquacel dressing are Steri-Strips that you want to leave on for as long as possible. The stitch is under the skin and dissolves, and there are no sutures or staples that have to be removed.
- You do not need to cover the Steri-Strips unless there is drainage, it may be left open to the air. It is OK to shower and pat dry after.



** Please avoid tub baths, swimming, submerging incision for at least 6 weeks.

Bruising and swelling in the operative leg may occur in the days following surgery and is not uncommon.

Medications will be provided for surgery outpatients at surgery center ONLY.

Pain Medication:

You will be prescribed one of the following:

- Oxycodone 5mg 1-2 tabs every 4 hours as needed for pain
- Dilaudid 2mg 1-2 tabs every 4 hours as needed for pain
- Tramadol 50mg 1-2 tabs every 4 hours as needed for pain

You should continue to take over the counter Tylenol as directed for pain control. You may take this **IN ADDITION** to the narcotic pain medicine.

- Tylenol (acetaminophen) – 2 tabs (extra strength Tylenol, 500 mg each) every 8 hours as needed, **DO NOT** exceed 3,000 mg (6 tablets) in a 24-hour period.
- You will be prescribed either Celebrex (Celecoxib) 200mg once a day or Meloxicam 15 mg once a day to take for one month after surgery. These medications are NSAIDS and still can be taken even when you are on aspirin or blood thinners like Lovenox, Eliquis or Xarelto.

Anti-Nausea:

- Zofran 4mg by mouth every 8 hours prn nausea.

Anti-Coagulants:

You will be prescribed ONE of the following below.

Please check discharge instructions carefully for which post-op regimen below has been prescribed based off your risk factors (medical history, family history, BMI, etc.).

- ECASA 81 mg by mouth twice a day for 4 weeks
- ECASA 325 mg by mouth twice a day for 4 weeks
- Eliquis 2.5 mg by mouth twice a day for 4 weeks
- Lovenox 40mg subcutaneous injection once a day for 2 weeks followed by ECASA 325mg twice a day for 2 weeks.

PRIOSECC OTC 20mg po DAILY for 4 weeks is recommended for all post-op patients to help with GI issues, upset stomach.

ANTIBIOTICS:

Outpatient same day surgery patients only. (Inpatients will receive antibiotics via I.V.)

- Keflex 500mg po by mouth every 8 hours for 6 doses.

ANTI-INFLAMMATORIES (NSAIDs):

Do not take other NSAIDs like ibuprofen, Advil, Aleve, or Naprosyn when you are taking Celebrex (Celecoxib) or Meloxicam. You should be taking either Celebrex (Celecoxib) or Meloxicam for 30 days after your surgery. Only Dr. Nairus or Dan should be the ones to tell you to not take Celebrex (Celecoxib) or Meloxicam for very rare reasons.

Follow Up

Please call Kim at the office to schedule a post-operative visit with Dr. Nairus, 4 weeks after your total hip replacement if you do not already have one. At this visit we will get an XRAY.

WHEN TO CONTACT YOUR DOCTOR AFTER SURGERY

- You have a fever over 101.4 degrees Fahrenheit
- You have drainage from incision
- The area around your incision becomes hot to touch, red, or swollen
- You have increased pain that is not relieved with pain medication
- You develop sudden or severe calf pain, or swelling in the calf that does not decrease after elevation of leg
- Chest pain or shortness of breath
- You have questions regarding activity or your medications
- Between 8a-5p – call BBJI main number 781-890-2133
- Nights/weekends – call NEBH on-call physician at 617-754-5000 (for medical issues only)

Total Hip Replacement Exercise Guide

Regular exercise to restore strength and mobility to your hip and a gradual return to everyday activities are important for your full recovery after total hip replacement. Your orthopaedic surgeon and physical therapist may recommend that you exercise for 20 to 30 minutes a day, or even 2 to 3 times daily during your early recovery. They may suggest some of the exercises shown below.

This guide can help you better understand your exercise and activity program, supervised by your physical therapist and orthopaedic surgeon. To ensure your safe recovery, be sure to check with your therapist or surgeon before performing any of the exercises shown.

Dislocation Precautions

- For the first 4 weeks avoid sitting in low chairs where the angle between your torso and hips goes beyond 90 degrees.
- When sitting avoid bending past 90 degrees when your knees are together or slightly apart.
- You can bend past 90 degrees when sitting if you place your knee out (away from the other one).

Early Postoperative Exercises

The following exercises will help increase circulation to your legs and feet, which is important for preventing blood clots. They will also help strengthen your muscles and improve hip movement.

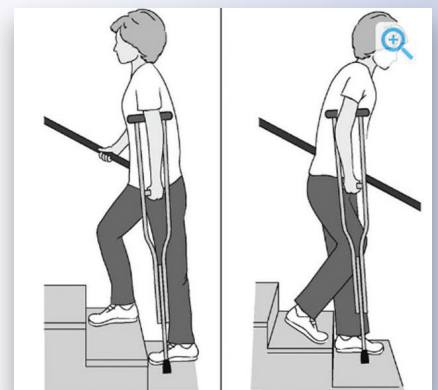
Start the exercises as soon as you are able. You can begin them in the recovery room shortly after surgery. You may feel uncomfortable at first, but these exercises will enhance your recovery and actually diminish your post-operative pain.

Stair Climbing and Descending

Stair Climbing is an excellent strengthening and endurance activity, and it also requires flexibility.

Stair Climbing and Descending Using a Crutch

- At first, you will need a handrail for support and will be able to go only one step at a time. Always lead up the stairs with your good leg and down the stairs with your operated leg. Remember, “up with the good” and “down with the bad”
- You may want to have someone help you negotiate stairs until you have regained most of your strength and mobility.
- Do not try to climb steps higher than the standard height (7 inches) and always use a handrail for balance.
- As you become stronger and more mobile, you can begin to climb stairs foot over foot.



Walking

Proper walking is the best way to help your hip recover. At first, you will walk with a walker or crutches. Your surgeon or therapist will tell you how much weight to put on your leg.

Early on, walking will help you regain movement in your hip.

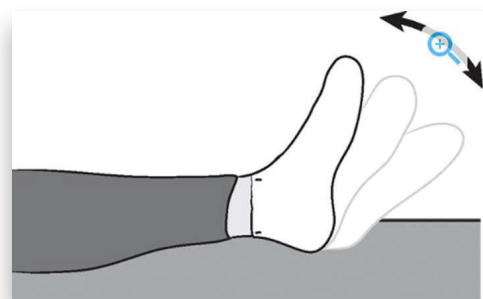
- Stand comfortably and erect with your weight evenly balanced on your walker or crutches.
- Advance your walker or crutches a short distance; then reach forward with your operated leg with your knee straightened so the heel of your foot touches the floor first.
- As you move forward, your knee and ankle will bend and your entire foot will rest evenly on the floor.
- As you complete the step, your toe will lift off the floor and your knee and hip will bend so that you can reach forward for your next step. Remember, touch your heel first, then flatten your foot, then lift your toes off the floor.
- Walk as rhythmically and smoothly as you can. Don't hurry. Adjust the length of your step and speed as necessary to walk with an even pattern.
- As your muscle strength and endurance improve, you may spend more time walking, and you will gradually put more weight on your leg.
- When you can walk and stand for more than 10 minutes and your leg is strong enough so that you are not carrying any weight on your walker or crutches, you can begin using a single crutch or cane. Hold the aid in the hand opposite the side of your surgery.



Ankle Pumps

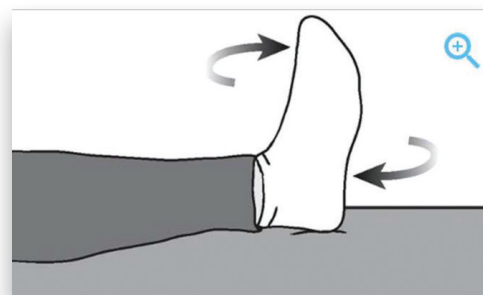
- Slowly push your foot up and down.
- Repeat this exercise several times, as often as every 5 or 10 minutes.
- If you are watching television, you should pump your feet every time a commercial comes on.

Begin this exercise immediately after surgery and continue it until you are fully recovered.



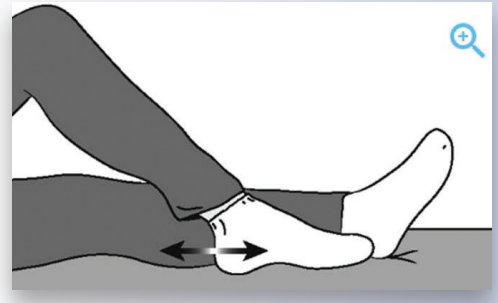
Ankle Rotations

- Move your ankle inward toward your other foot and then outward away from your other foot.
- Repeat 5 times in each direction.
- This exercise should take 3 minutes.
- Do 3 to 4 sessions a day.



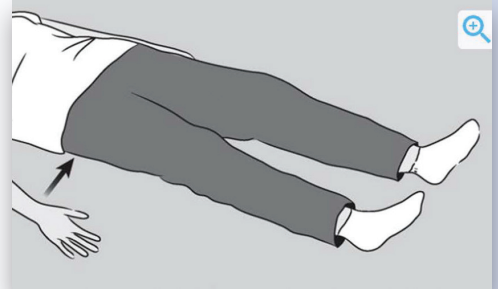
Bed-Supported Knee Bends

- Slide your foot toward your buttocks, bending your knee and keeping your heel on the bed. Do not let your knee roll inward.
- Hold your knee in a maximally bent position for 5 to 10 seconds.
- Straighten your leg.
- Repeat 10 times.
- This exercise should take 3 minutes.
- Do 3 to 4 sessions a day.



Buttock Contractions

- Tighten your buttock muscles and hold to a count of 5.
- Repeat 10 times.
- This exercise should take 90 seconds.
- Do 3 to 4 sessions a day.



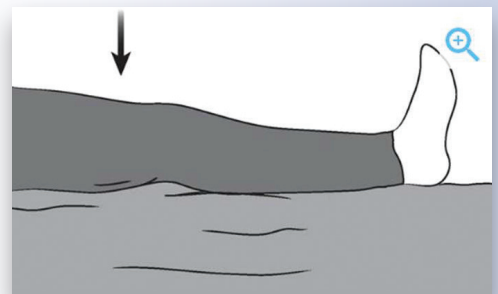
Abduction Exercise

- Slide your leg out to the side as far as you can and then back.
- Repeat 10 times.
- This exercise should take 90 seconds.
- Do 3 to 4 sessions a day.



Quadriceps Set

- Tighten your thigh muscle. Try to straighten your knee. Hold for 5 to 10 seconds.
- Repeat this exercise 10 times during a 10-minute period, rest one minute and repeat.
- Continue until your thigh feels fatigued.
- This exercise should take 2 minutes.



Straight Leg Raises

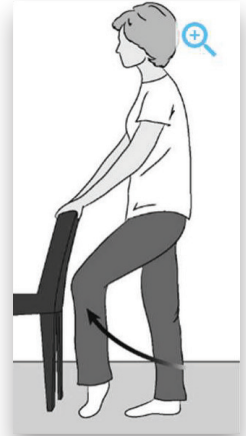
- Avoid straight leg raises for 4 weeks.

Standing Exercises

Soon after your surgery, you will be out of bed and able to stand. You will require help at first but, as you regain your strength, you will be able to stand independently. While doing these standing exercises, make sure you are holding on to a firm surface such as a bar attached to your bed or a wall.

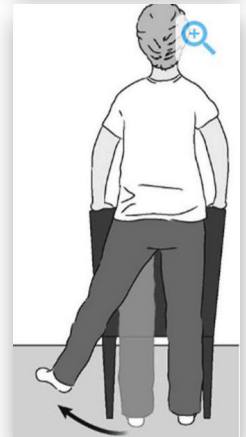
Standing Knee Raises

- Lift your operated leg toward your chest. Do not lift your knee higher than your waist. Hold for 2 or 3 counts.
- Put your leg down.
- Repeat 10 times.
- This exercise should take 3 minutes.
- Do 3 to 4 sessions a day.



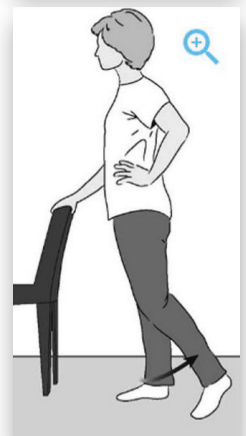
Standing Hip Abduction

- Be sure your hip, knee and foot are pointing straight forward. Keep your body straight. With your knee straight, lift your leg out to the side.
- Slowly lower your leg so your foot is back on the floor.
- Repeat 10 times.
- This exercise should take 2 minutes.
- Do 3 to 4 sessions a day.



Standing Hip Extensions

- Lift your operated leg backward slowly. Try to keep your back straight. Hold for 2 or 3 counts.
- Return your foot to the floor.
- Repeat 10 times.
- This exercise should take 2 minutes.
- Do 3 to 4 sessions a day.



Checklist for your upcoming surgery at New England Baptist Hospital

After booking Surgery:

- Contact any specialists (i.e. Cardiology, Hematology/Oncology, Rheumatology) for documentation and clearance that they are comfortable with you proceeding with hip replacement surgery. Specialist clearance is valid for 90 days from your surgery date. If you have not seen your specialist within the 90 days, then you need to call and schedule an appointment for clearance.
- Call your health insurance provider and ask the following questions:
 - Is New England Baptist Hospital in network?
 - Is my surgeon in network?
 - Do I need to obtain a referral?
 - How much will I have to pay out of pocket?
- If you take any medications such as immunosuppressants, hormone replacement, rheumatoid arthritis, osteoporosis medications, Wegovy or Ozempic, contact the prescribing physician as there may need to be changes to these before surgery.
- Register for BBJI's patient portal. This can be an effective way to relay any pre- and post-operative concerns.
- Make sure that no dental appointments are booked for 3 months after your surgical date.
- You cannot have a cortisone injection into the operative joint within 3 months of surgery.
- If you have ever had reactions to anesthesia or pre-surgical prep (chlorhexidine gluconate or iodine), be sure that Dr. Nairus's staff are aware so these issues can be addressed early, preventing delays to your surgery.
- Visit and view the NEBH patient education video series for THA/TKA at: <https://www.nebh.org/patients-care-partners/patient-education/>
- Consider purchasing a cold therapy unit for your hip These are available online, as well as through the BBJI. Contact the office at BBJI to purchase (refer to your pre-operative booklet).

Within two months of Surgery:

- Make sure to check the mail; a letter will be coming with your pre-screening appointment.
- Notify Dr. Nairus's staff of any change in medical conditions such as open wounds, rashes and any infections as they could impact your surgery.
- If you are on a blood thinner, consult with the provider who prescribes for a plan to stop safely before surgery. Be sure to know the details of this plan and when exactly to stop.

- If considering staying at a hotel near the hospital the night before surgery, contact New England Baptist Hospital at 617-754-5800 for further information.
- Begin to make arrangements to have someone (spouse, children, friend etc.) at home with you for a few days after surgery, to help you with day-to-day tasks.

Within one month of Surgery:

- If you have not received the date for your pre-screening appointment, contact Kim Frey at Dr. Nairus's office 617-751-5210.
- If you are prescribed prednisone for a medical condition, contact Dr. Nairus's office.
- Be proactive in keeping healthy. Even simple illnesses such as a common cold could cancel surgery.
- If any dental work is taking place within the last month, contact your dentist immediately for any signs of infection. You need to be clear of any infections prior to surgery.
- Your pre-screening at New England Baptist Hospital will last between 1-3 hours. There can be delays, but this day is vital to ensuring you have a safe and comfortable experience for surgery. At this appointment you will be able to discuss any concerns you have with regards to medications, including anesthesia. You will also be able to inquire about VNA or rehab at this appointment and coordinate that care for after surgery.
- If you are a smoker, remember that you need to be completely off of cigarettes by the time of your surgery, or it may be canceled.
- You will have your height and weight measured at pretesting and your BMI must be less than 45 or your surgery will be cancelled.

Within one week of Surgery:

- Stop all anti-inflammatories except Celebrex, unless otherwise directed by a physician, 7 days prior to surgery, Tylenol is okay to continue.
- If you ordered a cold therapy unit through BBJI, arrange to pick it up at the office (Waltham office).
- Make any necessary arrangements at home to ensure safety after surgery.
- Be sure to know the date, time and location of your post-operative appointments.
- Please use Hibiclens antimicrobial wash, which can be purchased over the counter at your pharmacy, the morning before, the night before, and the morning of your surgery.
- Expect a call from New England Baptist Hospital between 1-5pm the day prior to surgery, informing you of your arrival time.

Checklist for your upcoming surgery at our Outpatient Surgical Centers

After booking Surgery:

- Register for BBJI's patient portal. This can be an effective way to relay any pre- and post-operative concerns.
- Call your health insurance provider and ask the following questions:
 - Is the surgical center in network?
 - Is my surgeon in network?
 - Do I need to obtain a referral?
 - How much will I have to pay out of pocket?
- Make sure that no dental appointments are booked for 3 months after your surgical date.
- You cannot have a cortisone injection into the operative hip within 3 months of surgery.
- If you have ever had reactions to anesthesia or pre-surgical prep, be sure that Dr. Nairus's staff are aware so these issues can be addressed early, preventing delays to your surgery.
- Inform Dr. Nairus's staff immediately if you have ever tested positive for MRSA.
- Book a pre-surgical clearance appointment with your primary care physician within 30 days of surgery. They will need to complete a History & Physical, EKG, and routine blood work (CBC, CMP).

Within two months of Surgery:

- Make sure to check the mail; a letter will be coming with instructions on pre-surgical medications.
- Notify Dr. Nairus's staff of any change in medical conditions such as open wounds, rashes and any infections as they could impact your surgery.
- Begin to make arrangements to have someone (spouse, children, family member, friend, etc.) at home with you for a few days after surgery, to help you with day-to-day tasks such as preparing meals, medications, dressing yourself, etc.

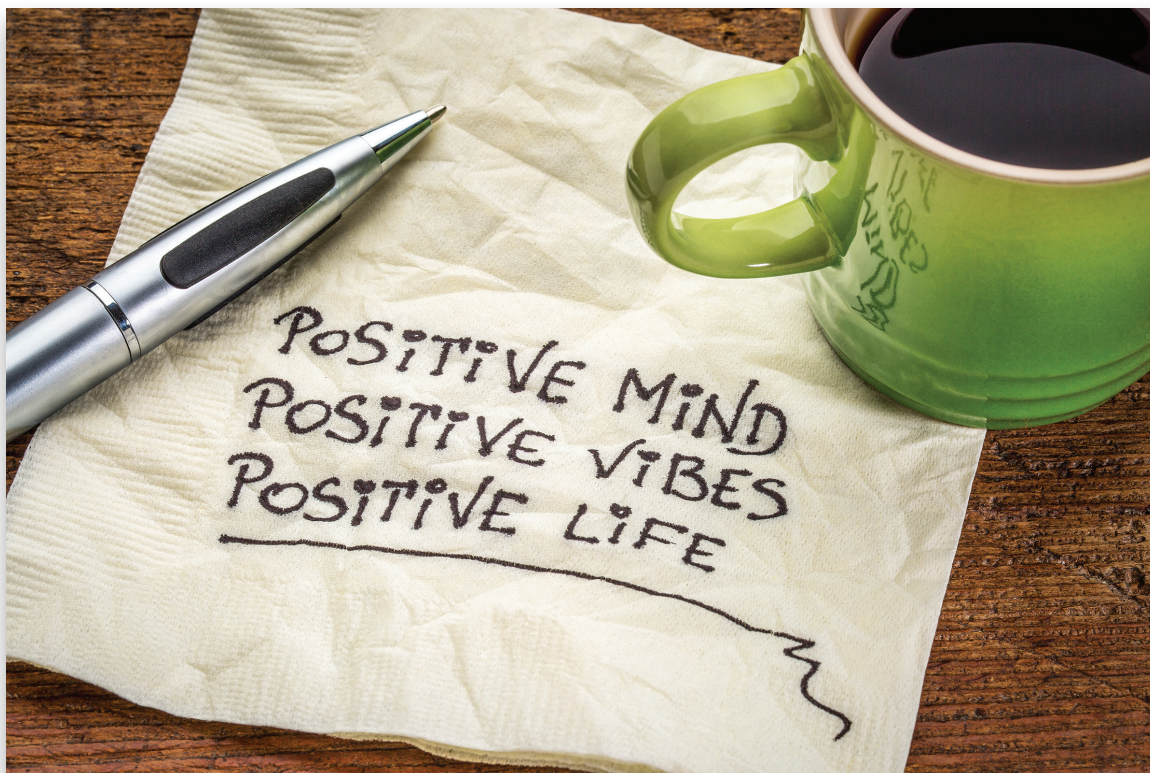
Within one month of Surgery:

- If you are prescribed prednisone for a medical condition, contact Dr. Nairus's office.
- If a CT or MRI is needed before surgery, be sure you have that appointment by now.
- Be proactive in keeping healthy. Even simple illnesses such as a common cold could cancel surgery.

- If any dental work is taking place within the last month, contact your dentist immediately for any signs of infection. You need to be clear of any infections prior to surgery.
- Make sure you have registered with the surgical center, and that your surgical clearance is sent to them.
- If you are a smoker, remember that you need to be completely off of cigarettes by the time of your surgery, or it may be canceled.
- Consider purchasing a cold therapy unit for your surgery. These are available online, as well as through the BBJI. Contact the office at BBJI to purchase, and please reference your pre-surgical booklet for more information.

Within one week of Surgery:

- Stop all anti-inflammatories except Celebrex, unless directed by a physician, 7 days prior to surgery. Tylenol is okay to continue.
- Make any necessary arrangements at home to ensure safety after surgery.
- If you ordered a cold therapy unit through BBJI, arrange to pick it up at the office (Waltham office).
- Be sure to know the date, time and location of your post-operative appointments.
- Expect a call from the Surgery Center the day before your scheduled procedure with an arrival time.



Please Review the Following BEFORE Your First Post-Op Visit

4 weeks Post-Op THA (Total Hip Arthroplasty) VISIT



Boston Bone & Joint Institute

Joint Replacement Center

Dr. Nairus, MD

Daniel Lococo, NP

TOTAL HIP REPLACEMENT FOUR WEEK POST OPERATIVE INSTRUCTIONS

Medications:

Pain

- At this point, you should have weaned off the narcotic pain medicine.
- You may take Tylenol and Ibuprofen for pain. Always take the medicine with food.
- If intolerable pain persists, this will be evaluated further at today's office visit.
- Ice! Very helpful to decrease the swelling. May ice on and off throughout the day – Make sure to protect the skin!

Anticoagulants

- You should stop all post op anticoagulants at this point unless you were taking them preoperatively (Aspirin, Eliquis, etc.).

Antibiotics for Dental Visits

- Please wait 3 months from the day of surgery for any dental visit. We ask our patients to take a dose of either Amoxicillin or Clindamycin one hour prior to the procedure. We are happy to provide a prescription for you to keep at home, instructions will be on prescription bottle.

*****AT THIS POINT RESUME ALL PREVIOUS HOME MEDICATIONS*****

(Any questions regarding these should be directed to your Primary Care Physician.)

Physical Therapy:

- Today you will be given a prescription for outpatient Physical Therapy (if you have not already received one).
- Continue to perform the exercises given to you by your physical therapist at home on a daily basis – work throughout the day to maximize range of motion – stretch the hip daily and work towards comfortably putting on socks and shoes.
- Ice and elevate (above your heart) throughout the day to help with the remaining swelling. Swelling can linger for a few months – icing, elevation, and compression socks/knee wrap can be helpful.
- Avoid the extremes of bending your hip and rotating it inward. Listen to your body, increase activity as tolerated. Walk, walk, walk.
- Important to focus on your gait, better to go slow and use a cane if needed to avoid developing a limp.
- LEG LENGTHS. We use several techniques to try and precisely measure/match your leg lengths.
- Occasionally, patient's operative leg will feel long/short for the first few months after surgery while the pelvis and lower back settles. Please try and avoid the use of additional shoe lifts or inserts for the first 3 months post-op.

Wound Care:

- You may shower, swim, and submerge your incision 6 weeks after surgery.
- You may apply lotions or scar creams once the incision has healed with no scabs.
- The “bumpy” nature of the incision will fade over time. We use dissolving sutures that can take 3-4 months to absorb.
- Sun screen should be applied to the incision if it is exposed to decrease scarring.
- Do not pick at any remaining scabs! Let them dry and fall off on their own.
- Report ANY drainage from incision, fevers over 101.5 degrees, or increased redness and swelling.

Frequently Asked Questions:

- You may drive, as long as you are not taking any pain medicine and you feel strong enough to operate the vehicle.
- You may return to work as tolerated, we are happy to provide a letter for your employer adjusting your schedule or activity if needed.
- Airports/Flying/Long Car Rides. You may fly, there are no implant cards issued any longer – just report to TSA personnel that you have a joint replacement. Try to stand and stretch often.
 - * It is beneficial the day of flying to take a baby aspirin and wear compression stockings during the flight.

Follow Up:

- Feel free to call or email through the patient portal with any questions or concerns.
- We will see you back in the office in 8-10 weeks from today's visit for evaluation.
- The next visit will be 1 year from the date of surgery for a repeat XRAY to evaluate implant component position.

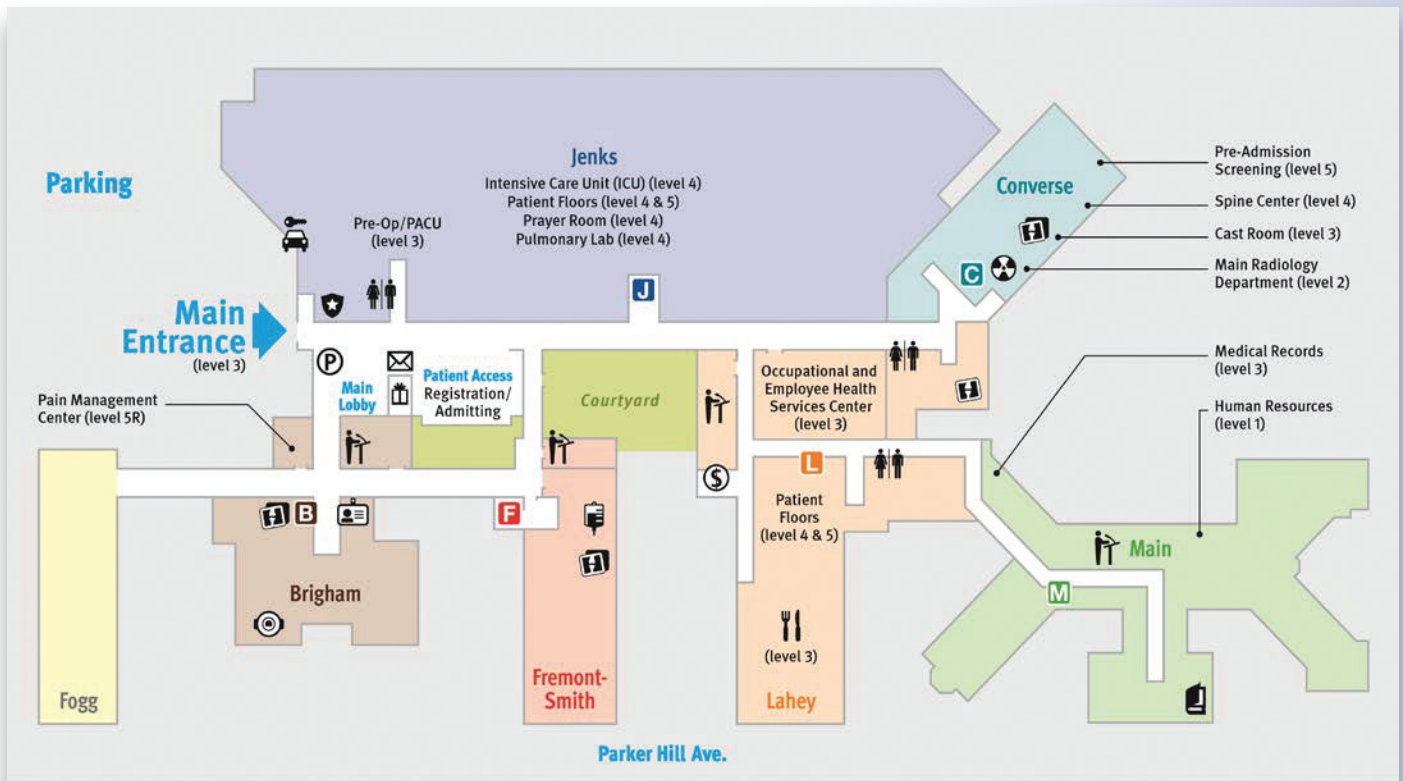
Surgical Locations

Main Hospital (overnight stays):

Beth Israel Lahey Health 
 New England Baptist Hospital

New England Baptist Hospital
 125 Parker Hill Ave, Boston, MA 02120
 617-754-5800

NEBH NPI #: 1699767491 NEBH TAX ID #: 042103612
 Call the NEBH Financial Council Office at 617-754-5976
 to obtain a cost estimate for hospital charges.



<ul style="list-style-type: none"> ATM Blood Bank, Outpatient Drawing Center (level 3) Cafeteria Employee Badging Office (level 3) Gift shop (level 3) Laboratory (Level 4) 	<ul style="list-style-type: none"> Library Mailbox Parking Paystation Restrooms Security Valet 	<p>Elevators</p> <ul style="list-style-type: none"> Brigham Converse Fremont-Smith Jenks Lahey Main 	<p>Radiology</p> <ul style="list-style-type: none"> Converse 2 Radiology: Bone Density, CT, Image Service Center, Interventional Radiology, Nuclear Medicine, Ultrasound MRI, Brigham 3 X-ray (Robbins Outpatient), Lahey 3 X-ray, Brigham 5 X-ray, Fremont-Smith 5 X-ray, (Hand Clinic) Converse 7 	<p>Conference Rooms</p> <ul style="list-style-type: none"> Courtyard, Lahey 3 Nelson, Fremont-Smith 3 Potter, Brigham 4 Warren, Main 1
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Surgical Locations

Outpatient Surgical Centers



Northridge Surgical Suites

41 Innovative Way, Suite 200

Nashua, NH 03062

(603) 484-7710

(603) 484-7711 Fax

www.northridgesurgicalsuites.com

NORTHRIDGE NPI # 1548822620 NORTHRIDGE TAX ID # 833724785



New England Baptist Surgery Center

New England Baptist Surgery Center

40 Allied Drive

Dedham, MA 02026

(781) 809-2050

(781) 809-2015 Fax

NEBSC NPI # 1447995311 NEBSC TAX ID # 874311329

Helpful Administrative Tips

General appointment scheduling

Our main phone number, **781-890-2133**, is the best place to start if you need to schedule a follow up appointment. Select **OPTION 2** after hearing the automated prompt.

Prescription Requests

Using our main number, **781-890-2133**. Select **OPTION 4** after hearing the automated prompt. You will be asked to leave a voicemail, which our Medical Assistants regularly check during business hours. They will then contact Dan Lococo, Nurse Practitioner, with your request, so please be sure to leave a detailed message, including verifying your pharmacy.

FMLA/Disability Paperwork/Forms

These requests can be faxed to our office at 781-890-2177 or you may upload the forms into your BBJI Patient Portal. Please be sure they include your name and DOB, and where they should be faxed after completion. There is a 10-day turnaround for these forms. Please allow enough time before your surgery for their completion.

Patient Portal

If you have not yet registered for our patient portal, please consider doing so. If you need any assistance, please contact the office at 781-890-2133. Our portal allows you to send and receive secure messages, which are kept as a part of your medical record. This can be especially helpful after surgery, as questions often come up during non-business hours. *Please note urgent matters should not be sent in this manner.*

Leaving voicemails for Kim about surgical scheduling issues

Please be sure to leave detailed messages if you reach a voicemail. This is especially helpful if your question is more clinical in nature; they can transcribe the message and send it to Dan Lococo, NP, thus expediting a response.

After Surgery Questions or Post Operative Concerns

Please call our main phone number **781-890-2133**, select **OPTION 4** after hearing the automated prompt, then **OPTION 2** to speak with a medical assistant or nurse practitioner.



Dear Patient,

Dr. Nairus has identified a list of suggested products you may want to assist in your recovery following your surgery. These products can be useful as part of a protocol to help reduce pain and swelling and may improve your recovery post-operatively.

These products are not covered by health insurance and may be purchased using an HSA account or other payment method.

We do not process these orders through our office. To streamline this process and ensure you are receiving products appropriate for you, we have partnered with The Recovery Shop.

These products have been reviewed by Dr. Nairus and are specific to your recovery and wellness needs. **Cold Therapy is recommended.**

To purchase these products please follow these steps:

1. Please go to <https://shop-recovery.net/nairus>
2. Review Recommended Products
3. Select products
4. Check Out & Pay
5. Receive products in 1-3 Business Days

Or Scan the QR Code Below:



If you need assistance with your order, are unable to purchase online, or have product related questions, please feel free to contact The Recovery Shop directly: Phone: 860.500.5020 or by Email: info@shop-recovery.com

Sincerely,

Boston Bone & Joint Institute (BBJI)

Dr. Nairus has a financial relationship with The Recovery Shop. Patients may select an alternative vendor. For information ask the office staff.

BBJI

Boston Bone & Joint Institute

A DIVISION OF  NOA
NORTHEAST ORTHOPAEDIC ALLIANCE



Beth Israel Lahey Health 
New England Baptist Hospital



New England Baptist
Surgery Center

Waltham

71 Border Road
Waltham, MA 02451
Tel: 781-890-2133
Fax: 781-890-2177

Woburn

800 West Cummings Park
Woburn, MA 01801
Tel: 781-890-2133
Fax: 781-890-2177

Westborough

150 Flanders Road
Westborough, MA 01581
Tel: 781-890-2133
Fax: 781-890-2177

Dedham

40 Allied Drive
Dedham, MA 02026
Tel: 617-264-1100
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