



## Pinnacle Orthopaedics TOTAL HIP REPLACEMENT Discharge Instructions

**DATE OF DISCHARGE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**DIAGNOSIS:** HIP DEGENERATIVE JOINT DISEASE

LEFT

RIGHT

**FOLLOW UP:** 2 weeks with Dr. Peterson (The hospital will make this appointment)

**EXTREMITY:** FULL WEIGHT BEARING LOWER EXTREMITY

LEFT

RIGHT

**DIET:** RESUME YOUR STANDARD DIET

**DISCHARGE MEDICATIONS:**

- Resume home medications
- Prescriptions written for:
- Percocet 7.5/325 as needed
- Aspirin 325 mg by mouth twice daily

**PRECAUTIONS**

- Total hip replacement: Abduction pillow per protocol, hip precautions.
- Utilize TED/COMPRESSION stockings

**WOUND CARE**

- No baths, No hot tubs, No swimming!

**PLEASE KEEP INCISION COVERED IF ANY DRAINAGE IS PRESENT. IF DRAINAGE IS PRESENT, BACTERIA CAN FIND A WAY IN. SO KEEP YOUR INCISION AND POSTOPERATIVE WOUND CARE COVERED UNTIL IT IS DRY!**

- Leave dressing in place for 3-4 days. Remove dressing and then OK to shower. Cover incision after shower with dressing provided at discharge.

Please contact Pinnacle Orthopaedics, (931) 815-2663, if you experience a temperature of 101 degrees, chills, nausea, vomiting, increased redness at the surgical site, swelling of the extremity, excessive drainage, increased pain, or sudden shortness of breath. Inform your dentist and any physician that you see that you have an artificial joint. **FOR AN EMERGENCY, CALL 911 OR GO TO THE ER!**

I have received a copy of these discharge instructions.

Patient/Responsible Adult Signature: \_\_\_\_\_