

# Post-op THR Protocol

## Dr. Michael Champine

The incision is covered with Tegaderm and Dermabond. Tegaderm can be removed 3 weeks post-op.

Patient may shower with Tegaderm bandage without any additional cover.

Routine THR precautions x 6 weeks

For prevention of blood clots:

Surgery at TIS:

Take a regular (325 mg) aspirin once a day for 4 weeks and use the V Pulse machine as instructed for 3 weeks.

Surgery at THD:

Xarelto 10mg one po qd x 24 days.

Wear TED hose for 4 weeks

Patient is WBAT and may advance to cane, then to independence as they can tolerate. They must stay on the cane if they have a significant limp.

May ride in the front seat of car as long as precautions are not broken.

May drive when physically able to operate the vehicle and off of narcotic pain medications..

**No active** abduction exercises x 6 weeks

May lie on unaffected side with a standard pillow between their legs.

Patient may resume anti-inflammatory medications after finishing Celebrex or meloxicam prescription.

May be out of bed as much as tolerated. If the leg swell significantly, then they must elevate and ice. (There is nothing magic about 30 minutes.)

Physical Therapy

Outpatient PT:

If selected, the patient will go 3 x week for 4-6 weeks

Home Health Care PT:

If selected, visit 5 x on first week, then 3 x a week x 4-6 weeks. May cut back to once or twice a week as indicated by the patient's progress. Patient may contact the office to switch to outpatient PT at any time.

Patient is given their first follow up appointment at their pre-op visit. Routine follow up is at 6 weeks after surgery, 3-4 months after surgery, and at a year. Thereafter, follow up will be every 2 years until the patient is 8-10 years out, then it goes to once a year. Occasionally, follow up at smaller intervals will be indicated.

### **FOR REVISION THR**

Protocol as above except:

Some patients may have an abduction pillow. If so, they must use it x 6weeks.

WB status to be determined on an individual basis.

Standard precautions (i.e.: hip flexion to 90 degree IS allowed).

# Post-op TKR Protocol

## Dr. Michael Champine

The incision is covered with Dermabond tape. Dermabond tape must stay on for three weeks after surgery. Remove Dermabond after three weeks.

The patient may get in the shower to bathe and get the incision wet. It is OK for shower water to run over the Dermabond tape.

For prevention of blood clots:

Surgery at TIS:

Take a regular (325 mg) aspirin once a day for 4 weeks and use the V Pulse machine as instructed for 3 weeks.

Surgery at THD:

Lovenox for DVT prophylaxis x 10-14 days. The patient receives 30mg sq B.I.D. while in hospital. Upon discharge to home, they will self administer 40mg sq qd until the POD#14.

Wear TED hose for 4 weeks

Patient may resume anti-inflammatory medications after they have completed Celebrex or meloxicam prescription.

Aggressive ROM exercise. I am NOT concerned about twisting, pivoting, or crossing their legs.

Patient is WBAT and may advance to cane, then to independence as they can tolerate. They must stay on the cane if they have a significant limp.

May ride in the front seat of car.

May drive when physically able to operate the vehicle and off of narcotic pain medications..

May be out of bed as much as tolerated. If the leg swell significantly, then they must elevate and ice. (There is nothing magic about 30 minutes.)

Physical Therapy

Outpatient PT:

If selected, the patient will go 3 x week for 4-6 weeks

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If selected, visit 5 x on first week, then 3 x a week x 4-6 weeks. May cut back to once or twice a week as indicated by the patient's progress. Patient may contact the office to switch to outpatient PT at any time.

Patient is given their first follow up appointment at their pre-op visit. Routine follow up is at 6 weeks after surgery, 3-4 months after surgery, and at a year. Thereafter, follow up will be every 2 years until the patient is 8-10 years out, then it goes to once a year. Occasionally, follow up at smaller intervals will be indicated.

Patient will receive a knee brace to be used at night (when sleeping) until able to get knee straight (full extension). This is usually 2-3 weeks, but may be shorter or longer.

### FOR REVISION TKR

Protocol as above except:

WB status to be determined on an individual basis. If WBAT, may progress as above.