

Dr. Thomas X. Nguyen, MD's
Total Hip Replacement Protocol

Preoperative:

- Take **5 daily consecutive chlorhexidine gluconate (CHG) showers (Hibiclens)** before and the morning before surgery, dispense 32 oz. bottle, no refill.
 - A) Use entire 118 mL (4 oz) of CHG per shower
 - B) Pause for 1-2 minutes before rinsing to allow CHG to bind to skin
 - C) Purpose: kills Gram + and Gram - surgical site infection pathogens
- **Mupirocin 2% topical, 22 gram tube**, apply every 12 hours in each nare for 5 days prior to surgery to prevent MRSA infection.
- Medical, dental, and cardiac clearance (if required)

Postoperative:

- Patient ambulates day of surgery and morning after surgery.
- Patient is to bear full weight, use walker for balance/assistance for the first week and as needed thereafter.
- Patient will go home on the day of surgery or postoperative day #1 (unless medical issues prevent discharge).
- If posterior hip approach:
 - Place Abduction Pillow in between legs while sleeping until patient feels comfortable not to cross legs.
 - Maintain Posterior hip precautions for 3 months (Avoid internal rotation, adduction over the midline, and flexion past 90 degrees).
- If anterior hip approach, there are no precautions.
- Can take down dressings 48 hours except for the Mesh covering skin incision. Can shower after 48 hours. **DO NOT USE MEDIPORE/PRIMAPORE/AQUACELL** or any other **type of tape**.
 - If allergic reaction to mesh: Benadryl 25 mg oral in the evening, Medrol dose pack for a week, Fluocinonide 0.05% cream apply sparingly twice a day until reaction resolves.
- If Staples is used for incision, can shower with Primapore dressing covered over the incision. Blot incision dry with a clean towel and place new dressing after shower.
- No drains used (unless infection present).
- Normal for dressing to be saturated for up to a week post-op. Reinforce/replace as needed.

Medications:

- Aspirin 81 mg every 12 hours for 14 days to decrease risk of blood clots, unless otherwise directed. Afterwards, take Aspirin 81 mg daily for 4 weeks.
 - Eliquis 2.5 mg every 12 hours for 4 weeks if you have a history of blood clots.
 - Eliquis 2.5 mg every 12 hours for plane rides within 90 days after surgery.
- Cefadroxil 500 mg oral every 12 hours x 7 days to prevent infection.
- Tranexamic acid 3 tablets, each tablet 650 mg, daily for 4 days starting evening of surgery to decrease blood loss.
- Ketorolac 10 mg every 6 hours as needed for moderate pain.
- Percocet 5/325 mg every 4-6 hours as needed for severe pain.

Home Health:

- RN for wound management/dressing changes, remove mesh covering postoperative day 14 and apply steri-strips across incision (if patient cannot come to office).
- No PT needed. Home Evaluation/gait training only.
- ***Notify our office if abnormal/persistent drainage from incision***

Activity

- If posterior hip approach, maintain POSTERIOR HIP PRECAUTIONS for 3 months:
 - **Avoid internal rotation, adduction over the midline, and flexion past 90 degrees**
- If anterior hip approach, there are no precautions.
- 1st month: walk on level ground.
- 3rd month: can start light weights and exercise bike.
- No driving for 2 weeks if the right side was performed.

Dental Work

- Wait 90 days postoperatively for dental procedures.
- Premedicate with Amoxicillin 2 g within 60 minutes of dental procedure. If allergic to penicillin, take Clindamycin 600 mg.