

# BENJAMIN G. DOMB, M.D.

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## Discharge Protocol for Hip Replacement and Resurfacing

### If Discharged to Home:

- Take 10 deep breaths each hour
- Get up and walk every hour. Walk as much as possible.
- Use walker only as needed. Progress to full weight-bearing as quickly as possible, unless instructed otherwise.
- Keep incision dry until 5 days after surgery. Then may begin showering.
- Do not bathe or swim until incision completely healed.
- Home health nurse, if applicable will visit you in your home. Please share instructions below.
- Home physical therapist will also visit you in your home for the first 2 weeks post-op. As soon as possible, you should transition to therapy in an outpatient physical therapy center.
- Keep your post-op visit with Dr. Domb or his Physician Assistant at 10-14 days post-op.

### **Instructions for Home Health Nurse:**

- See patient once daily for 3 days, then 3x/week for 2 week. Check vital signs and incision at each visit.
- If on Lovenox in hospital, discharge on Lovenox for 2 weeks
- Continue EC-Naprosyn twice daily for 6 weeks, begin day after surgery
- If normally on Coumadin at home, discharge on Lovenox and regular dose of Coumadin, discontinue Lovenox when therapeutic on Coumadin. PLEASE REQUEST PRIMARY CARE PHYSICIAN TO MANAGE COUMADIN.
- Instruct on incision care, pain management,
- Instruct on hip precautions (posterior THAs only)
- May get incision wet in shower 5 days after your surgery. No baths or swimming until incision closed completely.
- Silver dressing may stay on for 7 days. Only remove if need for incision checks.
  - Let steri-strips fall off on their own.
  - Patient should return to Dr. Domb's office for incision check at day 10-14 after surgery.
  - Also patient should follow up with Dr. Domb at 14 weeks post-op.
- Anti -embolism stockings to be worn for 4 weeks.

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## **Instructions for Home Physical Therapy:**

- See patient for 3x per week until able to transition to outpatient PT center. Please encourage transition to outpatient PT center as soon as possible.
- Weight bear as tolerate, unless otherwise stated.
- May obtain a rolling walker, raised toilet seat and /or any other assistive device if needed.
- Instruct on hip precautions (posterior THA only) and on home safety.
- Increase mobility with gait training, transfers, and stair climbing.
- DO NOT DRIVE UNTIL CLEARED BY MD.

## If Discharged to Skilled Nursing Facility or Rehabilitation Facility:

- Physical therapy twice daily & Occupational therapy to evaluate.
- If on Lovenox in hospital, discharge on Lovenox for 2 weeks
- If normally on Coumadin at home, discharge on Lovenox and regular dose of Coumadin, discontinue Lovenox when therapeutic on Coumadin. PLEASE REQUEST PRIMARY CARE PHYSICIAN TO MANAGE COUMADIN.
- Instruct patient on incision care, pain management, and hip or knee precautions.
- May get incision wet in shower day 5 after surgery. No baths or swimming until incision closed completely.
- Silver dressing may stay on for 7 days. Only remove if need for incision checks.
  - Let steri-strips fall off on their own.
  - Patient should return to Dr. Domb's office for incision check at day 10-14 after surgery.
  - Also patient should follow up with Dr. Domb at 14 weeks post-op.
- Anti -embolism stocking to be worn for 4 weeks.

R.N: Please fax to rehabilitation center or Home Health Agency

**Questions, please email [BenjaminDombMD@hoasc.com](mailto:BenjaminDombMD@hoasc.com), or call 630-455-7130.**