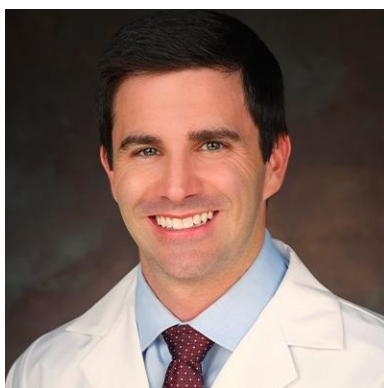


Dr. Burrow's Total Hip Patient Guide



Zac Burrow, MD, DPT

I want you to know that I understand this is a big decision, and it often comes after months or even years of pain, limitation, and frustration.

My goal is simple: to help you feel better, move better, and get back to the life you enjoy.

I care deeply about your outcome—not just in the operating room, but in your recovery and long-term success. Every decision we make is centered around what is safest, most effective, and best for *you* as an individual.

This guide is designed to walk you through the process, answer common questions, and help you feel confident and prepared every step of the way. You are not going through this alone—we are a team, and I am committed to supporting you throughout your entire journey.

Thank you for trusting me with your care!

Pictures in this guide were obtained from AAOS, HEP2Go.com, or generated with ChatGPT

General information can also be found at:

- Total Hip Replacement - OrthoInfo – AAOS
<https://orthoinfo.aaos.org/en/treatment/total-hip-replacement>
- Total Hip Replacement - AAHKS
<https://hipkneeinfo.org/hip-care/total-hip-replacement/>
- Video - Total Hip Replacement Animation - OrthoInfo - AAOS
<https://orthoinfo.aaos.org/en/treatment/total-hip-replacement-animation/>

Important Phone Numbers

- **Dr. Burrow Direct Line:** 918-927-3258
 - Call for refills of medications, general questions/concerns
 - May also use online patient portal
 - MyMobility App is not monitored
- **Surgery Scheduling:** 918-927-3301
 - Scheduler will call you to schedule surgery once all clearances are obtained
 - Call for any surgical scheduling questions
 - Cancel, reschedule, etc.
- **Billing Department:** 918-927-3737
 - Any billing questions for AOOK
- **Brace Shop:** 918-927-3308
- **Hospital Pre-Admission Testing:**
 - Oklahoma Surgical Hospital: 918-477-5073
 - St. John Broken Arrow: 918-994-8045
- **Urgent Surgical Problem:** 918-494-2665
- **Emergency:** 911

Hip Anatomy: Understanding Your Joint

Your hip is a **ball-and-socket joint** that allows you to move your leg in many directions.

Bones

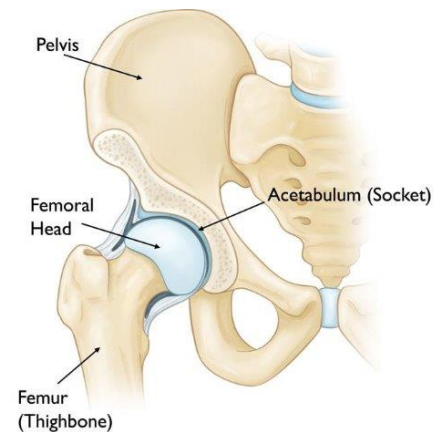
- **Femur (thigh bone):**
 - The top of the femur is round. This is called the **femoral head (the “ball”)**
 - **Pelvis (hip bone):** Contains a curved space called the **acetabulum (the “socket”)**

Cartilage

- A **smooth, protective tissue** covering the bone
- Allows the joint to **move smoothly without pain**

Synovial Fluid

- A natural **lubricating fluid** inside the joint
- Helps reduce friction - Allows for smooth, easy movement



Muscles

- Surround and support the hip joint. Help you: Walk, Stand, Lift your leg, Maintain balance

What Happens in Hip Arthritis?

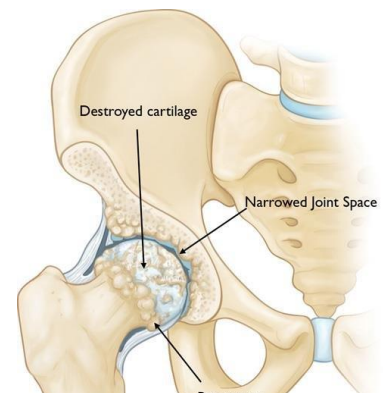
Over time, the hip joint can be worn down, leading to pain and stiffness.

Changes in the Joint

- The **cartilage wears down**
- The bones may begin to **rub together (bone-on-bone)**

What You May Feel

- Increased **inflammation and pain**
- **Stiffness** in the hip
- **Decreased movement and flexibility**



What is a Hip Replacement

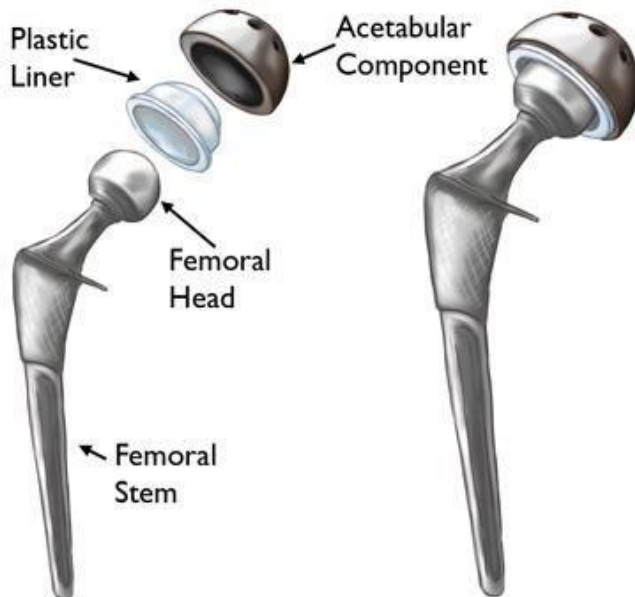
Hip replacement surgery is designed to remove the damaged joint and replace it with a new, smooth-moving surface.

What Is Done During Surgery

- The **damaged bone and cartilage are removed**
- The joint is replaced with **artificial parts (called a prosthesis)**:
 - A **metal or ceramic ball** replaces the top of the femur
 - A **metal cup with a plastic, ceramic, or metal liner** replaces the socket

Benefits of Hip Replacement

- Reduces or eliminates **pain**
- Improves **movement and flexibility**
- Helps restore **strength and function**
- Allows you to return to a **better quality of life**



Possible Risks After Hip Replacement

While most patients do very well after surgery, it's important to understand potential risks and how to prevent them.

Infection

- Can occur: At the incision site or Deep in the joint
- May happen: Shortly after surgery or Months or even years later
- **Prevention:** Antibiotics during / after surgery & Proper wound care

Blood Clots (DVT or PE)

- **DVT (Deep Vein Thrombosis):** Blood clot in the leg
- **PE (Pulmonary Embolism):** Blood clot that travels to the lungs
- **Prevention:** Blood thinning medications, Walking early and often, Compression stockings or devices
 - Please wear compression stockings for about 3 weeks after surgery

Dislocation

- The new hip ball can come out of the socket (Most common in the **early recovery period**)
- **Prevention:** Avoiding bending too far, twisting your hip, crossing your legs
 - Follow all **hip precautions** given by your therapist or surgeon

Leg Length Difference

- Some patients may feel one leg is longer or shorter
- Often improves over time
 - May be managed with: Shoe inserts & strengthening and core exercises

Nerve, Blood Vessel, or Muscle Injury

- Nearby structures can be affected during surgery (rare)
- May cause: Numbness, Weakness, Circulation issues
- Some **numbness near the incision** is common and often improves over time

Persistent Pain

- Some patients may continue to have pain after healing
- **Possible causes:** Scar tissue, Nerve sensitivity, Other unrelated conditions

Implant Loosening or Wear

- Artificial joint parts can wear out or loosen over time --> May require **revision (repeat) surgery** in the future

Fracture (Broken Bone)

- A bone can fracture: During surgery or after surgery

Other Risks

- **Anesthesia-related risks:** Nausea, Breathing problems, Allergic reactions
- **Serious medical risks (rare):** Heart attack, Stroke, Death
- **Unpredictable events:** Rare complications that cannot be fully anticipated



Immediately After Surgery (Hospital Stay or Outpatient)

Common After Surgery

- Pain and swelling in the operated leg
- A bandage covering your hip incision
- Medications to help with: Pain control & Blood clot prevention

Physical Therapy Starts Early

- Begin **basic exercises within 24 hours**
- Help you **stand and start walking**
- Teach you how to move safely using a **walker**

Hospital Stay

- Most patients stay **1 night in the hospital**
 - Some patients may: Go home the **same day** or may need a **longer hospital stay**

At Home: First Few Weeks After Surgery

Mobility & Walking

- Use a **walker at first**, then transition to a **cane** as you improve
- Walk **short distances multiple times per day**
- Gradually work toward: Longer walks & Climbing stairs safely

Physical Therapy

- We will try to arrange **home health physical therapy**
 - This typically starts the 4th day after you return home
 - *Note: Insurance may limit this option*
- Continue:
 - **Daily home exercises**
 - Use of the **MyMobility App** for guidance

Pain & Swelling

- It is normal to have: Pain (managed with medications and ice) & bruising / swelling
- Swelling will **improve gradually over several weeks**

Help at Home

- You will likely need help with: Cooking, Bathing, Daily activities
- Plan for assistance for the **first 1–2 weeks**

Activity Goals

- Walk several times per day
- Increase activity **slowly and safely**

Mid-Term Recovery: 6 Weeks to 3 Months

Mobility & Walking

- Walking becomes **easier and more natural**
- Decreased need for a **walker or cane**

Return to Daily Activities

- Gradual return to normal daily routines
- May begin: Light household tasks
- Driving (*typically around 4–6 weeks, if cleared by your physician*)

What Is Normal

- Mild **stiffness**, Some **swelling**, **Fatigue**, especially after activity
- These symptoms are common and should improve over time

Activity Progression

- Continue to increase activity **gradually**
- Stay consistent with exercises and therapy

Full Recovery: 3 to 12 Months

What to Expect

- Most patients return to **normal daily activities by 3 months**
- Continued improvement in: Strength, Balance, Comfort
- Full recovery may take up to **1 year**

Return to Activities

- Most patients can safely return to:
 - Walking
 - Swimming
 - Biking
 - Other **low-impact activities**

Activities to Avoid

- Running
- High-impact sports
- Activities that place excessive stress on the joint

Your Surgery Journey: Step-by-Step Guide

This section will walk you through what to expect before, during, and after your hip replacement.

Initial Visit

- Your first visit will be in the clinic and we will:
 - Discuss your symptoms
 - Review treatment options
 - Decide if surgery is the right choice for you

Scheduling Surgery

- Dr. Burrow's surgery scheduler will call you within 1 week.
- She will help find a surgery date that works for you
- All clearance letters from outside physicians will need to be obtained prior to scheduling

Pre-Operative Labs & Medical Clearance

- You will have lab work done before surgery
- This helps ensure surgery is safe
- Depending on your medical history, you may need clearance from:
 - Your primary care doctor
 - A cardiologist
 - Another specialist

Joint Camp (MyMobility App)

- Download the MyMobility Patient App on your smartphone or tablet
 - A link will be sent to your phone on the week of your preoperative visit
- This app will:
 - Give step-by-step instructions before and after surgery
 - Provide daily exercises

Important:

- Messages in the app are **not checked**
- Please use the patient portal or call 918-927-3258



Pre-Operative Appointment (2 appointments [1 at clinic, and 1 at hospital])

- This is your final CLINIC visit before surgery
 - We will review the surgical plan and answer any questions/concerns
- You will also have a pre-operative appointment at the HOSPITAL to:
 - Meet with the anesthesiologist and obtain pre-operative lab work

Prepare Your Home

- Remove rugs and tripping hazards
- Make space to safely use a walker or crutches
- Arrange for a **family member or friend to help you at home**

Day of Surgery

- The hospital will call you with:
 - Your arrival time one business day before surgery
- Most patients stay **1 night in the hospital** (*some patients wish to go home the same day*)
 - Additional time can be arranged if needed

After Surgery (In Hospital)

- You will work with **physical therapy the same day**
- They will teach you:
 - Exercises and how to get around safely after your surgery

Returning Home

- Home health services are often arranged for:
 - Nursing care
 - Physical therapy
- This usually starts about **a few days after you return home**
- Home health is **optional**
- Continue your **home exercises as instructed or use the MyMobility App**

Follow-Up Visit

- You will see Dr. Burrow about **3-5 weeks after surgery**
- This visit will:
 - Check your incision, X-Rays, and answer questions

Physical Therapy

- Some patients will need outpatient physical therapy
 - If needed, you will receive a prescription at your follow-up visit

Before Your Surgery: What You Need to Know

- Please follow these instructions carefully to help your surgery go safely and smoothly.

The Night Before Surgery

- **Do not eat or drink anything after midnight**, unless your anesthesiologist tells you otherwise.
(This includes gum, mints, hard candy, and tobacco.)

Transportation & Planning

- Arrange for a **family member or friend** to:
 - Take you to the hospital on the day of surgery and to pick you up after your hospital stay
- Most patients stay **1 night in the hospital**

What to Wear & Bring

- Wear **loose, comfortable clothing** that is easy to put on and take off
- You will change into a hospital gown for surgery
- You will have a **bandage after surgery**, so plan accordingly
- **Bring with you:**
 - Photo ID
 - Insurance card(s)
 - A list of your current medications and allergies

Personal Items

- Leave **valuables at home** (jewelry, watches, etc.)
- **Remove all jewelry**, including body piercings

Eye Care & Personal Care

- **Do not wear eye makeup**
 - If you wear **contacts or dentures**, bring a container for them
 - You will need to remove them before surgery

Medical Conditions

- **Diabetes:** Check your blood sugar the morning of surgery and bring your glucometer and insulin
- **Asthma:** Bring your **inhaler**

Medications ****If you are unsure, please ask before surgery****

- **Stop these medications 1 week before surgery** (unless told otherwise):
 - Aspirin and aspirin-like medications (Advil, Motrin, Aleve, Ibuprofen, etc.)
 - **Weight loss products** (including GLP-1 medications [hold 1 dose before planned surgery])
- Tell your doctor if you take:
 - **Blood thinners** (such as Plavix, Pradaxa, Eliquis, Xarelto, Coumadin, etc)
 - **Herbal supplements or vitamins**

Pre-Operative Hip Exercises

Exercise pictures and instructions were chosen from HEP2go.com

Hip Flexor Stretch

- **Frequency:** 2 times per day
- **Repetitions:** 3
- **Hold:** ~30 seconds

How to perform:

- Lie on a table or a high bed
- Let your affected leg slowly lower toward the floor
- You should feel a stretch in the **front of your thigh**

Important: ⚠ **Do NOT perform this stretch after surgery**

- Do not force the stretch
- Stop if you feel pain



Hamstring Stretch

- **Frequency:** 2 times per day
- **Repetitions:** 3
- **Hold:** ~30 seconds

How to perform:

- Sit with your heel resting on the floor with your knee straight
- Gently lean forward until you feel a stretch
- Keep your **back straight** (do not round your spine)



Hip Abduction (Side Leg Raises)

- **Frequency:** 2 times per day
- **Repetitions:** 10
- **Hold:** ~2 seconds at the top

How to perform: (slow and controlled)

- Lie on your side
- Slowly raise your top leg upward
- Keep:
 - Your knee straight and toes pointing forward
 - Your leg in line with your body
- Your bottom leg can be bent for balance



Nutrition Before and After Surgery

Good nutrition helps your body heal, reduces complications, and improves recovery.

General Guidelines

- If you are on a **specific diet**, continue following it
- Focus on **whole, healthy foods**
- Avoid highly processed foods (fast food, boxed, canned food, etc.)

Recommended Nutrition Timeline

- Start **2 weeks before surgery**
- Continue for **at least 6 weeks after surgery**

Hydration

- Avoid **alcohol and soft drinks**
- Drink **water or tea**
- Goal: **5 servings of 12 oz per day**

Recommended Foods

- **Berries** (*1–3 servings/day*)
 - Blueberries, Blackberries
 - Frozen options are okay
- **Fruits** (*1–2 servings/day*)
 - Apples, Avocados
- **Beans** (*1-2 servings/day*)
 - Green beans
 - Pinto beans
- **Whole Grains** (*3 servings/day*)
 - Brown rice, Oatmeal
- **Vegetables** (*1–2 servings/day*)
 - Broccoli, Sweet potatoes
- **Greens** (*2 servings/day*)
 - Spinach, Kale
- **Nuts** (*1 serving/day*)
 - Walnuts, Pecans



Protein (Very Important for Healing)

- Lean meats:
 - Grilled chicken / fish
- Whey or soy protein supplements

Post-Operative Wound Care

Proper wound care is important to prevent infection and ensure good healing.

Dressing Care

- Leave your dressing **in place until your follow-up visit (approx. 3 weeks after surgery)**
 - Unless changed by home health nursing
- **No additional wound care is needed**

When to Call the Clinic

Call our office if you notice:

- Drainage **larger than the size of a quarter**
- Fluid **pooling under the dressing**
- Increasing redness around the incision
- **Cloudy or pus-like drainage**



Showering

- You **may shower with your bandage on** (it is waterproof) unless told otherwise by Dr. Burrow
 - If it looks like the bandage is coming off at the edge, do **NOT** let the wound/bandage get wet
- Occasionally an incisional wound vac dressing is used. This stays on for 1 week & should **NOT** get wet

Do NOT Submerge the Wound

- Avoid baths, Hot tubs, Swimming pools, etc. for at least **6 weeks after surgery**

Compression Stockings

- Wear compression stockings for **6 weeks**
- Helps reduce swelling and prevent blood clots

Skin & Incision Care

- Do **NOT** apply lotions, creams, or ointments to your incision for the first **6 weeks**

After the Incision Heals

- Once fully healed, you may use:
 - Any scar creams or vitamin E.
- Use **sunscreen over the incision** to help prevent darkening of the scar
 - *Only after the incision is fully healed*

Ice and Heat After Surgery

Using ice and heat correctly can help reduce pain and swelling during recovery.



Ice (Recommended Early After Surgery)

- **How to use:**
 - Place a **towel or cloth between the ice and your skin**
 - Apply ice for **15–20 minutes at a time**
- **How often:**
 - At least **3–4 times per day**
 - You may use more often if needed
 - Early after surgery:
 - Ice every **1-2 hours** is recommended

Heat (Avoid Early On)

- **Do NOT use heat** in the early post-operative period

Avoid Heat Products Early

- Do NOT use: Ben-Gay, Icy Hot, Etc.

Ice Machine (Optional)

- Ice machines can make icing easier and more consistent
 - Can add compression to improve swelling and pain
- Available for purchase at the brace shop
 - Insurance does not cover ice machines

Activity and Exercise After Surgery

Staying active is important for your recovery, but it's important to do so safely.

**exercise pictures and instructions were chosen from HEP2go.com*

Weight Bearing

- You may **put weight on your leg as tolerated**
 - Unless instructed otherwise by Dr. Burrow
- Use your comfort level as a guide

Walking

- Walk around your home **multiple times per day**
- Short, frequent walks are best
 - This helps: Improve circulation, Reduce swelling, & Prevent blood clots

Assistive Devices

- Use a **walker or crutches** as directed by physical therapist
 - Continue using them until cleared by physical therapy or surgical team

Driving

- Do **NOT drive while taking pain medication**
- Do **NOT drive until cleared** by your physical therapist or physician
- **Note:** Recovery time may be **longer for right hip replacements**

Hip Precautions (If Applicable)

Some patients will need to follow hip precautions after surgery. Dr. Burrow/physical therapist will inform you of these precautions if needed.

- **Avoid These Positions**
 - **Do NOT bend your hip past 90 degrees**
 - Avoid leaning forward too far
 - Do not bring your chest toward your knee
 - **Do NOT cross your legs**
 - Keep your legs **separated**
 - Do not cross past the middle of your body
 - **Do NOT rotate your leg inward**
 - Keep your toes pointing **forward or slightly outward**
 - Avoid letting your leg turn inward



Exercises: First 2 Weeks After Surgery

Perform these exercises until you begin physical therapy or receive further instructions from your physician.

exercise pictures and instructions were chosen from HEP2go.com

Ankle Pumps

- **Frequency:** 10 times per hour while awake
- **How to perform:**
 - Move your foot **up and down** at the ankle joint
- **Why this helps:**
 - Improves blood flow
 - Helps prevent blood clots



Walking

- Walk using a **walker or crutches**
- **Gradually increase your distance** as tolerated
- **Tips:**
 - Take short, frequent walks
 - Listen to your body—do not overdo it



Incentive Spirometer (Breathing Exercise)

- **Frequency:** 10 times per hour while awake
- **How to perform:**
 - Exhale normally
 - Place your mouth tightly around the mouthpiece
 - Breathe in **slowly and deeply**
 - Watch the marker rise—try to get it as high as possible
 - Hold your breath for **1 second**, then relax
- **Why this helps:**
 - Keeps your lungs clear
 - Helps prevent pneumonia



God Bless your recovery! I have already prayed for you during your surgery and will continue to do so. ZPB