

BEFORE YOUR HIP SURGERY

KURT KITZIGER, MD
9301N. CENTRAL EXPWY
DALLAS, TX 75231
(214) 220-2468

1. Please discontinue any aspirin/anti-inflammatory type products 7 days prior to surgery. Discontinue any diet medications 2 weeks prior to surgery. Discontinue all vitamins and supplements 7 days prior to surgery. Contact your Primary Care Physician, or the hospitalist physician who cleared you for surgery, about which medications you should take the morning of your surgery if they have not already instructed you about this. You may take Tylenol, Tramadol, or Hydrocodone up until the night before your surgery, **do not** take the morning of your surgery!
2. The anesthesiologist will call the night before surgery to discuss anesthesia options and review your medical history.
3. **DO NOT** eat or drink anything after midnight the night before your surgery. However, please consume 12 fluid ounces of Gatorade up to 2 hours before your check in time at the hospital. If you are diabetic, you may consume 12 fluid ounces of water up to 2 hours before your check in time at the hospital.

YOUR SURGERY WILL BE CANCELLED IF YOU FORGET TO FOLLOW THIS INSTRUCTION.

4. Call our office if you have a cold or fever 48 hours before surgery.
5. If your surgery is scheduled at Texas Health Presbyterian Hospital, you will need to call 877-773-2368 to complete your pre-registration.
6. Shower the night before and morning of surgery with anti-bacterial soap: Hibiclens. This helps to minimize the chance of infection. **DO NOT SHAVE THE OPERATIVE EXTREMITY FOUR DAYS PRIOR TO SURGERY. YOUR SKIN PREP WILL BE DONE AT THE HOSPITAL.**
7. Read your patient information brochure(s). If should answer most of your questions. Please write down any additional questions you may have so you can remember them when talking to Dr. Kitziger.
8. Your surgery is at:
North Central Surgical Center: (214)265-2810
Texas Health Presbyterian Dallas: (214)345-6789
9. Your surgery date is: _____
10. Your pre-admit time will be confirmed with you a day or two before your surgery. Actual surgery times are not provided as many factors can affect what time your surgery will take place and are subject to change. Dr. Kitziger appreciates your understanding.
11. Please make arrangements for an adult to drive you home. You will not be released from the hospital to drive.
12. If you already have equipment (i.e. rolling walker), please bring them with you to the hospital. You **MUST HAVE** rolling walker with you on the day of surgery.

Please contact, Dr. Kitziger's coordinator to schedule appointments or answer questions.

MEDICAL CLEARANCE

Before your surgery, Dr. Kitziger would like you to see your internist for medical clearance. It is similar to having a physical and is a “checkup” before surgery.

To ensure your surgical preparation is a smooth process, please follow these simple directions:

- Make your appointment with your internist 2 weeks prior to your surgery.
- Tell the internist’s office that the appointment is for “medical clearance for surgery”
- Call our office (214) 220-2468 and let us know who your appointment is with, when it is, and their phone number.
- Take the “Medical Clearance For Surgery” form with you to your appointment.
- Your internist’s office will be sending us the results of your tests.

We want to ensure that your surgical experience with us is a positive one. We hope these directions will be helpful in ensuring that. Thank you for your assistance.

Dr. Kurt Kitziger’s Office
The Carrell Clinic

Kurt J. Kitziger, M.D.
The Carrell Clinic
9301 N. Central Expwy
Dallas, TX 75231
(214) 220-2468
Fax (214) 397-1566

Subject: Medical Clearance For Surgery

Patient: _____

Surgery Date/Place: _____

Procedure: _____

This patient is requiring medical clearance for surgery. We request that you include the following labs and tests, as well as any you deem necessary for this patient:

- **CBC**
- **CMP**
- **CXR**
- **EKG**
- **UA**
- **PT/INR & PTT only if on anti-coagulation therapy or at the discretion of the examining physician**

Please note that labs must be within 2 weeks of the surgery date. CXRs and EKGs can be within 6 months of the surgery date.

In addition, please address the following topics with the patient (and family) sometime during the course of the visit:

- **Instructions for discontinuation of certain medications preoperatively – including which ones to stop and when to stop**
- **Instructions for which medications are to be taken the morning of surgery – especially beta-blockers and insulin dosing**
- **If patient is on anticoagulants pre-operatively, please address whether bridge therapy is needed in the peri-operative period.**

*****Please include a note clearing patient for surgery*****

**Please fax results to: (214) 397-1566 Attn: Coordinator for Kurt J. Kitziger, M.D.
Thank you in advance for your assistance.**

IMPORTANT QUESTIONS FOR HIP REPLACEMENT SURGERY

Q: Will I have a private room after surgery?

A: Yes

Q: What should I expect my recovery time to be?

A: Everyone heals at a different rate. For up to one month after the operation you may be restricted to the use of a walker or crutches. Patients then advance to a cane outdoors combined with no support around the house; this may continue for several weeks. Overall, a gradual return to normal function without any assistive devices occurs over three months for most patients, but may take longer, up to a year.

Q: Should I go to a rehabilitation facility or home after my surgery?

A: Most people are able to return home. However, some patients require a rehabilitation facility to help in the regaining of skills needed for a safe home return. Determining factors as to where you will spend your initial recover depend on: the availability of family or friends to assist with daily activities, your home environment and safety considerations, your postoperative functional status as evaluated by a physical therapist, insurance, Medicare and overall evaluation by your hospital team.

Q: When can I drive?

A: You should never drive at any point during which you are taking narcotics. You may drive an automatic car when you are off pain medication and when you are walking without a walker, typically at about four weeks. Practice driving in an area like a quiet neighborhood or parking lot.

Q: When can I travel?

A: You may travel as soon as you feel comfortable and Dr. Kitziger has seen you back for your first follow up visit. On long trips, however, it is important that you stretch or walk at least once an hour to help prevent blood clots. You may travel in a car, as a passenger, as soon as you feel like it. If you are traveling more than an hour, you need to get out and walk around the car a couple of times every hour. While sitting in a car for long periods, do calf pumping exercises over 30 minutes, i.e., work the ankle up and down.

Q: When can I return to work?

A: This depends upon your profession. If your work is mainly sedentary, you may return approximately after three to four weeks. If your work is more rigorous, you may require up to three months before you can return to full duty. Of course, everyone heals at a different pace, and more or less time may be necessary.

PERIOPERATIVE QUESTIONS IN HOSPITAL

Q: When can I shower or get the incision wet?

A: Five days after your surgery, if there is no drainage present at the incision, you may shower. Try though to keep the incision dry with a plastic cover. If it becomes wet, carefully pat dry.

Q: How long do I need a bandage on my incision?

A: A bandage should be used for one week and should be changed daily. However, bandage use may be discontinued when drainage is no longer present.

Q: When will my staples/sutures be removed?

A: Generally, Dr. Kitziger does not use stitches/sutures that need to be removed. There will be steri-strips (tough bandaids) that will fall off with showering. These can be removed two weeks after surgery. If you have visible stitches/sutures or staples, these need to be removed 7-10 days after surgery. That can be done by a visiting nurse if you have home health care or during your stay at inpatient rehab if you qualify for that or in our office.

PERIOPERATIVE QUESTIONS OUT OF THE HOSPITAL

Q: How long will I be on pain medication?

A: Most people are able to discontinue these after one month and switch to an over-the-counter medication such as acetaminophen or ibuprofen. Some patients require pain medication for about three months.

Q: How long will I be on blood thinner?

A: Your surgeon will choose a therapy of pills or injections to thin your blood and prevent blood clots for about six weeks. The method of therapy will be determined based upon your medical history and possibly on tests done before you leave the hospital.

Q: Can I drink alcohol during my recovery?

A: If you are taking any blood thinner, you should avoid alcohol. You should also avoid alcohol if you are taking narcotics. Beyond these limitations, you can use alcohol in moderation at your own discretion.

Q: What are good and bad positions for my hip during recovery?

A: Your physical therapist and Dr. Kitziger will assess which positions are appropriate for your individual situation. As always, each patient's needs and recovery vary, and appropriate positions will be reviewed with you immediately after surgery.

Q: Should I apply ice or heat?

A: Initially, ice helps to keep swelling to a minimum. Only after several weeks could you try applying heat. Choose what works best for you.

Q: How long should I wear compression stockings?

A: A minimum of four to six weeks following surgery. You should wear the compression stockings consistently until your first post-operative visit. Your surgeon will then further advise you. Until this point, keep the stockings on, but you may remove them for laundering and bathing purposes.

Q: Can I go up and down stairs?

A: Yes. When going up stairs, lead with your un-operated hip. When go down stairs, lead with your operated hip. Remember “up with the good and down with the bad.” As you regain strength and motion during the first month following your surgery, you will be able to perform stairs in a more normal fashion.

Q: Will I need physical therapy?

A: Yes, physical therapy is a very important factor in making the surgery a success. You will be seen by a physical therapist soon after your operation and during your time at the hospital. Once you return home, you should be seen by a therapist 2 to 3 times weekly. You should be taught a progression of exercises which you may perform without a therapist’s supervision. Your physical therapist will provide you with this knowledge.

Q: When can I resume sexual intercourse?

A: As soon as you are comfortable, and after your first visit back to the office.

POSTOPERATIVE CONCERNS:

Q: I feel depressed. Is this normal?

A: It is not infrequent to be depressed following your surgery, and it may be attributed to an assortment of reasons. Such reason include your constrained mobility, discomfort, loss of sleep, increased dependency on others, and medication side effects. These depressed feelings usually fade as you begin regular activities. However, if your feelings of depression persist after resumption of regular activities and continued recovery, consult with your primary care physician.

Q: I have insomnia. Is this normal? What can I do about it?

A: Insomnia is a common complaint following a surgery such as yours. Over-the-counter remedies such as Benadryl or melatonin may prove helpful. If insomnia continues, a prescription medication may be necessary.

Q: I am constipated. What should I do?

A: Constipation is also a common complaint after surgery and may be attributed to narcotic pain medications and iron supplements. A stool softener such as Colace, or another over-the-counter product, is the best way to prevent constipation. An enema or suppository may be required, but should be used with caution in patients who have hemorrhoids or a predisposition to bleeding.

POSTOPERATIVE CONCERNS (LONG TERM):

Q: I think my leg feels longer now. Is this possible?

A: Leg length will be practically unaltered in the majority of surgeries. Sometimes the operated leg will be a bit shorter or longer than the other.

Q: Can I use weights when I exercise?

A: For 2 months following surgery, weights are generally not used. As your physical therapist follows your progress, he/she may introduce the use of weights into your recovery program. The use should be limited to light weights and increase in intervals no greater than 1 to 5 pounds at a time.

Q: Will I set off the security monitors at the airport? Do I need a doctor's letter?

A: As you progress through a security check point, you will most likely set off the alarm. Be proactive and inform security personnel ahead of this occurrence. Let them know that you have had a hip replacement. Plan ahead and wear clothing that will allow you to show them you knee incision. Unfortunately, a letter or wallet card from your physician is no longer any help when attempting to pass through security check points.

Q: Do I need antibiotics before dental work or an invasive medical procedure?

A: Yes, this will be necessary for the rest of your life. In addition, for the first 6 weeks following your surgery, avoid any dental cleaning and other nonsurgical procedures.

Q: Can I return to downhill skiing?

A: This presents a risk not from the skiing itself, but rather from potential injury in case of a fall, collision, or other accident. You should definitely avoid skiing black diamond slopes. However, if you choose to ski, be aware of the risks, and ski only under optimal conditions on green or groomed blue slopes.

Q: When do I need to follow up with my surgeon?

A: Appointments for follow up are typically made three to four weeks following surgery, then three months, 1 year, 2 years, 5 years, 7 years, and lastly 10 years. These appointments are necessary to monitor the fixation of the prosthesis and the potential wearing out of the plastic articulation.

ADDITIONAL NOTES FOR HIP/KNEE REPLACEMENT PATIENTS

It is important for the surgical patient to recognize that reinstating normal bowel function after surgery can be difficult for some. Many factors including age, what you eat, how much liquid you consume, how much you exercise or move around, medications you are taking, and pre existing conditions all affect bowel motility. It is critical to your recovery and well-being not to go too long between bowel movements.

The use of a good stool softener (Colace) or psyllium-mucilloid products (Metamucil or Citrucel) and mild laxatives such as milk of Magnesia are helpful. The key is to avoid constipation. Eating a wide variety of foods is an important factor in good nutrition and bowel management. Fluid intake is important too.

Since most joint replacement patients will be on a program of anti-coagulant (blood thinner) therapy, any rectal bleeding is a concern. Should this occur, please call our office immediately. You will be instructed to call your Primary Care Physician and it may be necessary to go the Emergency Room.

If you are taking the blood thinner Coumadin (Warfarin), it is important that you take it at the same time each evening. Do not take multi-vitamins that contain Vitamin K as it interferes with the clotting process. It is also important NOT to take aspirin, Advil, Nuprin, Ibuprofen, Aleve, naproxen, Pepto-Bismol or other over the counter medications that may alter the clotting process.

Watch and call your doctor for:

Excessive or unexplained bruising
Red colored urine
Red or black bowel movements
Purple or reddish spots on the skin
Heavy bleeding from the gums or the nose
Coughing up blood

CALL 911 OR EMERGENCY IMMEDIATELY if you experience:

Sudden shortness of breath or chest pain
Pain, coldness, numbness, or inability to move part of your body
Severe stomach pain, headache, or if you fall and hit your head

Wear your TED compression stockings until you see the doctor at your first post-op visit

Prophylactic Antibiotic Regime for Dr. Kitziger's Patients

Dr. Kitziger requires his patients to take antibiotics for all dental appointments, including cleanings, for the rest of their lives.

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For patients who are able to take Penicillin:

Amoxicillin 2.0 grams orally, one hour prior to procedure

For patients who are allergic to Penicillin:

Azithromycin 500mg orally, one hour prior to procedure

Clindamycin 600 mg orally, one hour prior to procedure

Cephalexin 2.0 grams orally, one hour prior to procedure

Who can I call for other questions?

Becky Brisco (PA-C) to answer technical/medical/surgical questions

Leslie or Kacie (Dr. Kitziger's coordinators) for scheduling questions or handicap permits

Medical records or handicapped permits, FMLA forms or medical records

All of Dr. Kitziger's staff can be reached through the main number 214-220-2468.

To refill a prescription, please call your Pharmacy and have them Fax us. (214) 397-1566. The Carrell Clinic does not refill prescriptions over the weekend or on holidays. It is important to plan ahead.

Discharge Instructions
For Dr. Kitziger's
Total Hip Arthroplasty Patients

Your postoperative appointment is scheduled on: _____

Activity –

1. Take it easy the first day or two after you get home. Elevate your legs some.
2. If you are sitting for more than an hour, prop your operated leg up on an ottoman or stool.
3. Do your exercises every day, as listed on the sheet you get from the hospital therapist.
4. Follow the hip precautions the therapist reviewed in the hospital for the first six weeks. Then we will modify them.
5. You can gradually progress your walking distance. Stay with the weight bearing instructions given in the hospital.
6. You may drive an automatic car when you are off pain medication and when you are walking without a walker, typically at about four weeks. Practice driving in an area like a quiet neighborhood or parking lot.
7. You may ride a stationary bicycle at three weeks after surgery.
8. You may get in a pool or bath at three weeks after surgery, only if your wound is well healed and dry. Walking in waist or chest deep water is good exercise.
9. You may travel in a car, as a passenger, as soon as you feel like it. If you are traveling more than an hour, you need to get out and walk around the car a couple of times every hour.
10. You may resume sexual activities when you are comfortable enough. You just have to remember to follow hip precautions as far as position of the operated leg.

Incision –

1. Keep your incision clean and dry. You may shower and get the incision wet after five days if the incision is healing and dry. Some patients will have steri-strips over the incision site. These may fall off as you start to shower with the wound uncovered. If they don't fall off, you may remove them two weeks after surgery. Some patients have removable (visible) sutures or staples. If you have visible sutures or staples, place a new dressing every day until the staples or sutures come out. Use an alcohol swab to swab the incision and then place the dressing.
2. Low grade fever is common for up to a week after surgery. Notify us if your temperature gets to 101.5 at home.
3. Call the office if you notice increased redness around the wound.
4. Call the office if you notice any drainage from the wound, after seven days post surgery.
5. If you have removable sutures or staples, a nurse will come by the house about seven or ten days after surgery to remove staples and place steri-strips over the incision. Leave these strips in place for about seven days. After that, you may remove after getting them wet in the shower.
6. You can use Vitamin E cream on the incision after four weeks, provided the incision is clean and well healed.
7. There are stitches under the skin that are absorbable over ninety days. Sometimes these will "spit out" on their own. You may see a white thread. If you do, it's ok to clean the area with an alcohol swab and then pull the thread with a pair of tweezers.

Blood Clot Issues –

1. You will be sent home with a blood thinner. Most patients will be on Lovenox, an injectable blood thinner, for seven days. After completion of the Lovenox, you will take Ecotrin (coated aspirin) 325 mg, twice daily for four weeks.
2. If you have bleeding from the nose or in your stool, stop the blood thinner and call the office.
3. Wear your white stockings until the first office visit. You may wash them in the sink and hang them to dry. You may remove them twice a day for one hour.
4. If you notice a large increase in leg swelling (either leg), call the office. A little swelling is expected. It will usually decrease at night.
5. Shortness of breath or chest pain may be a sign of a blood clot passing into the lungs, a serious emergency. If you experience one of these signs, you must go to the Emergency Room and notify me immediately.
6. Since 1991 we have a very low incidence of blood clot problems with this program.
7. Some patients will go home on Coumadin (Warfarin) instead of Lovenox after surgery. A nurse will come each week to check labs while you are on this medication. This is called a PT/INR and checks how “thin” your blood is and if your medication needs to be adjusted. This is only if you are on Coumadin (Warfarin). If you are on Coumadin (Warfarin) you will need to follow special diet restrictions and avoid many vitamin supplements.
8. If you took vitamin or supplements prior to your surgery, do NOT restart these until you are seen back in the office. Many of these will interfere with your blood thinner medications and may cause excessive bleeding.
9. Do NOT restart medications like Advil, Ibuprofen, Naprosyn, Aleve or any other Non-steroidal anti-inflammatories (NSAIDs) until you are seen back in the office. These may interfere with your blood thinners and cause excessive bleeding.

Pain Medication –

1. You will go home from surgery with pain medication. Take them as needed. If you are running low, call us during the week to request a new prescription. Please don't wait until the weekend because you will not be able to get any medication from the on-call providers.
2. Many of the narcotic pain medications cannot be called in to a pharmacy and require a written prescription in your hand to take to a pharmacy. These are federal regulations over which we have no control.
3. Over the past several years, pharmacies have set regulations on how much pain medication patients can use for pain on a daily basis. Pharmacies can even set limits on when your medications may be filled and how much pain medication you may receive in a certain period of time. Your insurance company may also refuse to pay for some medications depending on when you received other pain medications prescriptions. We have little, if any, control over any of these facts.
4. If you are unable to tolerate the pain medication because it causes nausea or other side effects, call during office hours and we will change the medication.
5. As the weeks progress, it is best to gradually wean off the pain medication. You may substitute Tylenol for the prescription medication. Patients that are having more difficulty getting range of motion may need pain medication longer.
6. The narcotic pain medications will be constipating to varying degrees. You should take Colace 100 mg twice a day or use over the counter meds such as Metamucil, Miralax, Senokot, Ex Lax, or Fibercon. Or, call your family physician if needed.
7. If you are having significant problems with constipation and pills or powders are not effective, you may need to try a liquid medication called Magnesium Citrate available at the grocery store

or drug store. As a last resort, rectal suppositories or enemas may be needed to alleviate your constipation. Only perform an enema if you are at least passing gas.

8. Some patient's need assistance from pain management experts. We may refer you at any time to a Pain Management Specialist for continuing medication needs.

Miscellaneous –

1. You may need to take iron supplementation for one month after surgery. Slow Fe is one we use frequently and is over the counter. This helps build your red blood cell count back up. Oral Iron may be constipating.
2. Do not smoke if you have a bone in-growth hip (placed without cement). Smoking significantly decreases bone in-growth.
3. If you have further questions, call the office.
4. Dental precautions – Antibiotics before dental procedures are required for a **lifetime**, following your joint replacement.
5. Skilled nursing may be required before returning home, to help meet recovery goals.

Revised: 1/11/2016/KK/rb

Post-Op Equipment Information
Kurt J. Kitziger, M.D.

REQUIRED EQUIPMENT ORDERED BY HOSPITAL STAFF

3-in-1 Elevated Commode*

Rolling Walker

*Some insurance plans are denying coverage for this. It is required, especially for hip patients, who have a 60 or 90 degree flexion limit and need the necessary height and handlebars. The handlebars are a great convenience to all orthopaedic surgery patients.

REQUIRED EQUIPMENT YOU ARE RESPONSIBLE FOR

Tub Transfer Bench or Shower Chair

OPTIONAL EQUIPMENT TO IMPROVE SAFETY

Hand Held Shower

Grab Bars in the Shower

OPTIONAL EQUIPMENT FOR CONVENIENCE ONLY

Walker Basket

Dressing Stick

Long Handled Sponge

Elastic Shoelaces

Reacher

Sock Aid

Long Handled Shoe Horn

Your local Walgreens, CVS and other independent pharmacies may stock the optional equipment to meet your needs. You are welcome to borrow from your friends but note that walkers and 3-in-1 commodes must be adjusted to meet your height.

06/14