



Will Kurtz, M.D.

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[Add Dr. Kurtz's contact info to your phone](#)

One and Only Rule

Don't Fall

- Avoid slippery surfaces (icy sidewalks, wet floors, slippery grass hills, etc).
- Be careful getting in and out of the shower.
- Use a walker until your balance has returned to normal.
 - Using a walker helps prevent falls better than using a cane.
 - Using a cane helps prevent falls better than not using any support devices.
- Ask for help from your support person when you need it.
 - Do not try to go to the bathroom by yourself at 2 am in the dark without your walker.

Bandages and Incision Care

- When you leave the hospital, your incision will be covered with a waterproof bandage. You may immediately shower (in the hospital or at home) with the waterproof bandage on your incision.
- Contact Dr. Kurtz if your incision is draining more than 72 hours after surgery or if you are changing your bandage more than once a day.
- If your incision is draining or looks inflamed, please take a picture of your incision with a smartphone and email the picture to Dr. Kurtz. (kurtzwb@toa.com)
- Please remove your hospital bandage on post-operative day #5.
- If your incision is dry, then you do not need to put another bandage on your incision, but you can do so if you want.
 - [Telfa Island Dressing](#).
- After the bandage is removed, you may shower without covering your incision. You can let water run over your incision. Do not scrub your incision.
- Do not submerge your incision in water for 3 weeks (bath, pool, hot tub, lake, etc.).
- Your incision may feel warm for 3-4 weeks. If there is no drainage or redness, then that is ok.
- There is no need to apply any creams or anti-scarring agents to your incision; however, if you want to apply these types of agents, please allow your incision to completely heal and then wait one additional week before applying any lotions to your incision (typically 3-4 weeks after surgery).
- Bruising will often appear around your knee a few days after your hip surgery as gravity pulls blood down from your hip to your knee. This is normal and not a cause for concern.

- Dr. Kurtz closes all incisions with dissolvable suture so you don't need to have sutures or staples removed.
 - Vicryl sutures hold the deep tissues together.
 - Monocryl suture hold the skin edges together.
 - These sutures dissolve around 4-6 weeks.
 - Occasionally, patients will see a small piece of suture stick out of their incision around 4-6 weeks as part of the suture has dissolved.
 - If this occurs, email Dr. Kurtz a picture of your incision and use some tweezers to remove the piece of suture.

Activity after surgery

- Many patients will use a walker for a week and then a cane for a week or two.
- Most patients are walking independently without walkers or canes by about a month.
- Please use the walker until you are confident that you are not at risk of falling without it.
 - Walkers prevent falls.
- You should elevate and ice your leg as much as possible to decrease swelling.

Allowable Hip Motion

- **Anterior hip replacement** patients (98% of my patients) have no restrictions on their motion.
 - You may move your leg anyway you are comfortable.
 - You may sleep anyway you are comfortable.
 - You may sit in whatever type of chair you would like.
 - You may cross your legs which means you can put your operative foot on your non-operative knee. (i.e. if you had a right hip replacement, it is ok to put your right foot on your left knee and push your right knee down to increase the external rotation of your right leg.)
 - <https://vimeo.com/436988727>
 - You should avoid forcing your leg into an uncomfortable, extreme position.
- **Posterior hip replacement** patients (2% of my patients) need to avoid flexion past 90 degrees and internal rotation for 2 months.
 - Sit in firm chairs with armrest. Avoid low deep couches.
 - Consider using an elevate commode.
 - Consider buying a [hip reacher kit](#) to help grab things off the floor and put your socks on.

Walking and Standing

- You can bear full weight on your hip replacement and move your leg without restrictions *unless Dr. Kurtz has told you otherwise.*
- Walking and strengthening muscles are not important in the first two months of recovery.
- During the first two months, you should walk **frequently** but only for **short** distances.
 - Frequent walks can help prevent blood clots.

- Only walking short distances helps limit the stress on your bones. As your bones adjust to the new metal implants, you can increase your walking.
- Avoid walking long distances. Too much walking or standing can cause more swelling, stiffness, and achy pain.
- If you walk or stand too much, you will not likely hurt during the activity. You will likely start hurting 1-2 days later. With a few days of rest, this achy thigh pain will likely subside.
- If you have considerable achy pain while lying in bed at night, you should decrease your activity the next day by standing and walking less.
- Add up the cumulative minutes you spend standing and walking throughout the day. Stand and walk for less than 30 minutes each day during the first week. That means walking inside your house 4-5 times a day for 4-5 minutes (i.e. to go to the bathroom or get in the car to go to therapy). By the 4th week, you can probably stand or walk for about 60 minutes a day. By 2 months, you can probably stand or walk for 3-4 hours a day. Your endurance will increase with time.
- During the day, you should change rooms or move chairs every 1 to 2 hours to help prevent blood clots.
- You should avoid high impact activities like jumping, aerobics, aggressive tennis, and skiing during the first two to three months after your hip replacement.

Swelling

- Your leg will often start to swell a few days after your surgery. Your swelling will slowly decrease over following 4-6 weeks.
- TEDs or compression hoses are available by request to decrease swelling. Most patients do not like to wear compression hoses, so we only provide them to patients who want them.

Sleeping

- You may sleep anyway you want (i.e. on your back, either side, or stomach.)
- If you sleep on your side, you may place a pillow between your legs for comfort, but you do not have to.
- An over-the-counter or prescription sleep aid can be taken if you have difficulty falling asleep, but patients need to be careful taking narcotics and sleep aids at the same time. (see medication section)
- If you are prone to insomnia, then limit your naps during the day, sit by a window during the day to help your body return to its normal circadian rhythm, and turn off all electronic devices an hour before bedtime.

Driving

- You can drive when you are off narcotics medicine, able to bear full weight on your leg, and able to quickly move your foot off the gas pedal and onto the brake pedal. There is nothing for Dr.

Kurtz to sign, do or say that will determine when you can resume driving. If you are in doubt about your ability to drive, then please refrain from driving.

- If you want a temporary handicapped placard, please fill out this [form](#). You can hand deliver or email your completed form to Dr. Kurtz. He will sign it and return the signed form to you. You can then take the signed form to the TN county clerk to get your temporary handicap placard.
- [Video](#)

Cold Therapy

- Cold therapy (i.e. ice packs) is applied to your hip while you are in the hospital.
- You can buy a [cooling machine](#) from Amazon for your recovery at home (\$150).
- You can buy [ice packs](#) from Amazon for your recovery at home.
- You can rent a cooling machine from [Game Ready](#) (\$300/14 days). Contact Dr. Kurtz to set this up.
- Try to use cold therapy for 30 minutes on / 30 minutes off during the day for 3 weeks.
- Try to use cold therapy constantly at night for the first three weeks.
- Protect your skin while using cold therapy by putting a layer of clothing between the ice and your skin.

Physical Therapy

- Physical therapy is optional after a hip replacement.
- We will prescribe as much or as little physical therapy as you want.
- You can also just do home exercises as described below.
- Prehab involves doing one or two physical therapy visits before your surgery to learn some hip exercises and get a jump on your hip recovery.
- Dr. Kurtz recommends that you get some Prehab before your surgery.
- Please email getPT@toa.com to get scheduled for prehab or post-operative physical therapy.
- TOA has physical therapy locations at:
 - Clarksville: (931) 221-4743
 - Franklin: (615) 823-8256
 - Gallatin: (615) 567-5024
 - Hendersonville: (615) 724-9271
 - Lebanon: (615) 321-0200
 - Murfreesboro: (615) 278-1634
 - One City: (615) 263-0178
 - Skyline: (615) 823-8816
 - Smyrna: (615) 278-1660
 - St. Thomas West: (615) 234-7221
- If there is not a TOA physical therapy location near your home, then we will assist you in scheduling their therapy close to your home.

Home Exercise Program

- While you are awake, you should do the following exercises every hour.
 - Do 10 ankle pumps. Contract your calf muscle by pushing your foot down. Hold the contraction for 5 seconds and then relax your calf muscle for 5 seconds. Repeat 10 times.
 - Do 10 Quad contractions. Pretend there is an egg under your fully extended knee and contract your quads to drive the knee down into the bed and crush the imaginary egg. Hold that contraction for 5 seconds and then relax for 5 seconds. Repeat 10 times.
 - Do 10 straight leg raises. Lie on your back. Keep your knee straight and lift your foot and leg off the bed. Hold the leg off the bed for 5 seconds and then relax for 5 seconds. Repeat 10 times. These will be hard for the first month, so don't get discouraged if you can't do these at first.
 - Walk to the kitchen and set a timer for 60 minutes. When the timer goes off, it is time to walk to the kitchen and reset your timer.
 - Ice your hip in between your hourly exercise sessions for the first 3 weeks.

Diet

- Eating a healthy diet with plenty of protein after surgery can promote good wound healing.
- High fiber diets and drinking plenty of water can help prevent post-operative constipation.
- Avoid processed foods. Food that comes in a box or bag is typically processed carbohydrates which temporarily spike your blood sugars. An hour or two later, your blood sugar falls, and you crave more processed carbohydrates. Obtaining your necessary calories from proteins, lipids, and naturally occurring carbohydrates helps smooth out your blood sugar curve and limits the high spikes in blood sugar that can harm wound healing.
- Try to eat mostly whole foods (fruits, vegetables and proteins).
- Drink mostly water and low-calorie electrolyte drinks. Avoid sugary soda drinks.
- If you are a diabetic, make sure to keep your blood sugars below 140 to promote good wound healing.
- Avoid drinking excessive alcohol while taking narcotics as this can increase falls.

Post-operative Medicines

Filling your post-operative prescriptions before or after your surgery

- Most patients fill their post-operative prescriptions at their local pharmacy after they leave the hospital or surgery center. Dr. Kurtz (or his assistant) will typically e-prescribe the same pain medicine that the patient was receiving in the hospital or surgery center.
- Some patients prefer to fill their prescriptions before surgery, but this approach can sometimes cause a problem if the patient changes their pain medicine during their hospital stay.

- For instance, some patients may start out taking Percocet 5's to manage their pain. The Percocet 5's may make the patient nauseated or dizzy, and therefore the patient might switch to Tramadol while still in the hospital. If the patient has already filled the Percocet 5's before their surgery, then the pharmacy may be unwilling to fill a new prescription for Tramadol.
- Some patients may also start with Percocet 5's in the hospital and then decide they need Percocet 7.5's. If the patient has already filled their prescription for Percocet 5's before surgery, it can be difficult to get the pharmacy and/or insurance to authorize another prescription for the Percocet 7.5's.
- Dr. Kurtz is willing to listen to your situation and work through these issues with you, so please communicate your needs to him.
- Please confirm with Dr. Kurtz's team your pharmacy name and location where you want your post-operative medicines called in.

Blood Thinners

- If you do not have a history of blood clots, you will take [aspirin](#) (81 mg twice a day) for 4 weeks after your hip replacement.
- If you have a history of blood clots (DVT, PE), then you will take Coumadin (Dosage varies), Xarelto (10mg once a day), or Eliquis (2.5 mg once a day) for at least 4 weeks.
- If you are on a blood thinner before surgery, we will likely resume your normal blood thinner after surgery.
 - You may also need to be bridged with Lovenox for a few days before and after your surgery.

NSAIDs

- If you regularly take NSAIDs before surgery, you may continue taking your NSAIDs until the day before surgery.
 - i.e. [Aleve](#), [Ibuprofen](#), Celebrex, or Mobic.
- If you normally tolerate taking NSAIDs, you can resume taking NSAIDs after your surgery as well.
- Dr. Kurtz will prescribe an NSAID for you, or you can take an over-the-counter NSAID.
- Patients with a history of GI bleeds, kidney problems, or uncontrolled blood pressure should not take NSAIDs unless their PCP says it is ok.
- NSAIDs and aspirin bind to the same receptor on platelets, so patients should not take both medications at the same time. Patients should take their aspirin and then wait at least 2 hours before taking their NSAID.
- NSAIDs and aspirin should not be taken on an empty stomach.
- Patients usually take OTC [Pepcid](#) (Famotidine 20 mg twice a day) for one month to prevent stomach irritation from aspirin and/or NSAIDs.
- If you are taking an NSAID and develop the symptoms of a GI bleed (blood in stool, low blood pressure, extreme fatigue, anemia, abdominal pain), please contact Dr. Kurtz and go to the ER.

Narcotic Pain Medicine

- Most patients will take either tramadol (Ultram), hydrocodone (Norco), or oxycodone (Percocet) for a few weeks after surgery.
- For the first 1-2 weeks, many patients will take their narcotic pain medicine every 6 hours.
- After 1-2 weeks, most patients will decrease their narcotic pain medicine to just once or twice a day (right before physical therapy and/or bedtime).
- All patients should try to use narcotics sparingly and wean themselves off narcotics as soon as possible.
- Narcotic medicine can cause nausea, vomiting, constipation, and loss of appetite.
- If you need a narcotic refill, please email Dr. Kurtz (kurtzwb@toa.com)
- [Video #1](#) & [Video #2](#)

Non-narcotic pain medicines

- In addition to taking narcotic pain medicine, many patients will also take non-narcotic pain medicines at the same time to limit their use of narcotics.
- [Tylenol](#) (i.e. acetaminophen) can be taken every 6-8 hours.
 - Patients should not take more than 4 gms of [Tylenol](#) (acetaminophen) a day.
 - Percocet (oxycodone/acetaminophen) and Norco (hydrocodone/acetaminophen) have 325 mg of acetaminophen in each tablet, so you must include the acetaminophen in your narcotic tablets when calculating your total daily acetaminophen usage.
- **Prednisone** (i.e. steroids, Medrol dose pack) can help with swelling, inflammation, range of motion, and pain control.
 - Side effects of prednisone may include increased appetite, blood sugars, and activity.
 - Diabetics must be careful with taking prednisone.
 - Prednisone requires a prescription, so contact Dr. Kurtz if you want a prescription.
- **Neurontin** (a.k.a. Gabapentin) can help with nerve pain.
 - Neurontin works on the Gaba receptors in nerves to decrease nerve inflammation.
 - Side effects of Neurontin are drowsiness and not feeling like yourself.
 - Neurontin requires a prescription so contact Dr. Kurtz if you want a prescription.
- **NSAIDS** are helpful adjuncts to narcotic pain medicine as discussed above.
- **Toradol** is a strong IV/IM NSAID can help with post-operative pain.
 - It can be given as an IM injection in clinic.
 - It is usually given as an IV injection during your hospital stay.
- [Voltaren Gel](#) is a topical NSAID ointment that can be applied to your hip. Do not put it directly on your incision for the first 3 weeks.
- [Lidocaine patches](#) (Salonpas) can be applied to the sides of your hip to help with nerve pain.

Stool Softeners

- Most stool softeners are available over-the-counter. If you are prone to constipation, it is helpful to start taking them a day or two before your surgery and continue as long as you are taking narcotic pain medicine.
 - [Colace/Docusate](#)
 - [Senokot](#)
 - [Smooth Move](#)
 - [Miralax](#)
 - [Milk of Magnesia](#)
 - [Mag Citrate](#)

Sleep aids

- Disturbances in your sleep cycle are common after hip replacement surgery.
- Some patients can benefit from a sleep aid.
- Dr. Kurtz recommends trying an over-the-counter sleep aid first before trying a prescription sleep aid.
- Over the Counter Sleep Aids
 - [Melatonin](#)
 - [Diphenhydramine](#)
 - [Doxylamine Succinate](#)
- Prescription Sleep Aids
 - Ambien
 - Lunesta
 - Restoril
- If you feel like you need a prescription sleep aid, please email Dr. Kurtz, and he will consider prescribing a few tablets to get you back to your normal circadian rhythm.

Disposing of un-used narcotics

- Leaving un-used narcotics in your medicine cabinet can be dangerous and lead to an inadvertent narcotic overdose by another individual.
- After you have fully recovered from your knee surgery and no longer need pain medicine, it is advisable to dispose of your un-used narcotics in an eco-friendly manner.
- Dr. Kurtz recommends placing the un-used pills in a small plastic bag and adding some fluid (coke, coffee grounds, etc.) to the plastic bag and throwing the bag away in the trash.

Things to watch out for

Falls

- Falls are the most common complication after surgery.
- About one in every 50 patients will have a fall after hip replacement surgery.
- About a third of falls cause serious bodily harm that may require a hospitalization and/or another surgery.
- Fall prevention includes:
 - Use your walker until your balance has returned to normal.
 - Ask your support person for help when needed.
 - Improve the lighting in your bedroom and bathroom.
 - Removing all cords and loose rugs from the floor.
 - Do not walk your large dog on a leash until your strength has returned to normal.
 - Avoid small bathrooms that cannot accommodate a walker.

Infection

- All patients get IV antibiotics (Ancef or Vancomycin) before and after their surgery.
- If you are at high risk for infection (diabetes, immune-compromised, smoker, or obesity), then Dr. Kurtz may send you home from the hospital with an oral antibiotic (Keflex) for a week.
 - Please ask about an oral antibiotic for home if you feel like your immune system is weakened.
- The rate of infection after a hip replacement is about 1 in 1000.
- If a patient were to get a post-operative infection, the earliest the hip infection would present would be four or five days after surgery. Most infections do not present until two or four weeks after surgery.
- Infections usually present as persistent drainage from the incision, redness around the incision, and/or a body temperature above 101.5. If you have drainage for more than 3 days after your surgery, please email Dr. Kurtz a picture and/or call us.
- A low-grade temperature (100.5 and lower) is common for 4-5 days after surgery especially if you had a general anesthetic.
- If an infection were to occur in the first 4-6 weeks, Dr. Kurtz would wash out your hip, put you on IV antibiotics for 6 weeks, and then oral antibiotics for months.
- If an infection were to occur many months after your surgery, then Dr. Kurtz might have to remove the implants, put you on IV antibiotics, and implant a new hip in 2-3 months later.

Blood Clots

- Blood clots (DVT) can cause calf pain with stretching, swelling, and tenderness to palpation in the calf. Unfortunately, calf pain and swelling are very common after hip replacement for obvious reasons.
- If a patient suspects they have a DVT, then they should contact us, so we can order a doppler ultrasound.
- Chest pain or difficulty breathing could represent a pulmonary embolus and should be evaluated in the emergency room asap.

Constipation / Post op ileus

- Multiple factors can slow down your bowels after surgery.
 - Not eating on the day of your surgery.
 - Anesthesia and narcotic medications.
 - Decreased activity and bed rest.
- Most patients do not have a bowel movement for 2 -3 days after surgery.
- If you have not had a bowel movement in 3-4 days, your belly gets distended, or you develop nausea and vomiting, then you may be developing a post op ileus.
- If you are constipated (post op ileus) then,
 - Drink plenty of water.
 - Limit your food intake and only eat soft foods.
 - Move around as much as possible.
 - Take one or more of the stool softeners listed above.
 - If you feel nauseated, contact Dr. Kurtz and go to the hospital. You would likely be admitted and have an NG tube placed in your stomach to remove the contents until your bowels wake up.

Urinary Retention

- Some elderly men are prone to urinary retention after surgery because of an enlarged prostate.
- If you are concerned about urinary retention, Dr. Kurtz can start you on Flomax a few days before surgery and continue the Flomax after surgery.

Blistering

- Swelling can cause blistering around your hip.
- When blistering occurs, it usually starts around post-operative day #3-4.
- Blistering can occur when severe swelling stretches the skin and separates the epidermis from the dermis.
- Shear stress on the skin from adherent dressings can increase the likelihood of blistering.
- If blistering appears,

- Remove any bandages that are adherent to your skin. (i.e. the waterproof bandage.)
- Elevate your leg as much as possible to decrease the swelling.
- Do not pop or rupture the blister. The blisters will rupture on their own in a few days.
- These blisters may take 3-4 weeks to heal.

Equipment for home

- You will likely use a walker and/or cane for the first one to two weeks after your hip replacement. TOA and/or the hospital can provide you with a walker if you need one. If TOA provides you with these products, then TOA will bill your insurance.
- Amazon has many products that can be helpful during your hip replacement recovery. Products bought on Amazon are self-pay and not billed to your insurance company.
 - [Walker](#),
 - [Cane](#),
 - [Shower chair](#),
 - [Reacher Kit](#),
 - [Cold therapy machines](#),
 - [Telfa Island dressing](#),
 - [OTC pain medicines](#),
 - [OTC laxatives](#),
 - [OTC Sleep Aids](#)
- My website has a detailed list of curated Amazon products for hip surgery.
 - <https://www.nashvillejointreplacement.com/amazon>

Contact Us

			
Dr. Will Kurtz	Katie	Kristie	Amanda

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- Dr. Kurtz and his team are always happy to answer your questions and help guide you through your surgery and recovery. We are available both before and after your surgery.
- Please email or text Dr. Kurtz for clinical questions and narcotic refill requests.
- Please email or call Kristie for employer or disability paperwork and non-narcotic refill requests.
- Please email or call Amanda for information about insurance authorizations and date/time of surgery.

Post op clinic appointment

- The routine post-operative appointment is scheduled for 4 weeks after surgery. We will take an x-ray of your hip replacement and give you a copy of your x-ray.
- You can schedule a clinic visit anytime with our online appointment scheduling:
 - <https://toa.myhealthdirect.com/DecisionSupport>
- Post-operative patients are welcome to come into clinic anytime. Dr. Kurtz is in clinic on Mondays, Wednesdays, or Fridays.
 - Just call or email us before you come, so we know you are coming.
- Arrangements can be made for you to be seen by one of Dr. Kurtz's colleagues on Tuesday or Thursdays if there is an emergency.
- We can schedule a telehealth visit most days of the week.

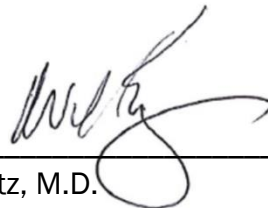
Helpful Videos

- Dr. Kurtz's personal website has an extensive list of hip replacement educational videos. You can also watch the videos in this list.
 - <https://www.nashvillejointreplacement.com/hip-qa>
- Activities after a hip replacement
 - <https://vimeo.com/429069561>
- Hip flexion is hard after surgery
 - <https://vimeo.com/452358531>
- Lateral numbness
 - <https://vimeo.com/452366809>
- Constipation
 - <https://vimeo.com/452358973>
- Aches and Pains
 - <https://vimeo.com/452367403>
- Motions that could cause a dislocation
 - <https://vimeo.com/452377378>
- When to arrive at the hospital

- <https://vimeo.com/436990474>
- Driving, Work, Travel
 - <https://vimeo.com/436988727>
 - <https://vimeo.com/429070619>
- Crossing your legs is safe
 - <https://vimeo.com/436988727>
- Getting off the walker
 - <https://vimeo.com/436992174>
- Thigh Pain after hip replacement
 - <https://vimeo.com/436994554>
 - <https://vimeo.com/429073525>
- Leg Length after a hip replacement
 - <https://vimeo.com/429074066>
- What happens on the day of surgery?
 - <https://vimeo.com/429073238>
- Post op wound care
 - <https://vimeo.com/430236676>
- Drive, Work, Travel
 - <https://vimeo.com/429041927>
- Loss of appetite after hip replacement
 - <https://vimeo.com/452366152>
- Shower after a joint replacement
 - <https://vimeo.com/452367686>
- Watch Dr. Kurtz perform a live hip surgery
 - <https://www.nashvillejointreplacement.com/live-hip-surgery>

Thank you for reading this material. Dr. Kurtz and his team are here to help you with your recovery. If you have questions, we will provide you with the answers. Maintaining a positive attitude and staying engaged in your recovery are the best ways to ensure a great outcome.

Best wishes for a speedy recovery,



Will Kurtz, M.D.

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Hip and Knee Replacement Surgeon
President, Tennessee Orthopedic Alliance

