The Centers for Advanced Orthopaedics

Orthopaedic Associates of Central Maryland Division

PATIENT GUIDE TO

Total Hip Replacement

Everything you need to prepare for surgery and recover with confidence — one step at a time.

Joe Serino, M.D.

HIP & KNEE REPLACEMENT SURGERY

A MESSAGE FROM DR. SERINO

We're glad you're here.

This booklet will help you prepare for your upcoming hip replacement, guide you through recovery, and answer many common questions. My goal is for you to feel informed, confident, and supported through every step of the process.

Please read it carefully and follow the instructions here along with those from your surgical facility. My team and I are always here for you — please reach out anytime you have a question or concern.

We take great pride in providing personalized, compassionate care, and we look forward to guiding you through a smooth and successful recovery. Thank you for trusting us to be part of your care.

Joe Serino, M.D.

IMPORTANT CONTACTS

DR. SERINO'S OFFICE

(410) 644-1880 · ext. 2133

24/7 messaging through Klara

Mon–Fri, 7:30 AM – 4:00 PM

AFTER-HOURS EMERGENCIES

(410) 644-1880

Select Option 7, then Option 4 — connects you to the on-call provider

SURGICAL SCHEDULING & BILLING

(410) 644-1880 · Option 8

PHYSICAL THERAPY

(410) 644-1880 · Option 9

PRACTICE WEBSITE

mdbonedocs.com

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BEFORE SURGERY

Planning for Surgery

The weeks before surgery are the time to get organized. Start with the two most important appointments, then work through the rest at your own pace.

MOST IMPORTANT — 3 TO 4 WEEKS BEFORE

- ☐ Schedule a **preoperative clearance visit** with your primary care provider at least 2 weeks before surgery. They will review your medications and order any bloodwork or tests needed.
- ☐ If you see any **specialists** (cardiologist, hematologist, etc.), schedule a clearance appointment with them as well — also at least 2 weeks before surgery.
- ☐ If Dr. Serino provided orders for **additional labs**, please bring them to a Labcorp location near you for testing.

OTHER IMPORTANT TASKS

- ☐ **Dental care:** Routine work is fine up to 2 weeks before surgery; avoid non-urgent dental work for 3 months after. Report any loose/painful teeth or infections right away.
- ☐ **Tobacco & nicotine:** Stop all products at least 6 weeks before and after surgery — they significantly raise the risk of wound-healing problems and infection.
- ☐ **Joint injections:** Avoid steroid or gel injections into the surgical joint within 3 months of surgery. Injections elsewhere are fine.
- ☐ **Transportation & support:** Arrange a ride home and someone to stay with you the first 1–2 nights if you live alone.
- ☐ **Prepare your home:** Remove small rugs and trip hazards, arrange pet help for week one, and stock the fridge and freezer.
- ☐ **Work:** Desk jobs — plan to return around 6 weeks. Physically demanding jobs — up to 3 months.
- ☐ **Physical therapy:** Formal physical therapy is not necessary after hip replacement. Hips "rehab themselves" just by walking and gradually resuming normal life. If you would prefer formal PT, please discuss this with Dr. Serino and do not start PT before your first postoperative visit.

NUTRITION

- ☐ **Hydration:** Stock electrolyte drinks (Gatorade, Powerade, Vitamin Water, Liquid IV).
- ☐ **Protein:** Protein-rich snacks (bars, shakes, nuts) support tissue healing.
- ☐ **Stock the kitchen:** Pre-cook or buy easy meals — you likely won't want to cook for 1–2 weeks.
- ☐ **Alcohol:** Avoid for at least 24 hours before your surgery arrival time.

BEFORE SURGERY

Supplies for Recovery

A few items purchased in advance — from Amazon or your local pharmacy — will make your first days at home much smoother.

1 **Pill Organizer**

Many patients find that using a 3-times-a-day organizer (AM / Noon / PM) helps keep them on schedule. Pre-filling it before surgery removes the stress of reading prescription bottles while recovering.

2 **Ice Packs**

Cold therapy is essential, especially the first two weeks. Buy at least two reusable gel ice packs. An ice machine can also be purchased through the hospital on the day of surgery or in advance online.

3 **Chlorhexidine (CHG) Soap — "Hibiclens"**

Used for 3 days before surgery (including the morning of) to reduce bacteria on your skin. Look for "Hibiclens" or any "Chlorhexidine Gluconate 4% Solution."

4 **Compression Stockings**

Provided at the hospital (you do NOT need to buy). Wear on both legs for 4 weeks after surgery, including while sleeping. Remove only for showering.

5 **Walker or Cane**

Needed for balance after surgery. Borrow one from a friend or family member if you can. Let us know if you are unable to obtain one, and we can provide them at one of our offices.

BEFORE SURGERY

Medications to Stop

These are general guidelines only

Your individual medication plan may differ. Always follow the specific instructions from Dr. Serino and your primary care provider.

MEDICATIONS TO STOP

14 days before

- Herbal supplements and vitamins (except Vitamin D, calcium, iron)
- GLP-1 analogs (Ozempic, Trulicity, Saxenda, Wegovy)

7 days before

- Aspirin
- NSAIDs: ibuprofen (Advil/Motrin), naproxen (Aleve), diclofenac (Voltaren), meloxicam (Mobic), Celebrex
- Plavix (clopidogrel), Pradaxa (dabigatran)
- Fish oil
- Coumadin / Warfarin

5 days before

- Eliquis (apixaban)
- Xarelto (rivaroxaban)

While on narcotic pain medicine after surgery

- Prescription sleep aids (Ambien, Lunesta, Temazepam) — melatonin or Tylenol PM are safe

MEDICATIONS TO CONTINUE

- ☐ Tylenol (acetaminophen)
- ☐ Vitamins C and D
- ☐ Calcium supplements
- ☐ Iron supplements
- ☐ Glucosamine / Chondroitin
- ☐ Tramadol (Ultram)
- ☐ Most cardiac, blood pressure, thyroid, and seizure medications (confirm at your clearance visit)

BEFORE SURGERY

Exercise Before Surgery

Staying active before surgery helps maintain strength, flexibility, and circulation. If you already exercise regularly, continue your routine. We also recommend these gentle “prehab” exercises 3–4 days per week. Stop any exercise that causes significant pain — mild discomfort is normal.

Standing Hip Extensions

1. Stand tall, holding a table or the back of a chair for balance.
2. Keeping your knee straight, slowly extend your operative leg straight back as far as is comfortable.
3. Hold for 5 seconds, then slowly return the leg to a neutral standing position.

10 reps · 3× per day

VIDEO TUTORIAL
vimeo.com/288083888

SCAN TO WATCH

Ankle Pump with Straight Leg Raise

1. Lie on your back with your operative leg fully straight.
2. Slowly flex and extend your ankle (pump it up and down).
3. Keeping your ankle pumping, lift your heel off the ground while keeping your knee straight, then lower it back down slowly and repeat.

20 reps · 3× per day

VIDEO TUTORIAL
vimeo.com/288074884

SCAN TO WATCH

Side-Lying Hip Abduction

1. Lie on your side with your operative leg on top, on a couch or the floor.
2. Keeping your core steady, slowly raise the top leg upward.
3. Hold for 3 seconds, then slowly lower it back down with control.

10 reps · 3× per day

VIDEO TUTORIAL
vimeo.com/288084438

SCAN TO WATCH

Side-Lying Hip Circles

1. Lie on your side with your operative hip up, on a couch or the floor.
2. Raise the top leg up and trace a large circle with your foot.
3. Reverse direction for the same number of circles.

5 circles each way · 3× per day

VIDEO TUTORIAL
vimeo.com/288085142

SCAN TO WATCH

A head start on recovery

These exercises strengthen muscles that help you recover faster after surgery and get the most out of your new hip.

BEFORE SURGERY

The Week of Surgery

By now, everything on our end is prepared. Take it one step at a time and focus on the simple checklist below.

7 Days Before

- Know when to stop your daily medications — see **Medications to Stop** and your clearance-visit instructions.

4 Days Before

- Pick up your prescriptions and organize them into your pill organizer.

3 Days Before

- Stop shaving the surgical site — small razor cuts introduce bacteria.
- Begin Hibiclens (CHG) showers — see below.

Night Before

- Repeat your CHG shower; sleep in clean pajamas on clean sheets.
- **Nothing to eat or drink after midnight** — including water, coffee, gum, and mints. Fasting failures can cancel surgery.
- Pack your bag (see checklist) and get a good night's sleep.

Morning of Surgery

- Repeat your CHG shower.
- Take home medications ONLY as specifically instructed — nothing else to eat or drink.

Hibiclens (CHG) Shower — repeat each of the 3 days before surgery

- Wash your hair with regular shampoo and your face with regular soap first.
- Apply CHG soap gently from the neck down with your hands or a clean washcloth.
- Do NOT get CHG soap in your eyes, ears, or mouth.
- Rinse off thoroughly with warm water.
- Do NOT apply lotion, oil, powder, or deodorant afterward — they deactivate the antiseptic.
- Wear fresh, clean clothes after each shower.

WHAT TO BRING TO THE HOSPITAL

- ☐ Photo ID (driver's license / state ID)
- ☐ Insurance card
- ☐ Walker (if you have one)
- ☐ CPAP machine (if applicable, for overnight stays)

WHAT NOT TO BRING

- Jewelry or other valuables
- More than $50 in cash
- Your own medications (the hospital provides all medications)
- Contact lenses (wear glasses if needed)

BEFORE SURGERY

Surgery Locations

Dr. Serino performs surgery at the locations below. Your specific site is confirmed at your preoperative visit. Plan to arrive approximately 2–3 hours before your scheduled surgery time.

Ascension Saint Agnes Hospital

HOSPITAL

ADDRESS 900 S. Caton Avenue, Baltimore, MD 21229

PHONE (667) 234-6000

ARRIVAL Enter via the main hospital entrance; proceed to Surgical Services registration. Valet services are available at the main entrance, and there is also ample free parking

SCAN FOR DRIVING DIRECTIONS

LifeBridge Northwest SurgiCenter

HOSPITAL

ADDRESS 5415 Old Court Rd 2nd Floor, Randallstown, MD 21133

PHONE (410) 701-4444

ARRIVAL The SurgiCenter is located on the 2nd floor of the Professional Center. There is ample free parking.

SCAN FOR DRIVING DIRECTIONS

Howard County Surgery Center

SURGERY CENTER

ADDRESS 2470 Longstone Ln Suite M, Marriottsville, MD 21104

PHONE (443) 920-5550

ARRIVAL There is ample free parking immediately in front of the surgery center

SCAN FOR DRIVING DIRECTIONS

Haven’t heard your arrival time?

If the surgical facility has not called by 4 PM the day before your surgery with your arrival time, please call them directly.

DAY OF SURGERY

Day of Surgery

Here is an overview of what you can expect on your surgical date.

1 **Arriving at the Facility**

Proceed to the check-in desk and let them know you are here for surgery with Dr. Serino. They will direct you to the surgical area to check in again.

2 **Preoperative Preparation**

You'll change into a gown and meet your nurse and anesthesiologist. Dr. Serino will greet you, answer last-minute questions, and mark the surgical site. An IV is placed and you may receive a mild relaxing medication.

3 **Anesthesia**

Most joint replacements use spinal anesthesia — a numbing injection in the lower back that keeps you comfortable from the waist down so you can nap without a breathing tube. General anesthesia is used only if spinal isn't suitable.

4 **During Surgery**

Surgery typically takes 60–90 minutes. Dr. Serino personally performs your entire procedure from start to finish with trained surgical staff.

5 **Recovery Room (PACU)**

Anesthesia wears off and your pain is managed. Once you are awake and comfortable, your support person can join you. A physical therapist helps you stand and walk before discharge.

AFTER SURGERY

Wound Care & Dressings

1 · Aquacel Dressing (Yellow)

Day 1

- Keep your dressing in place for 24 hours after you get home. Afterwards, you may remove the outer ACE wrap and the cotton wrap underneath.

Days 2–7

- Keep the Aquacel completely intact and dry. Do not touch or lift the edges.
- A small amount of drainage on the underside of the dressing is normal; if it soaks more than half the dressing, remove it, blot dry with clean gauze, apply the second Aquacel, and call the office for further instructions.
- Ensure the waterproof seal stays intact so the incision remains dry; many patients use cellophane to wrap the area while showering to provide an extra layer of protection.

Day 7

- Remove the dressing by peeling it off gently — you will see a thin layer of purple glue or a white strip underneath, which should be left in place.
- Apply the second Aquacel dressing provided to you. Keep this in place until your first post-operative visit.

First Post-Op Visit

- Ensure your incision remains clean, dry, and covered until your first post-operative visit, when your dressing will be removed. Afterwards, you may let soapy water run over the area, but do not scrub it or apply any ointments or lotions.

AQUACEL DRESSING

Follow the instructions above if you have the yellow Aquacel bandage after surgery

2 · Prevena Wound VAC (Purple)

Days 1–7

- Keep the unit plugged in when resting to preserve battery life; you may unplug and carry it when moving.
- A small amount of fluid seen in the tubing or canister is normal; notify us right away if more than half the canister fills with fluid.
- Do NOT get the unit or canister wet.
- Notify us immediately if the machine is beeping, which often means the seal is broken or the canister is full.

Day 7

- The machine shuts off automatically when therapy is complete.

First Post-Op Visit

- Ensure your incision remains clean, dry, and covered until your first post-operative visit, when your dressing will be removed. Afterwards, you may let soapy water run over the area, but do not scrub it or apply any ointments or lotions.

PREVENA WOUND VAC

Follow the instructions above if you have the purple Prevena dressing after surgery

3 · Showering

- [ ] Your dressing is watertight — you may shower once the ACE wrap is removed (at least 24 hours after surgery). Avoid aiming water directly at it. Many patients prefer to wrap the area with cellophane to provide an extra layer of protection.
- [ ] Always pat the area dry — do not rub.
- [ ] If water gets under the dressing, remove it, pat dry, apply a fresh dressing, and call the office.
- [ ] Do not soak the incision (no baths, pools, or hot tubs) until cleared — typically around 6 weeks.
- [ ] Do not apply lotion, cream, or ointment near the incision until cleared — typically around 4 weeks.

AFTER SURGERY

Hip Precautions

Your **surgical approach** determines which movements to avoid while your new hip heals. Dr. Serino will confirm your approach with you — follow the guidance that matches it below.

Anterior Approach (Front Incision)

No formal hip precautions are required. Use a walker or cane for at least 4 weeks after surgery. Avoid strenuous activities like weightlifting, cycling, and hiking for at least 6 weeks.

Posterior Approach (Back Incision) — avoid for 3 months

- Crossing your legs (at the knees or ankles)
- Bending forward past 90° at the hip
- Sitting in very low chairs or deep squatting
- Twisting your body over a planted foot

HELPFUL TIPS FOR THE FIRST WEEKS

- ☐ Sit in firm, higher chairs with armrests to make standing easier.
- ☐ Use a raised toilet seat if you had a posterior approach.
- ☐ Keep a pillow between your knees when lying on your side.
- ☐ Use a grabber/reacher for low items and a long-handled sponge for washing.
- ☐ Take your time with each movement — slow and steady protects the hip.
- ☐ Rise from sitting by sliding to the chair's edge and pushing up with your arms.

AFTER SURGERY

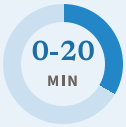
Early Activity & Therapy

THE 20 · 20 · 20 RULE

Reset your hip every waking hour

For the first two weeks, try to rotate through three 20-minute phases each waking hour — ice, rest, then gentle movement — to control swelling and keep your new hip moving safely.

20 MINUTES — ICE + REST



- Apply ice to your hip
- Sit or recline comfortably
- Cloth between ice and skin

Reduces swelling & pain

20 MINUTES — REST

- Remove the ice
- Rest with the leg supported
- Relax and let it settle

Calms the joint between activity

20 MINUTES — UP & MOVING

- Walk with your walker or cane
- Short, frequent distances
- Follow any hip precautions

Prevents stiffness & blood clots

ICING
Always keep a cloth between ice and skin — never ice longer than 20 minutes at a time.

COMPRESSION
Wear compression stockings on both legs for 4 weeks, including while sleeping. Remove only to shower.

ACTIVITY
Listen to your body, and don't push activities beyond what feels comfortable. Excessive activity only causes pain and slows recovery.

Pain After Hip Replacement

Muscle inflammation is the primary cause of pain, soreness and weakness after hip replacement. Too much activity or exercise only results in more inflammation, pain, and weakness — the exact opposite of what we want. That's why **resting, elevating, and icing** are so important for the first 1–2 weeks after surgery. As the soreness improves, you may gradually increase your activity as tolerated.

The last muscle to recover after surgery is the hip flexor (the iliopsoas), which is felt in your groin and is commonly sore when lifting your leg to get into bed for the first 2 weeks. Use your arms or have a support person assist you during this maneuver until the soreness improves.

AFTER SURGERY

Medications After Surgery

Please note that some of these medications may not have been prescribed depending on your medical history and personalized needs.

You should have received all post-operative medications and instructions at your preoperative visit. **Please contact us before your surgical date** if you were not able to pick up any of the medications.

If you are running low on pain medication, please contact Dr. Serino's office during business hours **BEFORE you run out** so a refill can be processed.

SCHEDULED — TAKE EVERY DAY REGARDLESS OF PAIN

MEDICATION	DOSE	FREQUENCY	PURPOSE
Tylenol (Acetaminophen)	2 tabs	Three times daily for 14 days	Baseline non-narcotic relief. Do not take additional Tylenol from other sources.
Meloxicam (NSAID)	1 tab	Once daily with breakfast for 30 days	Anti-inflammatory. Start after finishing dexamethasone; avoid other NSAIDs (e.g. Aleve, Advil, Ibuprofen).
Dexamethasone	1 tab	Twice daily for 4 days	Reduces inflammation and swelling.
Lyrica (Pregabalin)	1 tab	Twice daily for 14 days	Reduces nerve pain. Should not be taken if you are already taking gabapentin.

"AS NEEDED" FOR PAIN — DON'T WAIT UNTIL PAIN IS SEVERE

MEDICATION	DOSE	FREQUENCY	PURPOSE
Oxycodone	1 tab	Every 4 hours as needed	Narcotic pain medication. Get "ahead of the pain" by taking this when you start to feel uncomfortable rather than waiting for severe pain. Take this less frequently over time, with a goal of stopping 2 weeks after surgery.

STOMACH, BOWEL & NAUSEA

MEDICATION	DOSE	FREQUENCY	PURPOSE
Protonix (pantoprazole)	1 tab	Once daily for 14 days	Protects the stomach lining while on other medications.
Senna-Docusate	1 tab	Twice daily for 14 days	Prevents constipation — very common with narcotic pain medicine.
Ondansetron (Zofran)	1 tab	Every 8 hours as needed	Treats nausea/vomiting. Most nausea comes from taking medicine on an empty stomach.

Blood Clot Prevention

You will be prescribed a blood thinner to prevent dangerous clots (DVT). Standard medication is **Aspirin 81 mg twice daily for 28 days**; patients with a history of clots may receive a different blood thinner. In addition, get up and walk around your home at least once every 1–2 hours to keep blood moving.

Antibiotics

If you were prescribed oral and/or IV antibiotics, please take all of them as prescribed. **Do NOT stop antibiotics before finishing the full course.** If you have an infectious disease doctor, please make sure you have follow-up appointments scheduled with them.

Daily Medication Schedule · First 7 Days

This is a sample medication schedule for the first week after surgery. Treatment plans are personalized to each patient, so your actual post-operative medications may differ from those shown here — always follow the exact directions on your own prescription labels.

CHECK OFF EACH DOSE AS YOU TAKE IT

MEDICATION & DOSE	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
MORNING · WITH BREAKFAST							
Tylenol · 2 tabs	☐	☐	☐	☐	☐	☐	☐
Lyrica · 1 tab	☐	☐	☐	☐	☐	☐	☐
Aspirin · 81 mg	☐	☐	☐	☐	☐	☐	☐
Protonix · 1 tab	☐	☐	☐	☐	☐	☐	☐
Senna-Docusate · 1 tab	☐	☐	☐	☐	☐	☐	☐
Dexamethasone · 1 tab DAYS 1–4 ONLY	☐	☐	☐	☐	–	–	–
Meloxicam · 1 tab STARTS DAY 5	–	–	–	–	☐	☐	☐
MIDDAY · AROUND 2 PM							
Tylenol · 2 tabs	☐	☐	☐	☐	☐	☐	☐
EVENING · WITH DINNER							
Tylenol · 2 tabs	☐	☐	☐	☐	☐	☐	☐
Lyrica · 1 tab	☐	☐	☐	☐	☐	☐	☐
Aspirin · 81 mg	☐	☐	☐	☐	☐	☐	☐
Senna-Docusate · 1 tab	☐	☐	☐	☐	☐	☐	☐
Dexamethasone · 1 tab DAYS 1–4 ONLY	☐	☐	☐	☐	–	–	–

Dexamethasone is taken only on days 1–4; Meloxicam begins the morning after it finishes (day 5) and continues for 30 days. Always take medications with food to prevent nausea, and follow the exact directions on your prescription labels.

AFTER SURGERY

Recovery Week by Week

Recovery happens gradually, and every patient heals at a different pace — please don't compare your progress to others. The most important message: **go slow to go fast.**

Week 1

ACTIVITIES

- Walk short distances with your walker or cane every 1–2 hours
- Rest, elevate, and ice diligently
- Follow your hip precautions with every movement
- Gentle ankle pumps and gluteal sets

WHAT TO EXPECT

- Pain is present but manageable; you'll feel very tired
- Worst pain is typically days 3–4 — stay on schedule
- Whole leg swollen and bruised, peaking days 7–10
- Goal: walk safely and comfortably with your walker

Week 2

ACTIVITIES

- Remove surgical bandage (days 7–10)
- Increase your walking distance gradually
- Continue to rest, elevate, and ice

WHAT TO EXPECT

- Pain more tolerable; start weaning off oxycodone
- Still fatigued, difficulty lifting the leg to get into bed
- Swelling and bruising peak, then begin to improve

Week 3

ACTIVITIES

- Follow-up with Dr. Serino (X-rays of your new joint)
- Driving allowed if off narcotics and you feel safe
- Begin weaning walker → cane
- Stationary bike if tolerated

WHAT TO EXPECT

- Walking more, but the hip still aches through the day
- Ice the hip after activity and at night
- Goal: walk longer distances

Weeks 4–6

ACTIVITIES

- Once you feel comfortable, wean off your cane or walker
- Progressively increase activity

WHAT TO EXPECT

- Pain very tolerable; mostly aches at end of day
- Function steadily improving
- 6-week follow-up appointment

Weeks 6–12

ACTIVITIES

- Low-impact activity: brisk walks, biking, golf, swimming
- May fully submerge the incision in water
- Posterior-approach precautions lift at 3 months

WHAT TO EXPECT

- Hip should feel better than before surgery
- Range of motion continues to improve
- Doing most of the activities you want

Week 12+

ACTIVITIES

- Resume strenuous activities as tolerated
- Return to all activities as your strength returns

WHAT TO EXPECT

- Most recovery is in the first 12 weeks; small gains continue to 1 year
- Scar tissue softens and function improves

REFERENCE

Frequently Asked Questions

Q Will I need physical therapy?

No — formal physical therapy is usually not necessary after surgery, and patients recover just as well simply by walking and gradually resuming their normal life as tolerated. If you would prefer formal physical therapy, please discuss this with Dr. Serino, and do not start PT before your first postoperative visit.

Q What time is my surgery?

The surgical facility will call the business day before with your arrival time. Plan to arrive about 2–3 hours before your scheduled surgery. If you haven't heard by 4 PM the day before, call them directly.

Q What kind of anesthesia will I have?

Most patients receive spinal anesthesia, which numbs you from the waist down and lets you nap comfortably without a breathing tube. General anesthesia is used only if spinal isn't appropriate.

Q Is it safe to take narcotic pain medication?

Yes — used as prescribed and for the short term, these medications are safe and appropriate after joint replacement. Always take them with food and follow the dosing schedule.

Q Should I go to the ER or urgent care for a problem?

For most concerns about your surgery, call our team first — we'll help you decide the next step. Go directly to the ER or call 911 for chest pain, difficulty breathing, loss of consciousness, or other emergencies.

Q My leg is swollen and bruised — is something wrong?

Swelling, bruising, and redness are completely normal, peaking around 7–10 days. If you're concerned, call the office and we'll assess you.

Q I have a fever — should I worry?

Low-grade fevers (under 101.2°F) are common in the first few days. If your fever exceeds 101.2°F, contact our office.

Q When can I have dental work done?

Routine, non-urgent dental work should wait at least 3 months. For dental procedures within the first year, you'll need preventive antibiotics — most commonly Amoxicillin 2,000 mg one hour before. If allergic to penicillin, contact our office.

Q When can I travel?

Avoid long car rides (over 1 hour) and air travel for the first 6 weeks to reduce the risk of blood clots.

Q My joint is clicking — is that normal?

Yes! Clicking, clunking, and popping from a new joint are very common and usually harmless. If clicking comes with pain, contact our office.

Q Can I climb stairs?

Yes — your physical therapist will make sure you can safely use stairs, leading with the correct leg, before you leave the hospital or surgery center.

REFERENCE

When to Call & Warning Signs

If you are concerned, we are concerned

Do not hesitate to contact our office if something worries you — even if it isn't listed here. We would rather hear from you than have you worry alone.

What Is Normal After Surgery

- Swelling around the joint and down the leg, especially the first 2 weeks
- Bruising near the incision that may extend to the foot — peaks days 7–10
- Numbness or altered sensation around the incision or outer thigh
- Muscle tightness in the thigh or groin
- Difficulty lifting your leg (e.g. getting into bed)
- Slight drainage on the dressing for a day or two
- Mild fever (under 101.2°F) in the first few days
- Clicking, clunking, or popping without pain

Call the Office Within 24 Hours If You Have

- Fever greater than 101.2°F
- Redness, skin blistering, or excessive warmth (beyond the first few days)
- Pain that is severe, worsening, or uncontrolled despite medication
- Drainage that is foul-smelling or looks like pus
- Persistent bleeding needing more than one dressing change
- Concerns about your dressing, brace, or wound

Go to the ER or Call 911 If You Have

- Chest pain
- Difficulty breathing or shortness of breath
- Uncontrollable nausea or vomiting
- Loss of bowel or bladder control
- Sudden weakness in your arms or legs
- New or worsening calf pain or swelling on one side

RECOMMENDED NUTRITION PROGRAM

ENROUTE® Surgical Nutrition

A science-backed, 4-week nutrition program designed for orthopaedic surgery

01

Maintains Muscle Mass

Targeted protein and nutrients help preserve strength through recovery.

02

Promotes Wound Healing

Formulated to support tissue repair after surgery.

03

Supports Bone & Immune Health

Nutrients chosen to support healing and immune function.

04

Dietitian Support

Access to dietitians, plant-based options, and patented blending technology.

HOW TO GET STARTED

- Visit getenroute.com and click SHOP.
- Find Dr. Serino to access your surgeon-recommended program.
- Select your protein source and flavor.
- Have the ENROUTE program delivered to your door (HSA/FSA eligible).

Please note: Optimizing your nutrition is very important to help you heal and recover safely after surgery — but ENROUTE is **not** your only option. Simply taking over-the-counter Vitamin D, a daily multivitamin, and a protein shake or powder of your choosing works just as well.

Order online at **getenroute.com** or call **1-800-619-0783**

YOUR NOTES

Questions & Notes

Use this page to jot down questions for Dr. Serino and his team, important dates, or anything you want to remember.

The Centers for Advanced Orthopaedics

Orthopaedic Associates of Central Maryland Division

THANK YOU FOR TRUSTING US

Your recovery is *our priority.*

SCAN TO VISIT OUR WEBSITE

OFFICE	EXTENSION	24/7 MESSAGING
(410) 644-1880	2133	Klara