



Mammoth
Orthopedic
Institute

Michael M. Karch, MD
Mammoth Orthopedic Institute

Mammoth: Ph: (760) 924-4084
Northern Inyo: Ph: (760) 873-2605

DIRECT ANTERIOR APPROACH HIP REPLACEMENT

WITH COMPUTER NAVIGATION

DISCHARGE INFORMATION

Please read **ALL** instructions carefully.

You have undergone a **Direct Anterior Approach Total Hip Replacement with Computer Navigation** performed by **Dr. Michael M. Karch, MD**. The following instructions outline expectations and care guidelines for the **first several weeks after discharge from the hospital**.

WHAT IS THE DIRECT ANTERIOR APPROACH?

The **Direct Anterior Approach (DAA)** is a **minimally invasive hip replacement technique** in which the hip joint is accessed **between natural muscle layers**, rather than cutting through muscles or tendons.

Key features of the Direct Anterior Approach include:

- **No cutting of major muscles**
- The hip is approached **between muscle planes**, reducing soft-tissue trauma
- Less disruption to surrounding tissues compared to traditional approaches
- Improved early mobility and faster functional recovery
- Reduced post-operative pain for many patients

Because muscles are preserved, patients often experience:



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- Earlier return to walking
- Faster independence with daily activities
- Improved confidence during early recovery

Dr. Karch was an early adopter of the Direct Anterior Approach, beginning in **2005**, when the technique was still uncommon. This long-standing experience has helped refine surgical execution, patient selection, and recovery protocols.

Your surgery was performed using **computer navigation**, which allows for:

- **Precise placement of hip prosthetic components**
- Improved accuracy of leg length and hip offset
- Optimized implant alignment tailored to your anatomy

BLOOD CLOT PREVENTION

Blood Thinner:

- Continue **Aspirin 162 mg orally** (2 tablets total per day), unless otherwise instructed.
- If you are considered to be higher risk you may be placed on Lovenox instead if you are already on anticoagulation, you may have a different plan.

COMPRESSION & SWELLING

Compression Stockings:

- Continue wearing **thigh-high compression stockings** until instructed otherwise.
- You may remove the stocking from the **non-operative leg after 48 hours**.



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- Remove the stocking from the **operative leg one week after surgery**.
- Ensure stockings are pulled up completely to avoid creases that may cause skin irritation or blisters.
- Wear **grippy socks or shoes** on hard surfaces to reduce fall risk.

Bruising:

Bruising around the thigh, buttock, and sometimes extending down to the ankle is **normal** during early recovery.

NORMAL POST-OPERATIVE FINDINGS

Clicking:

A clicking or popping sensation in the hip during the first few weeks is **expected** and related to the artificial components.

Warmth:

It is normal for the surgical hip to feel **warm** during early recovery.

INCISION & DRESSINGS

Dressings:

You will have either:

- A **Jump Start Dressing (brown)**, or
- A **Prevena Wound Vacuum Dressing** (black strip with attached vacuum device)
 - If the wound vacuum stops working or begins beeping, call your orthopedic office.
- Leave the dressing in place **until your two-week follow-up appointment**.



SIGNS OF INFECTION — CALL IMMEDIATELY IF YOU NOTICE:

- Fever of **101.5°F or higher**
- White or pus-like drainage from the incision
- Increasing redness, warmth, or foul odor from the incision

If after hours, you can go to your local Emergency Department to discuss management. Preferably Mammoth Hospital or Northern Inyo Hospital for direct management and more immediate care.

PAIN MANAGEMENT

- Allow **2 business days** for pain medication refill requests.
 - Refills are **not processed after hours or on weekends**.
 - Call **by 10 a.m. on Fridays** to ensure weekend coverage.
 - Do not page the on-call provider for pain medication refills.
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PHYSICAL THERAPY

- Begin **outpatient physical therapy within a couple of days** after surgery.
- No more than **5 days** should pass between hospital discharge and your first PT visit.



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- If therapy has not been arranged, call our office the next business day.

Recommended PT locations:

- Mammoth Hospital Physical Therapy: (760) 934-7302
- Mammoth Hospital Physical Therapy- Bishop: (760) 872-2942
- In Balance Mammoth PT: (760) 709-2005
- Ridgecrest physical therapy offices

If you cannot arrange therapy within 5 days, contact the orthopedic office and ask for a member of **Dr. Karch's hip and knee replacement care team**.

HOME EXERCISES

- Perform prescribed home exercises **at least 4 times per day**
 - Each session should last **approximately 30 minutes**
 - Begin exercises **as soon as you return home**
-

DAILY WALKING — ESSENTIAL FOR RECOVERY

Daily walking is the **single most important activity** you can do to promote healing and restore function after hip replacement.

- Begin walking on **Day 1 after surgery**
- Measure the distance you walk on **Day 1**
- **Increase your walking distance by approximately 10% each day**

Walking helps:



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- Reduce swelling
- Improve circulation
- Decrease stiffness
- Improve strength and endurance
- Accelerate overall recovery

Short, frequent walks are preferred over prolonged sitting.

SLEEPING & ACTIVITY

Sleeping Position:

- You may sleep in **any position** that is comfortable.
 - Sexual activity may be resumed when comfortable, with **no restrictions**.
-

DRIVING

Do not drive until instructed.

Typical timeframes:

- **Left hip replacement:** approximately **1.5 weeks**
- **Right hip replacement:** approximately **3 weeks**

You must be able to:

- React quickly



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- Brake with appropriate force
- Safely control the vehicle

Never drive while taking narcotic pain medication, as this is legally considered driving under the influence (DUI).

NERVE BLOCK

If you received a nerve block and are not experiencing pain on the day of surgery:

- Take **one tablet of your prescribed narcotic pain medication before bed** to prevent pain when the nerve block wears off.
 - You may alternate with acetaminophen (Tylenol) if needed.
 - Do **not exceed 4,000 mg of acetaminophen in 24 hours**.
-

ICE, BREATHING & CIRCULATION

Ice Therapy:

- Ice as much as possible during the first few weeks
- Do not apply ice directly to skin — use a towel barrier
- Elevate the leg above heart level while icing
- Do **not** apply heat to the incision

Breathing Exercises:

- Perform deep breathing **10 times every hour while awake**



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Foot Pumps:

- Perform foot pumps on **both feet** at least **10 times every 15 minutes while awake**
- If swelling increases, lie flat and elevate the heel above heart level, then continue foot pumps

FALL PREVENTION — EXTREMELY IMPORTANT

Up to **25%** of hip and knee replacement patients fall within the first 6 weeks after surgery.

Falls are one of the most common causes of serious post-operative complications.

To reduce fall risk:

- Take your time when standing and walking
- Use assistive devices (walker or cane) as recommended
- Avoid clutter, cords, loose rugs, and uneven surfaces
- Be aware of **small pets or animals** in the home
- Use **adequate lighting**, especially at night
- Pause and **think before each step**

Moving carefully is a sign of good judgment, not weakness.

CONSTIPATION

Pain medications may cause constipation. You may use:

- Docusate sodium



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- Colace
- Senokot
- Dulcolax
- MiraLAX

Use while taking narcotic pain medication.

EMERGENCY SYMPTOMS — GO TO THE NEAREST ER IF YOU EXPERIENCE:

- Sudden shortness of breath
 - Sharp calf pain in one specific spot
 - Chest pain or difficulty breathing
-

FOLLOW-UP APPOINTMENT

- **Eastern Sierra patients (Walker through Ridgecrest):**
Call your clinic to schedule an in-person visit approximately **2 weeks after surgery** for an appointment with clinic staff for wound care and 3 weeks with a PA for suture/staple removal and to answer all your questions regarding your surgery.
 - **Out-of-area patients:**
A **video telemedicine visit** will be arranged approximately **2 weeks after surgery**
-

THINGS TO WATCH FOR



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- Increasing swelling at the surgical site
- Spreading redness around the incision
- Pus drainage from the incision
- Fever of **101.5°F or higher**
- Localized calf pain
- Sudden shortness of breath

If any occur, contact our office, if after hours, go to your local emergency room in **Mammoth, Bishop, or Ridgecrest.**

Pain medications are not refilled after hours or on weekends.
