Hip Preservation Program
# Hip Preservation Program

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Talk to your doctor or health care team if you have any questions about your care.

The Library for Health Information is available to help you find more health information at (614) 293-3707 or e-mail: health-info@osu.edu.
Welcome to Hip Preservation

Welcome to our practice

At Ohio State’s Wexner Medical Center, we work to preserve your hip joint. Hip preservation is more than hip surgery. It is total care of your hip joint. Our goal is to help you be free from pain, have physical strength, and good range of motion.

We take a team approach to care for your needs. Your treatment team may have doctors, physician assistants, physical therapists, athletic training, sports medicine, radiology and family practice. Together, we manage your care to reduce downtime from surgery and get you back to your activities.

At Ohio State’s Wexner Medical Center, you are an important member of our care team. Share your needs and concerns with us. We are here to listen. We want to help you learn more about hip and joint care for your health and recovery.

• Read this booklet and share it with your family and caregivers who will help you through our hip program.

• Share the therapy booklet with your physical therapist so that your care team can work together to guide your progress.

We are here for you and appreciate that you have placed your trust in us.

Sincerely,

John M. Ryan, MD

Our offices

Martha Morehouse
2050 Kenny Road, Suite 3100, Columbus, OH 43221

CarePoint Gahanna
920 South Hamilton Road, Suite 600, Gahanna, OH, 43230

Stoneridge Medical Plaza
3900 Stoneridge Lane, Dublin, OH, 43017

Mary Rutan Hospital
Orthopedics
2221 Timber Trail
Bellefontaine, OH
(937) 599-1280

Surgery location:
University Hospital East
181 Taylor Avenue
Columbus, OH 43203
Hours: 8 AM to 5 PM
Monday - Friday

Contact us

If you have any questions contact us:

Dr. Ryan:
Phone: (614) 688-6382
Fax: (614) 293-6250
Email:
ortho.hippreservation@osumc.edu
About the Hip Joint

Why treatment is needed
Hip Preservation is repairing the hip joint to improve structure or function. This can be for many reasons:
• Femoroacetabular impingement (FAI)
• Labral tears
• Hip dysplasia
• Snapping Hip Syndrome
• Trochanteric bursitis

Starting the process
Testing for hip problems starts with your medical history, physical exam and X-rays. X-rays are taken to check the shape of the ball and socket and the amount of space between these structures. Magnetic Resonance Imaging (MRI) may be used to check for labral tears in the joint.

The goal of treatment is to reduce friction and protect the hip joint from degeneration.

• Hip problems can start at any age, but athletes are at a higher risk due to repetitive motion.

• Tell us about the pain you have and range of motion in your hip or groin area.

Your hip is a weight bearing joint. It is made up of the pelvis and femur, or thigh bone. Together, the rounded head or ball of the femur fits into the socket. The socket is also known as the acetabulum (as-eh-tab-ye-lum) of the pelvis. This socket is covered by a soft tissue or cartilage lining called the labrum (LA-brum).

In this image of a healthy hip, the ball of the thigh bone fits perfectly into the hip socket.

Hip Problems

Femoroacetabular Impingement (FAI)

In FAI (fem-or-o-as eh-tab U ler im ping ment), there is abnormal contact between the hip ball (femoral head) and the hip socket (acetabulum). Too much friction between these structures damages the soft tissue that lines the hip joint.

Types of FAI
There are three types of FAI that can affect the hip:

- Cam Impingement
- Pincer Impingement
- Mixed Impingement

Cam impingement
The femoral head does not fit in the socket properly. The femoral head and neck are not perfectly round. The loss of roundness increases friction and contact in the hip socket.

Pincer impingement
The socket overlays or pinches the femoral head. There may be too much coverage over the femoral head causing the labral cartilage to be pinched. Pinching is caused by:
- the socket is too deep (profunda)
- the femoral head is too large (protrusio)
- there is turning back of the socket (retroversion)

Mixed impingement
There is both Cam and Pincer Impingement. When it happens together, it increases the risk for the joint to be damaged and degenerate.
Hip Arthroscopy is a surgery used to treat hip problems. A special tool called an arthroscope (arth-row-scope) has a small camera to look inside the hip joint. Small cuts called incisions are made and the doctor uses the arthroscope and other tools to remove and repair the damaged tissue.

**Your joint with hip arthroscopy**

![Diagram of hip surgery using an arthroscope](image)

- Arthroscope
- Acetabulum with labrum at the outer rim
- Femoral head
- Irrigation fluid and instruments

Hip surgery using an Arthroscope
This surgery is used most often for patients younger than age 55 years. Your doctor will tell you if this surgery is best for your health and joint recovery.

**Arthroscopy treats several problems**

This surgery may improve your hip joint if you have one of these conditions:

- **Femoroacetabular Impingement (FAI)**
  Surgery can repair a tear in the labrum, the thick ring of cartilage or soft tissue that lines the hip socket. Tears are fixed by using special anchors that hold the labrum to the hip socket.

  If you have a problem with the shape of the ball of the femur, or thigh bone. The bone can be shaved or changed so that the ball of the femur fits better into the hip joint. This is done with a special tool during surgery called a burr.

- **Loose pieces of cartilage that are floating in the joint**

**Arthroscopy does not treat arthritis or inflammatory hip problems.**
Frequently Asked Questions about Hip Surgery

You may have questions about hip surgery and hip arthroscopy. Here are some questions shared by other patients and information to help you feel more comfortable with the planned treatment.

**What are the risks of hip surgery?**

Most patients have a low risk of problems from surgery. You may have pain and numbness in the surgery area and bleeding. You will learn more about the major risks of surgery when talking with the doctor and reading the surgery consent form. Major risks of surgery are infection, pneumonia, heart problems, or blood clots. There is little risk of death for this surgery. Your doctor will always discuss the risks of surgery specific to your health.

**How long will it take to recover?**

Your hip will continue to heal and gain strength for up to 1 year after surgery. Common problems are the loss of strength and limited range of motion as the hip heals. Most patients feel better 3 months after surgery. By 6 months, most patients are happy they had surgery.

**When can I go back to work?**

Talk to your employer about medical leave. You will be excused from work for 3 months. You may be able to return to work sooner based on your job duties.

When you feel ready to go back to work, call the office. We can write a return to work letter.

**When can I restart a sport or other activity?**

It depends on the activity, sport or hobby. It also depends on how you are improving with physical therapy and healing from surgery.

For example, you can ride an upright stationary bike with no resistance shortly after surgery. You may not use a recumbent bike right after surgery. Always talk to your doctor and therapist before restarting sports or other active hobbies.
Hip Surgery Checklist

All checklist items must be completed before surgery is scheduled:

Surgery checklist

☐ See a Cardiologist or heart doctor, if you have a known heart problem or have seen a cardiologist in the past. The Cardiologist needs to document that you are well enough (clear) for surgery.

☐ If you have diabetes, your hemoglobin (HgB) A1C levels must be less than 7.0.

☐ Your body mass index or BMI must be less than 40.

☐ You must quit using all tobacco products. A blood test is given surgery (within a few days of surgery) to check for nicotine in your blood. You need to quit tobacco at least 2 weeks before this test. If any nicotine is present, your surgery will be cancelled.

Tobacco products to be stopped include: cigarettes, cigars, smokeless tobacco, e-cigarettes, nicorette gum and/or the nicotine patch.

If you need help quitting tobacco to have this surgery, tell our office or call the Ohio Tobacco Quit Line at 1-800 Quit Now or (800) 784-8669. You can also visit the website at: http://ohio.QuitLogix.org

Surgery scheduling

Call our office for surgery when the checklist is completed. These health checks are done for your safety. We want to make sure that you will heal and recover well from surgery.

If there are concerns about surgery based on the checklist, call our office and let us know.

When the checklist is complete, and you have your surgery date, YOU MUST CALL for your first physical therapy date. See page 18 of this book for more information.
Tobacco and Wound Healing

To heal well after surgery, you must stop using products with tobacco. Quitting tobacco at least 4 weeks and up to 8 weeks before surgery helps surgery wounds to heal and lowers your risk of after surgery infection.

You must quit tobacco products at least 2 weeks before surgery.

Tobacco and surgery

Tobacco hurts the function of cells in the body that help wounds to heal and fight infection.

- Smoking for even 10 minutes lowers the amount of oxygen in the body for up to one hour. The more tobacco is used, the less oxygen is in the body for health and healing.
- Wound dressings absorb cigarette smoke. This makes it harder for wounds to heal.

Quitting tobacco

If you need help quitting tobacco, use these tips as part of your Quit Plan:

- **Set a quit date.** This is the day you officially stop using tobacco.
- **Get rid of tobacco products,** lighters, ash trays and spit cups in your home and vehicle.
- **Tell others you are quitting tobacco** so they can support your new behaviors. Consider a “no smoking” or “no tobacco” rule where you live.
- **Write down your tobacco triggers. Create a list of new behaviors** to replace time spent using tobacco, such as exercise, chewing on a straw, going for a walk or calling a friend.
- **Use the “4 D's”** when you have cravings: **Delay** the behavior. Even a few minutes may be enough for the craving to pass. Take a **deep breath. Drink fluids** to clear nicotine from the body. **Do something else.** Keep your mind and body busy to avoid tobacco use.

For more support or information:

- Talk with your primary care doctor, dentist or other health care provider about quitting. Call the **Ohio Tobacco Quit Line at 1-800 Quit Now or (800) 784-8669.** You can also visit the website at: [http://ohio.QuitLogix.org](http://ohio.QuitLogix.org)
Getting Your Skin Ready for Surgery

CHG is a special soap called Chlorhexidine Gluconate (klor-hex-ah-deen glue-con-ate) used to get your skin ready for surgery. By washing with this soap, you reduce the bacteria and germs on the skin. It lowers your risk for infection after surgery. **Shower 2 times with CHG soap before surgery. Shower the night before and the morning of surgery.**

### Getting CHG soap

If you are not given this soap by your doctor before surgery, it can be bought at a grocery or drug store.

- A common brand name is Hibiclens. It may be in a 4 ounce bottle or as wipes. You can also buy a store brand for less.

- You may need more than 4 ounces of soap to clean your skin.

- Ask a pharmacist to help you find it or look in the First Aid section of the store.

### Washing with CHG soap

1. Wash your hair with normal shampoo. Wash your body with regular soap.
2. Rinse hair and body well with water.
3. Wet a clean washcloth. Turn off the shower.
4. Put some CHG soap on the washcloth or wash with the CHG wipes.
5. Wash your body gently for 5 minutes with extra attention to the surgery area. Wash the back of your neck, under arms, chest, belly button, private parts, legs and feet.
6. Turn the shower back on and rinse your body well with water.
7. Pat yourself dry with a clean, dry towel.
8. Do not apply lotion, moisturizer, make-up or other products on the skin.
10. **Repeat these 9 steps again the morning of surgery.**

### For your safety

- Avoid contact with the eyes, nose, ears, mouth and face.

- Do not shave for at least 48 hours near the surgery site when using this soap.

- Do not scrub your body too hard. CHG soap does not lather well.

- Talk with your doctor if you have open sores before using CHG.

- Use only as directed.
Preparing for Hip Surgery

Your surgery time
The day before surgery, you will get a call with your arrival time and final instructions.

• If you do not get this call by 4pm, call Scheduling at (614) 257-2789.

• If you get sick or are not able to keep your surgery time, call your doctor’s office.

Getting ready for surgery

• Do not shave 48 hours before surgery.
• Shower with the CHG soap. Wash from the neck down the night before surgery and the morning of surgery. You must wash 2 times with this soap.
• **Do not eat or drink anything after midnight the night before your surgery.** This includes, but is not limited to: water, coffee, candy, gum and mints. You need an empty stomach before surgery.
• If you take medicine, only take the medicines your surgeon has said you can take the morning of surgery. Only take small sips of water with these medicines.
• If you have diabetes, talk with your surgeon about your blood sugar levels before surgery.
• You may brush your teeth the morning of surgery, but do not swallow the water.

What to bring to the hospital
Plan for 1 night in the hospital, but most patients go home the same day. If you need to stay overnight, someone may stay in your room on a reclining chair. All of our rooms are private.

You will need to bring these items when you come to the hospital:

• Photo ID or driver’s license
• Medical insurance card
• Copy of your Living Will or Durable Power of Attorney, if you have these documents.
• Copy of your medicine lists with drug names, doses, and when you take them.
• Compression shorts (bike shorts) for going home and casual, loose fitting clothing.
• Basic toiletries (toothbrush/toothpaste, comb/brush, deodorant)
• Storage case for glasses, contact lenses, hearing aids, dentures/partial dentures or bridgework. All items must be removed before surgery.
• Crutches labelled with your name. If you do not have crutches, you will be given some when leaving the hospital.

Leave at home make-up, piercing, jewelry, money, credit cards and other valuables. **University Hospital East is not responsible for the loss of personal items.**
What to Expect in the Hospital

After surgery our hospital staff will check your health often in surgery recovery.

This is a general plan of care while you are in the hospital and it will be changed to meet your needs. You will be taught about wound care and recovery before you go home.

**Medicines**

- Medicines will be given to control your pain and reduce swelling.
- Medicines may be given to thin the blood and lower your risk of blood clots.
- Other medicines you take may be restarted. Talk with hospital staff about your needs.
- You will be given prescription medicines for when you go home.

**Diet/Nutrition**

- If you have nausea or upset stomach after surgery, tell staff. Clear liquids and solid food are started as your diet progresses in recovery.

**Bathroom**

- You will have a catheter to remove urine from the bladder during surgery. This will be removed as you recover.
- Once the catheter is removed, ask staff for help before getting out of bed. We want to protect you from falling or injury after surgery.

**Wound care**

- You will be taught how to take care of the surgery incision and wound as it heals.

**Activity**

- You will start physical therapy 2 to 3 days after surgery. You will have a prescription for physical therapy. To regain strength and range of motion, you need to be at each session.
When You Leave the Hospital

The first 24 hours
Do not drive, drink alcohol, or make any important decisions after having surgery. You must have someone with you for your safety for the first 24 hours after going home.

Discharge Information
This is a general guide of care. Your care will be specific to your needs when you go home.

Diet and activity
You will slowly return to a normal diet. Eat healthy meals and snacks. Drink plenty of water. Use crutches to walk (as needed) on your surgery leg. You can put full weight on the leg as you feel able and as pain reduces. Let pain be your guide for use. Stop using crutches when you are able to walk without a limp and are pain free, about 1 to 3 weeks after surgery.

Wound care
Keep the incision clean and dry. Change your wound dressing every day. You will be shown how to do this. If you have drainage, change the dressing more than once a day.
• You may shower without covering the incision when the wound is no longer draining.
• Do not use any lotions, creams, or powders on the incisions, including Neosporin.
• Do not swim or use a hot tub until your wound is healed and sutures are removed.

Medicines
When leaving the hospital, you may have prescriptions for some or all of these medicines:

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Reason for medicine</th>
<th>How to take this medicine</th>
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<tbody>
<tr>
<td>Percocet</td>
<td>Severe pain</td>
<td>Take 1 tablet every 4 hours or as needed.</td>
</tr>
<tr>
<td>Tramadol</td>
<td>Moderate pain</td>
<td>Take 1 tablet every 6 hours or as needed.</td>
</tr>
<tr>
<td>Mobic</td>
<td>Reduces inflammation.</td>
<td>Take 1 tablet every day for 6 weeks. Talk with your doctor or physician assistant about how you are healing.</td>
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<td></td>
<td>If mobic causes stomach upset, other medicines can be prescribed.</td>
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<tr>
<td>Lovenox</td>
<td>Prevents blood clots</td>
<td>Take a 40mg injection 1 time a day for 3 weeks.</td>
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<tr>
<td>Aspirin</td>
<td>Prevents blood clots</td>
<td>Take 1 tablet 2 times a day, for 3 weeks. (not taken with Lovenox)</td>
</tr>
<tr>
<td>Senokot</td>
<td>Reduces constipation</td>
<td>Take 2 tablets 2 times a day for constipation.</td>
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Pain control
Expect pain even when taking medicines. Do not take more medicine than prescribed for your safety. To reduce discomfort, use:
- Ice or cold compress: Apply directly to the site for 20 to 30 minutes at a time. Then take ice or cold compress off for 20 to 30 minutes before reapplying.
- ACE bandage: Apply the bandage around the hip to reduce pain from swelling. You will be shown how to do this before leaving the hospital.

Blood thinners
These medicines are used to lower your risk for a blood clot. An injection of medicine called Lovenox may be given if you have a personal or family history of blood clots.

When taking a blood thinner, you are at a higher risk from bleeding. Protect yourself from small cuts, bumps and bruises. For your safety:
- Tell other doctors, pharmacists or health providers you are taking a blood thinner.
- **Avoid additional aspirin or other NSAIDS**, if you are taking a blood thinner.
- **Take a blood test at your 2 week after surgery follow up visit.** The blood test can be taken at Ohio State or a local laboratory. Call Dr. Ryan's office to find out when you should stop or hold this medicine before the blood test.
- Prevent injury at home: Use an electric razor for shaving, wear gloves when using knives or scissors, use a soft toothbrush and brush gently, wear shoes to protect your feet, and avoid tight fitting clothes or elastic that pulls on the body.

Medicine refills
You need to plan for your refills as Dr. Ryan is only in the office 2 days a week. Controlled medicines (narcotics) must be picked up or mailed.

Plan 2 to 3 days in advance for when a refill is needed. The Physician Assistant is not able to sign for some medicines. Please allow time for delivery before you run out.

Physical Therapy
Physical Therapy starts 2 to 3 days after surgery. You will have a Hip Arthroscopy therapy program which is a series of exercises you need to share with your therapist.

Until therapy starts:
- Do pendulum exercises often when lying down at home to avoid a stiff hip.
- If you are given a Continuous Passive Movement machine (CPM), use it for 1 hour, 2 or 3 times a day. Progress from 0 degrees to 90 degrees based on your pain and discomfort.
- If you rent a GameReady (not covered by insurance), this device can help reduce swelling and improve recovery time. For the first days, use level 2. Then you can switch to level 3.

**Note:** If CPM is not covered by insurance, do pendulum exercises and start therapy 2 to 3 days after surgery.
Wound Care at Home

Supplies for dressing change

☐ Absorbent dressing  ☐ Non-stick gauze pad
☐ Medical tape (choose paper tape if there is an allergy to the tape with glue on it)  ☐ Band aids (for when the wound is no longer draining)

How to change the dressing

1. Gently remove the white dressing and the yellow absorbent squares that cover the incisions.

2. If the incisions are draining, put on a new absorbent dressing. Place non-stick gauze pads over the top of the dressing. Hold these materials in place with medical tape.

3. If the incisions are not draining, you may remove the dressing. Band aids are helpful to cover the incisions and protect it from rubbing under your clothes.

About wound care

To protect your healing wound, you need to:

• Change your dressing for the first time 24 to 48 hours after surgery.

• Change your dressing every day. If the incision is draining, change it more often. The goal is to keep the healing skin clean and dry.

• Do not put anything on the healing incision. Do not use lotions, moisturizer, powder or topical ointment like Neosporin, unless directed by your doctor.
Hip Safety at Home

How to protect your hip and prevent injury after surgery

Activity

- Your hip may have a limited range of motion. Do not turn your leg or foot on the surgery side beyond what you have been told by your doctor or physical therapist.

- No pushing, pulling, or lifting more than 10 pounds for the first 6 weeks.

- Avoid sitting for longer than 20 minutes at a time for the first 6 weeks. Change positions and move for a few minutes before sitting again.

- Do your pendulum exercises, until Physical Therapy begins. Go to all of your therapy visits to help with healing and regaining strength and range of motion.

- If you are using a Continuous Passive Movement (CPM) machine, use it for 1 hour, 2 or 3 times a day.

- If you are using a Game Ready machine, there are 2 settings for compression to use. For the first 4 days after surgery, use setting 2 for medium to high compression. Then you may switch to setting 3 which is for low to medium compression. Your doctor, physician assistant or therapist will talk about what is best for your care.

Driving

- You may drive when you are off pain medicines (narcotics or controlled pain medicines), you do not need crutches. Also, if you had surgery on your right leg, your strength needs to be equal to your left leg before you can drive.

- If you sit for driving or traveling for longer than 1 hour, take a break. Get up and move around for a few minutes before continuing.
Follow-up Visits and Plan of Care

To check how well you are healing from surgery, plan on these after surgery visits:

- **2 weeks after surgery** with a Physician Assistant to remove sutures and check the healing incision.

- **6 weeks after surgery** with your hip doctor to check healing and take hip X-rays. If you are not getting physical therapy with a therapist from the Hip Team, you need an additional 30 minute visit before this appointment with a Hip Team therapist.

- **4 months after surgery** with your hip doctor or a Physician Assistant. Based on your healing, you may be asked to see a Hip Team physical therapist before this visit (if you are being seen for PT outside of the Hip Team).

- **6 months after surgery** with your hip doctor or a Physician Assistant.

- **1 year after surgery** with your hip doctor.

**Physical Therapy**

To heal and regain strength, you need to attend all physical therapy visits. If you are sick, have an emergency, or need to reschedule, call the office as soon as possible.

If your therapy is through The Ohio State University Wexner Medical Center, you will start therapy 2 to 3 days after surgery. Your therapy records are available to your hip doctor.

If your therapy is outside the Wexner Medical Center, tell the scheduler you need a 30 minute visit with an OSU Physical Therapist and a member of the Hip Team before meeting with your doctor at every visit. We need to update your progress in healing.

Call one of these locations to schedule the 30 minute physical therapy visit before each doctor visit (if therapy is outside of Wexner Medical center):

- **Martha Morehouse Medical Plaza (Pavilion Building), 2050 Kenny Road, Suite 3100, Columbus, OH 43221.** Take the elevator off of the lobby to the 3rd floor. Phone number: (614) 293-2385

- **CarePoint Gahanna: 920 South Hamilton Road, Suite 600, Gahanna, OH, 43230.** Phone number: (614) 293-7600

- **Stoneridge Medical Plaza, 3900 Stoneridge Lane, Dublin, OH, 43017.** Phone number: (614) 366-9324
Visit Record and Notes

Use this page to keep track of your visits

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When to Call the Doctor

If you have any of these signs call your doctor:

Call Dr. Ryan at (614) 688-6382, Monday to Friday

If calling on the weekends, holidays or if no one answers the phone, call the hospital operator at (614) 293-8000. Ask to speak with the Orthopaedic Resident who is on call.

- Fever and/or chills
- Severe headache or migraine
- Upset stomach or nausea (from medicines)
- Loss of function in your leg
- Signs of infection:
  - Green or yellow drainage from the wound
  - Redness or streaking away from the wound
  - Increase in swelling
  - Increase in pain
  - Wound smells bad
- Signs of a blood clot:
  - Tender, swollen or red areas that may be warm to the touch in the groin or leg
  - Skin that looks pale, blue or cold to the touch
  - Pain, numbness or tingling in the leg that does not go away
  - Shortness of breath or chest pain
  - **NOTE:** If you have signs of a blood clot, do not massage or exercise the leg
- Bleeding problems: When taking a blood thinner, even a small cut can be a problem.
  - Bleeding that does not stop or is heavy
  - Unusual bruising, swelling or discomfort
  - Severe headache, confusion weakness or numbness
  - Frequent nosebleeds
  - Menstrual bleeding or period that is heavier and lasts longer than usual
  - Coughing up blood or blood in vomit
  - Bowel movement that is red or black like tar
  - Urine that is red or dark brown
  - Serious fall or injury to your head
- Any other sign that causes you concern or if you have questions about your health.
NOTES