DR. KAISEN YAO, MD

ORTHOPEDIC SPORTS MEDICINE SURGEON

Informational Packet

Anterior Total Hip Replacement Surgery

Northwell Health
Department of Orthopedic Surgery & Sports Medicine

Dr. Kaisen Yao, MD

Welcome

This booklet covers what to expect before, during, and after anterior total hip replacement surgery, and outlines the first steps of your recovery. If you have not already, please register for Epic MyChart to view your appointments, message your care team, and access your records online.

Keep this packet somewhere handy in the weeks before and after surgery — it answers most of the questions patients ask us during recovery.

Meet Your Surgeon



Dr. Kaisen Yao, MD
Sports Medicine & Orthopedic Surgery

Dr. Yao specializes in sports medicine and orthopedic surgery of the knee, shoulder, elbow, and hip, with a focus on ligament reconstruction, cartilage restoration and preservation, arthroplasty, and orthopedic trauma and fracture care. He completed his sports medicine fellowship at the prestigious NYU Langone Health and his orthopaedic surgery residency — serving as Chief Resident — at Lenox Hill Hospital. During his fellowship, he also worked with several professional sports teams as a team physician, including the New Jersey Devils, Washington Commanders, and Jacksonville Jaguars. A former collegiate swimmer at Washington University in St. Louis, Dr. Yao brings an athlete's perspective to helping patients return safely to the activities they love. Outside of orthopedics, he enjoys golf, swimming, classical piano, exploring new restaurants, and traveling the world.

He sees patients at the following locations:

Lenox Hill Hospital
130 E 77th Street, 7th Floor
New York, NY

Astor Place
740 Broadway, Suite 604
New York, NY

Downtown Brooklyn
68 Flatbush Avenue
Brooklyn, NY
718-208-1440

Anatomy of the Hip & Arthritis

The hip is a ball-and-socket joint: the rounded head of the femur (thighbone) fits into the acetabulum, a socket in the pelvis. Smooth cartilage normally lets the two surfaces glide with little friction. Osteoarthritis wears this cartilage away over time, leaving bone rubbing on bone — a source of hip, groin, and thigh pain, stiffness, and a limp that can limit walking, stairs, and daily activities.

When conservative treatments (activity modification, medication, injections, physical therapy) no longer provide enough relief, total hip replacement can relieve pain and restore function by resurfacing the damaged joint.

Anterior Total Hip Replacement Surgery

In the anterior approach, the hip is replaced through an incision at the front of the hip, working between muscles rather than cutting through them. Because the major hip muscles are spared, most patients have less early pain, a more stable hip, and fewer movement restrictions than with traditional approaches. The worn ball and socket are replaced with a metal stem and ball, and a metal-and-plastic socket liner, recreating a smoothly gliding joint.

Most patients go home the same day or after one night in the hospital, depending on your health and home support.

Preoperative Instructions

1. **No tobacco.** If you use any tobacco or nicotine products, please stop. Tobacco use raises the risk of infection, poor wound healing, and implant complications. Please stop at least 4 weeks before surgery and continue avoiding it through recovery.

2. Most patients need medical clearance from their primary care doctor (and cardiologist, if applicable) before surgery, including recent blood work and an EKG. Our office will help coordinate this.

3. You will be notified of your arrival time the day before surgery.

4. Do not shave the surgical hip/groin area for the 5 days leading up to surgery.

5. Wear loose-fitting clothing on the day of surgery.

6. Skip lotion, makeup, and deodorant on the day of surgery; some skin-prep solutions contain alcohol and can react with these products.

7. Nothing to eat after midnight the night before surgery (this includes gum, mints, and hard candy). A small amount of water is fine up until 4 hours before your check-in time. No dairy, juice, soda, or protein shakes starting at midnight.

8. Arrange for a walker at home, and set up a recovery space on your main floor if possible — remove loose rugs and cords, and have a sturdy chair with arms available.

9. Schedule your first outpatient physical therapy visit before surgery if recommended.

10. Let your dentist know about your upcoming joint replacement; some dental work may need to be completed before surgery or delayed afterward.

11. If you take a GLP-1 medication (for diabetes or weight management), plan to hold it for 2 weeks before surgery due to delayed gastric emptying under anesthesia — please still confirm the exact timing with our office and your anesthesiologist.

Walker Instructions & Hip Precautions

Because the anterior approach spares the major hip muscles, most patients can bear full weight right away and do not need the strict hip precautions used after other approaches (such as avoiding bending past 90 degrees or crossing your legs). The one movement to be careful with early on is combining hip extension with outward (external) rotation — for example, pivoting sharply away from the surgical leg or reaching far backward — for about 4–6 weeks while the front of the hip capsule heals.

- Use your walker for balance until your surgeon or physical therapist advises otherwise; most patients progress to a cane within 1–3 weeks.
- You may bend your hip and knee normally for sitting, walking, and stairs.
- Avoid pivoting on the surgical leg or stepping far backward with it during early healing.
- Clear your walking path of rugs, cords, and pets underfoot.

Day of Surgery

What to expect: Many patients go home the same day; others stay one night for pain control and to work with physical therapy before discharge, depending on your health and home support.

Anesthesia & nerve block: Most patients receive spinal or general anesthesia, often along with a regional nerve block or local numbing medication (periarticular injection) around the hip for pain control. Your anesthesiologist will review the details with you the morning of surgery.

Postoperative Instructions: Weight Bearing & Activity

Most patients can put full weight on the new hip right away with the walker for balance. Physical therapy typically starts the same day or the day after surgery, both in the hospital and continuing at home or outpatient. Getting up and moving frequently — even just a few steps at a time — is one of the most important parts of early recovery.

You may climb stairs foot-over-foot as tolerated, and sit in normal chairs without restriction. Avoid low, deep chairs or sofas that require extreme hip bending to stand back up from during the first few weeks.

Resting & Sleeping

You may sleep on your back or either side as comfortable; a pillow between the knees is not usually required with the anterior approach, though some patients find it comfortable in the first couple of weeks.

Bandages, Dressing & Bathing

Your incision at the front of the hip is typically closed with staples, sutures, or surgical glue and covered with a specialized dressing. Keep it clean and dry as directed — many dressings are waterproof and can stay on through showering, but avoid soaking (baths, pools, hot tubs) until your incision is fully healed, usually about 2–4 weeks.

If the dressing loosens, becomes soaked, or you notice increasing redness, warmth, or drainage, contact our office.

Pain Management

Some pain, swelling, and stiffness after surgery is normal and expected - the goal of our pain protocol is to keep you comfortable, not pain-free. Your specific prescriptions will be reviewed with you at discharge. Your standard medication plan is:

- **Celecoxib 200 mg** - take by mouth twice daily for 30 days.
- **Oxycodone (Roxicodone) 5 mg** - take by mouth as needed for pain, up to 4 times a day, for the first 5 days after surgery.
- **Acetaminophen (Tylenol) 500 mg** - take by mouth as needed for pain, every 6 hours.
- **Aspirin (chewable) 81 mg** - take by mouth twice a day for 30 days to help prevent blood clots.
- **Senokot-S (sennosides-docusate)** - take 1 tablet by mouth daily, starting the day of surgery, for 14 days, to help prevent constipation from the pain medication.

If you received a nerve block, remember it will wear off over the following 8-24 hours. Start your pain medication on schedule rather than waiting for the block to wear off, since pain is easier to prevent than to catch up on. Taking medication with food can reduce nausea.

Using a cold therapy unit for roughly an hour on, an hour off while awake can meaningfully reduce pain and swelling. If you don't have a cold therapy unit, regular ice packs work well too - use them as needed, with a thin towel between the ice and your skin.

Do not drive, operate machinery, or drink alcohol while taking narcotic pain medication. If prescribed antibiotics, complete the full course.

What's Normal During Recovery

Numbness near the incision. A patch of numbness or tingling on the outer thigh below the incision is common with the anterior approach and usually improves over months as small skin nerves recover.

Swelling & bruising. Swelling and bruising can extend down the thigh and is normal for several weeks.

Groin or hip ache. A mild ache with activity is common early on and gradually eases.

Low-grade fever. A mild fever (under 101°F) in the first few days is common. A higher or persistent fever, or worsening redness/drainage at the incision, should be reported to our office.

Blood clot precautions. Moving frequently and taking your prescribed blood thinner as directed helps prevent blood clots — a real risk after joint replacement. Seek urgent care or an ER evaluation for calf pain, worsening leg swelling, shortness of breath, chest pain, or a racing heartbeat.

When and How to Contact Us

Call our office if you experience:

- Pain that isn't improving with rest, medication, ice, and elevation
- No bowel movement for more than 72 hours despite laxatives/stool softeners
- Increasing redness, warmth, drainage, or odor from the incision
- Shaking, chills, or a fever over 101°F
- Calf pain, worsening leg swelling, shortness of breath, or chest pain

Practice number	718-208-1440
After hours / weekends	718-208-1440
Patient portal	Epic MyChart
Emergencies	Dial 911 or go to the emergency room at either Greenwich Village Hospital or Lenox Hill Hospital

Greenwich Village Hospital (Lenox Health Greenwich Village) — 30 Seventh Avenue, New York, NY 10011
Lenox Hill Hospital — 100 East 77th Street, New York, NY 10075

Exercises — Starting Day 1 After Surgery

Frequent short walks and gentle motion exercises are the foundation of early recovery. Do a little, often, throughout the day.

Ankle pumps. Sitting or lying down, pump the ankle up and down. 20 reps, 3 sets, several times a day to help circulation and swelling.

Glute sets. Lying down, squeeze your buttock muscles together and hold 3–6 seconds. 8–12 reps, 2 sets.

Quad sets. Sit or lie with the leg straight and supported. Tighten the thigh muscle by pressing the back of the knee down toward the bed. Hold 3–6 seconds. 8–12 reps, 2 sets.

Heel slides. Slide your heel toward your hips to bend the knee and hip, then back to straight, within a comfortable range. 8–12 reps, 2 sets.

Standing hip exercises. Holding onto a stable counter or walker, gently lift the operative leg out to the side and behind you within a comfortable range. 8–12 reps, 2 sets.

Walking. Get up and walk with your walker several times a day, gradually increasing distance as tolerated.

Frequently Asked Questions

What if my dressing gets wet?

Many dressings are waterproof for showering, but call our office if it becomes saturated or you notice increasing drainage.

Do I need to follow strict hip precautions?

No formal restrictions on bending or crossing your legs are needed with the anterior approach. Just avoid combining hip extension with outward rotation (pivoting away from the leg or stepping far backward) for about 4–6 weeks.

When can I stop using my walker?

Most patients progress to a cane within 1–3 weeks and are walking unassisted by 4–6 weeks, depending on strength and balance.

When can I drive?

Generally once you are off narcotic pain medication and have enough strength and reflexes to safely control the car — often 2–3 weeks, sometimes sooner with the anterior approach.

When can I return to work?

Desk jobs: often 1–2 weeks. Physical or labor-intensive jobs: typically 6–12 weeks, depending on demands.

When can I return to low-impact activities like golf or swimming?

Most patients resume low-impact activities around 4–6 weeks, once incision healing, strength, and balance allow.

How long will I need physical therapy?

Typically 4–8 weeks of formal therapy, with continued home exercises for full recovery over the following months.

Can I get a disability/FMLA note?

Yes — ask at any pre- or post-operative visit, or call our office: 718-208-1440.

Rehabilitation Overview

0–2 weeks	Walker for balance; weight bear as tolerated; avoid combined hip extension and external rotation; frequent short walks.
2–4 weeks	Progress from walker to cane as strength and balance allow; continue strengthening.
4–6 weeks	Most patients wean off assistive devices; hip precautions are typically liberalized.
6–12 weeks	Return to most normal activities, driving, and low-impact recreation.
3–6 months	Continued strengthening; return to higher-demand activities as cleared by Dr. Yao.

This is a general framework — your pace may differ based on your overall health, strength before surgery, and how your hip responds. Your physical therapist and Dr. Yao will adjust this timeline together with you.

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