DR. KAISEN YAO, MD

ORTHOPEDIC SPORTS MEDICINE SURGEON

Informational Packet

Posterior 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 posterior 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.

Posterior Total Hip Replacement Surgery

In the posterior approach, the hip is replaced through an incision at the back of the hip. This is one of the most widely used and well-studied approaches to hip replacement, giving excellent access to the joint. 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. Because the approach passes near the deep rotator muscles at the back of the hip (which are carefully repaired at the end of surgery), specific hip precautions are followed for a period after surgery while these tissues heal.

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 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 obtain hip-precaution equipment in advance: a raised toilet seat, a shower chair, and a reacher/grabber tool. Set up a recovery space on your main floor if possible, and remove loose rugs and cords.

9. A firm pillow to place between your knees at night is helpful — you may want to have one ready before surgery.

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

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

12. 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.

Hip Precautions

To protect the repair while the tissues at the back of the hip heal, please follow these precautions for about 6 weeks, unless Dr. Yao tells you otherwise:

- Do not bend your hip past 90 degrees (avoid low chairs, low toilets, and bending forward to pick things up off the floor — use your reacher).
- Do not cross your legs or ankles, whether sitting or lying down.
- Do not rotate your operative leg or foot inward (pigeon-toed position).
- Sleep on your back, or on your non-operative side with a pillow between your knees.
- Use a raised toilet seat and a shower chair, and sit in chairs with arms that let you keep your hips higher than your knees.

These precautions are typically liberalized around 6 weeks, once your surgical team confirms the tissues have healed well.

Walker Instructions

Most patients can bear full weight on the new hip right away with the walker for balance, progressing to a cane as strength and confidence improve.

- Make sure the walker is adjusted so your elbows are slightly bent when holding the grips.
- Keep your hip precautions in mind with every transfer — in and out of bed, chairs, and the car.
- 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, and will reinforce your hip precautions with every activity.

Resting & Sleeping

Sleep on your back, or on your non-operative side with a firm pillow between your knees to keep the hip from rotating inward or crossing the midline. Continue this until your precautions are lifted, typically around 6 weeks.

Bandages, Dressing & Bathing

Your incision at the back/side 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 (using your shower chair and keeping hip precautions in mind), 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

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

Numbness near the incision. A small patch of numbness around the incision is common and often improves over months.

Hip or buttock 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
- A sudden inability to bear weight, or a feeling the hip has "popped" or shifted out of place

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. Keep your hip precautions in mind with each one, and 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 (staying within the 90-degree precaution), then back to straight. 8–12 reps, 2 sets.

Standing hip exercises. Holding onto a stable counter or walker, gently lift the operative leg out to the side, keeping the toes pointed forward (not inward). 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.

How long do I need to follow hip precautions?

Typically about 6 weeks, until your surgical team confirms the repair has healed well and liberalizes your restrictions.

When can I drive?

Generally once you are off narcotic pain medication, have regained good hip control, and your surgeon confirms it's safe — often around 4–6 weeks.

When can I return to work?

Desk jobs: often 2–4 weeks. Physical or labor-intensive jobs: typically 3–6 months, depending on demands.

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

Most patients resume low-impact activities around 6–8 weeks, once precautions are lifted and strength/balance allow.

How long will I need physical therapy?

Typically 6–12 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; strict hip precautions; frequent short walks.
2–6 weeks	Progress from walker to cane as strength and balance allow; continue hip precautions; build strength.
6–8 weeks	Hip precautions typically liberalized after surgeon confirmation; wean off assistive devices.
8–12 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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