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Total Hip Arthroplasty (STAR Approach) Recovery Guide

Superior Transverse Atraumatic Reconstruction & ERAS Pathway

Part 1: Clinical Protocol (For Physical Therapists)

Protocol Philosophy

The STAR approach is a micro-posterior, tissue-sparing technique. Because the abductors are not cut and the posterior capsule is preserved/repaired, stability is significantly higher than traditional approaches.

- **Weight Bearing:** As Tolerated (WBAT) immediately.
- **Precautions:** Minimal. Avoid extreme Internal Rotation with Flexion > 90° for 6 weeks.

Phase I: Hospital to Home (Days 0–7)

Focus: Pain modulation, edema control, and basic mobility.

- **Ankle Pumps:** 20 reps every hour.
- **Glute/Quad Sets:** 2 sets of 10 (5-sec hold).
- **Heel Slides:** 2 sets of 10 (Gentle range).
- **Milestone:** Independent with bed mobility and 100ft ambulation.

Phase II: Functional Loading (Weeks 2–4)

Focus: Normalizing gait and weaning from assistive devices.

- **Standing Hip Abduction:** 3 sets of 10 (No resistance).
- **Mini-Squats:** 3 sets of 10 (Limit to 45°).
- **Step-ups:** 4-inch step, focusing on eccentric control.
- **Milestone:** Transition to cane or no device with no Trendelenburg gait.

Part 2: Wound & Incision Care (For Patients)

1. Your Incision Closure

Your incision has been closed using **absorbable sutures** (which dissolve on their own) and **medical-grade skin glue**. A **water-impermeable (waterproof) dressing** has been applied.

- **Do Not Remove:** Leave the waterproof dressing in place until your first post-op appointment (usually 7–14 days), unless otherwise instructed by your surgeon.
- **No Picking:** Do not pick at the edges of the dressing or the glue mesh underneath.
- **Drainage:** A small amount of dried blood under the dressing is normal. If you see active, "bubbling," or expanding bright red fluid, contact your surgeon.

2. Showering Instructions

- **Shower Ready:** Because your dressing is waterproof, you may shower 24–48 hours after surgery.
- **Avoid Submerging:** Do **NOT** soak in a bathtub, hot tub, or pool for at least 4 weeks or until cleared by your surgeon.
- **Pat Dry:** After showering, gently pat the dressing dry with a clean towel. Do not rub.

Part 3: Medication Tracker & Pain Management

Managing your pain "around the clock" for the first 3–5 days is key to a successful recovery. Do not wait for the pain to become severe before taking your scheduled doses.

Daily Medication Log

Medication Name	Purpose	Dosage	Time Taken
Aspirin / Eliquis	Blood Thinner (DVT)		
Tylenol (Acetaminophen)	Base Pain Control		
Celebrex / Advil	Inflammation		
Narcotic (as needed)	Severe Pain Only		

Tip: If you are taking a narcotic (e.g., Oxycodone), you **must** take a stool softener (e.g., Colace or Senna) to prevent constipation.

Part 4: Home Environment & Safety

1. The "Safety Zone" Setup

- **The Reach Zone:** Place phone, chargers, medications, and water within arm's reach of your primary chair.

- **Clear the Path:** Remove all throw rugs, loose cords, and clutter. These are the #1 cause of post-op falls.
- **Firm Seating:** Use chairs with **armrests**. Avoid low, soft sofas.

2. Activity & "The Rule of 50"

- **Walk Every Hour:** Get up and move for 5 minutes every hour during the day.
- **The 50% Rule:** If you feel a sharp increase in throbbing or swelling, you have likely done 50% too much. Rest and elevate.
- **Ice:** 20 minutes on, 20 minutes off to manage swelling.

Part 5: Clinical "Red Flags" (Contact Surgical Team If:)

Symptom	Action
Calf Pain	Sharp pain, redness, or warmth in the lower leg (Possible DVT).
Fever	Oral temperature over 101.3°F (38.5°C) .
Wound Issues	Foul-smelling drainage, pus, or increasing redness around the dressing.
Shortness of Breath	Call 911 immediately (Possible Pulmonary Embolism).