Guide to Total Hip Replacement Surgery

A minimally invasive, muscle-sparing approach

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Our Locations

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Your Surgery

Patient Name	_____
Date of Surgery	_____
Surgical Side	☐ Left Hip ☐ Right Hip

IN THIS GUIDE

Organized as checklists, tables, and short answers so you can find what you need quickly. Click any row to jump to that section. It reflects Dr. Kang's current practice and has been checked against current medical literature (small-print citations mark anything updated or newly supported).

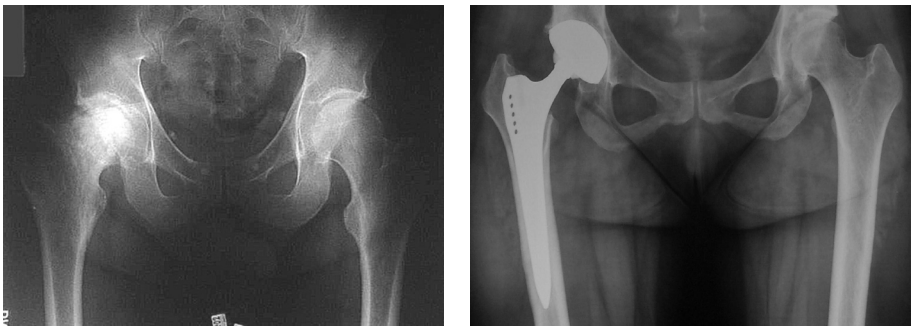
UNDERSTANDING YOUR NEW HIP

Hip arthritis commonly affects people over 60, though it is increasingly seen in younger patients. As arthritis worsens, it can make everyday activities and recreation difficult or impossible. Total hip replacement — replacing the arthritic joint with a ball-and-socket prosthesis — relieves pain and restores normal activity for the large majority of patients.

Dr. Kang performs minimally invasive total hip replacement, which allows most patients to resume normal activities in about half the time of traditional surgery. A titanium, cement-free prosthesis is placed through an incision roughly **one-third the length** of a traditional incision, combined with full weight-bearing from day one.

	Traditional Approach	Dr. Kang's Minimally Invasive Approach
Incision length	8–10 inches	3½–4 inches (range 3–5", based on body size)
Weight bearing	Delayed; walker/crutches ~6 weeks	Full weight-bearing from day 1
Time to full recovery	~3 months	4–6 weeks for most patients
Bone cement	Often used	Not used (cement-free fixation)

Comparison reflects Dr. Kang's published clinical experience and technique.



Arthritic hip (right) → *Prosthesis in place (right)*

Avoiding bone cement and minimizing operative time, blood loss, and anesthesia exposure reduces the risk of several post-surgical complications. This approach reflects Dr. Kang's fellowship training in hip preservation and adult reconstruction, and his own published research comparing outcomes between traditional and minimally invasive technique.

Who Is a Candidate?

Nearly every patient undergoing total hip replacement with Dr. Kang is a candidate for the minimally invasive technique. Incision length is based on your size and build — from about 3 inches in a thin, petite patient up to 5 inches in a larger patient, with most patients falling in the 3.5–4 inch range. At your initial consultation, Dr. Kang reviews the technique with you directly, including its risks and benefits (see "Possible Risks and Complications") and the latest options for post-surgical pain control. He'll also do his best to schedule surgery at a time that works for you — though his surgical calendar often fills 6–8 weeks in advance, so it helps to plan early.

BEFORE SURGERY

Your Pre-Op Checklist

When	✓	What to Do
Now	☐	Schedule medical clearance with your primary care doctor, cardiologist, and any specialists. Chest X-ray & EKG valid 90 days; blood work valid 30 days. Bring the "Preoperative Medical Consultation" form.
Now	☐	Arrange your ride home and help at home for 3–5 days after surgery.
Now	☐	Submit disability/FMLA paperwork — allow 10 days to process ($30 cash fee per form).
14 days prior	☐	Call to pre-register: Centennial Hills Hospital (702-369-7710) or Mountain View Hospital (702-304-3150).
14 days prior	☐	Attend Joint Camp, if offered by your hospital.
14 days prior	☐	Stop supplements listed on the medication table below. Stop GLP-1 medications (Mounjaro, Zepbound, Ozempic, etc.).
14 days prior	☐	Attend your History & Physical with Dr. Kang's PA. Bring your medication list with dosages; confirm pre-op tests were sent to our office.

When	✓	What to Do
7 days prior	☐	Stop aspirin and all anti-inflammatories (Advil, Aleve, Motrin, etc.). Stop Plavix only with your cardiologist's approval.
5 days prior	☐	Stop Coumadin/other blood thinners as directed by your cardiologist or PCP (Lovenox bridging may be required).
1–2 days prior	☐	Complete hospital pre-registration. Bring photo ID, insurance cards, and medication list.
1–2 days prior	☐	Take our call with your surgery time; plan to arrive 2 hours before that time.
Night before	☐	Nothing to eat or drink after midnight — not even water.
Morning of surgery	☐	Take only essential heart/lung/blood-pressure medications, with a sip of water. Do NOT take diabetes medication.

Getting Medically Cleared

Every patient needs medical clearance before surgery, either from your own doctor or one of our pre-op physicians. If you see a cardiologist, make that appointment right away too — chest X-rays and EKGs are valid for 90 days before surgery, and blood work is valid for 30 days (some blood tests require fasting for 10 hours beforehand, so ask your doctor). We handle insurance authorization for you — if we don't already have your recent x-rays, bring a copy or we'll take new ones at your consultation.

About two weeks before surgery, you'll meet one of Dr. Kang's Physician Assistants for a History & Physical exam. Bring your medication list with dosages, along with your medical history — prior surgeries and any surgical complications are especially helpful for us to know about. Make sure your pre-op test results have been forwarded to our office and bring a copy with you; if testing or clearance isn't complete by this visit, your surgery date may need to move.

Every patient also gets a "type and screen" blood test at the hospital within 72 hours of surgery, in case a transfusion is ever needed — with Dr. Kang's mini-incision technique, that happens in fewer than 0.1% of cases. About two weeks out, you'll also complete hospital pre-registration (in person, roughly 90 minutes) — bring your insurance card, photo ID, and medication list; our office lets you know when to schedule this at your History & Physical visit.

Medications & Supplements to Stop

Ask Dr. Kang how long before surgery to stop any blood thinner not listed here.

Herbal supplements and vitamin E/D can also thin the blood.

Category	Stop	Examples (generic — brand)
Herbal supplements	14 days prior	St. John's Wort, Kava-Kava, Ginkgo Biloba, Fish/Omega-3 oils, Vitamin E — see full list below
GLP-1 medications	14 days prior	semaglutide (Ozempic, Wegovy), tirzepatide (Mounjaro, Zepbound) — delayed gastric emptying raises anesthesia aspiration risk

Aspirin & NSAIDs	7 days prior	ibuprofen (Motrin, Advil), naproxen (Aleve, Naprosyn), diclofenac (Voltaren), meloxicam (Mobic) — not even one pill
Prescription blood thinners	As directed by prescriber	warfarin (Coumadin) ~7 days; clopidogrel (Plavix) ~7 days; dabigatran (Pradaxa), prasugrel (Effient), dipyridamole (Persantine)

GLP-1 hold-before-surgery timing follows current perioperative medication-safety guidance for delayed gastric emptying (Shen et al., 2026, Ther Clin Risk Manag, DOI: 10.2147/TCRM.S623743).

Full herbal supplement list to stop 14 days prior: *aloe vera, bilberry, cayenne, danshen, dong quai, echinacea, ephedra (ma huang), feverfew, fish oil, garlic, ginger, ginkgo biloba, goldenseal, hawthorne, licorice root, melatonin, omega-3 fatty acids, red clover, senna, St. John's Wort, valerian, vitamin E, vitamin K, yohimbe.*

Preparing Your Home

Area	What to Do
Bathroom	Install grab bars near the tub/shower (find studs first). Remove rugs. Arrange for a shower chair (often supplied by the hospital) and a hand-held showerhead. Confirm a walker fits through the door.
Bed	Test getting in/out before surgery — a bed that's too low may need risers. Place your non-operated leg on the outside for easier transfers.
Seating	Choose a firm chair with a higher seat and armrests. Brace any chair with wheels against a wall before sitting.
Kitchen & closets	Move frequently-used items to one easy-to-reach shelf and to the top drawer. Stock easy-to-prepare food.
Stairs	If possible, set up a rest area on one floor near a bathroom and kitchen for the first few weeks.
Equipment to arrange	Elevated toilet seat and a reacher (Amazon, Target, CVS, Walgreens) if you don't already have them.

Preparing Yourself

Task	Why / When
Dental work	Finish any pending dental work well before surgery — even cleanings carry a small infection risk. (See "Antibiotics Before Dental Work" for current guidance after surgery.)
Gentle exercise	Stationary cycling, swimming, or gentle glute squeezes, heel slides, and side-leg-slides can ease post-op recovery — see the exercise section.
Grooming	Get a haircut/color and a pedicure beforehand — reaching your feet will be hard for a few weeks.
Sleep	Prioritize sleep before surgery. Tylenol PM or Benadryl can help if anxiety or stopping NSAIDs disrupts sleep — check with our office before adding any medication.
Finances	Pay bills or pre-date envelopes ahead of time; keep some cash on hand for helpers.

Task	Why / When
Clothing & shoes	Loose clothing and non-slip, secure shoes without laces (or use curly elastic laces) — you won't be able to tie shoes for a while.

What to Bring to the Hospital

Don't over-pack — hospitals ask that you leave valuables at home, and you won't be in any condition to keep track of them yourself. Give your overnight bag to a family member to bring to your room after surgery. Popular items to bring:

- Insurance card and photo ID
- A current medication list
- Light reading material
- Stable, non-slip shoes for physical therapy and going home
- Loose, comfortable clothing for physical therapy and the ride home

DAY OF SURGERY

Arrival & Check-In

Arrive at least 2 hours before your scheduled time. A staff member calls you 1–2 days beforehand to confirm the time — note that it can shift earlier or later depending on the cases ahead of yours. If your surgery doesn't start exactly on schedule, try to stay patient: Dr. Kang takes the same unhurried care with every patient's surgery, including the ones ahead of you, and he'll do the same for you.

Nothing to eat or drink after midnight, including water — your stomach must be completely empty to minimize the risk of stomach contents entering the lungs under anesthesia. If you take heart, lung, or blood-pressure medication, take it the morning of surgery with only a sip of water. Do not take diabetes medication that morning unless told otherwise.

After you check in, you'll change into a hospital gown, and staff will draw blood, start an IV for fluids, and confirm your surgical site and consent. The anesthesiologist will ask about your health, medical problems, and any previous anesthesia experiences — their job is to keep you safe and comfortable throughout, and they stay with you the entire case monitoring your vital signs. A nerve block may be offered as part of your pain-control plan for afterward.

In the Operating Room

Minimally invasive total hip replacement takes about an hour. Once it's complete, you'll be moved to the recovery room, where nursing staff check your vital signs and blood pressure, monitor any drainage from the incision, check that your leg is moving and functioning well, and make sure you're comfortable as the anesthesia wears off.

Hospital Stay

A physical therapist evaluates you shortly after surgery and gets you started on the exercises you'll build on at home — practicing safe ways to get in and out of bed or a chair, walking with a walker or crutches, and navigating stairs if your home requires it. Most patients are encouraged to bear full weight on the operated hip starting the first day; a

small number of patients need specific precautions, discussed with you individually (see "Weight-Bearing & Moving Safely").

If you're steady on your feet and pass your therapy assessment, you'll likely go home the same day — you may even sit up for dinner and take your first steps that evening. If not, an overnight stay is simply precautionary, with discharge the next morning. Almost every patient goes home the day of surgery or on post-op day 1, independently getting in and out of bed, using the bathroom, and walking the hallway with a walker, crutches, or cane. Most people need only light help at home with things like meals, laundry, or bathing — and from here, you're ready to begin outpatient physical therapy.

RECOVERY: HOSPITAL TO HOME

Call Dr. Kang's office right away at (702) 848-8708 if you notice:

- The wound is red, swollen, inflamed, or draining anything other than clear yellow or pink fluid
- Unexplained increase in pain
- The wound is still draining after 5 days
- A temperature above 100.5°F that keeps returning
- A fall or injury to the leg
- Problems with your medication

Your Post-Op Checklist

When	✓	What to Do
Discharge	☐	Review your discharge instructions (weight-bearing, wound care, medications, precautions, exercises).
Discharge	☐	Receive your walker and any other prescribed equipment (compression stockings, raised toilet seat, shower chair).
Discharge–4 weeks	☐	Wear compression stockings as tolerated to reduce swelling.
Discharge–4 weeks	☐	Take your prescribed blood thinner (aspirin 81 mg twice daily, or Xarelto once daily, as instructed).
24–48 hrs after discharge	☐	Begin frequent ankle pumps to help prevent blood clots.
2–3 days after discharge	☐	Schedule outpatient physical therapy to start within 7 days of going home.
3–5 days after discharge	☐	Remove the outer dressing (leave Steri-Strips/glue in place). Showering is fine — let soapy water run over the incision.
Discharge–4 weeks	☐	Resume any chronic blood thinners only if your physician instructs you to.
10–14 days after surgery	☐	Watch the incision closely; call us with any drainage, redness, increased pain, or fever.

When	✓	What to Do
2 weeks post-op	☐	Follow-up visit with Dr. Kang or his PA; staples/sutures removed if present.

Weight-Bearing & Moving Safely

Dr. Kang's standard protocol: full weight-bearing, no routine precautions.

Almost all patients may put full weight on the new hip immediately, using a walker or cane for balance as needed, progressing to no support once you can walk without a limp.

Because of the "Capsular Noose" capsular-repair technique, dislocation is extremely rare — routine hip precautions (avoiding deep flexion or inward rotation) are not needed for most patients.

The rare exception: if you have an unusual hip condition such as developmental dysplasia, Dr. Kang may recommend precautions for 6 weeks — keep the operated knee rotated outward as a general rule during that time.

A 2022 randomized trial found no increase in dislocation when routine hip precautions were omitted in patients with confirmed intraoperative stability — every dislocation in that study occurred in the precautions group (Mounts et al., J Arthroplasty, DOI: 10.1016/j.arth.2022.01.028).

Wound Care & Bathing

You can take your first shower once the outer dressing comes off, typically 3–5 days after surgery. Remove the bandage before you shower, but leave the Steri-Strips (or glue/mesh dressing) in place — simply let soapy water run over the incision without scrubbing it, then pat it completely dry with a clean towel. Do not apply ointment or oil of any kind to the incision. A light dressing can be reapplied afterward but isn't necessary as long as the area stays dry and clean.

A tub bath or Jacuzzi can wait until 6 weeks after surgery, once the wound is completely dry and healed with no scab or opening. Keep an eye on the incision in the meantime — see the warning box above for signs that need a call to our office.

Blood Clot Prevention

Prevention of blood clots in the leg veins (deep venous thrombosis, or DVT) starts with movement — the more you move your legs, especially by pumping your ankles up and down, the less likely a clot is to form. Pump your ankles 10 times every 15 minutes for the first 6 weeks after surgery.

You'll also wear elastic compression stockings, which help control leg swelling. The type issued at the hospital has an open toe so staff can check your circulation; once home, you can switch to a closed-toe pair from a medical supply store if you find them more comfortable — just be sure your leg is measured for a correct fit. You can remove them for a few hours at a time for comfort, but aim to wear them as much as reasonably possible for the first 4 weeks; because they fit snugly, you may want help getting them on and off at first.

Finally, you'll take a prescribed blood thinner:

Medication	Typical Dosing	Duration
Aspirin	81 mg (baby aspirin), twice daily	6 weeks
Rivaroxaban (Xarelto)	As prescribed	As directed

Aspirin remains a well-supported, low-bleeding-risk option for VTE prevention after hip replacement in standard-risk patients (Pretorius et al., 2022, SICOT-J, DOI: 10.1051/sicotj/2022029; Karasavvidis et al., 2022, Curr Pharm Des, DOI: 10.2174/1381612828666220418090928).

Call our office right away if you notice leg swelling that doesn't improve with elevation — this is one of the warning signs we watch for closely.

Pain Control

We'll prescribe a low-dose pain medication for you after surgery — when possible, one you're already familiar with, since that helps you avoid unpleasant surprises with side effects or dosing. If you already see a pain-management doctor, they'll typically take over prescribing after surgery; note that Nevada regulations can prevent a pharmacy from filling medication if two or more physicians prescribe pain medication in a short window, so it helps to keep one prescriber in the loop.

Ice packs are helpful for swelling and local discomfort around the incision; alternating heat and ice can ease muscle soreness as you become more active. Avoid massage near the incision early on — once it's fully healed (usually around 4 weeks), gentle massage can help keep the surrounding tissue soft and supple. Rest and simple relaxation techniques also go a long way toward easing muscle tension in the first couple of weeks.

Equipment You May Need

Equipment	Why	Where
Walker → cane	Support and balance until you walk without a limp	Hospital discharge planner / pharmacy
Compression stockings	Reduce leg swelling	Medical supply store (closed-toe more comfortable)
Elevated toilet seat	Easier to stand up from	Amazon, Target, CVS, Walgreens
Reacher	Picking up items / dressing without bending	Amazon, Target, CVS, Walgreens
Shower chair	Safe seated showering	Usually supplied at hospital discharge

GETTING BACK TO YOUR LIFE

When Can I...?

Activity	Dr. Kang's Guidance
Showering	After 3 days, once the outer dressing is removed.
Tub bath / Jacuzzi	At 6 weeks, once the wound is fully dry with no scab.
Short outings / leaving the house	As soon as you're comfortable — let comfort be your guide.

Activity	Dr. Kang's Guidance
Driving	~2 weeks for most patients, either hip — once you're off narcotic pain medication and feel confident controlling the car. (Updated from the traditional 4-week right-hip guideline; see note below.)
Putting on shoes/socks unassisted	As soon as hip mobility allows the "figure-4" position.
Traveling (car or air)	As early as 2 weeks, though 4–6 weeks is more comfortable. Move your ankles and walk hourly to prevent clots.
Airport / courthouse security	Your new hip may set off metal detectors — just tell security and allow a few extra minutes.
Sexual relations	Some intimacy as early as 1–2 weeks if comfortable; a normal sex life by 4–6 weeks.
Returning to work	Sedentary work: 1–2 weeks. Standing, non-manual: 3–4 weeks. Manual labor: 5–6 weeks.
General activity	Most normal activities by 4–6 weeks — start slowly and let your body set the pace.

Driving guidance updated per recent brake-reaction-time research: reaction time returns to baseline by about 2 weeks after THA regardless of operative side or surgical approach, sooner than the traditional 4-week right-hip guideline (Richards et al., 2024, JAAOS Glob Res Rev, DOI: 10.5435/JAAOSGlobal-D-23-00093; Masturov et al., 2026, Orthopedics, DOI: 10.3928/01477447-20260113-01). As always, this is a general guideline — use your own judgment about comfort and control, and check with our office if you have any concerns about your individual recovery.

Sports & Exercise

Activities that involve repetitive impact (running, jumping) wear on the joint faster — think of your new hip like a new tire: driven sensibly, it lasts far longer than if driven hard over rough terrain. The table below reflects The Hip Society's guidance; use common sense based on your own skill level for any starred activity.

✓ Generally Recommended	✗ Not Recommended	No Consensus
Golf; baseball/softball; ballroom, jazz & square dancing; swimming; walking & speed-walking; hiking; treadmill; low-impact aerobics; stair climber; elliptical; stationary skiing; weight machines; Pilates; road & stationary cycling; squash; doubles tennis; racquetball; handball; bowling; canoeing; rowing; horseshoes; shooting; croquet; horseback riding*; downhill & cross-country skiing; ice skating*; roller skating*; rock climbing*; weight lifting*	High-impact aerobics; football; gymnastics; hockey; lacrosse; soccer; volleyball	Fencing; snowboarding

** Recommended only for experienced patients. Categories per The Hip Society; a 2020 European Hip Society member survey found surgeons increasingly permit most activities by 6 months post-op (Thaler et al., J Arthroplasty, DOI: 10.1016/j.arth.2020.11.009).*

POSSIBLE RISKS AND COMPLICATIONS

No surgery is risk-free, but complications from total hip replacement are uncommon — more than 98% of patients have a good result with no problems. This table summarizes the most common or important risks; it is not a complete list.

Complication	Approx. Rate	What to Know
Infection	< 0.5%	Higher risk with diabetes, obesity, rheumatoid arthritis, steroid use, or prior hip surgery/infection. At its most serious, treatment can mean removing the prosthesis, placing a temporary antibiotic spacer, 6 weeks of IV antibiotics, then re-implanting a new prosthesis 3–6 weeks later — but special precautions are taken with every patient to keep this risk low.
Dislocation	Extremely rare	The "Capsular Noose" repair makes this uncommon; if it happens, it's most likely in the first 6 weeks. Sudden hip pain or inability to bear weight → call 911 for an x-ray. Most dislocations can be put back in place with traction and sedation in the ER (occasionally anesthesia in the OR); a hip that dislocates repeatedly (2–3+ times) may need stabilization surgery.
Leg length difference	Usually ≤ ¼ inch	Most patients never notice; a shoe lift is rarely needed. We may accept a small difference over risking a dislocation.
Wound healing problems	Uncommon	More common in diabetics, smokers, and obese patients. Call us if drainage continues beyond 4–5 days.
Blood clot (DVT/PE)	Low with prevention	Ankle pumps, stockings, and blood thinners reduce risk substantially. Call us for swelling that doesn't improve with elevation.
Nerve injury ("foot drop")	≈ 0.3–0.5%	Usually partial recovery; some patients recover fully, sometimes over up to 2 years. A light ankle brace may be needed if it doesn't fully resolve.
Injury to blood vessels	Rare	Major vessels run near the surgical field; every precaution is taken to protect them.
Fracture	Uncommon	More likely with softer bone; may require extended toe-touch weight-bearing (~6 weeks) if it occurs.
Implant wear / loosening	Low over 20–25 yrs	Modern implants show ~93% survivorship at 20–25 years; a worn or loosened implant can usually be revised.
Anesthesia / medical complications	Uncommon	Your anesthesiologist reviews your individual risk. More than 95% of patients have no complications at all.
Death	Extremely rare	Risk is essentially confined to patients with severe underlying heart or lung disease, discussed with you beforehand.

Nerve-injury rate reflects recent large single- and multi-center series (0.34–0.48%): Georgeanu et al., 2022, Int Orthop, DOI: 10.1007/s00264-022-05477-z; Slaven et al., 2023, J Arthroplasty, DOI: 10.1016/j.arth.2023.03.086; Seward et al., 2025, J Arthroplasty, DOI: 10.1016/j.arth.2025.08.080.

Implant survivorship reflects a 2026 systematic review and meta-analysis pooling nearly 1.9 million hip replacements across 8 national joint registries: 93.6% survivorship at 20 years, extrapolated to 92.8% at 25 years (Pentland et al., 2026, Lancet, DOI: 10.1016/S0140-6736(25)02305-0).

EXERCISES TO STRENGTHEN YOUR HIP

Your physical therapist will tailor exercises to you — these three are common building blocks. Be patient and start gently; do them several times a day.

Exercise	How To	Start When
Figure-4 stretch	Rest the ankle of your operated leg on the opposite ankle (a towel around the ankle helps at first). Slowly slide it up the opposite leg only as far as comfortable. Eventually your ankle reaches your knee, letting you reach your shoes.	A few days after surgery
Standing leg lift	With one hand on a chair/counter for support, lift the operated leg to the front, side, and back, holding each ~15 seconds. Include both straight- and bent-knee front lifts. Repeat standing on the operated leg, lifting the other.	A few days after surgery
Stationary bike	Start with the seat high enough for a fully extended leg on the downstroke; lower it gradually as strength and flexibility improve. Keep knees slightly apart throughout.	After your 6-week check-up

Figure-4 • Standing leg lift • Stationary bike

ANTIBIOTICS BEFORE DENTAL WORK

This guidance has changed since earlier editions of this brochure.

Earlier guidance recommended antibiotics before all dental work for 2 years after joint replacement, for every patient. Current ADA/AAOS guidance no longer recommends routine antibiotic prophylaxis for most patients — the small benefit generally does not outweigh the risks of antibiotics (allergic reaction, C. difficile infection, resistance).

Most Patients: Prophylaxis Not Routinely Needed

If you have none of the higher-risk factors below, you do not need antibiotics before routine dental cleanings, fillings, or most other dental work — at any point after your joint replacement, including the first 2 years.

Higher-Risk Patients: Discuss Prophylaxis With Us and Your Dentist

Antibiotics before invasive dental procedures (extractions, periodontal work, implants) may still make sense if you have:

- A previous infection in this or another artificial joint
- An inflammatory arthritis (rheumatoid arthritis, lupus), Type 1 diabetes, or hemophilia
- A suppressed immune system (e.g., HIV) or malnutrition
- A history of cancer, current or past

If any of these apply, ask your dentist and our office together — the standard regimen is 2 g amoxicillin, cephalexin, or cephradine by mouth (or 1 g cefazolin IV/IM) one hour before the procedure; if you're allergic to penicillin, 600 mg clindamycin one hour before.

Reflects the shift described in the 2015 ADA evidence-based clinical practice guideline and the 2016 AAOS/ADA Appropriate Use Criteria; cost-effectiveness modeling supports no routine prophylaxis for average-risk patients while noting it may still be reasonable for medically higher-risk groups (Skaar et al., 2018, JDR Clin Trans Res, DOI: 10.1177/2380084418808724; Alao et al., 2014, Eur J Orthop Surg Traumatol, DOI: 10.1007/s00590-014-1474-4). If your dentist's own guidance differs, we're glad to discuss it with them directly.

FOLLOW-UP APPOINTMENTS

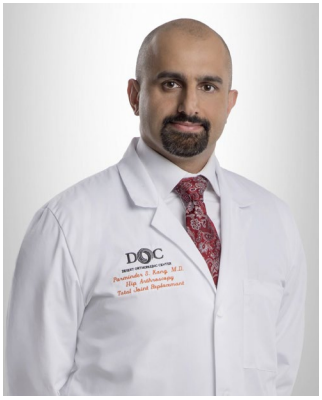
When	What Happens
2 weeks after surgery	Visit with Dr. Kang or his PA. Most patients are getting around independently, largely off pain pills.
After that visit	Discontinue elastic stockings and aspirin/other blood thinners (unless told otherwise). You may begin the stationary bike.
3–6 weeks later	Another check-in — timing depends on how you're doing. If all is well, no further visits are needed unless a problem comes up.

After your first post-op visit, expect to see Dr. Kang or a member of his staff again 3–6 weeks later, depending on how your recovery is going. If everything looks good, you may not need any further visits unless a problem comes up. Because of the number of patients Dr. Kang cares for, routine follow-ups when you're doing well are sometimes with one of his assistants — this isn't a lesser visit, just a way of keeping wait times shorter for everyone. Dr. Kang genuinely wishes he could see every patient at every visit, and he always will at your request, or any time you're having a problem with the hip.

If your appointment runs behind schedule, it's usually because of add-on patients or something unforeseen — bringing along reading material or another diversion isn't a bad idea, just in case.

More information: **www.kanghipandknee.com**

MEET DR. KANG



A native Las Vegan, Parminder S. Kang, M.D. grew up locally, graduating from the Academy of Math, Science and Applied Technology at Clark High School. A knee injury during college redirected him toward medicine — he went on to graduate with honors in Physics from the University of California, Berkeley in 2001, then earned his medical degree from the State University of New York College of Medicine, graduating at the top of his class (AOA) in 2005.

Training & Background

Dr. Kang completed his orthopaedic residency at Baylor College of Medicine's world-renowned Texas Medical Center in 2010, where he received the Journal of Orthopaedic Trauma Best Teaching Resident award. He then completed a prestigious fellowship in Adult Reconstruction and Hip Preservation at Washington University in St. Louis in 2011 — training directly with surgeons and researchers who helped develop modern treatment protocols for hip problems, including Dr. Robert Barrack, one of the pioneers of hip resurfacing in the United States.

Research & Recognition

Throughout his training and practice, Dr. Kang has researched topics including proprioception following total joint replacement and the effects of metal-on-metal hip implants, with work published in peer-reviewed journals such as the Journal of Orthopedics. He co-authored an instructional DVD on hip resurfacing alongside Dr. Barrack and has written review chapters on primary and revision total hip replacement. He is a Fellow of both the American Academy of Orthopaedic Surgeons and the American Association of Hip and Knee Surgeons, and has practiced with Desert Orthopedic Center since 2012.

Subspecialty Focus

- Minimally invasive total hip arthroplasty
- Hip resurfacing
- Hip arthroscopy
- Hip preservation (pelvic osteotomy, surgical dislocation)
- Knee arthroscopy
- Minimally invasive total/partial knee arthroplasty
- Complex hip & knee revision surgery

Outside the Clinic

Dr. Kang is a certified diver and enjoys tennis, powerlifting, biking, and playing baseball with his kids. He's a firm believer in giving back — in the spring of 2012 he traveled on a medical mission to Guatemala, providing both surgical and non-surgical orthopedic care to patients there. Closer to home, he remains active in the community, regularly giving talks on hip and knee arthritis at local hospitals.

Full CV: https://kanghipandknee.com/dr-parminder-kang-md/