



After Hip Replacement *Jack Goldstein, MD*

After Hip Replacement Surgery, I would like you to know what precautions you should take, and what is expected.

Pain Medication: Usually, General Anesthesia is utilized for Total Hip Replacement, however, spinal or epidural may be an alternative. The operative site will be infiltrated with Marcaine (a local anesthetic). Pain is minimized when there is little immediately after surgery. Patients usually take narcotics for the first few weeks after surgery. After this, these should be used sparingly. This improves their effectiveness, and ensures that you will not become physically dependent on the medication. Your physician will give you enough pain medicine to last through your first post-op visit. This is usually 10 to 14 days after surgery.

At that time narcotics should mostly be used to aid with sleep or at Physical Therapy.

Wound Care: Prior to suture removal, wash around the incision site. We generally use an impervious dressing which should be left in place. Reinforce this with dry sterile gauze if necessary to avoid any leakage. The reinforcement can be changed every few days. A long compressive hose (TED hose) is used until swelling has decreased in the lower extremity. After the first week, the hose is not required at night because the leg is elevated to chest level during sleep. The more you walk or stand, the more you will find the TED Hose helpful for comfort. Pain relief is aided by ice bags applied to the hip. Keep the incision dry by placing a towel between the ice bag and your skin. Leave the impervious dressing in place with the steri-strips. Following your first office visit, you may shower, but do not scrub the surgical site. Let the water run-off, and blot the skin dry. When you come to the office, your outer impervious dressing will be removed and steri-strips will be maintained as reinforcement. You may then treat the area without special consideration. Do not soak in a bath or pool or enter sea water until at least one week after your first office visit.

DVT Prophylaxis: Coumadin is used to protect you from getting a Blood Clot in your leg. The dose will be adjusted if necessary. This is done by checking your bleeding time twice a week at home or rehabilitation. You may take an anti-inflammatory like Motrin only after Coumadin has been discontinued. Anti-inflammatory medications will decrease inflammation in the hip, and help lower your need for analgesics. Tylenol is unrelated, and can be dosed at 1000 mg three times daily, (3 -325 mg Tylenol) or (2-5-mg Tylenol) 3 x daily.

Physical Therapy: Rapid return of motion is important early after surgery. In the hip, it is important to maintain a safe position for the first 6 weeks after surgery. An abduction pillow or wedge is generally not necessary. We will let you know if you require this. Do not place a pillow behind your knee while you sleep or rest. This will encourage the

knee to become stiff, and may place you at risk for a heel pressure sore. When moving, maintain the knee straight ahead and do not squat down beyond 90 degrees at the hip. When you sit, use a chair which keeps your hip above your knee. Do not cross your legs when sitting. Do not reach to the floor on the operative side when sitting or bend at the waist to reach the floor. It is safe for you to bend down with your knees but keep your knees apart. You can weightbear as comfort allows. Use a walker or Canadian Crutches to ensure safe ambulation. Motion, strength and ambulation should be supervised by a Physical Therapist. This will begin either where you go for Rehabilitation or at home with a Home Therapist. As soon as you are able, you should go to Outpatient Therapy if transportation can be arranged. Getting in and out of a car is difficult and may be dangerous early following surgery. If you have access to an exercise bicycle, and a Velcro ankle weight, then you may also work on your motion and strength on your own. This should be a continuation of your hospital therapy, rehabilitation stay, or home therapy.

Contact: If you develop increasing pain, fever, chills or drainage, please call us immediately. If it is after office hours, please listen carefully to the prompts to leave your phone number, so we can call you back.

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