

After Hip Replacement Surgery

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

1) *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.

2) *Wound Care:* Prior to suture removal, wash *around* the incision site. Change the dressing every few days with dry sterile gauze. 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 tapes (steri-strips) in place. Following suture removal, 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 sutures 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 stitches are removed.

3) *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 (Motrin, etc) only after Coumadin has been discontinued. Anti-inflammatory medications will decrease inflammation in the hip, and help lower your need for analgesics.

4) *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. You can weight bear 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 Out Patient 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.

5) *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.

Compliments of: Sports Medicine, Orthopaedics and Podiatry

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