



## Postoperative Instructions: Hip Replacement (Posterior)

Please read these instructions thoroughly. Most of your questions will be addressed here. The first page is a summary. You can find additional details on the following pages. Following these precautions will help minimize complications and address concerns about your surgery. Additional information can be found at [www.bradleysmithmd.com](http://www.bradleysmithmd.com).

### SUMMARY PAGE

**Weight-bearing status:** Weight-bearing as tolerated with walker as needed.

**Activity:** See hip precautions at the end of this packet.

#### **Medications:**

**Tramadol:** 1 tab by mouth every 6 hours.

**Tylenol 325 mg:** 2 tabs (650 mg) every 6 hours.

**Aleve 220 mg (Naproxen):** we recommend 2 tabs every 12 hours for the first 5 days after surgery.

**Oxycodone 5 mg:** 1-2 tabs by mouth every 4-6 hours as needed for severe (breakthrough) pain.

**Aspirin 81 mg:** 1 tab two times per day to reduce the risk of blood clots.

#### **Pain control:**

You may have received a nerve block or anesthetic injection for postoperative pain control. We recommend that you start your pain medication regimen when you get home from the hospital. Continue the medication for the first 1-2 days until the block wears off and you have a better idea of how you will handle the pain. Use **ice** as much as possible to help with pain and swelling.

**Dressing:** Maintain waterproof dressing underneath until your followup appointment.

**myHealthTrack:** Total Hip Arthroplasty

**Follow up:** 7-10 days



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## Pain Control and Medications

You may have received a nerve block or a local anesthetic injection to help with pain control. This will likely wear off 8-12 hours after surgery. You should start taking pain medication when you get home and before you go to sleep so that you have something working before the block wears off. Otherwise the pain can be difficult to control. Typically, pain is the worst during the first 2-3 days after surgery before starting to subside.

### **Pain Medications:**

We strongly recommend the following pain medication regimen. Using multiple medications that work differently allows you to keep your pain under control while reducing the risk of side effects from taking too much of a single medication. This has also been shown to reduce the amount of narcotic medication patients need after surgery.

#### Baseline pain control:

- Tramadol 50 mg: 1 tablet every 6 hours. This is a mild narcotic medication. This should be taken once every 6 hours until you are able to space out this medication and eventually switch to over-the-counter medications alone. Do not drive or operate heavy machinery while taking, as it can cause drowsiness.
- Tylenol (Acetaminophen) 325 mg: 2 tablets (650 mg) every 6 hours.
- Aleve (Naproxen) 220 mg: 2 tablets (440 mg) every 12 hours with meals. This is a strong anti-inflammatory medication. Do NOT take this medication if you have a history of gastric ulcers or sensitivity to other anti-inflammatory medications.

#### Severe Pain:

- Oxycodone 5 mg: this is a strong narcotic medication. You may take up to 1-2 tablets every 4-6 hours AS NEEDED for the first few days after surgery. After 2-4 days, you should be able to space out or discontinue this medication. Do not drive or drink alcohol while taking this medication.

If you have any side effects (i.e. nausea, rash, trouble breathing) from a medication, discontinue its use and call our office. Constipation is common after surgery and while you are taking narcotics for pain control. Drink plenty of clear liquids, and consider using an over-the-counter stool softener such as Docusate or Miralax.



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## Preventing Blood Clots

- A blood clot forming within a deep vein (Deep Vein Thrombosis) is one of the major risks facing patients who undergo surgery. It commonly occurs in the thigh or calf. Deep vein thrombosis can develop after any major surgery.
- A pulmonary embolism is a blood clot that breaks free and travels through the veins. If it reaches the lungs, it can block the flow of blood to the lungs and heart. A pulmonary embolism is a dangerous condition that can even lead to death.
- Lower extremity compression devices should be worn when in bed to reduce the risk of blood clots forming.
- You should also perform ankle pumps and get up to walk once per hour when awake.
- Medication: Aspirin 81 mg: 1 tablet two times daily for a total of 4 weeks after surgery to reduce the risk of blood clots, unless otherwise discussed with Dr. Smith.

## Wound Care and Showering

- Leave the surgical bandages on and do not shower for 48 HOURS.
- It is normal for the joint to bleed and swell following surgery – if blood soaks onto the ACE bandage, simply reinforce with additional gauze dressing for the remainder of day and check again.
- After 48 hours, remove the outer bandages and gauze. It is normal to see bloody fluid on the gauze sponges.
- Underneath the gauze you will find a mesh tape with dermabond glue over the incision. Leave this in place until your follow up appointment.
- After removing the dressing, you may shower. You can get the incisions, sutures, and the mesh tape/glue wet in the shower and let water run over the incision. Gently pat the incision dry when done, and cover the incisions with a clean dressing or band-aids.
- Do NOT use Bacitracin, lotions, or other ointments to the incisions.
- Do NOT soak incisions in any pool/bathwater until 3 weeks postoperatively or until your incisions are completely closed.
- Do not allow pets to sit on your lap or sleep in your bed for at least 4 weeks following surgery. Pets may harbor flies, mites, or other organisms that may cause an infection.



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## Physical Therapy

- Home physical therapy should be ordered to start within a few days of when you get home for the first few weeks after surgery.
- You will transition to outpatient physical therapy about 2-3 weeks after surgery.
- The myHealthTrack app is recommended to supplement formal physical therapy. This app can be downloaded using this QR code or by going to [mht.link/utahortho](https://mht.link/utahortho), then select **Dr. Smith** → **Operative** → **Hip** → **Total Hip Arthroplasty**.



## Activity

- Try and rest for the first few days following surgery.
- You can put as much weight on the leg as tolerated. You may need a walker/crutches initially, but can gradually transition to walking without assistive devices when your pain and mobility improve
- Follow the precautions listed at the end of this packet.
- Return to (sedentary) work or school the day after surgery if pain is tolerable. Return to heavy labor or excessive ambulatory activities will be determined by Dr. Smith.
- YOU WILL have swelling; you may even have swelling into your foot. That is NORMAL.
- Continue to do ankle pumps to help with any leg/foot swelling.
- **Ice** can be used as much as possible for the first 3-4 weeks to help decrease swelling.
- If swelling worsens or becomes more painful, call the office.

## Ice and Elevation

- Try and rest the first few days following surgery.
- When sitting or lying down be sure to keep your leg elevated up above the level of your heart to help decrease swelling.
- Ice should be used as much as possible for the first 3-5 days to help decrease swelling.
- After the first 3-5 days, ice your knee 4-5 times per day as needed.
- Never place ice directly on skin. Use a thin towel or clothing between the ice and your skin.



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## Follow-Up

- If you have not received an appointment please contact the office to schedule an appointment 10-14 days after your surgery.
- You will be seen by Dr. Smith for your first postoperative visit to review your intraoperative findings and to go over any questions you may have.

## Driving

- Do not drive a car or operate machinery while taking narcotic pain medication.
- In general, you can return to driving when you are able to walk comfortably without assistive devices.
- It is recommended that you test drive in a parking lot or somewhere else safe to make sure you can tolerate driving and braking safely.
- It can take 6 weeks or longer for your braking speed to return to normal after surgery.

## When to call for help

**Call 911 anytime you think you may need emergency care. For example, call if:**

- You pass out (lose consciousness).
- You have severe trouble breathing.
- You have sudden chest pain and shortness of breath, or you cough up blood.
- You have severe nausea or vomiting.

**Call the office if:**

- You have pain that does not go away after you take pain pills.
- You have a fever over 101.3°F.
- You have loose stitches, or your incision comes open.
- Your incision keeps bleeding 3 days after your surgery.
- You have signs of infection, such as redness around the incision or pus draining from your incision.



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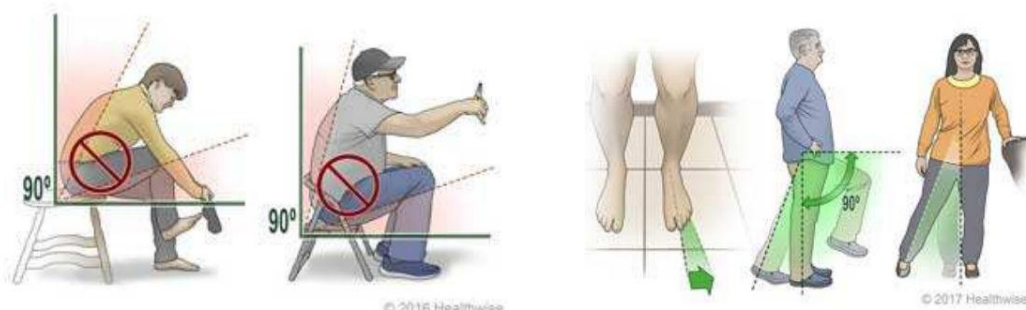
## Hip Precautions and Home Exercises

Follow these precautions for approximately 12 weeks or until cleared by Dr. Smith

- You need to be careful to protect your new hip after joint replacement surgery. There are a couple things you can do to help your hip heal. Your recovery may be faster if you follow these precautions and avoid certain movements shown below that can increase your risk of hip dislocation.
  - Do not cross your legs or ankles.** Place a couple of pillows between your knees when you sleep at night.



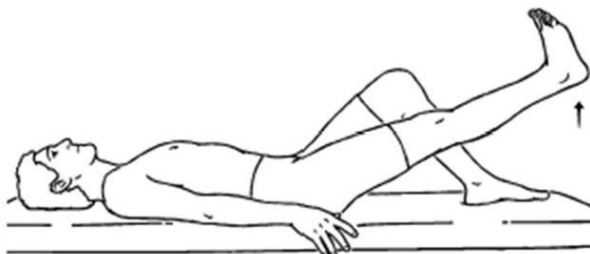
- Do not bend/flex your hip past 90 degrees.** This means you can't pick something up off the floor or bend over to tie your shoes. Don't lift your knee higher than your hip. Don't sit on low chairs, beds, or toilets. You may want to use a raised toilet seat for a while.



- Do not twist your hip inwards.** Keep your knees apart. Keep your toes pointing forward or slightly out.

## Exercises

- You can **perform the following exercises 3-5x per day** to help strengthen your muscles
1. Straight leg raises. While lying on your back, tighten the muscles on the top of your thigh, stiffen your knee (keep knee straight), and raise your surgical leg up (about 12 inches). Try to hold for 5 – 10 seconds. Slowly lower your leg down, rest, and repeat.



2. Standing hip abduction. Be sure your hip, knee, and foot are pointing straight forward. Keep your body straight and brace yourself by holding onto a counter or back of a chair. With your knee straight, lift your surgical leg out to the side. Slowly lower your leg so your foot is back on the floor. You can also lift your leg out to the side and draw small circles with your foot (inward and outward). If this is too difficult while standing, you may perform while lying down in bed.

