

Pierre Bruneau, MD  
Post-Operative Instructions  
Total Hip Replacement / Revision - Posterior approach

### Incision Care

The incision is closed with absorbable sutures and covered with a mesh tape and glue (Prineo Dermabond Tape). If there is no drainage, there is no need to cover the mesh tape. The external surface of the tape will accumulate dust and turn gray overtime which is expected. It will start to peel at the edges but should be left in place for a minimum of 4 weeks after surgery. There may be a small white dressing above the main incision for the pin sites from the computer navigation. You may remove this dressing 72 hours after surgery if it was not already removed by your surgeon while you were in the hospital. Leave the paper steristrips underneath this dressing intact. You may shower 72 hours after surgery; it is alright if the water runs over the wound, but don't submerge it. Pat it dry when you are done. I expect the incisions to remain dry without any bleeding or drainage. If you notice drainage or bleeding or have any questions regarding the dressing, contact the office. You may not take a bath or go swimming until the incision is completely healed usually 6 weeks from surgery.

### Swelling and bruising

After surgery swelling and bruising of the operative leg is normal and will gradually decrease over time. It is not uncommon to have bruising of your thigh, leg or foot on the operative side that may worsen over the 1<sup>st</sup> week. Both the bruising and swelling will gradually resolve over the course of 2-4 weeks. If activity and exercise worsen your swelling, take time to lie down and elevate your leg above the level of your chest. Using a thigh high compression stocking (TED hose) or an ACE wrap will also help to minimize the swelling. If the compression stockings provided in the hospital cause significant discomfort over your thigh, they may be discontinued.

### Activity

For the first few weeks after surgery, walk as much as possible without overdoing it. Try walking at least 2-3 times per day and gradually increase your distance walked. Do not perform any strenuous activity for the first 6 weeks after surgery. By two weeks after surgery, you may be able to walk 1 mile at a time. Be sure to let pain be your guide, keeping in mind that you just had surgery. If you are having increasing pain, then back off your activities and call the office for any concerns or questions.

You are weight bearing as tolerated which means you are allowed to put as much weight on the operative leg as is comfortable. You will not hurt your new hip by walking on your leg. If there is concern about poor bone quality or a fracture occurs during surgery, then you will be instructed on performing toe touch weight bearing on the operative extremity for 6 weeks.

You will be given home exercises to be done on a daily basis by the physical therapist in the hospital. After the initial post-operative phase, we will gradually progress your activities.

However, initially, it is extremely important that you exercise your new joint by walking. Remember that exercise and activity is important to prevent the formation of blood clots.

Most patients will not require formal outpatient physical therapy as routine walking and sit to stand exercises are often enough to regain your motion and function. If you are slow to progress at your first post-operative visit, we may provide a formal physical therapy prescription at that time.

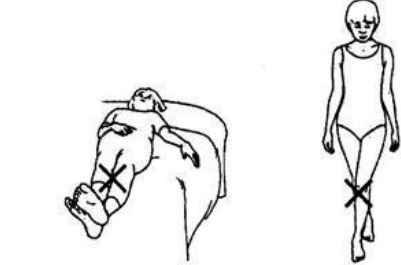





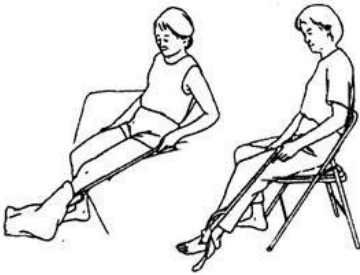
## Assist devices

You will be discharged from the hospital with a walker, crutches or a cane depending on how well you walk with physical therapy as an inpatient. You will typically use these aids anywhere from a few days to a few weeks and stop using them when you are stable and strong on your feet. Some people who have used these devices for years may require prolonged use for reasons unrelated to the surgery.

You should make sure that you obtain a walker prior to surgery. We will provide you a prescription if you don't already have a walker.

## Hip precautions (for two to three months after surgery)

- Do not bend your hip more than 90 degrees.
- Do not let your operated leg cross the midline of your body, e.g., crossing legs.
- Do not twist or rotate your new hip/operated leg. Do not pivot or rotate your body towards the operative side when standing on your operative leg.
- Avoid sleeping/lying on your operated side (you must have a pillow between your legs when lying on your non-operated side).
- Avoid sitting in low chairs or prolonged sitting. Exercise caution when rising from a chair or toilet to not lean forward and break 90 degrees of hip flexion. It will be easier if the chair has an armrest that you can use to assist with standing.
- When getting in a car, turn with your back to the car, support yourself with a hand on the door frame and sit on the edge of the seat, then slide backwards swinging both legs into the car. Reverse this when getting out of the car.

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| <p><b>Hip Precautions: No Adduction</b></p>  <p>Keep legs apart at all times. Do not cross legs whether standing, sitting, or lying down. Use a pillow to keep legs apart in bed.</p>  | <p><b>Hip Precautions: Sitting</b></p> <p>Do not sit on low or soft seats as this forces bending at hips and rolling inward at knees.</p>  <p>Avoid recliners, rocking chairs and low stools.</p>  |
| <p><b>Hip Precautions: Limit Hip Flexion</b></p>  <p>Do not bend forward at hips past <u>100</u> degrees while standing, sitting or lying down.</p>  | <p><b>Hip Precautions: Limit Lifting Leg</b></p> <p>Do not prop or lift leg up past 100 degrees at affected hip.</p>  <p>Some activities such as cutting toenails or shaving legs will require assistance from others.</p>  |
| <p><b>Dressing: Shoes &amp; Socks</b></p> <p>Step-in shoes or elastic shoelaces eliminate bending. Use long-handled shoehorn to don shoes. Use a sock aid to don socks.</p> <p>May use a reacher or dressing stick to help take off socks &amp; shoes.</p> <p><b>Special Precautions:</b></p> <ul style="list-style-type: none"> <li>-Do not bend affected hip past <u>100</u> degrees.</li> <li>-Avoid crossing legs.</li> <li>-Do not twist affected leg inward.</li> </ul>  | <p><b>Dressing: Limited Hip Flexion</b></p>  <p>Always use long-handled devices for self care. Keep reachers handy to pick up dropped items.</p>   |

## DVT prophylaxis

You will be prescribed medication to lower your risk of forming blood clots. This medication is important to take until the prescription is finished. In addition, being active and performing your exercises properly can minimize your risk of developing a blood clot.

If you have never had a blood clot before and don't have an allergy to aspirin, then you will most likely be placed on one baby aspirin (81mg) twice per day for 6 weeks.

If you have had a prior history of a blood clot or pulmonary embolism or are determined to have a higher risk of a blood clot, then you will be given either an injectable medication such as

Arixtra SQ or Lovenox SQ for 4-6 weeks or oral blood thinning medication such as Warfarin or Xarelto, Eliquis or other agent for 4-6 weeks. If you have drainage from your incision after surgery and are on these types of blood thinners, call the office for guidance.

## Celebrex and Indocin

You may be given a prescription for Celebrex (celecoxib) or Indocin (indomethacin) after your total hip replacement. You must complete the prescription given. The purpose of this medication is to prevent abnormal bone formation and to help with pain management after joint replacement. If you are allergic another medication will be used. If you have a prior history of heterotopic ossification or ankylosing spondylitis, then you may require postoperative radiation treatment within 72 hours of surgery to minimize the risk of abnormal bone formation in your soft tissues.

## Narcotic Pain Medication

It is normal to have some pain after surgery. Pain medications have been prescribed. It should be noted that pain medications take about one-half hour to start working, so take them prior to the pain becoming severe. DO NOT drink alcohol while taking prescribed pain medication. It is dangerous and illegal to drive while taking pain medicine. If you need a refill on pain medication before your first scheduled appointment, please call our office during regular office hours.

If you are experiencing side effects, the pain medications may be changed to a slightly less potent pain medication or other medications can be added to address nausea as needed.

As you get further out from surgery, you may try to wean yourself off of the pain medication to avoid the side effects of taking narcotics. I suggest that you try decreasing the amount of pain medication or increase the interval between doses during the day.

If you have completed your Celebrex or Indocin, you may start taking over the counter anti-inflammatory medication such as ibuprofen (Advil / Motrin) or naproxen (Aleve), provided that your stomach can handle this and there is no contraindication from your primary physician.

Additionally, you can add acetaminophen (Tylenol) and take between 3000-4000mg per day. Please be aware that your pain medication may already contain Tylenol and you would need to subtract this from your total daily dose of Tylenol.

## Driving

You may drive when you have good control over the operative leg and are no longer on pain medicine.

## Diet

Typically, with adequate protein intake for promotion of healing, there are no special diet restrictions. Make sure you eat a well-balanced meal, drink plenty of fluids and incorporate fiber into your diet as oral pain medications have a tendency to cause constipation. It is also a good

idea to take a stool softener such as Colace, Citrucel or Mirilax daily until your system becomes regular after surgery.

### Dental work after joint replacement

Artificial joints can become infected after simple procedures such as dental cleaning. Preventative treatment is extremely important and should be followed prior to receiving any dental treatment from now on. Please call us, or your dentist ahead of time so that an antibiotic can be prescribed before you have your dental work done. You should not have dental work performed for 3 months following your joint replacement due to the increased risk of infection. If a dental crisis occurs within this time period, please call our office for instructions.

### Post-operative office appointment

For patients that live in the area you will be seen 2 weeks, 6 weeks and then 1 year after surgery. For those that live out of town the typical schedule is 6 weeks, 4 months and 1 year after surgery. Your first post-operative visit should be set prior to your surgery.

### Post-operative X-rays

X-rays are obtained immediately after your surgery in the hospital. You will typically get additional X-rays at your subsequent visits to evaluate the hip replacement components for wear, loosening and other possible abnormalities.

Call the office if you notice any of the following:

Fever above 101° Fahrenheit

Persistent swelling, redness, or uncontrolled pain in the surgical area Persistent bleeding or drainage from the wound

Severe calf pain or tenderness

You are unable to do the exercises

Call 911 if you have a sudden crisis such as symptoms of a heart attack, stroke, dizziness or confusion, or chest discomfort or pain.