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POST-OPERATIVE INSTRUCTIONS

## Hip Replacement

Dr. Colten Luedke

**Follow up appointment 2 weeks-** if you do not have a postop appointment set up already, call 979-776-0169 to arrange that appt for 2wks after surgery

### MEDICATION

- A strong pain medication has been prescribed for you. Take as instructed and as needed.
  - Pain medication may cause constipation. You may take an over the counter stool softener (Miralax, Colace, Senekot, etc) to help prevent this problem.
  - You should take these medicines with food or they may nauseate you.
  - You may not drive or operate heavy equipment while on narcotics
- The first 48 hours are typically the worst for pain and gradually improves
  - You will also be prescribed Celebrex for inflammation if not allergic. This helps reduce the amount of narcotic pain medication needed and is great to reduce inflammation
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**Blood Clots-** *the risk of blood clots is about 3% after a hip replacement. I am very serious about preventing complications postoperatively. Therefore, these are the measures proven beneficial to prevent blood clots.*

- Take one regular aspirin (325 mg) twice a day for 30 days unless you have been prescribed Lovenox, are on another blood thinner, or have a history of stomach ulcers.
  - If you were already on a blood thinner other than aspirin, we will resume that medication
- Wear the TED stockings given to you at the hospital for 2 weeks. They help control swelling in the leg. A non-stick dressing over the incision will help prevent the stocking from catching on the incision.
  - I know they are not fun, but blood clots are much worse
- Ankle pumps – pumping your ankles up and down will help blood flow
- Get up!! Getting up and walking a few times per hour while awake also helps reduce the risk of blood clots.

Dr. Colten Luedke, Orthopaedic Surgery -(979) 776-0169

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## WOUND CARE

- A special dressing called Aquacel Ag is placed over your incision. This dressing is a natural anti-microbial to help prevent infection & is also waterproof. You can begin showering over it immediately.
- Your stitches are dissolvable and we will not have to remove stitches when we see you back
- NO submersion of wounds under water (bath, hot tub, pool) is allowed until instructed it to be safe.

## Walker

- Continue putting full weight on the operative leg.
- Continue the exercises taught to you by our therapists
- Most patients are on a walker approximately 2 weeks, a cane 1-2 weeks and walking without any assistance between 4-6 weeks
- I do have patients that walk into clinic for their first postoperative appointment at 2 weeks with no cane or walker...it just depends on your pain tolerance and recovery.

## **Precautions – one risk of your hip replacement is hip dislocation when the ball comes out of the socket**

- You must follow these parameters to prevent hip dislocation
  - Patients should not cross the thighs or knees at any time. When sitting, feet can be crossed, but NOT one leg over the other figure 4 style.
  - Patients should NOT flex hip more than 90 degrees at any time. The knee should never be higher than the hip while sitting. Bending forward at the waist in standing or sitting should also not exceed 90 degrees.
  - Patients should not let the hip or thigh turn INWARD. Toes can be pointed inward, as long as the thigh and kneecap are facing straight ahead or slightly rolled out.



- Standing on the affected side and turning the body toward the affected side is IR at the hip, must be avoided in the first 6 weeks.
- Patients should avoid heavy lifting (no more than 30-50 pounds). After the first 6 weeks occasional lifting is allowed.
- After 6 weeks, patients may be allowed to exceed 90 degrees of relative hip flexion by reaching between the knees while sitting, in order to put on socks. Flexion with combined ER at and slightly above 90 degrees may also be allowed, again for the sole purpose of easing placement of shoes and socks
- If sleeping on your side, always sleep with a pillow between your legs for 12 weeks
- Therapy is a key aspect of recovery and should start within 1-2 days after surgery.

## **SLEEP**

- Nighttime will probably be the most uncomfortable time. Taking pain medication and icing just before going to sleep will help.
- If you need additional assistance in getting to sleep take a capsule of Benadryl 25mg 30-60 minutes prior to bedtime
- If sleeping on your side, always sleep with a pillow between your legs for 12 weeks

## **COLD THERAPY**

- Ice or cryo-cuff (if you are given one) should be used for comfort and swelling. Use it at least 30 minutes at a time. Many patients use it an hour on then an hour off while awake for the first 2-3 days.
- Never apply directly to exposed skin. Place a dishtowel or t-shirt between your skin and the ice or cryo-cuff.
- A simple bag of frozen peas may be used as an inexpensive ice pack. Buy several bags of peas, place in a gallon size zip-lock bag making them about an inch thick and removing as much air as possible. Return to freezer, lying flat after you have finished.

## **BRUISING**

- The lower leg may become swollen and bruised, which is normal.



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This is from the fluid and blood from the hip moving down the leg and should resolve in 10- 14 days.

- If you experience severe calf pain and swelling, call the office immediately.

### **Therapy**

- Therapy will be arranged for you while in the hospital
  - We will arrange either home health therapy 3 times weekly x 3 weeks or outpatient therapy for you to attend 3 times weekly
  - You will likely need therapy for 8-12 weeks depending on your recovery.

**EMERGENCIES** • If you have an emergency contact Dr. Luedke's office at (979) 776-0169 and he will be contacted.

- Contact the office if you notice any of the following:
  - Uncontrolled nausea or vomiting
  - reaction to medication
  - inability to urinate
  - fever greater than 101.5 (low grade fevers 1-2 days after surgery is normal)
  - severe pain not relieved by pain medication/ice/elevation of leg
  - redness or continued drainage around incisions (a small amount is normal for a few days)
  - calf pain or severe swelling.
- **If you are having chest pain or difficulty breathing, call 911 or go to the closest emergency room.**

### **DRIVING**

- You may drive when off all narcotics
- If your right hip is the operative side, you may not drive for 6 weeks or feel comfortable slamming on your brakes if a 3yr old runs in front of your vehicle
- You must be able to brake firmly and comfortably.
- If you had a left hip replacement, you can drive right away as long as you are NOT taking the narcotic pain medication

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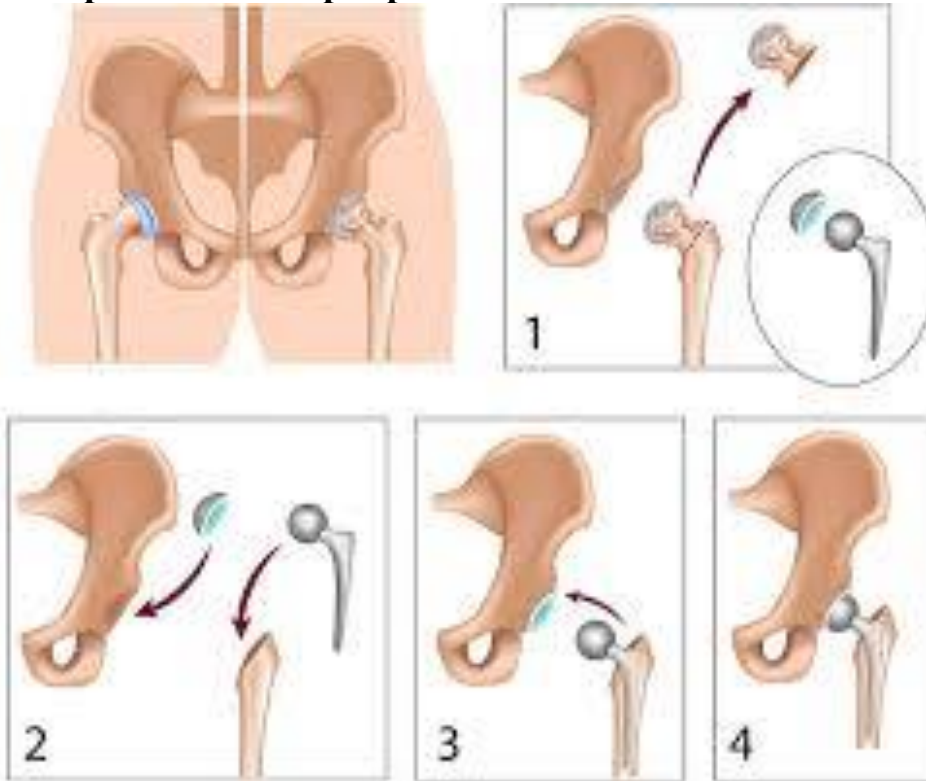


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If you have any questions, please do not hesitate to contact the office. Further information and videos can be seen at my websites: [www.BCSortho.com](http://www.BCSortho.com) or [www.DRCLuedke.com](http://www.DRCLuedke.com)

### **Example of a total hip replacement**



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