

Total Hip Replacement (Posterior Approach)

Anesthesia

You will feel a little off for a day or two after the anesthetic. During that time you should not drink alcoholic beverages, make any important decisions or engage in any potentially hazardous activities. It is very common to be slightly nauseated and you should start with a light, low fat diet until your appetite comes back.

Post-operative constipation can result due to a combination of inactivity, effects of general anesthesia and narcotic pain medication. To prevent post-operative constipation, increase water and fiber to your diet the week prior and following surgery. Also, try to remain as active as possible. Physical activity stimulates the bowel. If constipation occurs you may try taking Metamucil (usually 2 TBS mixed in a large glass of water) or a stool-softener (Senokot). If you continue to suffer from constipation, please call your primary care physician.

Bathing And Wound Care

It is not unusual for some blood to show through on the dressing. If bleeding seems to be continuing and the area is larger than 2 inches or so, please call the office.

Remove the dressing and shower three days after the surgery. It is ok to get the sutures or tape strips wet. You should not submerge the incisions in a pool, hot tub or bath until four weeks following surgery.

Pain Management

The interval for taking pain medication, as noted on the bottle, is a minimum interval. That is, you should not take the medication more frequently than that. You may, and should take the medication less often than on the prescription if you are not in pain.

You have been prescribed a narcotic pain medication. This medication should be taken to relieve pain, not to prevent it. You should not set your alarm clock to remind you to take your pain medicine, nor should you take it on a set schedule even if you are not hurting, as this can result in overdosing of the medication.

If you do not have trouble with ulcers or stomach pain, and if you do not have kidney problems, you may also take an anti-inflammatory medication in addition to or instead of the narcotic medicine. An average sized adult may take three 200 mg ibuprofen (Advil/Motrin) every 8 hours, or Aleve two tablets twice a day, with food for a period of two weeks.

ACTIVITY

Elevation:

Elevation is the best way to decrease your pain and swelling. After surgery the circulation in your leg takes time to return to normal. If your leg is left below your heart and not moving for substantial periods of time then blood pools in the leg and can potentially lead to blood clots, which can be

very serious. Ankle pumps should be done at least 50 times an hour while you are awake to keep the blood flowing in your leg. Icing your hip is important, use ice bags several times a day or use the game ready machine that is provided to you.

Weight Bearing:

Unless specifically instructed otherwise, you may bear weight on your leg as tolerated. That means that if you are able to put weight on the leg with minimal discomfort and with good control of the leg it is ok to do so. You may use crutches or a walker if you wish but you do not need to do so.

Crutches:

Crutches or a walker are for your comfort and to prevent you from falling. If you are able to walk with minimal discomfort and with good balance you do not need to use them.

Driving:

In order to drive safely you must have good control of your leg. Being able to walk normally without crutches and without limping is a reasonable test. You must make your own determination as to whether you are safe to drive. You cannot drive if you are taking narcotic pain medication.

Ted Hose:

Wear your TED hose for 2 weeks after surgery. Do not roll the anti-embolic hose down as this will act as a tourniquet on your leg. Remove all wrinkles.

The hose may be removed for 60-90 minutes two to three times each day. Wear the hose at night.

Precautions

Use the “reacher” to assist you in picking items up from the floor.

DO NOT CROSS LEGS OR BRING THE OPERATIVE LEG OVER THE OTHER LEG.

Use sock device to put on socks or nylons, or ask someone to assist you.

Sitting Precautions:

Use a raised toilet seat and tall chairs and sofas; if your car has bucket seats, place a folded towel on the seat to provide a flat sitting surface.

Use bathtub stool or shower for hygiene. DO NOT SIT IN THE TUB; this will compromise your hip precautions.

Do not sleep on the operative side until three weeks from surgery. When turning in bed, do so with assistance and always have an abduction pillow or bed pillows in place between your knees.

Walking is the best form of exercise. Begin with 15 minutes three to four times a day, and then increase the amount of TIME spent walking as tolerated.

Avoid impact activities such as jogging, running, tennis and skiing. Check with your individual physician as to variations to this rule. Walking, swimming and bike riding are great forms of exercise. To protect the incision, do not swim for four weeks after surgery.

Sexual activity can resume when your pain has diminished and you are comfortable. Do not compromise your hip precautions at any time. If you experience pain, stop.

Ongoing Precautions:

Maintain a reasonable ideal weight to avoid stress on your hip joint.

Inform all physicians who are treating you that you have a total hip prosthesis, as some long-term precautions need to be taken.

Antibiotic therapy is needed when any dental work is done. Call the clinic prior to your dental appointment for instructions. Antibiotic therapy may also be needed for some surgical procedure.

Airport metal detectors will detect your prosthesis. Cards are available at the clinic for identification purposes. Please note that they will still scan you if the metal detector is set off.

Follow Up:

You should have had your post-op appointment arranged at the time your surgery was scheduled. If you do not know when your appointment is please call the office to find out. The post-operative appointment should be scheduled for 2 weeks following your surgery.

Some Reasons to Call

Fever greater than 101.5 (it is very common to have a low grade fever the first night or two after surgery)

Redness or swelling that is spreading from the edges of the incisions

Pain that is out of control or worsening and not relieved by rest, elevation, ice and pain medication.

Chest pain, shortness of breath

OFFICE: 503.214.5282

**If You Think That You Have An Urgent Problem That Needs To
Be Seen Right Away, Then Go To The Emergency Room.**