



UNION GENERAL ORTHOPEDICS & SPORTS MEDICINE

AFFILIATE OF: UNION GENERAL HEALTH SYSTEM

Post-Op Instructions for Hip Arthroplasty – Anterior Approach

Jacob B. Stirton, MD

DIET

- Begin with clear liquids and light foods (jello, soups, etc).
- Progress to your normal diet if you are not nauseated.

WOUND CARE

- This is a special waterproof dressing, please maintain your operative dressing until your first post-operative visit in two weeks.
- It is normal for the hip to bleed and swell following surgery. If blood soaks through the dressing, do not become alarmed, simply reinforce with additional dressings.
- To avoid infection, NO immersion of the operative leg (i.e.: bath or pool) until six weeks after surgery.
- You may shower and get the dressing wet, simply pad dry afterwards.

MEDICATIONS

- Spinal anesthesia typically lasts for the duration of the surgery and the immediate post-op period.
- Local anesthetics are injected into the wound and hip joint at the time of surgery. This will wear off within 8-12 hours. Patients commonly encounter more pain on the first or second day after surgery when swelling peaks.
- Most patients will require narcotic pain medication for a short period of time – I prescribe oxycodone ER which is taken twice per day. I also provide oxycodone IR which can be taken 1-2 tabs every 3 hours as needed for breakthrough pain.
- To minimize the need for narcotics, I prescribe ibuprofen and Tylenol to be taken three times per day for the first 2 weeks.
- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects, take the medication with food. We prescribe a stool softener to help prevent constipation but be sure to drink plenty of water as well. If you are having problems with nausea and vomiting, we prescribe an antiemetic, Zofran. If this fails to resolve the issue, please contact the office.



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- Same-day outpatient joint replacement patients will be sent home with one week of antibiotics as well.
- Do not drive a car or operate machinery while taking the narcotic medication.
- Please avoid alcohol use while taking narcotic pain medication.
- For 4 weeks following surgery take one aspirin 325mg tablet twice daily to lower the risk of developing a blood clot after surgery. Please contact the office should severe calf pain occur or significant swelling of the calf or ankle occur.

ACTIVITY

- You may begin weight bearing as tolerated and wean off walker as soon as comfortable immediately after surgery. No impact (running/jumping).
- **Do not step backwards with surgical leg. No hip extension.**
- **Do not allow surgical leg to externally rotate (turn outwards).**
- **Do not cross your legs. Use a pillow between legs when rolling.**
- **Sleep on your surgical side when side lying.**
- Do not engage in activities which increase hip pain/swelling (prolonged periods of standing or walking) for the first 7-10 days following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.
- NO driving until instructed otherwise by physician.
- May return to sedentary work ONLY 5-7 days after surgery, if pain is tolerable.

ICE THERAPY

- Icing is very important in the initial post-operative period and should begin immediately after surgery.
- Use ice packs for 20-30 minutes every 2 hours daily for 3 days post-operatively. Avoid frostbite to the skin by not using icepacks for more than 30 minutes at a time.
- You do not need to wake up in the middle of the night to change the icepacks unless you are uncomfortable.

EXERCISE

- Begin exercises 24 hours after surgery (gait training, stairs, quad sets, straight leg raises, etc.) unless otherwise instructed.
- Complete exercises 3-4 times daily until your first post-operative visit.



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- Perform ankle pumps continuously throughout the day to reduce the risk of developing a blood clot in your calf.
- Formal physical therapy (PT) typically begins a few days after surgery. A prescription and protocol will be provided at the time of surgery unless deferred by Dr. Stirton.

EMERGENCIES

*Contact Dr. Stirton's office at 706-439-6858 if any of the following are present:

- Fever (over 101° F – it is normal to have a low-grade fever (<100°) for the first day or two following surgery) or chills
- Redness around incisions
- Color change in foot or ankle
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)

*If you have any of the following emergencies that require immediate attention proceed to the nearest emergency room.

- Excessive nausea/vomiting
- Unrelenting pain or calf pain
- Difficulty breathing

FOLLOW-UP CARE/QUESTIONS

- If you do not already have a post-operative appointment scheduled, please contact our scheduler at 706-439-6858 to schedule.
- If you have any further questions please contact Dr. Stirton's office.



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ANTERIOR HIP PRECAUTIONS

- Do not step backwards with surgical leg. No hip extension.
- Do not allow surgical leg to externally rotate (turn outwards).
- Do not cross your legs. Use a pillow between legs when rolling.
- Sleep on your surgical side when side lying.
- Do not rotate leg outward (no external rotation of operated hip).

