

## **Anterior Hip Replacement Post-Operative Patient Instructions**

### **Incision Care**

Unless you are instructed by Dr. Patel, do not remove your dressing. Your dressing will be changed at your first post-op office visit.

If you have excessive draining or redness around the dressing, please contact the office. If any health care provider considers starting you on antibiotics for redness or drainage around your incision, please contact the office before starting the antibiotics.

You may shower if you're steady and it is safe to do so. It is recommended to get a shower chair (or any plastic chair that you can use) to sit and shower. If not safe, please sponge bathe only. Your dressing may get wet with running water. Do not submerge the surgical site and dressing under water. After showering, pat the area dry.

Do not submerge surgical site until fully healed (NO baths, pools, or Jacuzzis) – until you get clearance to do so from Dr. Patel.

### **Swelling and bruising**

After surgery, swelling and bruising of the operative leg is normal and will gradually decrease as the days pass. If activity and exercise worsen your swelling, take time to lie down and elevate your leg above the level of your chest, especially for the first two weeks from surgery. Ice packs also help diminish the swelling.

### **Ice**

You should place an ice pack over the anterior (front) of the operative hip 4-6 times a day for 20-30 minutes at a time. You may use an ice pack more frequently if you like.

### **Pain relief**

It is normal to have some pain after surgery. Pain medications have been prescribed and enough pain pills have been given to cover you beyond your next office visit. 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. Please provide at least 3-day notice as to when you will be running out of narcotic pain medication

Please note that you must come into the office to pick up a prescription as many pharmacies may not accept a prescription for narcotics from a physician over the phone.

### **DVT (Blood Clot) prophylaxis**

You will be prescribed a medication to lower your risk of forming blood clots. This medication is important to take until the prescription is finished. Depending on your risk factors for blood clots and prior medical history, these may include Enteric Coated Aspirin, Eliquis, Xarelto, or Lovenox. You will be given instructions and a prescription on which blood thinner you will be taking prior to discharge. In addition, being active and performing your exercises properly can minimize your risk.

### **If you experience the following signs of DVT (blood clot), please call our office:**

- Severe and constant calf tenderness
- Redness/warmth to calf
- Shortness of breath
- Fever –101° Fahrenheit or greater

### **Activity**

For the first few weeks after surgery, walk as much as possible without overdoing it. You are weight bearing as tolerated which means you are allowed to put as much weight on the operative leg as is comfortable. Let pain be a guide, keeping in mind that you just had surgery. You will be given home exercises to be done on a daily. 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.

### **Assistive devices**

You should have received a walker/crutches and other equipment delivered to your home. 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.

### **Hip Precautions**

There are no traditional hip precautions. The direct anterior approach leaves the hip inherently more stable than other surgical approaches. Though hip dislocation is still possible, it is rare. Therefore, you, and your physical therapist, don't have to focus or worry about avoiding certain leg positions. Use common sense and avoid sudden twisting motions or putting your hip in an extreme flexed and rotated position.

### **Driving**

You may drive when you have good control over the operative leg and are no longer on pain medicine. During your subsequent follow up appointments, the doctor will clear you to drive depending on your progression.

### **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 daily until your system becomes regular after surgery. If you are prescribed Coumadin, you will be given a separate handout on Coumadin and avoiding foods high in Vitamin K (which can inhibit the Coumadin from working effectively).

### **Home Healthcare**

This may not apply to all patients:

A home healthcare company will be set up (prior to your surgery) to set up a home visiting nurse and home physical therapist. The nurse and the physical therapist each typically come to your house 3 times a week for an hour at a time. They usually come on 2-3 weeks at which point you will be transitioned to an outpatient physical therapy.

### **Physical Therapy**

This may not apply to all patients:

It is your responsibility to find an outpatient physical therapy center that takes your insurance and can schedule you promptly after your surgery. You should have been given a prescription for outpatient physical therapy prior to surgery, please bring that prescription to the outpatient therapy center of your choice as soon as possible because there may be a waitlist for appointments.

If you would like to go to our physical therapy center, we can help you set up an appointment for the day after your 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. 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 ANY DENTAL WORK PERFORMED 30 DAYS PRIOR TO YOUR JOINT REPLACEMENT. YOU SHOULD NOT HAVE ELECTIVE DENTAL WORK PERFORMED FOR 3 MONTHS FOLLOWING YOUR JOINT REPLACEMENT DUE TO THE INCREASED RISK FOR INFECTION.** If a dental crisis occurs within this time period, please call our office for instructions.

### **Post-operative office appointment**

Your first postoperative visit will be approximately 10-14 days after the surgery. You will then be seen again at 6 weeks, 3 months, 6 months, 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.

Dr. Patel will call you to go over any questions/concerns and to check in on you the evening after your surgery or the next morning.

### **Post-operative X-rays**

You will typically get X-rays at your office visits to evaluate the hip replacement components for wear, loosening and other possible abnormalities.

### **Call the office (508-617-9740) 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.**

**If you have any questions and concerns about any discharge instructions, recovery process, and rehab please contact our office at 508-617-9740**