

Dr. Allen Total Hip Arthroplasty Post-Op Instructions

Dressings

Keep your dressings in place for at least 1 week post-op. The dressing over your incision is called an Aquacel, it is waterproof and ok to leave on to shower. Do not soak your surgical site. Let warm soapy water run over your leg, pat dry with a clean towel. Use extreme caution in the shower as falls can occur, it is recommended to use a shower chair or have assistance. After 1 week the Aquacel dressing can be removed if it is soiled or in poor condition, if it is still intact it is preferred to leave in place until your first post-op visit. If soiled or falling off, it can be removed and replaced with clean, fresh gauze or a bandage. Make sure to wash your hands before touching the skin around your incision. Keep the wound covered until your first follow up. There is glue over your incision, this will flake off over time. Do not pick at or remove any scabs. It is ok to lotion the skin surrounding the incision, but don't place any lotion or ointment directly on the wound.

If you had a direct anterior approach keeping the wound covered until it is fully healed is critical, as the incision often falls into the crease of your hip/stomach when you are sitting down, this can lead to wound breakdown and infection. This area must stay dry.

Crutches/Walker

Your hip is stable and allows you to walk with your full weight immediately after surgery. You may need a walker for the first several days or week until your strength and balance return. Walking is great therapy.

Therapy

Physical Therapy is the most important aspect of a successful total joint replacement. You should have met with a therapist pre-op to learn the exercises beforehand. Make sure to work on your exercises daily. Walking with a normal gait is very important and will take practice. Make sure to keep your therapy appointments as scheduled.

If you had a direct anterior approach you don't have any motion restrictions post-op, just avoid placing your leg in unnatural or awkward positions. If you had a posterior approach following the motion restrictions are crucial to prevent a dislocation. Follow the direction of your physical therapist for any restrictions on your motion.

Pain Control

Pain control is a very important aspect of your recovery. It is well documented that multimodal pain control is the most effective way to manage post-operative pain. At the end of the procedure, I will inject local anesthetic into the surgical field, additionally the anesthesiologist may give you a lower extremity block. These blocks can last anywhere for a few hours to a couple days. The goal is to have little to no pain in the immediate post-operative period. You will also receive a short prescription for narcotic pain medications. This is to be used for break through pain. Combining the narcotic pain medications with Tylenol and Ibuprofen has been shown to give superior pain relief compared to the narcotic alone. The goal is to use the narcotic pain medications sparingly, and discontinue its use within the first month post-op. If you are running low and will require a refill, please plan in advance, as refills on the weekend are often not logistically possible. Ice and elevation for the first several days after your surgery will also help control your pain.

Nausea

Nausea after surgery and anesthesia is not uncommon. You may receive an anti-nausea medication prescription for use at your discretion.

Constipation

Narcotic pain medications can be very constipating. You will receive a stool softening medication. I recommend you take it as long as you are taking the narcotics. Make sure to drink plenty of water as well in the immediate post-operative period.

DVT Prophylaxis

Blood clots after orthopedic surgery are an uncommon, but potentially dangerous occurrence. You will be given a prescription for twice daily baby Aspirin for DVT prophylaxis for 1 month. Signs of a blood clot include swelling of the lower leg, increasing pain and pressure, redness, shortness of breath, or chest pain. If you notice any of these warning signs, please contact my office immediately or present to the ER for further evaluation.

Follow Up

Typically, your first follow up is about 2 weeks after surgery. We will assess your wound and remove any sutures at this time (if applicable). We will review your surgery and ensure you have upcoming therapy visits arranged.