

Postoperative Instructions for Outpatient Hip Replacement Surgery

Your Surgery Included:

Procedure

- Partial hip replacement
- Total hip replacement
- Gluteus medius repair
- Hardware removal

Surgical Approach

- Anterior approach
- Posterior approach

1. **Explanation:** Hip replacement surgery is commonly done in an 'outpatient' setting allowing you to have surgery and return home both safely and comfortably the same day. On occasion, a patient will have nausea or pain severe enough to require overnight hospitalization.

2. **Pain Management:** A cold therapy cuff, pain medications, local injections, and in some cases, regional anesthesia injections are used to manage your post-operative pain. The decision to use each of these options is based on their risks and benefits.

Cold Therapy: You may have been sent home with a cold wrap for your hip. This wrap will help relieve pain and control swelling. Use the wrap throughout the day for the first several days and then as needed.

3. **Medications:** You were given one or more of the following medication prescriptions, likely electronically sent to your pharmacy before surgery. Follow the instructions on the bottles. If you need a refill on your medication, please call our office or your pharmacy.

Pain Medication (usually Norco or Percocet): Begin taking the opioid medication before your hip begins to hurt. Some patients do not like to take any medication, but if you wait until your pain is severe before you take this medication, you will be very uncomfortable for several hours waiting it to work. Always take opioid medications with food.

Zofran: If you have nausea at home, use this medication as directed.

Antibiotic (Keflex or Cleocin): Depending on the procedure, you may have been sent home with a 1 or 2 day course of an antibiotic. Take as directed.

Aspirin: Depending on the procedure, you may be instructed to begin taking one of these medications for up to one month after surgery.

4. **Diet:** Eat a bland diet for the first day after surgery.

5. **Activity:** After you arrive at home, spend most of the first 24 hours resting in bed, on the couch, or in a reclining chair. After the first 24 hours, slowly increase your activity level based on your symptoms. You may bear weight on the surgical leg (with a walker) unless otherwise instructed. Do not drive or operate heavy machinery / lawnmower until your first postoperative visit with Dr. Nawas.

6. **Wound:** The incision should be kept clean from dirt or soil. Keep the wound dry. The edges of the wound are sensitive and are best protected by keeping the wound covered until your first postoperative visit. You may use betadine or ChloroPrep on the wound, but nothing greasy such as Neosporin. Notify your physician of any increased drainage, redness beyond the edges of the wound, increased pain, or fever of over 101.5 degrees.

7. **Dressing:** You may keep the initial surgical dressing on for up to 1 week. It is normal for a little blood to be seen on the dressings. It is also normal for you to see bruising on the skin around your hip when you remove the dressing. If present, leave the steri-strips across the incisions.

8. **Showering:** You may shower the day after surgery if your initial hip dressing is waterproof. Do not soak in water until you are specifically told that you may do so, which is usually no sooner than 3 weeks after surgery.

9. **Temperature:** It is normal to have an elevated temperature during the first 2-3 days post-operatively. Please call our office if your temperature is above 101.5° F, if there is increased redness around the incision, or if there is increased drainage from the incision.

11. **Weight Bearing:** You likely have been sent home with a walker. Unless otherwise instructed, you may weight bear on the affected leg as tolerated after surgery.

12. **Home Health:** If home health has been ordered, a physical therapist will instruct in weight bearing, walker training, transfers, range of motion exercises, and strengthening exercises for your leg. A home health nurse may also assess your incision and pain, educate you on dressing changes, home medications, bowel and bladder function, nutrition, as well as signs and symptoms of infection and DVT (blood clot).

A nurse or medical assistant will be checking up with you following your surgery. Your first post-operative visit will be 2-3 weeks after surgery and is normally scheduled prior to your surgery day. If you have any problems, please contact my team at the office at (314) 380-9510 or e-mail us at teamnawas@orthomo.com.