

DR. KLUG POST-OPERATIVE INSTRUCTIONS: TOTAL HIP REPLACEMENT

WOUND CARE, DRESSINGS AND SHOWERING

You will have a long compression stocking over your leg with a dressing covering your incision. If you notice that your dressing becomes soaked underneath, give our office a call and we will arrange for you to come to the office to change the dressing.

Bruising and swelling to the thigh, knee and leg is common after surgery.

You are allowed to shower with the dressing on but you are not allowed to get it wet so covering your leg with a trash bag may be required.

Until cleared by the surgeon:

- Do not use a hot tub, Jacuzzi, swimming pool, bath or submerge yourself in any other body of water.
- Do not apply any creams, lotions or ointments over the incisions.

PHYSICAL THERAPY

You will be evaluated by a physical therapist before discharge from the hospital. The physical therapist will assist you in ambulating, with or without the use of a walker. Depending on what was arranged, you will begin physical therapy either at home or as an outpatient the week following your surgery.

BRACING, WEIGHTBEARING AND ACTIVITY

There will be certain movement restrictions for the first 3 months as your hip heals. Movement restrictions include no bending forward past 90 degrees, no crossing your legs over, no twisting and you are to walk with toes pointing straight ahead. To avoid these movements, it is recommended to use slip on shoes, a grasper to reach for items on the ground, sleep with a pillow between your legs and use an appropriate height bed and toilet seat.

There will be no restriction on the amount of weight you can put on your leg, unless otherwise specified. As you progress in physical therapy, your activity levels will increase.

If surgery was done on your right hip, you will be unable to drive until you have strengthened the leg and increased range-of-motion. Typically, return to driving will be about 8 weeks after surgery.

PAIN MANAGEMENT, ICING AND SWELLING

A prescription for pain medication will be given following surgery. Keep in mind that the pain medication may alter your ability to drive, and it is illegal to do so while on the medication. Also, do not make major life decisions while taking the pain medication as you may be impaired.

Icing the knee is a great way to reduce pain and inflammation while also reducing the need of pain medication and speeding up the recovery process. You are encouraged to ice multiple times a day. Never apply ice directly over the skin, wrap the ice around a small damp towel and apply it for 20 minutes at a time. Alternatively, you may utilize a continuous flow ice machine. Always ice after physical therapy and exercise for weeks following surgery.

Elevation of your leg will also help with reduction of pain and swelling. When elevating your leg, place cushions or pillows under your heel and calf so that your leg is at least 12 inches above the level of your heart.

BLOOD CLOT PREVENTION

To prevent the development of blood clots after surgery, you will be started on a full dose Aspirin 325mg to be taken twice a day for 4 weeks after surgery. If you were already taken a baby aspirin (81mg), you will instead take the full dose then after 4 weeks resume your normal baby aspirin dose. If you were already taking a different blood thinner for another medical condition, then you would resume your normal blood thinner medication instead of the aspirin.

POST-OPERATIVE VISIT

Your first post-op visit is within 2 weeks of surgery. If you have any questions or concerns before then, call the office to speak to our on-call provider who can assist you. Signs and symptoms to look out for include fever over 102°, difficulties breathing, increased pain and swelling to the calves, purulent drainage (thick white or green in color) from the wound, or the wound has increase in redness.