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ORTHOPEDIC SURGERY & SPORTS MEDICINE

Total Hip Arthroplasty Post Operative Instructions

Posterior Approach.

FOOD

Start slowly. It's natural to want to eat a lot after surgery, but start with small amounts of your normal food, and eat more as your nausea improves.

INCISION

You will go home with a waterproof antimicrobial (silver) dressing. You may shower starting the day after surgery with the dressing on — let the water run over it and pat it dry. Leave it undisturbed for 5 to 7 days; we will tell you at discharge whether we change it in clinic or you change it at home. If it starts leaking at the edges, peels off, or the incision starts to drain, please contact the office. Do not soak your hip — no baths, pools, or hot tubs — until the incision is fully healed.

WEIGHT BEARING

You should be full weight bearing.

ACTIVITY

Stay as active as your pain and swelling allow — this helps prevent blood clots. You may bear weight as tolerated on the operative leg; listen to your body and bear weight only as much as your pain allows. You'll need a walker or crutches for two to three weeks, and possibly a cane for a few weeks after that. Plan on taking it relatively easy for 6 weeks while the bone grows into your implant. You do not need strict hip precautions. Early on, just avoid one risky position — pulling your knee up high toward your chest while your leg turns inward and crosses the middle of your body. Your therapist will go over this with you.

DRIVING

Do not drive while taking narcotics, or until your leg strength and reaction time make you a safe driver. If it is your right leg, this usually takes 6 weeks or more.

BLOOD CLOTS

My biggest concern after THA is the formation of blood clots. To prevent them, stay active and take one tablet (81 mg) of aspirin twice daily with food for 4 weeks. If you are at high risk for blood clots — a previous DVT or PE, a clotting disorder, active cancer treatment, or any other reason for increased clotting risk — aspirin is not enough: you should be on a stronger blood thinner instead, such as Eliquis, Xarelto, or Pradaxa. Please make sure this is arranged with Dr. Allred within 24 hours after surgery. What does a blood clot feel like? Blood clots usually (though not always) appear a few weeks after surgery. They typically cause new calf pain and new ankle swelling, and rarely cause shortness of breath. If you think you may have a blood clot, call the office immediately during office hours, or go to the ER after hours.

BRUISING

Significant bruising around the hip and down the leg is normal after this surgery.

PHYSICAL THERAPY

I want you to meet with the therapist before you leave the hospital. I do recommend physical therapy after surgery, though most patients find they don't need much.

MEDICATIONS

If you went home the same day, you were sent home with a steroid tablet (dexamethasone 16 mg). Take it the morning after surgery — it is one of the best tools we have against pain, swelling, and nausea in the first days. If you have diabetes, your blood sugar may run higher for a day or two; keep an eye on it.

As noted above, I recommend aspirin for four weeks. For pain, alternate over-the-counter ibuprofen and Tylenol — for example, take regular Tylenol, then ibuprofen 2 hours later. Do not take more than the daily dose shown on the label for either one. While taking ibuprofen, I also recommend over-the-counter Pepcid or another antacid to help prevent a stomach ulcer. For prescription pain medicine (narcotics), see below. If you are also taking daily aspirin to prevent blood clots, take your ibuprofen at least 30 minutes after the aspirin — or at least 8 hours before it.

NARCOTICS

You may need narcotics for several days, but the sooner you stop using them, the better you will feel. Refills are rarely needed. We do not refill these medications after hours or on weekends, and a refill takes about 72 hours, so please plan ahead. If you take narcotic medications regularly, you will need to make arrangements with your regular prescribing provider.

POST OPERATIVE VISITS

Call to schedule an appointment 2 weeks after surgery.

DENTAL CARE

I do not recommend routine dental care for 3 months after surgery. Unless you are at high risk for infection (a reduced ability to fight infections), I do not recommend antibiotics before dental procedures — a change made by the American Dental Association and our academy (AAOS) several years ago.

PRECAUTIONARY MEASURES

1. To prevent infection, you were given IV antibiotics before your surgery.
2. To prevent blood clots, stay active. Walk around your living room once every hour while you are awake, and take aspirin 81 mg twice daily for 4 weeks. (If you are on another blood thinner, do not take the aspirin.)
3. If you are taking narcotic pain medication (such as Percocet or Vicodin), you may need a laxative to prevent constipation. We recommend an over-the-counter stimulant laxative such as Senna. Narcotics slow the bowel down, and Senna works by stimulating it. Fiber-only products (like Metamucil) usually aren't enough on their own, since they add bulk but don't stimulate the bowel.
4. You do not need a pillow between your legs or strict hip precautions. For the first 6 weeks, simply avoid that one risky combined position (see “Activity” above), and return to your normal daily activities as your comfort allows.

WHEN TO CALL / EMERGENCIES

Call the office or go to the ER if you experience any of the following:

- Incision opens
- Increased redness at incision site
- Pain uncontrolled by pain medicine
- Uncontrollable bleeding
- Fever > 101.5°F or shaking chills
- Difficulty breathing or chest pain
- New calf pain or ankle swelling
- Painful swelling

If this is a life-threatening emergency, call 911.