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Total Hip Arthroplasty Post-Operative Instructions

ACTIVITY

- You can weight bear as tolerated on the operative leg. Assistive devices such as a **walker** or **cane** may be used to help provide support and aid in ambulation. Patients can gradually wean off of these as they are able and develop a steady gait.
- Try and take it easy the first few days following surgery. Walk around the home, to and from the bathroom, up and down stairs, but avoid long distance ambulation (i.e. miles of walking).
 - 1) To ascend stairs: step up first with your unaffected leg. Then bring the affected leg up to the same step. Bring your cane up.
 - 2) To descend stairs: reverse the order. Put your cane down on the lower step. Then bring the affected leg down to that step. Finally, step down with the unaffected leg.
- Walking is truly the best therapy for a new hip, as well as climbing stairs. No formal physical therapy will be initiated after surgery. If you are progressing slowly or having difficulties with ambulation this will be assessed at your post-operative appointments by Dr. Murar or his Physician Assistant and a referral for physical therapy can be given to you at that time.
- Return to work varies on the patient and the type of job. On average, patients may need anywhere from 1-2 weeks off of work for a safe recovery. Return to heavy labor or excessive ambulatory activities will be determined by Dr. Murar.
- Driving is not recommended for the first 2 weeks following surgery and contraindicated when taking narcotic pain medication.

DRESSINGS

- Dressing should remain in place for 7 days. You can shower with the dressing on as it is waterproof. After 7 days, it is okay to remove the dressing. Leave the steri-strips intact, they will fall off on their own. You can then shower with the dressing off after day 7 but do not vigorously scrub at the incision site.
- Please **DO NOT BATHE, HOTTUB, OR SOAK/SUBMERGE THE INCISION IN WATER** as this can increase risk of infection. Wait one month from surgery or until you are directed to do so.
- Small amounts of bloody drainage, numbness at incision site, swelling, and bruising are normal findings following surgery.
- Do not use bacitracin or any ointments under band-aids.

MEDICATION

- You have been prescribed one of the following **pain medications**:
 - 1) Oxycodone – Please take 1-2 tabs every 4-6 hours as needed for pain.
 - 2) Norco – Please take 1-2 tabs every 4-6 hours as needed for pain.

- In addition to narcotics it is advised that you take scheduled **NSAID (non steroidal anti-inflammatory)** and **Tylenol** (alternating) for the first three days and then as your pain gradually improves you will wean off the narcotics and take NSAID/Tylenol on an as needed basis. If you have been prescribed Celebrex do not take other NSAIDs (i.e. Advil/Aleve) in combination with this.
 - 1) **Tylenol (Acetaminophen)** – take no more than 4,000 mg in a 24 hour period. Do not take if you have liver disease.
 - 2) **Ibuprofen (Advil)** – take no more than 2,400 mg in a 24 hour period. Do not take if you have kidney disease, history of ulcers, or GI bleeds.
 - 3) **Naproxen (Aleve)** – if you prefer this over the counter NSAID over Ibuprofen/Advil you may take this instead. **DO NOT TAKE BOTH IBUPROFEN & NAPROXEN** as this increases your risk for toxic side effects. Please take no more than 1,500 mg of Naproxen in a 24 hour period. Do not take if you have kidney disease, history of ulcers, or GI bleeds.
- **ICE** – while you are resting place cold ice packs around your hip for 15-20 minutes at a time. Place a clean, dry towel or pillowcase between your skin and the cold pack. Ice can be used as much as possible for the first 3-4 weeks to help decrease the swelling.
- You may have been given a prescription for **enteric coated Aspirin 81 mg** which you should take twice daily with food to decrease the risk of post-operative blood clot formation.
- You have also been given a prescription for **Senokot** to take 2 tabs daily as needed for constipation. Sedation during surgery, narcotic medications, decreased fluid intake, and decreased activity all contribute to constipation. Do your best to get up and walk as well as take in fluids. If you find that you are still constipated despite the Senokot medication, there are other over the counter medications that you can try: Miralax, Fleet enema, or bisacodyl suppository.
- If you have any side effects (i.e. Nausea, rash, difficulty breathing) from medication discontinue its use and call our office.

FOLLOW UP

- You have likely already been scheduled for your first post-operative visit. If you have not received an appointment please contact the office to schedule an appointment for 10-14 days after your surgery.
- You will be seen by Dr. Murar's Physician Assistant – Katie Peterson. Your first post-operative visit will include a review of your intra-operative findings, x-rays, and to go over any questions that you may have.
- Sutures/staples will also be removed at that time if necessary.
- Call the office immediately if you develop a fever (>101.5), chills, excessive drainage from the incision, calf pain, or persistent lower extremity numbness.
- If you have any questions or concerns please feel free to call the office.

HIP PRECAUTIONS

FOLLOW THESE FOR AT LEAST 8 WEEKS OR UNTIL CLEARED BY DOCTOR/PA.

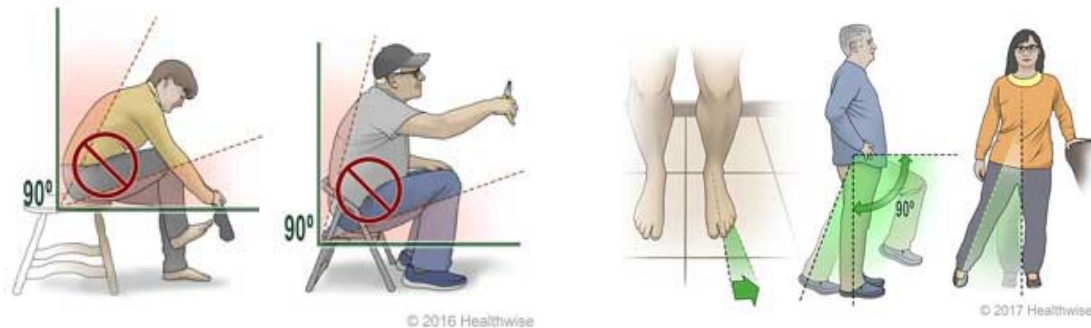
- You need to be careful to protect your new hip after joint replacement surgery. There are a couple things you can do to help your hip heal. Your recovery may be faster if you follow these precautions and avoid certain movements shown below that can increase your risk of hip dislocation.

- 1) **Do not cross your legs or ankles.** Use the abduction foam pillow given from the hospital to sleep with in between your legs at night or place a couple of pillows between your knees.



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- 2) **Do not bend/flex your hip past 90 degrees.** This means you can't pick something up off the floor or bend over to tie your shoes. Don't lift your knee higher than your hip. Don't sit on low chairs, beds, or toilets. You may want to use a raised toilet seat for a while.



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- 3) **Do not twist your hip inwards.** Keep your knees apart. Keep your toes pointing forward or slightly out.

EXERCISES

- You can **perform the following exercises 3-5x per day** to help strengthen your muscles

- 1) **Straight leg raises.** While lying on your back, tighten the muscles on the top of your thigh, stiffen your knee (keep knee straight), and raise your surgical leg up (about 12 inches). Try to hold for 5 – 10 seconds. Slowly lower your leg down, rest, and repeat.
- 2) **Standing hip abduction.** Be sure your hip, knee, and foot are pointing straight forward. Keep your body straight and brace yourself by holding onto a counter or back of a chair. With your knee straight, lift your surgical leg out to the side. Slowly lower your leg so your foot is back on the floor. You can also lift your leg out to the side and draw small circles with your foot (inward and outward). If this is too difficult while standing, you may perform while lying down in bed.

