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General Post-Operative Instructions Total Hip Arthroplasty

WOUND CARE:

- A sterile, waterproof dressing has been applied to your hip. You may shower with this dressing on. Remove the dressing 7 days from the date of your surgery. Once you remove your waterproof dressing, you may allow the incision to get wet. Allow warm, soapy water to run over the incision and pat dry. Otherwise, always keep your incision clean and dry.
- Keep your incisions clean and dry at all times. Avoid putting any topical creams or ointments on your incisions.
- There may be stitches visible when changing dressings. These should be left in place until removed in clinic.
- Do not submerge the wounds in water (bathtub, pool, lake) for at least 2 weeks after surgery.
- Because of the fluid used to wash the hip during surgery, some drainage is expected. If the dressings become saturated or drainage continues beyond the first few days, please call the office.

ICING:

- Icing is an important part of recovery from surgery. It is used to decrease swelling and inflammation as well as helping with pain control
- Ice should be applied between 20-30 minutes at a time with a 20-30 minute break. For the first 48 hours, this 20-30 minute interval of on/off ice should be utilized throughout the day and night when possible
- You may choose to discharge home with an ice machine. These machines often allow you to adjust the timing and duration of icing.
- If you did not choose to use an ice machine, you may use a bag of ice, a reusable ice pack or frozen vegetables. Remember to never put the bag or pack directly on the skin, always use a towel or cloth to protect your skin.
- After the first 48 hours, the icing should be used in 20 minute intervals every couple of hours for the first 3-4 weeks after surgery.
- Keeping your leg elevated above your heart will also help decrease swelling.

DIET:

- After surgery, some patients experience nausea. This can be related to anesthesia or pain medication. It is best to begin with clear liquids and light food (crackers). You may progress slowly to your normal diet if not nauseated.
- Patients are sometimes prescribed an anti-nausea medication after surgery. This can be used to treat nausea. If nausea or vomiting persists despite medication, please call the office.
- Pain medication can also cause constipation. An over-the-counter laxative, high-fiber diet or fruit juice may be helpful.

MEDICATION:

- Most home medications may be resumed the evening of surgery or the following day unless specifically directed by your surgeon.
- Typically, patients are given a prescription for pain medication. Please take this medication as instructed. Pain medication can be decreased as pain improves.
- Try to take pain medication with food to help decrease nausea.
- Some prescribed pain medication may already have Tylenol (Acetaminophen) mixed with it. Do not take any other medications that include Tylenol while taking these pain medications. Taking too much Tylenol can cause liver damage.
- Taking medication prior to bedtime may help with sleeping.
- Do not drink alcohol or drive while taking narcotic pain medication (hydrocodone, oxycodone, dilaudid, etc.).
- Pain medication typically takes about 30-45 minutes to take effect. Don't wait until pain is severe to take pain medication.
- Narcotics can cause constipation. You may benefit from using an over-the-counter stool softener while taking narcotics.
- Some patients may receive a nerve block prior to or during surgery. This block lasts a different length of time in each patient, but typically lasts 12-18 hours. When you begin to feel some tingling in the extremity, the block is beginning to wear off. This is a good time to begin taking oral pain medication.
- Pain medication likely will not take away all of your pain. It is okay to have some discomfort.
- Because of the risks of prolonged narcotic use, in most cases narcotic pain medication will not be prescribed after 6 weeks from surgery. Plan to wean narcotic use after surgery accordingly.

ACTIVITY:

- Crutches or a walker will be used initially after surgery for protection. These are typically needed for 1-3 weeks depending on the patient. Your physical therapist will help you decide when it is okay to stop using the crutches or walker.
- You may bear full weight on the operated leg immediately after surgery.
- It is important to remember your hip range of motion precautions. This is to limit the risk of dislocating the new hip from the socket. The limitations are to avoid hip flexion past 90 degrees and internal rotation of the hip. Your physical therapist will work with you to avoid these motions. These range of motion limitations are in place for the first three months after surgery, but you are encouraged to be mindful of these motions thereafter.
- Return to work depends on your job requirements, specifics of your surgery and pain/swelling levels. This can be discussed at your follow-up appointment.
- Do not resume sports, use exercise equipment or perform strenuous physical activity (including lifting weights) until your surgeon says it is okay.
- Physical therapy will be prescribed after surgery. This is an important part of your recovery and we encourage patients to attend all physical therapy appointments.
- Return to driving after surgery is okay once narcotic pain medication has been stopped and you are cleared by your surgeon. The length of time until patients are able to return to driving varies depending which leg is involved.

BLOOD CLOT PREVENTION:

- Though uncommon, blood clots (also called deep vein thrombosis or DVT) can occur after surgery. To decrease the risk of this problem, you should flex your ankle and toes up and down ten times per hour for the first 2-3 weeks after surgery.
- Elevation of the operative leg also helps decrease swelling and prevent blood clots.
- Medication will be given after surgery to prevent blood clots. The specific medication may vary depending on your medical history.
- Be sure to let your surgeon know if you have a history of blood clots.
- Below is a list of signs and symptoms that may represent a blood clot. Please call the clinic immediately at (763)786-9543 if you have any concerns.
 - Increasing pain and tenderness in your calf
 - Redness and/or warmth in your calf
 - Worsening leg pain when pointing toes towards your head

REASONS TO CALL THE OFFICE:

Please call the office at (763)786-9543 for any of these concerns:

- Fever above 101.5°F
- Excess pain or swelling of the calf
- Excess drainage at surgical incisions
- Worsening pain in the operative leg not controlled with medication
- Excess nausea/vomiting
- Numbness in the operative leg
 - Some numbness can be expected initially after surgery if a nerve block was used
- Redness around the incision site
- Any other questions or concerns

TWO-WEEK FOLLOW-UP APPOINTMENT:

- A post-operative follow-up appointment will be made for you at the time your surgery is scheduled for 2 weeks after surgery. If you do not have an appointment scheduled after surgery, please call our office.
- Skin stitches will be removed in clinic. In some cases, there may not be anything to remove (stitches are under the skin).
- You may discontinue using your crutches or walker as you feel comfortable. Begin by ambulating around the house without crutches, but still taking them with you while in public. Once you feel comfortable to be without them in public, discontinue using them altogether.
- Prescription refills and work restrictions will be addressed if needed. Most patients are off all narcotic pain medications by two weeks.

WHEN CAN I?

Drive: You will be permitted to drive (automatic transmission) after surgery as long as you are not taking any narcotics and you feel comfortable behind the wheel. You may consider practicing in a large parking lot to make sure you can react quickly in an emergency. Studies suggest postsurgical patients wait 2 weeks before driving but life circumstances may mean you need to drive sooner than that provided you meet the minimum requirements mentioned above.

Return to Work: This will vary depending on the demands of your job. We recommend taking at least 2 weeks off of work if you can as you will be fatigued from healing. If you have a sedentary job, you may be able to return to work at this time. Plan on getting up from your work station to move around to prevent stiffness every 20 minutes or so. If you have to carry significant loads, you will have to wait several more weeks.

Shower: The dressing placed during surgery is waterproof. You will be able to shower the first post-op day. After the dressing is removed, you may shower without a dressing, allowing warm soapy water to run over the area and pat dry. Otherwise, the incision should be kept clean and dry at all times

Use a Hot tub: Do not use a hot tub or bathe until sutures have been removed and wounds are completely closed. This is typically 2-3 weeks after the surgery.

Do upper body exercise: Please refrain from lifting upper body for the first 2 weeks following surgery. This will allow your body to spend its healing energy on your hip. Following 2 weeks, we recommend either using machines at the gym or a TRX suspension training system. We do not recommend trying to carry weights around the gym on crutches. Keep the workouts to a maintenance level only. This is not the time to make big gains in upper body strength.

Bike outdoors: You should be cycling at least at a level 5 on a stationary bike before cycling outside. Your first several rides should be on flat terrain, preferably on a looped course, to allow for an easy exit strategy should your knee begin getting sore. Progress intensity and duration gradually as your knee tolerates (approx. 5-10 min per ride per week).

Do Dry Needling: To reduce the risk of infection, please wait at least 6 weeks before dry needling.

Get a Massage: Massage can be done as early as 3 weeks out. Inform your massage therapist of your recent knee surgery. Let them know not to push into painful ranges of motion and do not perform forceful motion of the knee.

Use Blood Flow Restriction Training: You may use BFRT starting at least 2 weeks post-op if it is available at your clinic by a certified. Follow all BFRT guidelines and precautions.