



SPECIALISTS IN THE  
MEDICINE OF *motion*



## Riley Hale, MD

Joint Replacement Surgery  
Trauma & Fracture Surgery

Please take a moment to look over the following instructions regarding your surgery. We know that surgery can be a very stressful experience for you and your family and that you may be nervous. This is normal, and we will make every effort possible to make your experience the best it can be! We are dedicated to achieving the best possible outcome for you. This takes a team effort often between you, us, and many other healthcare professionals.

The following packet will hopefully be informative and decrease your stress prior to surgery! There are many other great resources about your condition, and joint replacement surgery. We encourage you to learn more about Dr. Hale, your condition, and access links to help helpful websites and videos at [www.OrthoHealth.com](http://www.OrthoHealth.com).

We strive for nothing less than excellence in our quest to help you be the best version of you. We look forward to seeing you on the day of surgery!



## POST-OPERATIVE - ANTERIOR HIP REPLACEMENT

### Activity Restrictions:

Unlike a traditional hip replacement, there are no formal activity restrictions after the Anterior Hip Replacement. Unless I tell you otherwise, you do not have any hip precautions. You may flex, extend, and rotate your hip freely.

In addition, you may bear weight as tolerated on the replaced hip. I do ask that you avoid extreme positions for the first 8 weeks, such as flexing your hip up to your chest, extending your hip very large amounts behind your body, and rotating your hip to extremes. Although your hip is stable, it is not ready for any extreme positions for some time. Activities such as yoga should be avoided during this time.

It is very important to avoid falls in order to prevent fractures and dislocations above your replaced hip. Therefore, I would recommend taking your time coming off the walker, crutches, or cane. I would like you to transition from the walker to the cane, before you begin walking independently. If there is any doubt, stay on your walker until your therapist or surgeon tells you it is safe to walk without assistance.

### Wound Care:

We ask that you keep the original dressing on until your two week post-op appointment. The dressing is waterproof and you may shower with it on. Do not submerge the incision for 8 weeks after hip surgery. Most often, there will be minimal drainage. If the dressing starts to pull away from the skin, you may reinforce the dressing with tape.

Cover your wound with Saran Wrap when you shower in order to keep the wound dry for the initial two weeks. Do not remove the bandage. If you feel that the bandage is saturated or is leaking, please contact Lisa or Kim @ 970-419-7242.

The dressing will be removed at your two week post-op appointment.

## POST-OPERATIVE ANTERIOR HIP REPLACEMENT

### Reasons to be Concerned About Your Wound:

- Drainage of Pus.
- A large amount of redness around the wound, especially if it is increasing. Mild redness that is limited to the skin around the incision is completely normal and nothing to be concerned about.
- Large amounts of drainage; completely saturating a dressing over the course of a day, especially multiple times a day. Mild drainage for the first week is entirely normal and nothing to be concerned about.
- The wound is coming apart (Dehiscence).
- Fever ABOVE 100.3° associated with the above concerns.

**\*\*CONTACT OUR OFFICE FOR FURTHER INSTRUCTIONS, SHOULD YOU HAVE ANY OF THESE SYMPTOMS. INFECTIONS CAUGHT EARLY ARE MUCH MORE TREATABLE THAN THOSE CAUGHT LATER\*\***

### Blood Clot Prevention:

**Medication:** Most patients will be placed on Aspirin after surgery. The typical dosage is *81mg Aspirin twice a day, once in the morning and once in the evening for 4 weeks.*

If you are on a blood thinner prior to surgery, please contact your Doctor for the plan before and after surgery. If you have a history of DVT's and are not on a blood thinner, you will be prescribed Xarelto, which will be sent to your pharmacy prior to surgery. Please contact your pharmacy for any out of pocket cost.

**TED Hose:** Wear your TED (compression) stockings for 2 weeks. You may take them off at night to sleep if you wish.

**KEEP MOVING!** The most important part of preventing blood clots is to keep moving. Make sure to get out of bed, or off the couch numerous times throughout the day. Pumping your ankles and feet several times an hour while you are lying down or sitting up is also advised.

### Reasons to be Concerned for a Blood Clot:

- Massive swelling in the leg that does not lessen after a night's sleep, especially with redness in the calf and thigh, can be a sign of a blood clot. All patients will have some swelling after knee replacement surgery; that is completely normal. This swelling usually gets worse throughout the day as you stand and will improve after a night of sleep.
- Pain in the back of the calf or thigh that will not go away.
- Sudden onset of shortness of breath or chest pain.

**\*\*CONTACT OUR OFFICE FOR FURTHER INSTRUCTIONS, SHOULD YOU HAVE ANY OF THESE SYMPTOMS. BLOOD CLOTS ARE A SERIOUS MEDICAL PROBLEM AND NEED TO BE TREATED!\*\***

## POST-OPERATIVE ANTERIOR HIP REPLACEMENT

### **Pain Medication:**

Most patients require pain medication for 2-6 weeks after surgery. You will be given your prescriptions when you are discharged from the hospital. This will ensure you are given pain medication that works for you. Early on, it is best to stay on top of your pain by taking the pain medication fairly scheduled (every 6 hours). As your pain starts to improve, begin to take it only as needed and eventually ween of it. *If you need a refill, please call the office with at least 48 hours notices. Prescriptions will be sent to your pharmacy of choice on the day of surgery.*

NSAID's (Advil/Ibuprofen/Aleve) can be taken/resumed 2 WEEKS AFTER surgery in addition to and/or replacing Oxycodone or Tramadol.

### **Gastrointestinal Problems:**

**Constipation:** Unfortunately, it is very common to become constipated after joint replacement surgery. This is due to a number of reasons, but the most common is narcotic pain medication (Percocet, Norco, Oxycodone, etc.). Because of this, it is strongly recommended that you take steps to prevent it. Staying hydrated by drinking plenty of water is the first step. Prophylactic medication to prevent constipation for the first few weeks can be a good idea as well. You have been getting Senokit-S twice a day in the hospital or surgery center and I recommend you continue to do this for a couple of weeks after surgery. If you are having no problems moving your bowels, you do not need to take it. If you develop diarrhea or very frequent stools, you should stop the medication. If you are unable to move your bowels within a few days after you leave the hospital, you may need to add a laxative suppository, such as Dulcolax. Another option is to take Metamucil three times a day. If you have not had a bowel movement in within 7 days after surgery, then call our office or your primary care doctor to be evaluated.

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**Nausea & Vomiting:** Unfortunately, this is also very common after joint replacement surgery. This is almost always related to your pain medication. The faster you can get off the pain medication the better. If you are having problems with nausea and vomiting, we can prescribe an anti-nausea medication. Please let us know if you need this before you leave the hospital, or call our office.

### **Swelling:**

Swelling in your legs and feet is completely normal and harmless after hip replacement. It can occur in both your legs, not just the operative side. Sometimes the swelling can be very severe and this is also normal. Many patients cannot wear normal shoes for several weeks or months after surgery due to swelling in the feet. Over time, your body will reabsorb the extra fluid and your legs and feet will return to normal size; this can take several weeks to months. In order to lessen the swelling, elevate your legs and feet above your heart while at rest, avoid sitting for long periods of time, and walk as much as you can. Muscle contractions from walking can pump the fluid back to your heart.

## POST-OPERATIVE ANTERIOR HIP REPLACEMENT

### **Itching:**

Itching is extremely common after joint replacement surgery. It is almost always a side effect of the pain medication and not an allergy. Taking some over the counter Benadryl can help some patients, but often times it does not make a difference. The itching is harmless and if you can tolerate it, do not worry about it. If the itching is severe and intolerable, you should stop taking your pain medication. Some patients may have less itching with a different medicine, so we can try a different type of pain medication.

### **Physical Therapy:**

Physical Therapy is not an absolute requirement after a hip replacement. However, we would encourage you to do it, as most people do better with therapy.

If you choose not to do therapy, walking is the best exercise to help your muscles recuperate. Use moderation at first and increase your activity as symptoms allow. You should also do the exercises that the therapists show you during your hospital stay.

### **Follow Up Appointments:**

We will see you 2 weeks after your surgery at one of our offices; Greeley or Loveland.

After the 2 week appointment, we will see you 6 weeks later, which will be 8 weeks from surgery. At this appointment, we will take an X-Ray and evaluate your progress.