

# Anterior Hip Replacement – Post-op Instructions

## Guidelines After Anterior Total Hip Replacement Surgery

Congratulations on your new Total Hip Replacement (THR)! I am excited to guide you through your recovery as you begin to regain your active lifestyle. This document will attempt to help you through your recuperation with activity guidelines, as well as answer some of the most common questions that patients have after undergoing this procedure.

By the time you have left the hospital/rehab facility, you should be able to get in-out of bed by yourself, walk with the cane several hundred feet, and go up and down stairs. The biggest challenge in the early recovery of a THR (up to 6 weeks postoperative) is maintaining your hip precautions to prevent dislocation.

Most patients will continue to need the cane for walking until 2-4 weeks postoperative; if you feel that you still need it for safety/balance, please continue to use it.

I like to see you in the office and examine you before prescribing outpatient physical therapy.

### Walking:

I recommend that you walk as much as you feel comfortable (at least 2-3 times a day), trying to walk a little further each time. You may walk inside or outside as you feel comfortable. As stated above, you will need a walker or cane for stability for the first 3-6 weeks. When you begin to feel that you don't need the cane anymore, you can begin to wean from the cane; that is, you can stop using it for short distances and walk further and further without it. Pretty soon you will be forgetting to use your cane!

### Motion:

You need to maintain certain hip precautions in order to avoid dislocation. These precautions include: not extending the hip behind you, and not externally rotating the foot outward. You must maintain these precautions until I see you in the office.

You do not need to worry about sitting in low chairs, toilet seats, or driving. You can also sleep in any position you want, and do not need the pillow between your legs.

You must maintain these precautions until I see you in the office.

### Pain control:

Once you get home and further out from surgery, you may try to wean from the pain medication, as there are many side effects of taking narcotics. I suggest that you try decreasing the amount of pain medication or increasing the interval between doses in order to wean from the medication during the day. You may have to try different methods to see what works best for you. You can also take an

anti-inflammatory medication such as ibuprofen (Advil) or naproxen (Aleve), if your stomach can handle this.

## Exercises:

The early exercises for the THA consist of the following, and should be done by performing 5 sets of 10 through the course of the day:

1. Ankle pumps
2. Quad sets (pressing the knee down)
3. Gluteal squeezes

Later exercises should be done in the same fashion and include:

1. Side raises (abduction) in a standing position and while lying on your side
2. Hip extensions (moving the hip backwards) in a standing position
3. Limited straight leg raises (do not do this with any weights)

I recommend that you walk as much as you feel comfortable (at least 2-3 times a day), trying to walk a little further each time. You may walk inside or outside as you feel comfortable. As a rough guideline, patients can walk up to 1 mile at a time, by 2 weeks after surgery. **My best advice to you during your recovery is to listen to your body** – that is, if you feel pain during an exercise or afterwards, you have probably overdone it

## WOUND CARE:

1. Leave waterproof dressing in place for 7 days/1 week after surgery. After one week, please remove dressing and replace with new waterproof dressing given to you upon discharge. Please leave white strip of collagen in place over the incision. Replacement bandage should stay in place until your 2 week post op visit.
2. You may shower with the waterproof dressing on (Do NOT soak under water).
3. After 2-week post op visit, you may leave your incision uncovered. You can shower and let soap and water run over the incision and pat it dry. Do not scrub the incision site. DO NOT SOAK the incision in any water (pools, hot tubs, bathtubs, lakes, etc) until the incision is completely healed and looks like a scar, around 8 weeks post op.
4. You should expect to have some swelling, bruising, discoloration and increased warmth about your leg and thigh even down to your foot. This is normal for several weeks after the surgery. Sometimes this can even last longer, especially in more complex surgeries. You can use the Ice Machine (if provided, dependent on your insurance) or ice packs as tolerated to help with swelling and pain.
5. Although rare, post-operative complications may occur. If you have any problems with increasing drainage, increasing severe redness, or fever (OVER 100.4), please call and let the office know.
6. If you have excessive swelling of your leg and ankle along with severe calf pain and tenderness, or are experiencing new onset shortness of breath, these could be signs of a blood clot. Please call us and let us know, if after hours please report to your nearest emergency room.

**When can I drive?**

You should not drive as long as you are taking narcotic pain medication. Since you are able to sit in regular chairs when you are comfortable, you will be able to drive when you are comfortable sitting and able to lift your leg from side to side. If it is your left hip, you can resume driving when you feel your reaction times are back to normal (about 2-3 weeks). If it is your right hip, you may need to wait another week or two.

**I feel "clicking" inside the hip, is this normal?**

The clicking is a result of the soft tissues moving across around the hip, or the artificial parts coming into contact with one another. This sensation usually diminishes as your muscles get stronger.

**I am experiencing a lot of swelling, is this normal?**

Fluid can accumulate in the legs due to the effect of gravity. It is not unusual that you didn't have it in the hospital, but it got worse when you went home (because you are doing more!) To combat this, you should elevate your legs at night by lying on your back and placing pillows under the legs so that they are above your heart. There are also TEDS stockings (the white stockings from the hospital) that you can put on during the day – have someone help you on with them in the morning, use them during the day, and then take them off at night. If you did not get the TEDS from the hospital, you can purchase knee high, medium (15-20 mmHg) compression surgical stockings at most drug stores.

**Can I work out in the gym?**

You can go to the gym and resume upper body workouts, as long as the hip is in a non-loaded position (you should be sitting, not standing, when using weights).

**When can I return to work?**

It depends on your occupation. It is never a mistake to take more time off in the beginning of your recovery, as it will give you time to focus on your hip. I recommend taking at least 3 weeks off for a single total hip replacement. Keep in mind that you will still need to use a chair cushion and a high toilet seat for 6 weeks after surgery.

**When can I go to the dentist?**

Please wait until 3 months after surgery, as the hip is still healing and there is increased blood flow to this area.

**Can I travel?**

In general, I like to see you before you fly. If you are traveling by car, you should be sure to take frequent breaks so that you don't feel too stiff when getting up. On an airplane, I like you to wear compression stockings (if within 1 month post op), and take a couple of walks during the flight. Having an aisle and bulkhead seat will help you get more space. on something well-padded.

