

## Total Hip Replacement

### Post-operative Instructions - Dr. David Ramsden

#### Dressing/Wound Care

- There is a waterproof bandage on your hip.
  - You may shower with the bandage in place as long as it is intact.
  - The waterproof bandage will stay on for 10 days.
  - If the bandage comes off or gets saturated prior to 10 days, remove it and re-cover incision with a new, dry, sterile, waterproof bandage (can be purchased at pharmacy). If you do not have a waterproof bandage, cover with dry, sterile gauze and tape in place. Keep the dressing dry until post-op day #10.
  - Remove the bandage after 10 days.
  - Follow instructions below regarding staple and steri-strip care for showers.
- There are **steri-strips on the skin**:
  - **Leave these intact until they fall off on their own.**
  - You may shower and let the water run over the steri-strips. Pat the area dry with a clean, dry towel.
- If you see suture ends at each end of the incision, leave the suture intact. The ends will be cut by the physical therapist or nurse.
- You may notice minimal drainage from the wound once the waterproof dressing is off after day 10, this may be normal.
  - If drainage is staining your clothes, you may cover the wound with a dry, sterile bandage
  - If drainage is saturating the dressing or persists, please call the office as a precaution.
- No baths, pools, or hot tubs until told.
- Swelling or bruising around the hip is expected and can last up to several weeks.
- Use ice over your hip for the first 24-36 hours after surgery to control swelling. You may place ice over the bandage for as long as you feel comfortable (recommend at least 20 min./hour). **Do not place ice or ice pack in direct contact with skin.**
- Low-grade temperatures up to 101 are common after surgery, please call if temperature rises above 101.4.

## Total Hip Replacement Post-operative Instructions - Dr. David Ramsden (continued)

### Ambulation and Movement

- Immediately after surgery you will be able to place full weight-bearing on your operative leg using a walker or crutches for support.
- You may ambulate as much as you are able to. Take breaks to rest, elevate and ice if you feel sore or if swelling develops in the hip or leg.
- Exercises will be taught to you by the physical therapist. You should perform these a few times daily.

### Medication Take as prescribed

- You have been prescribed a few different medications. Take these as directed along with the recommended over-the-counter medications.
- Prescribed medications:
  - **Pain medication-** you have been prescribed medication for pain such as Oxycodone, Dilaudid or other narcotic pain medication.
    - Take these as directed on the prescription.
    - Begin to wean off the medication as the pain improves. Start by spreading out the timing such as every 6 hours instead of every 4 hours, or by cutting down on the dose such as take 1 tablet instead of 2 at the time of dosing.
    - Do not operate machinery or drive while taking this medication.
  - **Anti-nausea medication-** you have been prescribed medication for nausea such as Compazine or Vistaril
    - Take as directed on the prescription for nausea associated with the pain medication or anesthesia.
  - **Blood Clot prevention-** you have been prescribed **Aspirin (ASA) 81mg twice daily** for blood clot prevention.
    - Start taking the Aspirin on the morning after your surgery.
    - Take the Aspirin twice daily for 4 weeks following surgery.
  - **Celebrex:** Take 1 tablet twice daily as needed for pain.
- Over-the-counter medication:
  - Add Tylenol 650mg every 6 hours for pain- use as directed, do not take greater than 4 grams of Tylenol per day.
    - It is recommended that you take Tylenol 650mg on a scheduled basis every 6 hours and add the narcotic pain medication as needed to maintain pain control.

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- Constipation caused by narcotic pain medication and anesthesia is common.
  - If you experience constipation, there are a variety of over-the-counter medications that you can try such as Colace, Senokot, Miralax. Dulcolax.
  - If constipation is severe, please contact your PCP for recommendations on bowel stimulants.
- Any severe itching, hives or difficulty breathing, please call our office and plan to be evaluated in an emergency room.

### Physical Therapy

- You will be seen by a physical therapist at your home.
- Physical therapy will focus on range of motion and ambulation.
- It is important that you continue to perform your exercises a few times per day every day.
- Physical therapy will continue in your home for about 2 weeks after your surgery. You will then be discharged to outpatient physical therapy where you will continue with the physical therapy protocol for total hip replacement.
- You will receive a prescription for outpatient physical therapy at your first post-op appointment with Dr. Ramsden.
- Speak with your home physical therapist regarding when to start making outpatient PT appointments. It can sometimes take several days until an outpatient PT appointment is available. You can have appointments already scheduled once you are discharged from home PT.

### Return Visit

- If you do not already have a scheduled post-operative visit please call for an appointment on the next business day.
- The first post-operative visit is a telephone visit with the surgeon or physician assistant 1 day after surgery unless instructed otherwise.
- The second post-operative visit is 2-4 weeks after your surgery depending on your surgeon. You will be seen by the surgeon or physician assistant to review your progress, xrays and next steps in treatment.

### **When to call the office: 508-655-0471**

- If your wound is continuing to drain 5 days post-operatively
- If your wound is red, hot and swollen
- If you have fevers greater than 101.4
- If you develop persistent calf pain

- If you have pain not well-controlled with the pain medication, Tylenol and ice
- If you have any concerns or questions
- If you do not have a post-operative appointment already scheduled