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**Posterior Hip Replacement Post-Operative Patient Instructions**

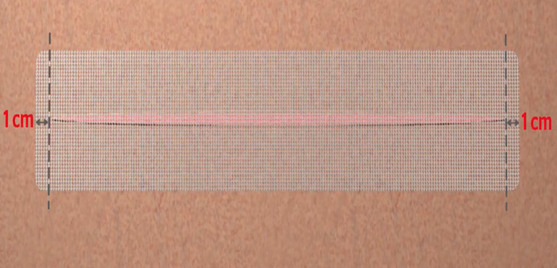
If you have any questions please feel free to contact me via my assistant Cathy at (424) 259-9892 or email me at [astavrakis@mednet.ucla.edu](mailto:astavrakis@mednet.ucla.edu)

**Incision:**

Okay to remove outer dressing 7 days after your surgery and then free to shower if you feel safe to do so without covering surgical site. Please do not put soap directly on incision and **do not remove mesh tape over your incision site**. The mesh tape will fall off on its own after 7 to 14 days. Let water run over the incision and gently pat it dry when done showering, do not scrub your surgical area.

By the time you leave the hospital, your incision should not be draining. If you have draining or redness around the incision please contact the office. If any health care provider considers starting you on antibiotics for redness or drainage around your incision, please contact the office before starting the antibiotics.

Example of surgical mesh tape over your incision below:



**Bathing:**

DO NOT soak the incision in any water (bath, pool, hot tub) until the incision has completely healed (approximately 4-6 weeks).

**Follow-up Appointments:**

If you do not already have a follow-up appointment scheduled, please call the office at (424)259-9892. I will need to see you 2 weeks after surgery. I will then need to see you 6 weeks after surgery followed by 3 months, 6 months, 1 year, and then annually following surgery.

**Physical Activity:**

Unless specifically instructed, you can put as much weight on your leg as you feel comfortable and progress to a cane when instructed by your physical therapist. Most patients require some sort of walking aid (walker, crutches, or cane) for 4-6 weeks following surgery.

**Hip Precautions:**

Until the soft tissues are healed (approximately 6 weeks), hip replacement are vulnerable to dislocations. This should not happen unless the leg is put in an inappropriate position. The following is a list of positions the operative leg should not be put in during this time period:

* DO NOT allow the operative knee to cross the midline of your body
  + When sleeping, if you sleep on your side, you must have a pillow between your legs
* DO NOT bend your knee up more than 90 degree or bend down to pick something off the floor
* DO NOT internally rotate the operative leg
  + Do not reach for the outside part of your foot

If you have any questions about these precautions (posterior hip precautions) please ask your physical therapist to review them with you before you leave the hospital and/or during your home health or outpatient therapy.



**Ice:**

You can place ice packs over the hip 3 times a day for 20-30 minutes at a time to assist with pain control and swelling.

**Leg Swelling:**

It is normal to have some swelling in the leg that you had surgery on. This swelling should be better in the morning and worse at night. If swelling persists or is worsening, you may have a blood clot. You will leave the hospital on blood thinners in order to minimize the risk of getting blood clots. These blood thinners DO NOT completely eliminate the risk of blood clots. The only way to know definitely is to get an ultrasound of the leg. This can be done in the UCLA Ortho Clinic or at your local hospital ER if you are concerned. If you are concerned about swelling, please contact the office. Bruising around the incision or tracking down the leg is common and is not of concern. This bruising usually appears 3-5 days after surgery and can take several weeks to disappear.

**Pain Medications:**

You will leave the hospital with a prescription for narcotic pain medications such as Oxycodone or Norco. These medications should be used sparingly as they do have side effects. Patients often complain of nausea, constipation, and itching due to pain medications. If your pain is not severe and you want to avoid these complications you can try combining Acetaminophen (Tylenol, Do not exceed 3 grams within 24 hours) and Ibuprofen (Advil, Motrin) or Acetaminophen (Tylenol) and Naproxen (Aleve) which are available over the counter. These medications act through different pathways so you are not overdosing by taking both together. Please take both medications as directed; you can take 1000mg of Acetaminophen and 800mg of Ibuprofen every 8 hours or 1000mg of Acetaminophen every 8 hours and Naproxen 220mg every 12 hours.

DO NOT take Acetaminophen together with prescription pain medications (unless the prescription pain medicine is Oxycodone or Tramadol) as most of the prescription pain medications have a narcotic combined with Acetaminophen.

DO NOT take Ibuprofen or Naproxen if you have a history of gastrointestinal bleeding or ulcers.

**Driving:**  
Most patients are able to return to driving approximately 4-6 weeks after surgery. You must be off all narcotic medications prior to driving. You must also have regained full strength in your operative leg and feel your brake reaction time has returned prior to driving. Please contact my office if you need a temporary disabled placard form.

**Antibiotic Prophylaxis:**

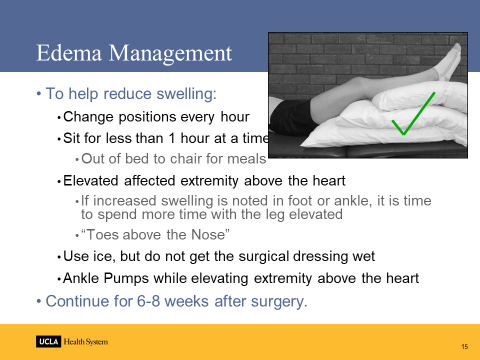
Although it is very rare, an artificial joint can become infected by the bloodstream carrying infection from another part of the body. Therefore, it is important that your medical doctor treat any bacterial infection (pneumonia, urinary tract infection, and abscess) promptly. Routine colds and flu as well as cuts and bruises do not need to be treated with antibiotics.

Patients should take Amoxicillin: 2 grams by mouth one hour before having any of the following procedures:

* Routine dental cleaning
* All other dental procedures
* Skin biopsy or other Dermatologic procedure that involves cutting into the skin
* Podiatry procedures which involve cutting into the skin
* Colonoscopy, Endoscopy, Cystoscopy (let your doctor who is performing this procedure know ahead of time, they may prefer giving antibiotics intravenously prior to the procedure instead of by mouth)
* Invasive gynecological procedure (let your OB/GYM doctor who is performing this procedure know ahead of time, they may prefer giving antibiotics intravenously prior to the procedure instead of by mouth)

If you are unable to take Amoxicillin (Penicillin allergy) use Clindamycin 600mg by mouth one hour prior to the procedure. If you are allergic to both, please consult your surgical team.

**If you have any questions and concerns about any discharge instructions, recovery process, and rehab please contact Ortho Nurse Navigator - Wilson Phoeng @ (310) 295-7403**

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