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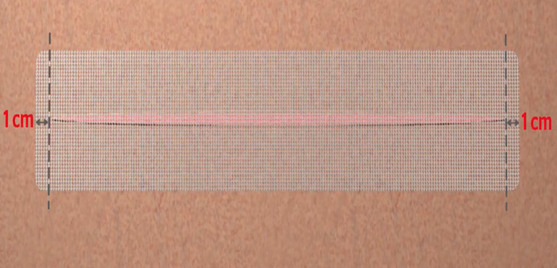
Office # (424) 259-8179 / Fax # (424) 259-6598

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

**Incision Care**

We will remove outer dressing right before you leave the hospital. You are free to shower if you feel safe to do so without covering surgical site. Do not submerge the wound in water until cleared by your surgeon. 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.

Example of surgical mesh tape over your incision below:



**Swelling and bruising**

After surgery swelling and bruising of the operative leg is normal and will gradually decrease as the days pass. If activity and exercise worsens your swelling take time to lie down and elevate your leg above the level of your chest. Ice packs also help diminish the swelling.

**Ice**

You should place an ice pack over the anterior (front) of the operative hip 3 times a day for 20-30 minutes at a time. You may use an ice pack more frequently if you like.

**Pain relief**

It is normal to have some pain after surgery. We will prescribe enough pain medication to cover you beyond your next office visit. It should be noted that pain medications take about one-half hour to start working, so take them prior to the pain becoming severe. DO NOT drink alcohol while taking prescribed pain medication. It is dangerous and illegal to drive while taking pain medicine. If you need a refill on pain medication before your first scheduled appointment, please call our office during regular office hours. Please provide at least 3-day notice as to when you will be running out of narcotic pain medication

**DVT (Blood Clot) prophylaxis**

You will be prescribed a medication to lower your risk of forming blood clots. This medication is important to take until the prescription is finished. Depending your risk factors for blood clots and prior medical history, these may include Enteric Coated Aspirin 325 mg, Coumadin, or Lovenox. You will be given instructions and a prescription on which blood thinner you will be taking prior to discharge from the hospital. In addition, being active and performing your exercises properly can minimize your risk.

**Activity**

For the first few weeks after surgery, walk as much as possible without overdoing it. You are weight bearing as tolerated which means you are allowed to put as much weight on the operative leg as is comfortable. Let pain be a guide, keeping in mind that you just had surgery. You will be given home exercises to be done on a daily basis. After the initial post-operative phase, we will gradually progress your activities. However, initially, it is extremely important that you exercise your new joint by walking. Remember that exercise and activity is important to prevent the formation of blood clots.

**Hip Precautions**

For the first 6 weeks after your surgery, you must follow posterior hip precautions. Please make sure NOT do any of the following:

-Bend forward past 90 degrees

-Cross your legs

-Turn your toes inward

-Twist to pick something up off the ground

You must also use the hip abduction pillow at all times when in bed and use a pillow in between your legs when sitting on the edge of the bed or in a chair. You should also avoid sitting in a low seated couch and use the elevated toilet seat when going to the bathroom.



**Assist devices**

You will be discharged from the hospital with a walker, crutches or a cane depending on how well you walk with physical therapy as an inpatient. You will typically use these aids anywhere from a few days to a few weeks and stop using them when you are stable and strong on your feet. Some people who have used these devices for years may require prolonged use for reasons unrelated to the surgery.

**Driving**

You may drive when you have good control over the operative leg and are no longer on pain medicine.

**Diet**

Typically, with adequate protein intake for promotion of healing, there are no special diet restrictions. Make sure you eat a well-balanced meal, drink plenty of fluids and incorporate fiber into your diet as oral pain medications have a tendency to cause constipation. It is also a good idea to take a stool softener such as Colace daily until your system becomes regular after surgery. If you are prescribed Coumadin, you will be given a separate handout on Coumadin and avoiding foods high in Vitamin K (which can inhibit the Coumadin from working effectively).

**Dental work after joint replacement**

Artificial joints can become infected after simple procedures such as dental cleaning. Preventative treatment is extremely important and should be followed prior to receiving any dental treatment. Please call us, or your dentist ahead of time so that an antibiotic can be prescribed before you have your dental work done. You should not have dental work performed for 3 months following your joint replacement due to the increased risk of infection. If a dental crisis occurs within this time period, please call our office for instructions.

**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/GYN 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 have allergies to both, please consult your surgical team.

**Post-operative office appointment**

Your first postoperative visit will be approximately 10 days after the surgery. You will then be seen again at 6 weeks, 12 weeks, 6 months, and then 1 year after surgery. For those that live out of town the typical schedule is 6 weeks, 4 months and 1 year after surgery. Your first post-operative visit should be set prior to your surgery.

**Post-operative X-rays**

X-rays are obtained immediately after your surgery in the hospital. You will typically get additional X-rays at your subsequent visits to evaluate the hip replacement components for wear, loosening and other possible abnormalities.

**Call the Ortho Nurse Navigator Wilson Phoeng (310) 295-7403 or the office (424) 259-8179 if you notice any of the following:**

Fever above 101° Fahrenheit

Persistent swelling, redness, or uncontrolled pain in the surgical area

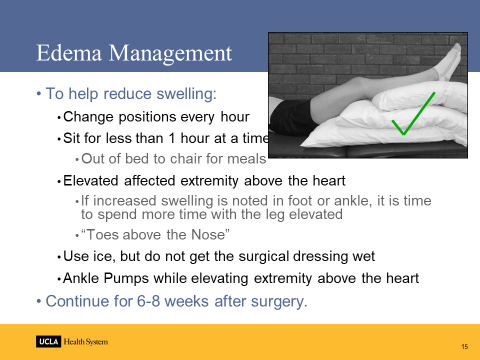
Persistent bleeding or drainage from the wound

Severe calf pain or tenderness

You are unable to do the exercises

**Call 911 if you have a sudden crisis such as symptoms of a heart attack, stroke, dizziness or confusion, or chest discomfort or pain.**

**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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