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Total Hip Replacement Postoperative Patient Instructions

Post-op Office Visit: Please note that your 1st post-op visit has been scheduled for 2-3 weeks after your surgery. If you do not already have or know your appointment date and time, please contact our office as soon as possible at 713-441-3569.

Activities: Unless otherwise instructed, you are encouraged to bear as much weight as possible when walking. A walker should be used until you are able to use a cane. If you feel you are able to do so, you may transition use from a walker to a cane. A cane is used in the *OPPOSITE* hand of your operative leg. You should be walking every 2 hours during the day. Start with short distances and progress to longer distances as you are able.

Hip Precautions: You will need to maintain hip precautions for the first 6 weeks after surgery. This includes not bending at the waist past 90 degrees, not crossing your legs at the knees, and avoid turning your toes inward. Avoid sitting on very low seats, sofas, and beds. Following these guidelines significantly decreases the risk of postsurgical complications like hip dislocation.

Home Health: Upon insurance approval, you will begin receiving home health visits, which is arranged by our office or by the social worker/case manager from the hospital prior to your discharge. Please know that patients with Medicare coverage are only accepted by the home health agency we utilize.

Physical Therapy: We do not recommend any formal physical therapy for patients with hip replacement surgery. Please see exercises in this packet for the recommended self-guided exercises that you can do at home. We recommend that you work on these exercises 5-10 minutes at a time twice daily. If outpatient physical therapy is recommended this will be done by Dr. Incavo at the first postoperative visit.

Incision Care: Do not remove your surgical dressing unless advised to do so by Dr. Incavo or his staff. Your surgical dressing is impregnated with silver (an antibiotic), which allows the dressing to stay on until your first post-operative office visit. This dressing is waterproof, therefore **YOU MAY SHOWER** after your surgery with the dressing intact. If the dressing becomes loose around the edges, you may reinforce it with tape. It is normal for some drainage to appear in the dressing—it does not require to be changed unless it is fully saturated or starts to leak out the side.

It is not unusual to have pain, swelling, redness, bruising, warmth, and/or numbness in the areas surrounding the surgical site following surgery. To address your pain and swelling, it is important that you take time to rest and elevate the operative leg above the level of the heart. You may also place ice over the surgical area twenty minutes at a time. Should you develop significant swelling and tenderness of the calf that does not respond to this treatment, please contact our office or submit a message via MyChart.

Anticoagulants: You will require a blood thinning medication after surgery to decrease the risk of blood clots. Most patients will be instructed to take Aspirin 81 mg (baby aspirin) twice daily for 4 weeks. Unless you have a history of blood clots or embolism, you will then be placed on another form of anticoagulation. Patients already on a prescription blood thinner like Coumadin, Plavix, Xarelto, or Eliquis will be instructed to restart these medications on a day instructed by Dr. Incavo or his staff.

Pain Medications: You will be discharged from the hospital with prescription(s) for pain medication. Take the pain medication as prescribed and only for as long as you have pain. The pain medications are only to be taken as needed. For the first few days, you may likely require dosing more often (ie. Every 6 hours), but you may reduce the frequency of use as you can tolerate. You should NOT OVERUSE these medications due to side effects, which may include: nausea, itching, constipation, drowsiness as well as dependence. Prescriptions for narcotic medications will generally NOT BE written for longer than 6 weeks after your surgery and cannot be called into your pharmacy. **PLEASE NOTE DUE TO DEA REGULATIONS, ALL NARCOTIC PRESCRIPTIONS WILL HAVE TO BE HANDWRITTEN ON A TRIPLICATE PRESCRIPTION AND WILL ONLY BE AVAILABLE TO BE PICKED UP IN THE OFFICE DURING NORMAL BUSINESS HOURS.**

Constipation: Constipation can easily occur when patients are hospitalized, given general anesthesia and given large doses of pain medications. You should increase your fiber, fluids and bowel regulating foods to your diet prior to surgery. Good foods include prunes, prune juice, whole grain breads, oatmeal, fruits and vegetables. Fiber supplements such as Metamucil, Citrucel, or FiberCon can also be helpful. If you are unable to have a bowel movement by the third day following surgery a laxative may be necessary. There are many good over-the-counter medications that you may use including: Colace, Sennakot, Phillips Milk of Magnesia, Miralax, Dulcolax. If you are still unable to achieve a bowel movement with these methods, a glycerin suppository or use of an enema may be necessary.

Driving: You may return to driving 1-2 weeks after surgery once you are walking comfortably with a cane.

Dental Visits: Dental procedures should be postponed for 6 months after joint replacement surgery. When you do return to the dentist, antibiotics will need to be taken 1 hour prior to your visit to prevent infection of the joint replacement. Please inform your dentist that you have a joint replacement. Antibiotics can be prescribed by our office or by your dentist. You will take Amoxicillin 2000 mg (four 500 mg tablets) 1 hour prior to dental work. If you are allergic to penicillin, you will be given Clindamycin 900 mg (three 300 mg tablets) to be taken 1 hour prior to procedure. If a dental visit is necessary or urgent before 6 months after joint replacement, please contact our office.

If you have any additional questions please contact our office at 713-441-3569 or via MyChart.



Standing Hip Abduction

- Stand holding on to a solid object for support.
- Move the operative leg out to the side. Work up to holding for 30 seconds and slowly lower back to a neutral position.
- Once you feel you have built up enough strength and can hold for 30 seconds easily, you can begin to do this on the non-operative side.



Standing Hip Flexion

- Stand holding on to a solid object for support and balance.
- In a straight line, take the operative leg and bring the knee up until the hip is flexed to 90 degrees.
- Work to hold this position for 30 seconds, then relax.



Standing Heel Raises

- Stand holding on to a solid object for support and balance.
- Raise your heels off the floor standing on the balls of your feet.
- Work to hold this position for 30 seconds.

Work on the above exercises for 5-10 minutes at a time at least two times daily.