



PHONE 206.243.1100 FAX 206.431.0835
ProlianceSWSeattleOrtho.com

Three Tree Medical Arts Building
16259 Sylvester Rd SW, Suite 501
Burien, WA 98166

Proliance Surgeons First Hill Orthopedics
515 Minor Avenue, Suite 200
Seattle, WA 98104

Alan D. Barronian, MD
William L. Clark, MD
Brian D. Jones, DO
Peters T. Oflans, MD, MPH
W. Barrett Payne, MD
Jared M. Godwin, PA-C

TOTAL HIP REPLACEMENT POSTOPERATIVE INFORMATION

ANTERIOR APPROACH

GENERAL

PLEASE read prior to preoperative appointment

- Resume your normal diet as you are able to tolerate. It may be easier to tolerate small, frequent meals for the first few days after surgery. Nausea is worse on an empty stomach.
- Apply ice to your hip. Place an ice bag or pack to your hip for 20 minutes at a time and do this every 2 hours while awake. Place a towel between your skin and ice bag/pack. (Do not put ice directly on the skin.)
- Pain is normal after the operation. If it persists and is not controlled with your pain medication and ice, please call our office.
- Please call our office if you have a sustained temperature greater than 100.5 degrees, sudden increase in redness, swelling, or drainage from the incision site or notice any cloudy or foul-smelling drainage.
- You may experience slight numbness in your leg after the surgery, this is normal. If it seems to be escalating, please call our office
- It is very important to have regular bowel movements after your surgery. Decreased activity and pain medicine can lead to constipation. Please follow these instructions:
 - Colace 100mg twice daily while on narcotics.
 - Metamucil 1 tablespoon by mouth daily with orange juice or water.
 - Milk of Magnesium if no bowel movement by the third day.
 - Fleets enema if Milk of Magnesium is unsuccessful.
 - Please call our office if you have not had a bowel movement by the 4th day after surgery.
- Do not drive or drink alcohol while taking narcotic pain medication.
- You may have been provided with an incentive spirometer. After surgery the small air sacs in your lungs may collapse from the anesthesia and pain medication. This device will help keep your lungs clear and active. Please use as instructed. Also, take deep breaths and cough frequently which will help prevent fevers and pneumonia.
- Please do not arrange for any elective dental surgery in the first three months after your procedure. When you have a dental procedure, bacteria can enter your bloodstream and we do not want that bacteria to infect your new prosthesis. You will now need to take an antibiotic prior to any dental procedures for the rest of your life. Please call our office and we can send a prescription to your pharmacy.

ACTIVITY

- Use crutches or a front wheeled walker until you are seen at your first postoperative appointment. You may bear weight as tolerated on both of your legs unless instructed to not do so by your physician.
- Get up for 10-15 minutes every 2 hours that you are awake to move around your room and to and from your bathroom.
- Elevate your leg above your heart as often as possible (this means your leg and foot need to be higher than your chest as compared to the floor).
- Perform 10 ankle pumps every hour while awake.



- Wiggle your toes, bend your knee, and bend your hip as tolerated to improve circulation
- Increase your activity level slowly over the next few weeks. It is normal to have increased swelling, pain and bruising as you do so.
- Avoid active straight leg raises (lifting the leg straight up off the bed), “bridges”, and excessive hip extension (pulling the leg back) for 2 weeks after surgery.

WOUND CARE

- It is normal for your incision to bleed and stain the dressings.
- Please keep the wound dry until your first post-op appointment. You may shower after post-op day 2. If an occlusive (silver) dressing has been applied to your wound, you may shower with it on but do not submerge the area. If the wound does not have an occlusive dressing, cover the hip with saran wrap to keep it dry. You may leave the silver dressing in place for the first 5-7 days, then replace with a dry sterile dressing daily.
- If the wound has been closed with staples they will be removed at your first post-operative appointment (10-14 days)

MEDICATIONS

- Medications you may use post--operatively:
 - ASPIRIN or XARELTO*, blood thinners, to help prevent the formation of a blood clot. An adult strength Enteric coated Aspirin (325mg) should be taken twice a day for 30 days, or Xarelto for 35 days as prescribed, after the procedure.
 - TYLENOL/ACETAMINOPHEN, a pain reliever. Take 500 mg every 4 hours. Do not exceed 3000mg in a 24 hour period. If you are over 65 years of age, take 500 mg every 6 hours.
 - MOBIC* or CELEBREX*, an anti-inflammatory. This will help decrease swelling and improve pain. (you may not need this medication)
 - GABAPENTIN*, for nerve pain. Take 100 mg three times daily. (you may not need this medication)
 - OXYCODONE*, a strong narcotic. Use only on an “as needed” basis
 - DOCUSATE, a stool softener. Narcotic pain medications can cause constipation. Please take while taking narcotic pain medication
 - ZOFRAN*, an anti-nausea medication. Use as needed for any nausea or vomiting from the anesthesia or pain medication

* These medications are by prescription only and your doctor will let you know if you need them

- If you have any adverse effects with the medications, stop the medicine and please call our office.



FOLLOW-UP

- A follow up appointment should be arranged for you to be seen ~10-14 days after the procedure. If you do not have an appointment please call our office to arrange one.

TIMELINE/GOALS FOR RECOVERY

- Independent by 5-14 days
- Off of narcotics in 2 weeks
- Walking without a walker or assistive device in 4 weeks
- Return to work in 4-6 weeks
- 90% healed in 6-12 weeks
- Full recovery in 1 year

IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CALL OUR OFFICE 206-243-1100 x48016.

Updated: 02/08/2024