

# HIP REPLACEMENT POST-OPERATIVE INSTRUCTIONS



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## **DRESSING & INCISION CARE**

- Your initial post-operative dressing should typically remain in place for 2 days. On the 2<sup>nd</sup> post-operative day your nurse will perform your first dressing change. You may shower after removing the dressing.
- Your initial post-operative dressing should remain in place for 7 days. On the 7th post-operative day please remove your dressing. Your dressing is waterproof, you may shower while the dressing is on, and continue to do so after it is removed (after 7 days).
- Keep dressings on the incision until there is no drainage. Once the incision is dry, it is okay to leave it open to air without a dressing, but keep it clean and dry.
- Apply ice or use a cold therapy unit for 20 minutes out of each hour while awake as needed to control pain and swelling.
- It is normal to have some bloody or clear drainage from the incision for a few days.
- The incision will also look red for at least a few days. Blisters and bruising are also common. If the redness spreads or is associated with increasing pain, warmth, drainage, or fevers you should call the office.
- Do not remove sutures or staples. This will be done 10-14 days after your surgery during your post-operative visit or by your rehab facility or therapy center.

## **FOLLOW UP VISIT**

- Make an appointment to see Dr. Shah approximately 2 weeks following surgery. If you are an inpatient at a rehab facility 2 weeks after your surgery, have them remove your staples and make an appointment to see me after your discharge from the rehab facility.
- If an appointment is not already scheduled for you, call the office the day of or the day after surgery. Tell the office that you need to be seen for a post-op check by Dr. Shah.
- Also call your primary care physician to be seen for a medical follow-up 2-3 weeks after your surgery. They should make sure you are back on your appropriate medications at the right doses.
- Dr. Shah will show you x-rays of your new hip at your first post-op office visit.

## **DIET**

- Nausea is common for 24-48 hours after surgery due to anesthesia and pain medications. Start with liquids and progress your diet as tolerated to your regular diet.

## **SHOWERING**

- You may shower after 48 hours. It is safest to sit while showering (on a tub bench or non-slip plastic chair or stool) or to have someone help you as your operative leg will be unable to be used to maintain balance.
- DO NOT SUBMERGE YOUR INCISIONS UNDER WATER. No hot tubs, pools or baths until you have been evaluated and cleared to do so by Dr. Shah.

## **MEDICATIONS/PAIN CONTROL**

- Use prescribed pain meds as directed, but only if needed for pain.
- You may take over the counter Benadryl as directed for a rash or itching due to pain medications.
- You may use over the counter stool softeners such as Colace for constipation which is a common side effect of pain medications. Use as directed.
- You may use over the counter ibuprofen (Advil, Motrin) or naproxen (Aleve) as directed to supplement pain control and to help reduce swelling. Only use these if you have not had any problems with anti-inflammatory medications in the past (gastric reflux, heartburn, stomach ulcers, GI bleeding, kidney problems). Don't take these while on blood thinners, only Celebrex and Mobic should be used in this case.
- It is normal to have some pain after most surgical procedures. If your pain medicines, frequent icing, and the supplemental medications above are not adequately controlling your pain or your prescribed medications are not tolerated, please call the office during business hours to discuss adjusting your medications.
- If you are running low on medications, please plan ahead and call the office during business hours to authorize refills. On-call physicians can not typically refill pain medications after business hours.
- You will likely be prescribed a blood thinner (Lovenox or Enoxaparin or another) to decrease the risks of blood clots after surgery. Typically we recommend taking these for approximately 30 days from the date of surgery. Don't take NSAIDS (except Celebrex or Mobic) while on blood thinners.

## **PHYSICAL THERAPY**

- Physical Therapy (PT) is one of the most important components in attaining a good outcome from your surgery. Physical therapy should begin on the day of or the day after surgery. You should continue PT at your rehab facility or as soon as you get home once discharged from the hospital.
- Once discharged, therapy can be done in an outpatient setting (therapy center) or at your home. One of these will be arranged before you leave the hospital. Call us if therapy has not been set up for you.
- You will see your therapist several times each week, but you **MUST** perform the prescribed exercises on your own each of the other days.

## **WEIGHT BEARING (for operative leg)**

- As tolerated with walker
- Toe touch (use foot just to balance and help with transfers) with walker

## **ACTIVITY**

- You should try to walk several times per day and perform exercises several times per day. Refer to physical therapy protocol for specifics.
- Maintain Total Hip Dislocation Precautions at all times. Your therapists should explain and demonstrate these to you. No hip flexion past 90 degrees or crossing the operated leg over the middle of your body. Avoid low chairs, sofas, or low toilet seats. Be careful when tying or putting on your shoes.
- A large foam pillow called an ABDUCTION PILLOW will be placed between your legs for the first day or night after your surgery. This is to remind you not to cross your legs before the therapist has gone over all the precautions with you. Please place this pillow or a regular pillow between your legs while sleeping to remind you and prevent you from crossing your legs in your sleep.

## WALKER

- A walker should be used for the first 2-6 weeks after surgery for balance while walking.
- You may wean from the walker as tolerated. Sometimes a non-slip cane can be helpful in transition.

## WHAT TO EXPECT

- You will have pain, swelling, and soreness around the surgical site for at least a few days.
- It is not uncommon to have soreness in your back, neck, or other extremities from lying on a small operating room table for several hours.
- Having fevers for the first few days after surgery is not uncommon. If temp is >101 degrees or accompanied by chills, sweats, increased pain, redness, or drainage at the incision site, please call us.
- Use the incentive spirometer from the hospital to continue deep breathing for your first week at home.
- It is not uncommon to have nausea for the first 24-48 hours after surgery until all the anesthesia makes its way out of your system.
- Your toes may be slightly cool and have some tingling. Any true numbness or white digits are a concern. Call the office immediately. Numbness is expected if you had a "nerve block."
- **Nerve Block**- If you had a nerve block performed by anesthesia, your pain will increase as it wears off. Take your pain medicine and stay ahead of the pain. If you have a catheter tube/pump, follow the instructions provided by the hospital and call the number they provided for nerve-block related questions.
- **Blood clots**- A DVT is a blood clot occurring in the veins of your lower leg. It is a rare complication of surgery. If you have calf pain, abnormal swelling, fevers, shortness of breath, or increased heart rate, please contact me or seek evaluation from a medical professional as soon as possible.

## CONTACTING US

- The office # is 281-344-1715
- Dr. Shah's medical assistant is Lupe Sanchez: [guadalupe.m.sanchez@uth.tmc.edu](mailto:guadalupe.m.sanchez@uth.tmc.edu)
- You can call or email her with any problems or questions that may arise
- Please feel free to also visit my website for more information and FAQs at [www.SportsDocShah.com](http://www.SportsDocShah.com).

**Vishal Michael Shah M.D.** \_\_\_\_\_