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Date

## Post-Operative Care: Hip Replacement

### Hip Precautions

After your surgery, you will be asked to observe certain precautions for the first 6 weeks to prevent the ball from popping out of the socket (dislocation). You should not bend your hip beyond 90° (a right angle), and you should not bring your legs or knees together. You should not sit straight up in bed or bring your operative leg up toward your chest. Use a pillow between your legs in bed to help maintain the proper position and to keep your legs apart. Do not rotate your operative leg inward. Use a reacher to pick objects off the floor without bending over.

### Pain

Pain will commonly increase as you become more active at home and during rehab. You may experience groin pain in the operative leg. Medication has been prescribed for you. Take 1 or 2 tablets every four hours if needed. The oral pain medication may cause nausea, constipation and a light-headed sensation. If symptoms occur, call the office, and the medication can be changed. You should not drink alcohol while on this medication.

### Incision

You should keep your wound dry until after the staples are removed. The staples will be removed approximately 14 days after the surgery either at your first post-op visit or in the rehabilitation facility. If you note any new redness, swelling or drainage from your incision, please call the office.

### Temperature/Fever

Your temperature may be slightly elevated for several days after surgery. However, if fever persists above 101°F and is accompanied by chills, sweats, increased pain or drainage at the incision, you should call the office. These may be signs of infection.

## Swelling

Swelling in the operative leg is a normal part of the postoperative course after surgery. Normal swelling is reduced in the morning, and gradually accumulates throughout the day. This can be reduced by elevating your legs or lying down for 30 minutes or an hour during the day. Any activity that leaves your feet on the floor, such as sitting in a chair, standing or walking can lead to swelling. If the swelling is severe in the morning when first arising or if accompanied by leg pain, you should contact your surgeon.

We do several things to reduce the risk of blood clots forming in the veins of your legs. We may place you on either Aspirin or Coumadin to thin your blood again to reduce the risk of clot formation. In addition, you should continue the exercises and walk as tolerated to maintain the blood flow. Pump your feet up and down 20 times each hour while awake and perform the tightening exercises of the thighs and buttocks.

## Physical Therapy

The physical therapist will review some exercises such as abduction exercises, foot pumps, tightening of the thighs and buttocks which will help in maintaining muscle tone and good blood circulation in your legs. You may bear as much of your weight on the operative leg as tolerated. The use of a walker, crutches or cane is helpful while you regain strength in the leg. A bag can be attached to the walker, crutches or cane to assist you in carrying items. Remember, walking is the best exercise for your rehabilitation.

### ***Activities During Rehabilitation:***

**Car:** You should not drive for at least 6 weeks after surgery. When getting in or out of a car, it is important to keep your leg straight and out to the side.

**Chairs:** Care must be taken to not lean forward when getting into or out of the chair. You should keep your legs and knees apart, and avoid excessive flexion at the hip joint. At home, you should use chairs with arms to assist you in getting into and out of the chair. Place one or two pillows in the chair seat in order to keep your hip from flexing.

**Bathroom:** An elevated toilet seat will be required for at least 6 weeks after surgery. We recommend that you use a 3-in-1 commode. In addition, you will not be able to take a bath for 6 weeks. Plan to use a shower or sponge bath at home. A shower seat may also be useful if applicable to your bathroom. You may sponge bathe at a sink. Wash your feet with a long handled sponge, and dry them with a long beach towel.

**Clothing:** Use the devices provided by the occupational therapist (sock donner, long shoe horn, reacher) for at least 6 weeks. These assistive devices are helpful in dressing and will help you maintain your hip precautions. Donning your shoes can also be facilitated by using elastic shoe laces or Velcro closures.

## **Antibiotics**

Prior to any dental, urological, gastrointestinal or surgical procedure you must notify your doctor that you have a joint replacement. You may need to take antibiotics to protect the prosthesis from infection.

This information should serve as a general guide for you in the care of your hip replacement after surgery. As this is general information, your own care may be modified by your surgeon based upon the specific nature of your surgery and general condition. We hope you will ask questions about this information. If there is something concerning or that you do not understand, please call your physician.