

JUSTIN LAREAU, M.D.

Orthopaedic Surgeon
Knee & Hip Specialist



Post-Operative Instructions Hip Replacement

- **WOUND:** You may shower on post-op day #7 if the incision is dry and covered with the bandage. Wrap the area with Press’N’Seal or Saran wrap. Do not scrub the incision and gently pat the area dry after showering.
 - If you have a brown Mepilex dressing, you may leave it in place for up to 7 days if clean and dry.
 - If you have a white PICO dressing, it will stay in place for one week and then will be replaced by a Mepilex dressing by the home nurse.
 - Leave steri strips that are directly on the incision (if you have them) until they fall off on their own.
 - You may see clear-bloody drainage from the incision sites. This is normal. HOWEVER, IF the incision is draining bright red blood or yellow, pus like fluid, or if the amount of drainage increases, notify the office immediately.
 - Do not soak the hip in a bathtub, pool etc. until incision is completely sealed, usually at least 6 weeks post-operatively
- **ICE:** You may use ice over the incision to decrease swelling and relieve pain, 5x/day for 20 minutes at a time.
- **ACTIVITY:** Full weight bearing is advised after surgery, unless noted otherwise. Walk with an assisted device (crutches, cane, walker, etc.) until you feel comfortable and confident ambulating unassisted.
- **PRECAUTIONS:**
 - Anterior approach: Avoid hip hyperextension and hip external rotation
 - Posterior approach: Avoid >90 degree hip flexion, hip internal rotation, and > neutral hip adduction
 - Regardless of the approach, no sit-ups, straight leg raises, lunges or squats are permitted for 3 months
- **COMPRESSION STOCKINGS:** To prevent blood clots in your legs. Worn for 2 weeks.
- **SEQUENTIAL COMPRESSION DEVICES (SCDs):** Worn at night or rest for two weeks post-operatively to prevent blood clots only if you are taking Aspirin. Not required with Xarelto, Eliquis or Coumadin.

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- **POST OPERATIVE MEDICATION:**
 - **Pain Management:** narcotics will be prescribed by our office unless you see a pain management physician in which case they will prescribe all your pain medications
 - **Anticoagulation:** oral medication (typically Aspirin or Eliquis) for 4 weeks post operatively to prevent blood clots.
 - ** You will also be prescribed **Celebrex or Naprosyn** (if able to take NSAIDS). It is used to prevent *Heterotopic Ossification*, which is extra bone formation around the hip that can cause pain and impair movement in the future. This medication needs to be taken twice a day for two weeks after surgery.
- **CARE and PHYSICAL THERAPY AFTER DISCHARGE FROM HOSPITAL:**
 - **If you are discharged to HOME:** Home physical therapy and visiting nurse will be set up by our office. They typically come to your house two or three times in the first two weeks.
 - **If you are discharged to REHABILITATION FACILITY:** Except in rare cases, we do not recommend discharge to rehab facilities or nursing homes as they can have higher risk of infection. If necessary, a hospital social worker will aid you in finding a rehabilitation facility most appropriate for you or obtain placement at a facility of your choice.
- **DRIVING:** With surgery on your Left leg, you may begin driving when you feel comfortable IF you have stopped all narcotic pain medications.
With surgery on your Right leg, you may begin driving at 3-4 weeks after surgery IF you feel comfortable, have stopped all narcotic pain medications, AND are ambulating without a walker or cane.
- **POST OPERATIVE APPOINTMENT:** This appointment is typically two weeks after surgery with Luke and is scheduled prior to surgery. Please call our office if you are unsure of this appointment time.
- **NOTIFY Dr. LaReau's Office IMMEDIATELY if:**
 - You develop a Fever (>101 degrees)
 - Redness over or around the incision or drainage from the incision site
 - Unusual/sudden/persistent pain in your calf, knee, thigh, or hip
 - Numbness or tingling in your foot or redness of the calf
 - Uncontrolled and progressive worsening pain

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NOTE: If you develop pain in your chest, shortness of breath or trouble breathing, or any other emergent condition, go directly to the ER!

- **EXERCISES:** You will be provided with exercises from the home physical therapist to regain hip range of motion and muscle activation.
- **IMPORTANT:** Once you have completed a joint replacement surgery, you will need to take prophylactic antibiotics prior to any dental procedure, colonoscopy etc. *for at least the first year after surgery*, but there is little downside continuing this practice for life. This medication, typically Amoxicillin unless allergic, is taken an hour prior to the procedure and can be prescribed either by the physician performing the procedure or our office. This is a prophylactic medication to reduce the risk of infection.

* * You should wait at least 3 months following surgery prior to undergoing any procedure * *

**Please note these instructions and restrictions may change on a patient-to-patient basis.
If you have any questions, please feel free to call our office. (630)-794-8652**