

Postoperative Instructions and Recovery Total Hip Arthroplasty

This guide offers general milestones; however, your surgeon may adjust instructions based on your specific condition. Always follow the instructions given by your healthcare team.

Immediate Post-Op (0–2 Weeks)

1. Incision and Wound Care

- Keep your incision and dressings clean and dry.
- **Do not remove your dressing.** It will be removed at your 2-week visit by your healthcare provider.
- Your dressing is **water-resistant (not waterproof!)**. It is okay to shower or sponge-bath and let water gently run across dressings or incisions, **but no bathing, soaking, or swimming.**
- If your dressing falls off, replace it with bandages and change daily while gently cleaning the incision. Pat to dry, do not rub.
- If you have surgical glue, do not peel/pick from the skin. It will dissolve with time.
- Check daily for redness, swelling, or drainage.
- Sutures will likely be removed at your 2-week office visit.

2. Bathing

- Typically, you may shower **24–72 hours** after surgery
- Gently let water run over the dressing/incision—no scrubbing.
- **No baths, hot tubs, or swimming** during this period to avoid soaking the wound.

3. Pain Management

- Take prescribed pain medications **only as needed**, following the instructions.
- Use ice packs over the hip/thigh region to reduce pain and swelling. Use a cloth barrier and avoid placing ice directly on the skin.
- If no restrictions, **it is OK to utilize** non-narcotic medications like **Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and Tylenol (Acetaminophen)**. Examples of NSAIDS include:
 - i. Ibuprofen (Advil, Motrin IB)
 - ii. Naproxen (Aleve, Anaprox DS)
 - iii. Meloxicam (Mobic)
 - iv. Diclofenac
 - v. Indomethacin
 - vi. Etc.

Follow the bottle instructions for dosing.

- Narcotic medications you may be taking for pain control can cause constipation. You may take stool softener to avoid this. Keep bowels regular by drinking fluids, adding fiber to diet, and being active (getting out of bed, sitting up in a chair, and going for a walk).
- Restart home medications as directed by primary care.

4. Blood Clot Prevention

- Take your prescribed blood thinner exactly as directed. This may include aspirin, Eliquis, Xarelto, Lovenox, Coumadin, or another medication depending on your individual risk profile.
- Walk short distances several times per day and perform ankle pumps while awake to promote circulation.
- Use compression stockings
- Call the office for new calf pain, calf swelling, or concerning leg redness. Present to the Emergency Department for chest pain, sudden shortness of breath, coughing blood, or fainting.

5. Activity

- Follow your surgeon's specific weight-bearing instructions. Many patients are weight bearing as tolerated with a walker after surgery, but this may be adjusted based on your case.
- Use your walker, crutches, or cane as instructed until your gait is steady and you are cleared to progress.
- Get up and walk short distances multiple times a day to prevent blood clots and promote circulation. Avoid prolonged bedrest.
- Avoid falls. Remove throw rugs, loose cords, clutter, and other tripping hazards at home. Use good lighting and ask for help when needed.
- Avoid sudden twisting, pivoting, or jerky movements through the operative leg. Turn your whole body instead of twisting on the hip.

6. Work

- It is advised **not** to return to work during this period.

7. Hip Precautions

- Hip precautions vary depending on your surgical approach and surgeon preference. Follow the precautions given directly to you.
- If you were given posterior hip precautions, avoid bending the hip past 90 degrees, crossing your legs, or turning the operative leg inward until cleared.
- If you were given anterior hip precautions, avoid excessive hip extension and aggressive external rotation until cleared.
- Do not sit in low chairs, low couches, or low toilets if this causes excessive hip bending or difficulty standing. A raised toilet seat may be helpful.

8. Driving

- Refrain from driving or operating heavy machinery at this time.

9. Concerning Symptoms

Call the office if:

- Fever over 101.5°F or chills
- Increasing wound redness, swelling, foul odor, pus-like drainage, or wound opening
- Worsening hip pain that is not controlled with medication, rest, and ice
- New numbness, weakness, or inability to bear weight that is worsening rather than improving
- New calf pain, calf swelling, or concerning leg redness
- A fall or direct injury to the operative hip

Present to the Emergency Department if:

- Difficulty breathing / Shortness of breath
- Chest pain
- Sudden severe hip pain with deformity, shortening, or inability to move the leg

**We will see you back in the office 2 weeks after surgery for a wound check.
Please call the office to make or confirm this appointment.**

Early Recovery (2–6 Weeks)

1. Incision and Wound Care

- Continue to observe the incision for any signs of infection.
- You may choose to keep incisions uncovered or continue to use bandages, replacing them daily.
- Keep the incision clean and dry. Shower or sponge-bath by letting water gently run across the incision—**no scrubbing, bathing, soaking, or swimming.**
- **Do not use any over-the-counter ointment or creams** on the incision.

2. Bathing

- Continue to avoid **baths, hot tubs, and swimming** until at least 6 weeks

3. Pain Management

- You may start tapering off stronger pain medications if your pain levels allow.
- Continue to use NSAIDs / Tylenol to aid in pain relief.

4. Activity

- Walking: Gradually increase your walking distance. Aim for multiple short walks daily, increasing length each week.
- Assistive device: Continue using your walker, crutches, or cane until you can walk safely without limping and your provider or therapist clears you to advance.

- Continue home exercises and physical therapy if prescribed. Focus on safe walking, transfers, gentle range of motion, and progressive strengthening.
- Avoid high-impact activity, running, jumping, deep squatting, or twisting on the operative leg.
- Continue fall prevention measures at home and in the community.

5. **Work**

- You may consider returning to light or sedentary work if you feel comfortable, are no longer taking narcotic pain medication during work hours, and can safely travel to and from work.
- Jobs requiring heavy lifting, climbing, prolonged standing, or physical labor usually require more time before returning.

6. **Driving**

- You may return to driving **only if** you are no longer taking narcotic pain medications
- Right hip replacement often requires more caution before returning to driving than left hip replacement.

**We will see you back in the office 6 weeks after surgery
Please call the office to make or confirm this appointment.**

Mid-Recovery (6–12 Weeks)

1. **Incision and Wound Care**

- Your incisions should be well on their way to fully healing at this point.
- You may keep the incisions uncovered.
- You may start using over-the-counter ointment or creams at **8 weeks**.

2. **Bathing**

- You may begin to use baths, hot tubs, and return to swimming.

3. **Pain Management**

- You should be relying less on prescription pain medications.
- Over-the-counter medications (e.g., NSAIDS / Tylenol) should be sufficient.
- Some aching, stiffness, and muscle soreness can persist as strength and endurance return.

4. **Activity**

- You should be able to handle most daily activities with improving comfort and balance.
- Physical therapy or a structured exercise program may focus on hip abductor strength, gait training, balance, endurance, and return to normal daily function.

- Low-impact activities such as walking, stationary bike, elliptical, swimming, and light resistance training are generally preferred once cleared.
- Avoid high-impact exercise, running, jumping, contact sports, or heavy repetitive loading unless specifically cleared by your surgeon.
- Expect continual improvement in flexibility, strength, balance, and endurance.

5. Work

- If your occupation requires moderate physical activity, you may be able to return during this period depending on your progress.
- Heavy labor, climbing, kneeling, squatting, and repetitive lifting may require additional restrictions or a slower return.

**We will see you back in the office 3 months after surgery
Please call the office to make or confirm this appointment.**

Long-Term Maintenance (3 Months and Beyond)

1. Ongoing Exercise

- Continue a regular exercise program that includes hip and core strengthening, flexibility, balance work, and low-impact aerobic exercise.
- Use safe body mechanics and avoid unnecessary high-impact stress on the hip replacement.
- Maintain a walking program and gradually build endurance as tolerated.

2. Annual Check-Ups

- You may be scheduled for periodic follow-ups and x-rays to ensure the hip replacement remains stable and functioning well.

3. Lifestyle Modifications

- Maintain a healthy weight to reduce stress on the hip replacement.
- Focus on nutrition, including adequate protein, calcium, vitamin D, and hydration.
- Avoid smoking or nicotine products, which can impair wound healing and bone health.

**We will see you back in the office 6 and 12 months after surgery
Please call the office to make or confirm this appointment**

Key Reminders Throughout Recovery

- **Avoid Smoking:** Smoking hinders wound healing and drastically affects recovery
- **Proper Nutrition:** High-quality protein, calcium, vitamin D, and other nutrients are essential for wound healing.
- **Hydration & Rest:** Stay hydrated and get adequate sleep to support your body's healing.
- **Follow Instructions:** Always adhere to your surgeon's specific guidelines and attend all follow-up appointments.
- **Concerning Signs:** Do not hesitate to contact us for any concerning signs or symptoms.

Contact Information

Dr. Andrew Meyers

Office Phone: (318) 323-8451

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- Increasing wound redness, swelling, foul odor, pus-like drainage, or wound opening
- Worsening hip pain, numbness, weakness, or inability to bear weight
- New calf pain, calf swelling, or concerning leg redness
- A fall or direct injury to the operative hip

Present to the Emergency Department if:

- Difficulty breathing / Shortness of breath
- Chest pain
- Sudden severe hip pain with deformity, shortening, or inability to move the leg

Disclaimer: This timeline is a general guide. Individual recovery can vary based on factors like age, overall health, and the extent of surgery. Always follow the personalized instructions provided by your surgeon and healthcare team.