



Tidewater Orthopaedics
Specialized Care You Can Trust

Hip Replacement Home Instructions

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1. Ice

- Ice will help decrease pain and swelling. If you are not moving from point A to point B for the first 1-2 weeks after surgery place ice on your incision. A bag of ice wrapped in a bath towel works well or any other ice wrap you have may be fine. Keep the ice on and replace the ice when it melts. If the site is too cold, take a break.

2. Pain Medications

- **Tylenol (acetaminophen)**: Take 1000mg every 8 hours. This is a mild pain reliever that works in two ways. First, it relieves pain on its own. Second, it makes other pain medications work better because it is synergistic. This is the pain medication you should cut back on last.
- **Ultram (Tramadol)**: Take 1-2 pills every 8 hours (3 times daily). This is a moderate-strength narcotic pain medication that is also synergistic with other pain medications. This is the pain medication you should cut back on second.
- **Oxycodone (Roxicodone)**: Take 1-2 pills every 4 hours as needed. This is a strong narcotic pain medicine, and these pills are meant for pain relief after major surgery like hip replacement. This is the pain medication you should cut back on first.
- **Mobic (Meloxicam)**: Take once daily for 30-60 days as prescribed. This is an anti-inflammatory medication that some patients are given after surgery. After hip replacement, it helps decrease pain and inflammation and also helps to decrease the chance of bone developing in the muscles around the hip after surgery (heterotypic ossification)

3. Blood Thinner

- You will be placed on a blood thinner after surgery to decrease the risk of blood clots and pulmonary embolism associated with surgery. You will be placed on **Aspirin**, **Lovenox**, or **Xarelto** depending on your risk factors, and you should take that medication as instructed. Blood thinners are usually prescribed for 30 days after surgery.

4. Nausea

- Pain medication can cause nausea. A prescription for nausea medicine, either **Phenergan** or **Zofran**, will be provided to be taken as needed.



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5. Swelling and Bruising

- Swelling and bruising are normal after surgery. Your thigh, knee, calf, ankle, and foot will swell after surgery. Normal daily activity causes swelling and this swelling should decrease with rest, ice, and elevation (the swelling may not completely go away in the first several months after surgery). If you experience swelling that does not go down with rest and continues to increase despite rest, ice, and elevation over a period of 36-48 hours, please call Dr. Higgins's office to have the swelling evaluated. Bruising varies in severity from patient to patient and is typically noted on the thigh and then later in the calf and/or ankle. While not all patients develop bruising after joint replacement surgery, it can be severe in some patients and that is normal.

6. Constipation

- The pain medication taken after surgery can cause constipation. To avoid constipation, adhere to the following protocol until your bowel habits normalize:
 - Stay well hydrated. Drink lots of water, your urine should be light yellow.
 - Stool softener: **Colace** or a similar medication may be prescribed. They are also available over the counter.
 - **Milk of Magnesia** (30ml) may be taken once or twice a day and is available over the counter.
 - **Prune Juice or prunes** can be helpful.
 - **Magnesium Citrate** is a powerful laxative that is available over the counter if the above has not provided relief within 48 hours.

7. Hip Dressing

- Your hip dressing is called an Aquacel dressing and is an antimicrobial dressing impregnated with silver. This dressing can be kept on for 5-7 days. You will be given a replacement dressing and can change it about a week after surgery.
- It is normal to have a small amount of drainage from your incision which will show on the white part of the dressing. If there is some spotting it is okay to leave the dressing in place. If the entire white portion of the dressing is red, then change the dressing. If the incision is draining more than a drop or two, call Dr. Higgins's office to have your incision evaluated.



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8. Home Exercises

- Walking is the best exercise after surgery. There is a sheet of exercises attached that should be done as well. Outpatient physical therapy is helpful and will be arranged for 3 to 4 days post-op.

9. Showering

- You may begin showering 48 hours after surgery if your incisions are not dry/not draining. If your incision is bleeding or draining, do not shower and call Dr. Higgins's office to have the incision evaluated.

10. Driving

- To drive after surgery, you need to be able to control your vehicle and should not be under the influence of narcotic pain medication as it impairs judgment. Some patients are ready to drive 1 to 2 weeks after surgery. Others need 2 – 3 months. When you do feel ready to drive, go to an empty parking lot and practice to ensure you are ready.

11. Fevers

- Low-grade fevers (less than 101 degrees Fahrenheit) are common after surgery and generally last only a short period of time. These fevers are most often caused by mucus in your lungs. Deep breaths, coughing, and moving around a bit are helpful for resolving these low-grade fevers.