



JAGLOWSKI  
ORTHOPEDIC  
INSTITUTE

---

## Total Hip Replacement Post-Operative Care

Dr. Jeffrey R. Jaglowski  
jagsortho.com

**\*\* The following instructions represent general guidelines. Your personal instructions may be slightly different and will be conveyed to you by Dr. Jaglowski if this is the case. Post-operative instructions, physical therapy protocols, and useful information regarding your post-op care may be found electronically at [www.jagsortho.com](http://www.jagsortho.com).\*\***

### Wound Care

- Remove dressing in 7 days and apply border gauze or sterile gauze to cover incision.
- If the dressing becomes wet, stained, or dirty, you may change it before then.
- Keep Dermabond (purple mesh) in place until it falls off or it is removed at your first post-operative visit. It may begin to peel off in the shower, just trim the ends if it does.
- If you have an incisional wound vac, detailed instructions will be given to you at the time of discharge.
- Showering immediately with bandage on is okay (change if becomes soaked); showering after 7 days with exposed incision is okay, just be sure to pat the incision dry afterwards and **DO NOT** scrub your incisions.
- **DO NOT** scrub the area; just allow water/soap to wash over you.
- **DO NOT** apply ointments or creams to your incision sites. They should remain clean and dry.
- **DO NOT** bathe or swim until approved by your surgeon. You **CANNOT** submerge your incisions (pool, hot tub, bath, beach, etc.) for approximately **4 weeks** following your surgery to help prevent infection.

### Ice

- We recommend that you use ice on a consistent basis for the first 48-72 hours. This will help reduce post-operative swelling.
- You can simply apply an ice pack to your knee 3-4 times per day until the swelling resolves.
- Use ice for 20-30 minutes at a time. You may repeat this every 2 hours if desired.
- Use a cloth between the ice and your skin. **DO NOT** place ice directly on skin as this may cause frostbite. Do not leave ice wrap or cold therapy on for more than 20-30 minutes without checking your skin.

## **Braces**

- With a **Total Hip Replacement**, no brace is typically required. Sometimes knee immobilizers are used in certain situations, but this is not routine.

## **Crutches & Weight Bearing Status**

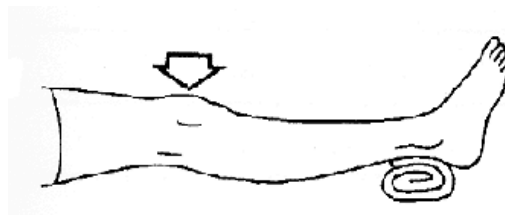
- Following a **Total Hip Replacement**, you will be able to weight bear as tolerated with crutches or a walker after surgery. Walkers are most commonly used. If you don't have one at home already, we will provide you with one prior to your surgery. Please arrange to have a walker at home prior to going home or this may delay your discharge.
- Be sure that you walk by placing your heel down first, then roll to the toe.
- When you can ambulate without a limp and feel comfortable doing so, you can safely discard the walker and walk with a cane or unassisted, however the timing of this will likely be determined by your physical therapist and Dr. Jaglowski.

## **Physical Therapy**

- Please arrange for physical therapy **PRIOR** to your surgery. You will be asked where you plan to complete PT as part of your preoperative checklist. Dr. Jaglowski will give you a written prescription and you may choose a physical therapist that is convenient for you. Please visit [www.jagsortho.com](http://www.jagsortho.com) for a list of our preferred physical therapy providers.
- You will also receive a therapy protocol form or can view electronically at [www.jagsortho.com](http://www.jagsortho.com).
- Following a **Total Hip Replacement**, you should start formal physical therapy within **2 days** of your surgery. The prescription and protocol should be given to a physical therapist of your choice so you can begin your program as directed under close supervision of your surgeon.
- Until you begin working with a therapist, you can do some exercises at home, such as: quad sets, leg raises and calf pumps (see pictures below).

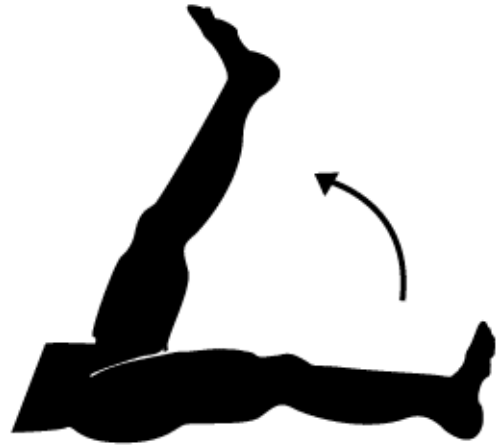
### **Quad Set Exercise**

- Tighten the muscles on top of the thigh as tightly as possible and hold.
- Pull your toes back.
- Push the back of your knee down to the floor.
- Try to push out and up through the heel.
- Pull 10 seconds, trying every second to pull even tighter.
- Relax 5 seconds.
- Repeat for 2 sets of ten times. Rest 60 seconds between sets.



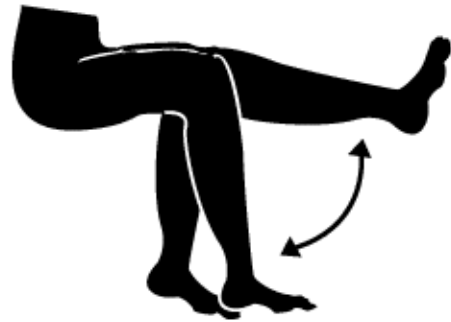
### Straight Leg Raise

- Tighten the muscles on top of the thigh as tightly as possible and hold.
- Raise the entire leg holding the knee as tight as possible. Hold 5 seconds.
- Lower leg and rest 2 seconds.
- Repeat for 2 sets of 10 times.
- Rest 1 minute between sets.



### Flexion and Extension

- Sit on something high enough to keep foot off the floor.
- Bend the knee as far back as possible.
- Straighten knee as far forward as possible and hold it straight.
- Then relax. (Like pumping on a swing.)
- Repeat for 3 sets of 10 times.



### Calf Pumps

- Pointing the Feet
- Keeping your foot strictly in line with the ankle knee and hip joints: Point the foot away from you.
- Repeat slowly, five to 10 times each foot.
- Flexing Feet
- Keeping your foot strictly in line with the ankle knee and hip joints: Flex the foot, this time letting the heel push away from you, and the toe end of the foot come toward you.
- Repeat slowly, five to 10 times each foot.

Flexing the Foot Pointing the Foot



## Pain Control

\*\*You likely received a block or spinal anesthesia in the hospital. Dr. Jaglowski also utilizes a local intra-articular block during your surgery. These modalities are very good at controlling immediate post-operative pain (24-48 hours). Once they wear off, pain medication by mouth becomes important. We recommend that you have some pain medication in your system routinely for the first 1-2 days so you can stay ahead of the pain, and it is not unmanageable once the block wears off. You will receive pain medication by mouth in the hospital to ensure you tolerate it and it is functional for you. As always, the sooner you can stop pain medication the better, however we realize it is an important part of your recovery but strive to wean you off as soon as possible. For more detailed information, see our "Pain Control After Surgery" section at [www.jagsortho.com](http://www.jagsortho.com).

## Narcotics

- You have been prescribed a narcotic pain medication.
- Have your family pick up your pain medication at the pharmacy before you go home so that they are available for you.
- Use the medication only as prescribed. Take it with food.
- Do not drive or use any type of heavy machinery, drink alcohol, make any life-changing or legal decisions, or participate in activities that require a lot of physical skill while on pain medication.
- Take an over-the-counter stool softener (Colace or Senna) while taking the narcotic medication, because narcotics may cause constipation.
- There is Tylenol (acetaminophen) in your pain medication. The usual dose per pill is 325mg but this may vary.
- You **SHOULD NOT** exceed 4000mg of Tylenol in a 24-hour period. Therefore, you **SHOULD NOT exceed 12 tablets in a 24-hour period and should NEVER take Tylenol in addition to your pain medication.**
- If your pain medication causes you to itch, you may try Benadryl to help with the symptoms. This may cause additional drowsiness so please exercise caution.
- ***Pain medication WILL NOT be refilled on the weekend. If you are approaching the end of your prescription or anticipate running out of pills over the weekend, please call the office during normal business hours during the week for consideration of refill.***

## Non- Steroidal Anti-Inflammatory Medications (NSAIDs)

- Your doctor will advise when it is appropriate to re-start anti-inflammatory medication such as Motrin, Advil, Ibuprofen or Aleve.
- NSAIDs are typically held as they can lead to prolonged bleeding time and/or impaired bone healing.
- The timing of resuming NSAIDs will be determined by Dr. Jaglowski

## Blood Clot Prevention

- You will be prescribed Aspirin following your surgery (unless allergies or contraindications are present): take **Aspirin 325 mg daily for 4 weeks (sometimes Aspirin 81 twice a day or another medication such as Eliquis as directed by Dr. Jaglowski), starting the day of your surgery.** This is to help prevent blood clots in your lower leg.
- Calf pumps as described above will also reduce the risk of blood clots.
- You may choose to wear a compression stocking to manage swelling and reduce risk as well.
- Walking and active circulation is the best preventative measure so please be as mobile as possible.

## **Driving**

- Identify a Caregiver/family member to assist in driving you to and from appointments.
- ABSOLUTELY NO DRIVING while taking narcotic pain medication- it is against the law to operate a motor vehicle under the influence of any controlled substances (even when legally prescribed). Narcotics impair both motor ability and judgment.
- As a result of your surgery, your reaction time will be greatly slowed. Thus, in the case an emergency arises – i.e. you need to slam on brakes, depress the clutch, or turn the wheel, you may not be able to do so quickly and risk harm to yourself or others.
- If your **RIGHT HIP** is the operative side, you MAY NOT DRIVE FOR 6 WEEKS (or until cleared by Dr. Jaglowski). It is important to regain adequate quadriceps control before operating a motor vehicle.
- If your **LEFT HIP** is the operative side AND you drive an Automatic Transmission vehicle, you may drive a few days AFTER you finish taking your pain medication. It is important that you feel confident in your ability to respond efficiently before attempting to drive.

## **Return to Work**

- In general, you may return to work as soon as you are comfortable and able to safely weight bear without crutches or a walker. This typically will occur 1-4 weeks post-op, depending on your job type. Return to work notes can be obtained from Dr. Jaglowski at your first post-op appointment. **You should be cleared by your physician prior to returning to work.**

## **Follow-up Appointments**

- Your first post-operative appointment will be scheduled approximately 10-14 days following your surgical procedure. At this appointment your sutures will be removed, if any. If you do not have a post-operative appointment scheduled when you leave following surgery, please call (281) 316-0121 to make the appointment. You may also book via your Klara account or at [www.jagsortho.com](http://www.jagsortho.com).
- The timing of your second post-operative visit will be determined after your first 2-week post-operative visit. Please make subsequent appointment when checking out of your first post-op appointment.

## **Signs & Symptoms to Immediately Report**

- Call 911 or go to the nearest hospital if you are having chest pain or trouble breathing.

## **Call the office at: (281) 316-0121 to report any of the following:**

- Excessive bleeding from the incision site
- Excessive non-bloody wound drainage beyond the first 5 days from surgery
- Poor pain control with your medications
- Numbness or tingling of the leg not related to bruising (If you had a nerve block, then numbness and tingling is expected for the first 48 hours. Please contact the anesthesiologist if you have persistent numbness after the first 48 hours)
- Fever > 101.5° after postoperative day #3
- Increased redness along incision
- Calf pain or leg swelling
- Any other concerns or questions