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Post Op Instructions: Hip Hemiarthroplasty

WEIGHT BEARING

After surgery you will be weight bearing as tolerated, unless you have been instructed otherwise. During the first 6-12 weeks, we recommend that you ambulate with a walker or crutches. After six weeks, you may advance to a cane for 1-2 weeks, and then discontinue all walking aids once you and the physical therapist feel comfortable. The cane should be used on the opposite extremity of the surgical site.

HIP PRECAUTIONS

For the 4-6 weeks, it is important that you follow your hip precautions. Your hip is very stable. However, following the hip precautions, you can avoid your hip from coming out of the socket.

1. Always keep your knees separated at shoulder width.
2. Do not lean forward or bend over past 90 degrees.
3. Do not cross your legs or ankles while lying down or sitting.
4. Avoid sitting in low, soft chairs.
5. Keep pillows between your legs when lying in bed.

SWELLING

Do not be alarmed if you get swelling in the operated leg. This is expected. The swelling can take up to three to four months to subside. As you become more ambulatory, the swelling may increase (even down to the ankle). Swelling can be further controlled by cold therapy over the surgical site, and ankle pumps.

BRUISING

You may also develop some bruising around the incision site and the operated leg. The bruising will eventually go away as the body reabsorbs the blood.

BANDAGES/DRESSING/BATHING

A light compressive dressing has been applied to your incision to absorb some of the fluid. You may remove the dressing on post-operative day three. The incision may be gently washed with water but should not be soaked in water. It should be immediately dried and covered with sterile, dry gauze. If present, leave the steri-strip tape across the incisions. If you are concerned about any redness or drainage of the incisions please call the office.

FEVER

A low grade fever (less than 101°) is common within the first 3-5 days following surgery. If the fever is higher or lasts longer, or is accompanied by increasing pain at the site of surgery, you could have an infection. If this occurs, please call our office for advice.

MEDICATIONS

You were given one or more of the following medication prescriptions before leaving the hospital. If you need a refill on your medication, please call the office by early Friday morning to insure that you will have our medications over the weekend.

Narcotics (Oxycodone, Hydrocodone): Some patients do not like to take medications but if you wait until your pain is severe before you take the narcotic pain medication, you will be very uncomfortable. Try to stay ahead of your pain. Always take the medications with food and do not drive while taking narcotic pain medications. Narcotic pain medications can cause side effects, the most common of which is nausea and constipation. If this occurs, trying taking zofran or phenergan to control the nausea. Also you might need to temporarily use a stool softener to alleviate the constipation.

Non-Steroidal Anti-Inflammatory Drugs (Advil, Motrin, Naprosyn): During the first two days you may occasionally take an NSAID tablet between doses of narcotic pain medication. Always take NSAID with food. Do NOT take NSAIDS if you have an ulcer or a history of problems taking NSAIDS.

Acetaminophen (Tylenol): The provided pain medicine narcotic will typically contain acetaminophen so do not take additional acetaminophen to control your pain.

Anti-Nausea Medication (Phenergan, Zofran): Try to stay ahead of your nausea and take the medication as soon as you begin to feel nauseated.

Antibiotics (Keflex, Clindamycin, Levaquin): Depending on the procedure you may have been discharged home with a course of antibiotics, take them as directed.

Antithrombotic (blood thinners): Sometimes your history or procedure will call for the use of a medication to decrease your risk of blood clots. If so you will be provided a prescription for enteric coated aspirin or other antithrombotic agents.

FOLLOW -UP

You should be scheduled for a post-op appointment within the 10-14 days following surgery, at which time we will review your surgical findings, post-operative program and answer any of your questions.

PHYSICAL THERAPY

Physical therapy will be started in the hospital, and as an outpatient will be continued in the first week after surgery.

IN CASE OF EMERGENCY

Please contact me (Curtisbush@texashealth.org) or call the office phone number in case of an emergency. If your call or email is after hours or on the weekend, your call will be patched through to the answering service and either myself or one of my associates will assist you.