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Postoperative Instructions after POSTERIOR REVISION TOTAL HIP ARTHROPLASTY

1. Activity instructions:

- a. You may put full body weight on your surgical lower extremity.
- b. Initially, you will use a walker after surgery and typically advance to use of a cane in the first 1-2 weeks after surgery.
- c. You may gradually increase your activities and ambulation as tolerated.
- d. You must observe posterior hip precautions with your surgical hip. Do not sit in a position that puts your hip in more than 90 degrees of flexion, do not bend over at the waist, and do not cross your legs. Ask your physical therapist to help clarify your posterior hip precautions.
- e. Physical therapy will be arranged for you to help you work on strengthening and range of motion of your surgical hip.

2. Surgical dressing instructions:

- a. You have a waterproof dressing covering your surgical incision. The waterproof dressing may remain in place until your first follow-up appointment in the office.
- b. You may shower when desired, but do not submerge in a bath tub.

3. Prevention of deep venous thrombosis (blood clot):

- a. The best way to avoid a blood clot is to ambulate regularly.
- b. You will be provided with compression stockings and intermittent compression devices and they should be worn on both legs 23 hours per day for the first 2 weeks after surgery.
- c. If you **do not usually take any other blood thinning medications**, then you will start taking **Aspirin 81 mg by mouth twice daily** on the morning of postoperative day #1 and continue this for 4 weeks.
- d. If you **already take a blood thinning medication** at baseline, then your instructions are as follows: _____

4. Pain control:

- a. The best way to control pain is to control swelling. The best way to control swelling is to elevate your surgical lower extremity above the level of your heart as much as possible and apply ice often.

- b. An electronic prescription has been sent to your pharmacy for a 1 week supply of narcotic pain medication. Narcotic pain medication is sedating and constipating. Increase your fluid intake and use over-the-counter stool softeners as needed to help with constipation. Use the narcotic pain medication when your pain is most severe. Wean yourself off of the narcotic pain medication as soon as possible.
 - c. You may take acetaminophen in addition to, or in substitution for your narcotic pain medication, but do not exceed 3000 mg of acetaminophen in a 24 hour period from all sources.
 - d. You may take non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen in addition to, or in substitution for your narcotic pain medication. Some patients have been advised by their family physician to avoid NSAIDs. If you are unsure, call your family physician to ask.
 - e. It is safe to alternate between narcotic pain medication, acetaminophen, and NSAIDs.
5. Reasons to call the office:
- a. Foul odor or excessive drainage from your surgical dressing.
 - b. Increasing pain not relieved by pain medication.
 - c. New numbness or tingling.
 - d. Signs or symptoms of systemic illness (fever, chills, nausea, generalized weakness or body aches, etc.).
6. Follow-up:
- a. A 2 week follow-up appointment was made in the office on the day that you scheduled your surgery. If you do not know the date of the follow-up appointment, please call the office at your convenience for a reminder.