

DR. DAVID R. LIONBERGER
TOTAL HIP REPLACEMENT SURGERY
Post-operative GUIDELINES

MEDICATIONS

- Norco, Lyrica, Celebrex, Ambien and Zofran (Odansetron) prescriptions were given in pre-op packet
- Pain relievers are best used on a regular basis before the pain is intolerable. Medications should always be used before your physical therapy sessions to maximize results.
- Pain medication should be taken with food to decrease nausea.
- **Any requests for medication refills should be called in by you to your pharmacy between 8AM and 12PM Monday-Friday. Your pharmacy will then request them from us via fax.**
- DVT prevention: if given Lovenox continue until medication is complete then start Aspirin 325mg daily for 4 weeks. If given Aspirin instead of Lovenox then take Aspirin 325 mg twice daily for 6 weeks. Never use any anti-inflammatory except Celebrex while on aspirin.
- Resume all previously taken medications when returning home unless otherwise instructed by a medicine doctor.

INCISION CARE

- **Dressings should be changed daily.** Showering may begin the day after discharge. Wrap leg in “press ‘n seal” or saran wrap while showering. After, clean wound with hydrogen peroxide and dress with a dry sterile gauze for 1-2 weeks post-op until wound looks healed
- Swelling and bruising in the leg and foot is very normal to see during the first several weeks.
- If excessive swelling persists, you may need to reduce your blood thinner medication. Your internist or Dr. Lionberger can advise you on this. Swelling may persist intermittently 2-3 months following surgery.
- Bruising or skin discoloration is common extending from buttocks to ankles or toes. This appears after discharge, this will take 2-3 days to resolve but points out the importance of elevation to minimize.
- If any drainage occurs that appears yellowish, odorous or pus-like, or if you experience wound redness, fever (>101.0°) or pain that seems to be more intense than before, this could be a sign of an infection and you should **CALL THE OFFICE AT (713) 333-4100.**

REHABILITATION

- Physical therapy is generally not required for total hip replacement. Follow the precautions and instructions given to you by the Physical therapist in the hospital.
- The best exercise is walking. This should be done for at least 15 minutes twice a day. It is wise to walk with someone to assist you, but you should also try to push yourself to attain more endurance by increasing the distance or duration that you are walking.
- Swimming may begin 6 weeks following surgery as long as the wound is completely healed and the staples are removed.
- You will need a walker for ambulation for 1-3 weeks post-operatively. Once you feel secure on your feet you may progress yourself to a cane in the hand **opposite** your hip replacement.

PRECAUTIONS

- The following precautions should be strictly enforced for **8 weeks** following surgery to reduce the likelihood of hip dislocation. After that time, scar tissue will grow and stabilize the prosthesis.
 - **DO NOT** cross your legs. Sit with your legs 3-6 inches apart and keep knees below hips (sit on a small pillow).
 - **DO NOT** lie on your operated side.
 - **DO NOT** bend to pick up objects, **ESPECIALLY TOWARD YOUR OPERATED SIDE.**
 - **DO NOT** squat down.
 - Have help tying your shoelaces or cutting your toenails.
 - Use a raised commode seat.
 - If you have a low bed, place cinder blocks under the legs of your bed and “easy chair.” This will make them 8” higher and reduces the risk of dislocation by reducing the angle of bending at the hip.
 - Remove objects such as throw rugs and electrical cords to avoid tripping.
- Never engage in activities that involve running, jumping, squatting or carrying heavy loads for the first two weeks. Avoid rotational stress and pivots. *Remember: “Toes and nose are to be pointed in the same direction.”
- Do not put more than ½ of your body weight on the operated leg alone for 6-8 weeks
- Driving may resume 4 weeks following surgery, but **ONLY** if off narcotic pain medications.

- Hip revisions and special circumstances may delay full weight bearing to 3 to 6 months or longer.
- Most people can return to **desk jobs** in 3-4 wks after surgery, full work load will be decided by Dr. Lionberger

LONG-TERM PRECAUTIONS

- Antibiotic coverage should be initiated if a dental, skin or genitourinary procedure is performed following your joint replacement.
- **CALL THE DENTIST OR PHYSICIAN DOING THE PROCEDURE FOR THE ANTIBIOTIC PRESCRIPTION.** The following are recommendations for preventative antibiotics:
 - **Amoxicillin or Keflex:** 2 grams orally 1 hour prior to the procedure.
 - *If unable to take oral medications:* **Cefazolin** 1 gram or **Ampicillin** 2 grams IM/IV 1 hour prior to the procedure.
 - *If allergic to Penicillin:* **Clindamycin** 600 mg orally 1 hour prior to the procedure. If unable to take oral medications: Clindamycin 600 mg IM/IV 1 hour prior to the procedure.

FOLLOW-UP CARE

- **FOR ALL FOLLOW-UP APPOINTMENTS, CALL THE APPOINTMENT DESK DIRECTLY AT (713) 333-4103.**
- Post-operative follow-up visits are required at 3 and 6 weeks following surgery with Dr. Lionberger and/or Lauren Zainfeld, PA-C
- A 3 month post-operative visit may be recommended depending on your 6 week visit exam results, and after that you should be seen on a yearly basis.
- **Regular follow-up post operative appointments are made on a next available basis and cannot be accommodated as work-ins. Therefore, all patients should schedule their post-operative appointments as early as possible.**