



Coastal Orthopaedics and Sports Medicine

Peter Candelora, MD
*Specializing In General Orthopaedics
and Joint Replacement*

7 2 7 - 8 4 8 - 1 4 1 7

Activites after a Total Hip Replacement

If you are a candidate for hip replacement surgery, you will probably anticipate that life after the surgery will be much like life before it, only without the pain. In many ways, you are correct. But change doesn't happen overnight and your active participation in the healing process is necessary to ensure a successful outcome.

Although you will be able to resume most activities, you may have to change how you do them. For example, you will learn how to bend to avoid putting stress on your new hip. the following sugestions will help you to adapt to your new joint and resume your daily activitics safely.

Activities in the hospital

Joint replacement surgery is major surgery and, for the first few days, you'll probably want to take it easy. It is important that you start some activities immediately to counteract the effects of the anesthesia, encourage healing and prevent blood clots from forming in your leg.

Proper pain management is important in your early recovery. Although pain after surgery is quite variable and not entirely predictable, it can be controlled with medication. Initially you will probably receive pain control medication through an intravenous connection (IV). You don't have to worry about becoming dependent on the medication; after a day or two, injections or pills will replace the IV. You will also be receiving injections of a blood-thinning medication to help prevent blood clots from forming in the veins of your thighs and calves.

You may lose your appetite and feel nauseous or constipated for a couple of days. These are normal reactions. You may be given stool softeners or laxatives to ease constipation caused by the pain medication. You will be taught to do breathing exercises to prevent congestion from developing in your chest and lungs.

Usually a physical therapist will visit you on the day after your surgery and begin teaching you how to use your new joint. It is important that you get up as soon as possible after joint replacement surgery. Even as you lie in bed, you can "pedal" your feet and "pump" your ankles on a regular basis to promote blood flow in your legs.

Discharge

Your hospital stay may last from 3 to 4 days, depending on how well you heal after surgery. You may choose to temporarily be transferred to a rehabilitation facility. When you are ready to be discharged home, the following tips can make your homecoming more comfortable.

1. In the kitchen (and in other rooms as well), place items you use regularly at arm level so you don't have to reach up or bend down.
2. Rearrange furniture so you can maneuver with a walker. You may temporarily change rooms (make the living room your bedroom, for example) to avoid using the stairs.
3. Get a good chair, one that is firm and has a higher-than-average seat. This type of chair is safer and more comfortable than a low, soft-cushioned chair.
4. Remove any throw or area rugs that could cause you to slip. Securely fasten electrical cords around the perimeter of the room.
5. Install a shower chair, gripping bar and raised toilet seat in the bathroom.
6. Use assistive devices such as a long-handled shoehorn, a grabbing tool, or a reacher to avoid bending over too far.

Activities at home

General guidelines include:

1. Keep incision clean and dry. A dressing will be applied in the hospital and will be changed daily in the rehab facility or by the home health nurses.
2. Do not shower or bathe until the staples are removed, usually 10 days after surgery.
3. Notify the doctor if the wound turns red or begins to drain.
4. Notify the doctor for a temperature > 100.5 F for more than 24 hours.
5. Swelling is normal for the first 3 to 6 months after surgery. Elevate your leg slightly and apply an ice pack for 15 to 20 minutes at a time.
6. Calf pain, chest pain or shortness of breath are signs of a possible blood clot. Call the doctor immediately if you notice any of these symptoms.

Resuming normal activities: Once you get home, you should continue to stay active. The key is to remember not to overdo it! While you can expect some good days and some bad days, you should notice a gradual improvement and a gradual increase in your endurance over the next 6 to 12 months. Here is a general list of common sense Do's and Don'ts:

1. Do take pain medications as prescribed.
2. You will be able to full weightbear on your operative leg immediately, but you must use a walker for safety for approximately 3 months. You will progress to a cane when ready.
3. Sleep on your back with your legs slightly apart or on your side with a pillow between your knees. Be sure to use the pillow for at least 6 weeks. You may sleep on the operative side **without** a pillow as soon as you can tolerate it.
4. Sit only in chairs with arms. Do not sit on low chairs, low stools, or reclining chairs. **Do not cross your legs.** The physical therapist will show you how to sit and stand from a chair, keeping your operative leg in front of you.
5. Don't walk without your walker.
6. Don't bring your knee up higher than your hip.
7. Don't lean forward while sitting or as you sit down.
8. Don't try to pick something up from the floor while you are sitting.
9. Don't turn your feet excessively inward or outward.
10. Do keep the leg facing forward at all times.
11. Don't reach down to pull blankets up when lying in bed.
12. Don't bend at the waist beyond 90 degrees.
13. Do use ice to reduce pain and swelling. Don't apply ice directly to the skin, use an ice pack or wrap it in a damp towel.
14. Sexual relations can be safely resumed 8 to 12 weeks after surgery with precautions.
15. You may not drive for approximately 3 months after surgery.

It is very important to follow the above guidelines as failure to do so may result in dislocation of the hip.