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Consultant Orthopaedic Surgeon – Surgery of Hip & Knee

HIP RESURFACING REPLACEMENT

POST-OPERATIVE INSTRUCTIONS

Hip Precautions

After your surgery, you will be asked to observe certain precautions for the first 6 weeks to prevent the ball from popping out of the socket (dislocation).

Pain

Pain will commonly increase as you become more active at home and during rehabilitation. You may experience groin pain in the operative leg. Medication will be prescribed for you. Take tablets regularly during the initial post operative period. Prescription pain medication may cause nausea, constipation and a light-headed sensation. If symptoms occur the medication can be changed.

Simple analgesic (pain relief) medicine with paracetamol only may be substituted for prescription medication as your pain permits.

Incision

You should keep your wound dry beneath the water-resistant dressing for the first 2 weeks. Usually, dissolving sutures are used in the skin. They do not require removal. If skin staples are used, they will be removed approximately 14 days after the surgery either at your first post-op visit, in the community or in the rehabilitation facility.

You may apply ice in a bag to the operative region for 10-15minutes at a time, no more than every hour. Take care not to injure the skin by direct application of freezing temperature. Take care not to disturb the dressing or traumatize the wound.

If you note any new redness, swelling or drainage from your incision, please call the rooms.

Temperature/Fever

Your temperature may be slightly elevated for several days after surgery. However, if fever persists above 37.5°C and is accompanied by chills, sweats, increased pain or drainage at the incision, you should call the rooms. These may be signs of infection.

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Swelling

Swelling in the operative leg is a normal part of the postoperative course after surgery. Normal swelling is reduced in the morning, and gradually accumulates throughout the day. This can be reduced by elevating your legs or lying down for 30 minutes or an hour during the day. Any activity that leaves your feet on the floor, such as sitting in a chair, standing or walking can lead to swelling.

You should continue the calf pump and circulations exercises and walk as tolerated to maintain the blood flow.

If the swelling increasingly severe and accompanied by leg pain, you should contact the rooms.

Physical Therapy

The physiotherapist will review some exercises such as abduction exercises, foot pumps, tightening of the thighs and buttocks which will help in maintaining muscle tone and good blood circulation in your legs. You may bear as much of your weight on the operative leg as tolerated. The use of a walker, crutches or cane is helpful while you regain strength in the leg. A bag can be attached to the walker or crutches to assist you in carrying items.

Remember, walking is the best exercise for your rehabilitation.

Car: You should not drive for at least 4 weeks after surgery. When getting in or out of a car, it is important to keep your leg straight and out to the side.

Chairs: At home, you should use chairs with arms to assist you in getting into and out of the chair.

Antibiotics

Prior to any dental, urological, gastrointestinal or surgical procedure you must notify your doctor that you have a joint replacement. You may need to take antibiotics to protect the prosthesis from infection.

This information should serve as a general guide after surgery. As this is general information, your own care may be modified based upon the specific nature of your surgery and general condition.