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## Consultant Orthopaedic Surgeon – Surgery of Hip & Knee

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### TOTAL HIP REPLACEMENT

### POST-OPERATIVE INSTRUCTIONS

#### Hip Precautions

After your surgery, you will be asked to observe certain precautions for the first 4 weeks to prevent the ball from popping out of the socket (dislocation). You should not bend your hip beyond 90° (a right angle), and you should not cross your legs or your knees over. You should not sit straight up in bed or bring your operative leg up toward your chest. Use a pillow between your legs in bed to help maintain the proper position and to keep your legs apart. Do not rotate your operative leg inward. Use a reacher to pick objects off the floor without bending over.

#### 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. You should not drink alcohol while on this medication.

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-operative 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 once 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.

## 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 is 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.

## Activities During 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:** Care must be taken to not lean forward when getting into or out of the chair. You should keep your legs and knees apart, and avoid excessive flexion at the hip joint. At home, you should use chairs with arms to assist you in getting into and out of the chair. Place one or two pillows in the chair seat in order to keep your hip from flexing.

**Bathroom:** An elevated toilet seat will be recommended for at least 6 weeks after surgery. Plan to use a shower or sponge bath at home. A shower seat may also be useful if applicable to your bathroom. Wash your feet with a long handled sponge, and dry them with a long beach towel.

**Clothing:** Use caution and assistive devices (long shoe horn, reacher) for at least 6 weeks. This will help you maintain your hip precautions. Donning your shoes can also be facilitated by using elastic shoe laces or Velcro closures.

Long journeys and flying are generally not recommended in the first 6 weeks after surgery.

## 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.*