

2-week Postop Visit - Posterior Total Hip Replacement

1. You may stop all of the medication at 4 weeks including Aspirin, Iron (Vitron C) and Colace.
2. You can resume all of your normal pre-operative medications including vitamins and supplements.
3. Celebrex is an anti-inflammatory medication that helps with pain and swelling. If you have this, finish what you have. Transition to using over-the-counter anti-inflammatory medications as needed such as Aleve, Ibuprofen or Motrin.
4. It is normal to have pain, stiffness, tightness and swelling around the hip and all the way through the knee to the foot and ankle. This may cause discomfort in these areas, including the knee.
5. Most patients have pain or discomfort that is worse after PT and at night when they are trying to sleep. The most common complaint is inability to get comfortable or sleep well at night.
6. Typically swelling, tightness and achiness is more pronounced in the evening after you have been using your leg all day.
7. Most patients feel exhausted! This is normal recovery from a major operation. You will gain your endurance back over the next few weeks.
8. It can still be helpful to ice and elevate your leg.
9. You may drive when you are comfortable and have the leg control to do so safely. You should also be off all narcotic medications such as Norco/Hydrocodone before driving. Practice braking especially if you had your right hip replaced in a safe environment before driving.
10. You may now bend past 90 degrees. You should bend by reaching between the knees with both arms if you have to get to your socks and shoes. To reach the floor, you may extend the operative leg behind you. It may take a few weeks to stretch out so that you can get all the way down to your feet. BE PATIENT!
11. You may progress off of the cane when you can walk without a limp but it is best to carry it outside of the house for balance and support. You do NOT want to fall!
12. You may start light activity or exercise. Walking is the preferred exercise. Avoid impact and heavy twisting (jumping, running, skiing, horseback riding, golf and tennis). Most people can now tolerate walking

and riding a stationary bike. After this is comfortable, you may progress to an elliptical, light weights or swimming as you get stronger.

13. It is important for you to increase the amount of walking you do. At a minimum, you should be getting out of the house for a minimum of 20-30 minute walk each day. If you are already walking this amount, increase your time on a daily basis.
14. You may travel at 4 weeks. When going through the airport, consider letting TSA officials know that you've had a joint replacement. The cards we used to hand out are no longer helpful (they are not government issued forms of ID) so they may put you through the body scanner and your new joint is not usually a problem. A regular metal detector may buzz.
15. If your incision is healed, you may use Vitamin E lotion or Cocoa Butter on the area to help it smooth out and be less dry and itchy. Most patients have a numb area behind and/or below the incision.
16. We ask that you wait 90 days before seeing the dentist for a routine cleaning. The current AAOS/ADA guidelines say if you are of normal health, antibiotic prophylaxis is rarely indicated prior to cleaning, but you may discuss this further with your dentist. We routinely give you a prescription for the first year.
17. Your next follow up is at the 3 month mark. Please make your next appointment on the way out today.