



## HIP SURGERY

### Post-Operative Instructions

**\*\*Please note that the instructions provided below are general guidelines to be followed; however, any written or verbal instructions provided by Dr. Okoroha or his team supersede the instructions below and should be followed.**

#### WOUND CARE

- Leave the bulky surgical bandage on and **DO NOT shower for 48 hours.**
- After 48 hours, remove bandages and gauze, but **LEAVE STERI-STRIPS (white tape) IN PLACE.**
- You may shower at this point.
- Cover incision sites with waterproof bandage prior to getting into the shower.
- Should the incisions accidentally get wet, pat them dry with a clean towel. **DO NOT SCRUB.**
- Keep incisions dry, open, and exposed to air
- Wear loose fitting clothing while the incisions are healing
- It is normal to see a lot of blood-tinged, soaked fluid on the bandages.
- This may appear to be a pinkish-yellow fluid and is normal.
- In between showers, leave the incision sites open to air
- **DO NOT APPLY LOTIONS OR OINTMENTS TO THE INCISION SITES**
- Your stitches will be removed at your first post op visit.
- You may shower at this point without waterproof bandages over the incision sites.
- **DO NOT scrub the incision sites-** you may let soap and water run down the incisions and pat dry with a towel once you're done.
- **DO NOT** soak in any pool/bath water until 4 weeks after surgery.

#### ICE THERAPY

- Icing is very important in the initial post-operative period and should begin immediately after surgery.
- Use ice machine continuously to ice for 45 minutes every 2 hours daily until your first post-operative visit.
- Use the ice machine (when prescribed) as directed for the first 2-3 days following surgery. Ice at your discretion thereafter.
- When using "real" ice, avoid direct skin contact > 20 mins to prevent damage / frostbite of skin. In either case, check the skin frequently for excessive redness, blistering or other signs of frostbite.
- Remember to keep the extremity elevated while icing when able.
- For technical questions regarding the ice machine, please contact the vendor directly using the telephone number on the device.



## MEDICATIONS

- Local anesthetics are injected into the wound and joint at the time of surgery. This will wear off within 8-12 hours and it is not uncommon for patients to encounter more pain on the first or second day after surgery when swelling peaks.
- It is recommended to begin the prescription pain medication provided to you upon arriving home, and continue every 4 hours for the first 1-2 days after surgery.
- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects take the medication with food. If constipation occurs, consider taking an over the counter stool softener such as Dulcolax or Colace or a laxative.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medications changed.
- Do not drive a car or operate machinery while taking the narcotic medication.
- If you are having pain that is not being controlled by the pain medication prescribed, you may take an over the counter anti-inflammatory medication such as ibuprofen or naproxen in between doses of pain medication. This will help to decrease pain and decrease the amount of narcotic medication required. Please take as directed on the bottle.
- For **3 weeks following surgery take a blood thinner as prescribed** to lower the risk of developing a blood clot after surgery. Please contact the office should severe distal arm pain occur or significant swelling of the distal arm and/or hand occur.

## WEIGHT BEARING

- You will be flat-foot weight bearing for the first few weeks after surgery
- It is okay to partially weight bear (more) when standing in the shower or using stairs
- You will not damage the surgery
- Do not increase your weight bearing status unless otherwise directed by Dr. Okoroha or the PA

## BRACE (if prescribed)

- You will get a brace on the day of surgery
- Over the first few days, concentrate on icing the hip and wear the brace when you are up and about.
- The brace should be worn until you are off the crutches
- You do NOT need to wear the brace:
  - While sleeping
  - On the CPM machine
  - Laying on your stomach
  - Using the upright bike
  - Using the ice machine
  - Showering and using the bathroom
- The lateral (outside) post on the brace should be positioned over the lateral aspect (outside) of the leg
- The Velcro on the distal (lowest) strap can wear out quickly
- You can call the brace company to get a replacement strap if this happens (Number listed on the last page of the packet).
- The point of the brace is to prevent hyperflexion, adduction, and abduction (bringing the leg too close to the chest or bringing the leg too close or far away from the body).



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## PHYSICAL THERAPY

- You will start physical therapy after the first few weeks of surgery.
- Dr. Okoroha will determine when the best time for you to start physical therapy will be based on your clinical progress and can vary in length of time after surgery.
- You will receive instructions for physical therapy at your initial follow up appointment.

## NIGHT TIME PADDING

- Wear the padding at night time.
- The point is to prevent rotation and abduction
- Use this padding for 4 weeks postop.
- If you cannot sleep, alternatives are :
  - Take your non-operative leg out of the boot/padding .
  - Sleep in the brace.
  - Use a pillow between the knees if lying on your nonop side or place a pillow at the side of the operative leg if lying on your back

## GENERAL ACTIVITY LEVELS

- Alternate sitting, reclining, and lying down as much as you can tolerate
- We recommend you get moving once every 30-45 minutes to prevent stiffness.
- Do not stay in a seated position for longer than 30-45 minutes
- If you need a work note to get up from your desk, please let us know and we can send a note in to your employer.
- Spend 2 to 3 hours per day on your stomach (you can take the brace off for this)
- Laying around too much will make you stiff, so feel free to move around your home as you can tolerate.
- You can go up and down stairs. Go up with the good leg (nonoperative leg) first and then bring the bad leg up onto that step (with the crutches or holding the railings).
- No driving until you are off the crutches/walker

## EMERGENCIES\*\*

- Contact Dr. Okoroha's PA at [OkorohaPA@gmail.com](mailto:OkorohaPA@gmail.com) if any of the following are present:
- Painful swelling or numbness (note that some swelling and numbness is normal)
  - Unrelenting pain
  - Fever (over 101° - it is normal to have a low grade fever for the first day or two following surgery) or chills
  - Redness around incisions
  - Color change in distal arm and/or hand
  - Continuous drainage or bleeding from incision (a small amount of drainage is expected) ·
  - Difficulty breathing
  - Excessive nausea/vomiting
  - Calf pain
- If you have an emergency **after office hours** or on the weekend, contact the service line at **507-284-4300** and you will be connected with someone who can help.
- **If you have an emergency that requires immediate attention proceed to the nearest emergency room.**

## FOLLOW-UP CARE/QUESTIONS

- If you do not already have a post-operative appointment scheduled, please contact the our scheduler at 612-502-5386 to schedule.
- Typically the first post-operative appointment following surgery is 10-14 days following surgery
- The first post operative appointment may be with one of the Physician Assistants. They will assess the wound, and answer any questions you may have regarding the procedure
- If you have any further questions please contact Dr. Okoroha's physician assistant at [OkorohaPA@gmail.com](mailto:OkorohaPA@gmail.com) for the fastest response. If e-mail is not an option please call the practice at 612-313-0531.



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