



ORTHOPAEDIC
SPECIALISTS
MELBOURNE

Mr Rodney Richardson

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TOTAL HIP REPLACEMENT CARE OF YOUR HIP AFTER SURGERY

Mr Richardson will expect you to remain in hospital until you are comfortable, medically stable, mobilising safely and independent in self care. Typically you will be ready for discharge 3-4 days after your surgery. If you are at all worried about going home around this time, then please discuss it with Mr Richardson or the nursing staff looking after you. Inpatient rehabilitation is available for you if you live alone, or require additional time to regain your independence.

CRUTCHES

To improve your recovery and to minimise the risks of complications you will be encouraged to mobilise as soon as possible. You will be able to fully weight bear through your new hip, but will need crutches or gait aids for 2-3 weeks before your muscles have recovered their strength to be able to walk unaided. Please continue to use a single crutch or walking stick until you no longer limp when walking.

ANALGESIC/PAIN RELIEF

A Total Hip Replacement is a big operation, but the recovery is usually relatively quick. You will be given a pre-medication before your surgery which will continue for the first 4 weeks post-operatively. Your wound and all soft tissues will be infiltrated with local anaesthetic, making your procedure as pain free as possible. This will enable you to stand and walk immediately after your surgery, with the aim of weight bearing the same day as your surgery. You will require strong narcotic based pain relief for the first 48 hours, but usually by the time of discharge it will no longer be required.

Regular paracetamol (Panadol Osteo) and an anti-inflammatory will be all that is required. You may still require something stronger at night, however it is best to

avoid stronger analgesics during the day unless absolutely necessary. If the stronger pain killers are continued, the side effects such as nausea, lethargy, confusion and constipation will worsen. Constipation is very common and you will be offered a laxative to help, which you are encouraged to keep taking until you are off all narcotic medications.

If you experience worsening pain after discharge then please consult your GP or contact Mr Richardson's rooms for further advice.

WOUND

Mr Richardson sutures all his wounds with a dissolving suture. As a result, nothing needs to be removed.

Your wound will have the post-operative dressing left intact for your hospital stay. Prior to discharge your dressing will be taken off. Small pieces of tape (steristrips) will be removed. There will be 2-3 cm of suture at the ends of the wounds which will be lifted up and trimmed flush with the skin. The wound will then be sprayed with a clear dressing. Nothing further needs to be done to the wound. You can then shower safely over the wound, with no other dressing required.

Please do not soak the wound in a bath, or swim in pool for a minimum of 2 weeks. You may do so after 2 weeks if the wound is perfectly clean and dry.

It is normal for a wound to be warm and swollen after surgery. Some redness around the wound can also be normal healing. At no stage should antibiotics be given for any of these symptoms.

However,

IF AT ANY STAGE AFTER DISCHARGE YOU EXPERIENCE A DISCHARGE FROM THE WOUND PLEASE CONTACT MR. RICHARDSON IMMEDIATELY.

PHYSIOTHERAPY

Your physical therapy will commence as soon as you are able. Typically you will be stood and taken for a short walk as soon as you are capable after surgery.

Your physiotherapist will give you an exercise programme, which will change as you progress. It is important to continue with this until your post-op review with Mr Richardson at the 6-week mark.

It is very common after a hip replacement for your operated leg to feel a little long. This is because the worn out hip has been restored to its proper length, and

contractions limiting movement have been released. The sensation of being long will disappear as you recover. Please do NOT use any shoe raises or wedges during this time to try and balance yourself out. Doing so will only recreate the contractures which have just been fixed.

DRIVING

You are not allowed to drive for a minimum of 6 weeks. Mr Richardson will assess your progress at the 6 week post-operative appointment as to when you may resume driving.