
Post-Operative Instructions
Hip Fracture Surgery
Hemiarthroplasty
Posterior Approach
Full Weight Bearing

Your Post-Operative Bandages:

Once you leave the hospital your post-operative dressing has two layers that you need to understand in order to properly care for your hip following surgery. Your incision was closed with multiple layers of deep absorbable stitches and the skin was closed with non-absorbable staples and a fine film of skin glue. Over this a sticky white dressing called Primapore was placed. Calf-high plastic pneumatic stockings are used after surgery to decrease the risk of getting a blood clot in your legs.

Elevation & ICE:

One important goal following surgery is to minimize swelling around the hip. The best way to achieve this is with the frequent application of ice and by keeping the leg elevated.

Washing & Bathing:

You should be careful to keep the wound clean and dry for the first 5 days after surgery. It is OK to shower directly over your staples and glue as these give a water-tight seal. It is also OK to use soap on your leg and over the staples and glue. This shower should be quick. I would prefer that you do not take a bath, go in the pool or hot tub until I clear you to do so. Your hip should be covered with a new dressing daily.

In order to prevent a hip dislocation, be careful bending over in the shower. I request that a shower chair be used for at least the first 2 months after surgery. Discuss the safest methods of bathing with your physical therapist before your first shower.

Limited Weight Bearing, Walking & Crutches:

Patients with a Press-Fit partial hip replacement are usually allowed full weight bearing; however there will be the occasional patient who will only be allowed to put 50% of their weight on the operative leg. Both your physical therapist and I will be sure to let you know if your weight bearing is limited.

We encourage all of our patients to start standing and walking the day after surgery however, this is usually not feasible in the hip fracture population and may take closer to 2-3 days after surgery. Physical therapy begins on



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the first day after surgery - while you are in the hospital. Do not attempt to walk on your own, since it will take a while to get your balance - please wait for your physical therapist or nurse to help you.

We start walking with the use of a walker. Discuss your progress with your therapist each day to ensure that you advance your towards your goals.

Physical Therapy

In-patient: From the first day after surgery physical therapy is critical to a successful partial hip replacement. While in the hospital you should see the therapist at least daily. The goals while at the hospital are transfer (moving from the bed to chair to standing), walking with a walker, and range of motion exercises. The most important part of your physical therapy training is the prevention of a hip dislocation. The therapist will work side-by-side with you as you learn how to safely move around.

In-patient Rehabilitation Center: Most patients will go from the hospital to a rehab center. One of our most important goals during this phase of your recovery is improving the function of your hip. You should receive therapy 2-3 times a day. Your therapist will work on the quality of your gait and help you go up and down stairs.

Out patient in Home Therapy: Whether you went home from the hospital or for the rehab center you should have in home physical therapy until you can go to an out patient physical therapy center. The case manager will make these arrangements before you go home.

Sleeping:

In order to decrease the chance of dislocating your hip, while in the hospital we use an abduction pillow placed between your legs. I want you to continue with this practice for 4 weeks after surgery. Avoid sleeping on your side.

Follow up appointment:

We try to give all of our patients a follow-up office within 2 weeks from the date of surgery to examine the wound, check x-rays and have your staples removed at the same time we schedule your surgery. Sometimes I find things, or do things, I didn't anticipate during your surgical procedure, therefore I may want to see you in the office sooner than originally planned.

Prevention of Blood Clots:

Blood clots can form in your legs after big operations such as a hip replacement. We take several measures to minimize the chance of this serious complication. Beginning during your operation we put plastic pneumatic stocking on your legs. These are continued after surgery. You can feel these stockings get tight and then loosen as they improve circulation in your legs. While I know that these stockings are hot and uncomfortable, they dramatically decrease your risk of getting a blood clot.



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I use an injectable blood thinner medication called Lovenox while you are in the hospital. I will transition you to a baby aspirin (81mg) twice daily when you leave the hospital as this has a lower likelihood of causing a bleeding complication. You will be on anticoagulation for a total of 28 days from the date of surgery.

Driving:

There are restrictions on driving after surgery and precautions that should be followed once your get back to your car. Don't rush things. When you first begin driving, do it with someone else in the car to give you feedback on how you are doing. Start in an empty parking lot, then short trips and gradually work your way up to long drives. You can consider driving 3 to 6 weeks after surgery if you fully consider the following points:

First, for those who own cars with automatic transmission, if you had right hip surgery you will need more time before driving than those patients with left hip surgery.

Second, when you first start driving, you should have someone else drive you to an empty parking lot where you can safely practice. Only when you feel comfortable should you begin short trips around town.

Third, you should not drive if you are still taking significant doses of pain medication. Narcotics will slow your reflexes and dull your judgment.

Fourth, you should not drive until the pain in the leg has decreased to a tolerable level and the knee has more than 90 degrees of motion.

Fifth, driving is easy, sudden and unexpected stopping is difficult. If you need to stop the car suddenly, pain may slow your reflexes as you reach for the brake pedal. Practice this in a safe setting before going out on the road.

Dislocations:

A feared complication of partial hip replacement surgery is a dislocation. Dislocations occur when you move your leg into a position that allows the ball to pop out of the socket. Understanding how to move your leg during your daily activities is the key to preventing this problem. Thinking through your actions before you move avoids dangerous situations.

Dislocations happen when your hip is flexed, your knees are together and your foot rotates outward. The safe position is with your knees far apart, your hip bent less than 90 degrees and no hip rotation. If this sounds complicated, pay attention to your therapist and she/he will go over and over it until you understand what we mean.

Most dislocations occur in the shower or bathroom!



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Follow up appointment: _____

Medications:

I will usually recommend your rehab facility adminster the narcotic Oxycodone rather than Percocet so that you can supplement with Tylenol on the side and not have to worry about excessive Tylenol consumption. Oxycodone is Percocet without the Tylenol. This medication should be taken every 6 hours at the dose prescribed. However, you may supplement with Ibuprofen and/or Tylenol every 6 hours, offset by three hours from the narcotic. For example, in a given 24 hour period, you would take Oxycodone at 6, 12, 18 and 24 hours and the Ibuprofen and/or Tylenol at 3, 9 15, 21. This way, you have medication on board every 3 hours. I find that it leads to better pain relief. If you were ever told that you can't take non-steroidal anti-inflammatories which is the class of medication Ibuprofen belongs to, or that you can't take Tylenol, then simply stick with just the narcotic. Tylenol and Ibuprofen should be taken in accordance with the directions on the bottle.

Some patients, when taking the first few doses of Oxycodone, may experience nausea or an episode of vomiting. To prevent this, take the medicine with food and be patient while the medicine begins to work. Usually, after the first few doses the nausea will go away. This medication may also cause skin itching and a slight rash. If either of those happen please notify us but they will usually subside with Benadryl so long as you have no contraindications to taking that medication.

What to watch out for:

- Worsening pain despite taking pain medication
- Persistent drainage from the wound after surgery
- Foul smelling drainage
- Increasing redness, pain or swelling around the surgical site
- Fever greater than 101
- Unable to keep food or water down for more than one day

Who to call for questions or problems:



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If you are having problems or there are questions you need answered then please call our office at 732-349-8454 and our staff will assist you. Our hours of operation for our phone room are as follows:
Monday through Thursday 8:30am- 4:30pm and Friday 8:00am – 4:00pm.

We realize that after surgery some problems or questions are urgent and cannot wait until normal working hours. Under these circumstances we have a service that will get the message to a doctor on call for our office by calling the main number 732-349-8454.

*****If an emergency were to occur please go to the nearest ER for immediate attention.**

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