



Discharge Instructions for Hip Hemiarthroplasty Surgery

Wound Care:

- Staples were used to close the wound. Staples can be removed 2 weeks from the date of surgery.
- Keep wounds covered with clean dry dressing if there is still some drainage. No dressing is needed if completely dry.
- OK to get wet in shower after 5 days. Do not scrub over the incisions - Let the soapy water run over the incision but do not rub. Pat dry with a clean towel.
- Do not submerge in water until incisions are fully healed, this may take up to 4 weeks.

Activity:

- **Hip precautions & hip abduction pillow** x 6 weeks
- WBAT you may need the assistance of a walker / wheelchair up to six weeks after surgery.
- **Physical Therapy** - You should have daily physical therapy, either in the nursing facility or home therapy if discharged home. This is important in re-training your gait and regaining mobility.
- **No Driving** - It may be 2-3 months before it is safe for you to drive. You must have full control of your leg AND be off narcotic medications completely in order to drive.

Medications:

- You should be on Lovenox or Coumadin for at least 2 weeks or until you are mobile. This will help prevent DVT or other embolic complications. If you have any questions about drug interactions with other blood thinners you are taking, please contact your medical doctor immediately.
- Please use narcotic medications (Norco, Percocet) sparingly and slowly try to decrease the amount and frequency over the next two weeks. Many patients find that taking it an hour before therapy and before going to bed is very helpful in managing pain.
- Over the counter medications such as an acetaminophen (Tylenol) can help reduce pain. If you choose to take anything other than what was prescribed, please consult the pharmacist to ensure that you are not overdosing on a certain class of medication which can lead to severe kidney/liver damage.
- One of the side effects of narcotics is constipation. Be sure you drink plenty of fluids, and take a fiber supplement such as methylcellulose (Citrucel) or psyllium (Metamucil) or a stool softener like docusate (Colace).
- Please continue all medications that you were taking prior to your surgery in addition to the medications prescribed for post-operative pain. If you have questions regarding those medications that you were on prior to surgery, please contact your primary care physician.

Diet:

Resume your normal diet when you feel well. If your stomach is upset, try bland, low-fat foods like plain toast, chicken broth, rice, and yogurt. Continue to drink plenty of fluids. Many people are constipated after surgery. This can be due to the pain medicine and a lack of activity. Be sure you get plenty of fluids and take a fiber supplement such as Citrucel or Metamucil or a stool softener like Colace.



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Follow-up Appointments:

- Your first post-operative appointment will be in 10-14 days.
- If you do not have these appointments set up, please call the appointment line
- If there is an emergency and you are unable to reach anyone in the office, please go straight to the emergency room.
- Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

When to call for help:

Call 911 anytime you think you may need emergency care. For example, call if:

You pass out (lose consciousness).

You have severe trouble breathing.

You have sudden chest pain and shortness of breath, or you cough up blood.

You have severe nausea or vomiting.

Call the office if:

You have pain that does not go away after you take pain pills.

You have a fever over 100.4°F.

You have loose stitches, or your incision comes open.

Your incision keeps bleeding 3 days after your surgery.

You have signs of infection, such as redness around incision or pus draining from your incision.