

Hip Open post-operative instructions



IU Health Physicians

The following instructions are here to help you understand what to expect in the days following your surgery. Please call if you have any questions or concerns.

Red Flags:

If you experience any of these symptoms, you must contact our office or the doctor on call immediately:

- Fever greater than 101° F
- Chills
- Excessive swelling, redness or drainage from incision
- Unusual odor from the incision site.
- Chest pain
- Shortness of breath
- Calf pain and/or tenderness

General:

- Ice!!! Will help you control some of your post-operative swelling. Every hour for 15 minutes for the first 3-4 days then as needed thereafter. Make sure the ice does not directly touch your skin.
- You must wear the compression dressing (TED hose) on both legs until the first post-operative visit. This is to prevent a blood clot.
- Ankle pumps!!! Perform 100 of these twice a day. This is to aid in circulation and help prevent a blood clot.
- Also, take 10 minutes every hour to walk around to help circulation.

Medications:

- You will be discharged with a prescription for multiple medications. If you are running out, please let us know in advance. We do NOT handle refills over the weekend.
- **Take the medications as prescribed by your physician!**
- You may use *Extra Strength Tylenol* as needed for pain relief.
 - Use Tylenol if you would like to wean off the narcotic medication.
- The most important pain killers you will take be will *Methocarbamol* and *Etodolac*.
 - The main causes for post-operative pain are muscle spasms (which Methocarbamol will treat), inflammation (which will be treated with Etodolac) and incision pain (which can be treated with Oxycodone and Tylenol).
 - Etodolac is a Non-steroidal Anti-Inflammatory Drug (NSAID) similar to ibuprofen. The added benefit of taking this specific medication is that it also prevents adhesions and formation of bone in the hip joint following surgery.
 - Because you are on this medication, please do NOT take Ibuprofen, naproxen or any other anti-inflammatory medication.
- *Oxycodone*: Take 1 tablet every 4 to 6 hours as needed for moderate to severe pain.

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- It is recommended that you take the prescription pain medication as prescribed for 1-2 days after surgery, then take as needed. If you do not need to take the pain medication, it is ok to discontinue.
- DO NOT RELY ON THIS MEDICATION.
- Pain typically decreases 2-3 days after surgery.
- This is used mostly to treat incision pain. You should not need this medication after the first 2 days following surgery.
- Some of the side effects to this medication are:
 - Constipation
 - Nausea and vomiting
 - Rash
 - Itching
 - Dizziness
 - May produce some feelings of fevers, chills or night sweats.
 - Some loss of judgement and coordination
- Prescribed pain medications may be constipating. You may use over-the-counter (OTC) laxatives or stool softeners as needed until your bowel function returns to normal.
 - It also helps to drink plenty of clear fluids.
- Prescribed pain medications may cause nausea and vomiting. We also prescribe you with *Zofran* to help treat this nausea.
 - We also recommend eating before taking the medications.
- We typically do NOT provide refills for Oxycodone.
- Note that the pain pills can take 30-45 minutes to kick in, so take them before the pain gets out of control.
 - These only make the pain tolerable, not take all of your pain away!
- If you were taken off medications prior to surgery, we will let you know when you may resume that medication(s) post-surgery.
- If you are given any other medications following surgery, please take them as instructed.
- If you have any questions, please consult our office.

Other tips:

- *Showering:*
 - You may shower 2-3 days after surgery, after the top layer of your wound dressing has been removed (see instructions below under: wound care).
 - You will be safest with a shower chair or stool for the first 3 weeks after surgery. You can find them at many stores such as target, Walmart, walgreens and others.
 - Sit down with the brace on. Then remove it before beginning your shower.
 - Once you are finished and dry, use the crutches or whomever is helping you to get out of the shower. It is important to avoid slipping.

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- The wounds do not need to be covered in the shower, but just simply let water and soap run over the incisions, do NOT scrub, and then pat dry.
- Do NOT submerge your leg in water until incisions have healed (about 3 weeks).
- *Sleeping:*
 - you may sleep on your non-operative side with a pillow in between your legs.
 - This will extend to 6 weeks if you had a gluteus medius repair.
- *Driving:*
 - You may not drive while taking narcotic medication
 - If you are driving an automatic, and had surgery on your left hip, you may resume driving once you have been off narcotic medication for 24 hours.
 - If you had surgery on you right hip, or on your left hip and drive a manual transmission, you may resume driving once you have been off narcotic medication for 24 hours, have minimal pain and feel that you are in control. Also, do not wear the brace while you are driving.
 - If you had a core decompression...
- *Alcohol:*
 - You may not drink alcohol while on narcotic medications.
- *Eating:*
 - We suggest you eat lightly the first 24 hours after surgery.
- *Return to work:*
 - You may return to sedentary work within the first 2-3 days after surgery if pain is tolerable.
 - Return to heavy labor will be determined by Dr. Everhart.
- *Return to activity and sport:*
 - Follow our post-operative protocol to find the approximate timeline for your surgery.

Communication:

Please do not hesitate to contact us if you have further questions that this packet does not answer. You can call the phone number or send an email to the address listed on the business card in your packet. It is better to use the written number (ending in 8839) during the day and the printed number (ending in 9400) for after hours, emergency or urgent matters.

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Wound care

- Wound location:
 - Gluteus medius tendon repair: bandage on side of hip
 - Proximal hamstring repair: incision made along the crease of your buttocks.
 - Core decompression: Incision made along the side of your hip.
- You will go home with a bulky dressing which must stay clean and dry. You may remove this top layer after 48-72 hours.
 - Make sure the under-layers stay on the incisions.
 - You may shower once this top layer is removed.
 - This top layer includes an elastic wrap (shown in the picture to the right).
- This under-layer will remain for 7-10 days.
 - You will notice a large dressing that looks like an over-sized band-aid (called aquacel – shown in the second picture on the right). Leave this on until your 1st post-operative appointment with Dr. Everhart. We will remove this dressing at that appointment.
 - You may shower with this dressing on.
 - Simply let water and soap run over the bandage, do NOT scrub, and then pat dry.
 - Do NOT submerge in water.
 - If you notice a purple gooey material, that is normal. This is dermabond, which is essentially skin glue, used to help keep the skin approximated. Do NOT peel this off! It will fall off on its own.
- During your first post-operative visit, we will remove this bandage and you may be given a set of steri-strips that may stay on for another week.
 - After 1 week you may take these off if these have not fallen off yet.
 - At this time, you may begin to submerge the hip in water.
- Do not apply ointments or lotions to the wounds.



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