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DISCHARGE INSTRUCTIONS AFTER HIP RESURFACING

These instructions are meant to compliment the information given by the nursing staff and physical therapists. They cover the most common questions and many of the areas that are unique to your surgical procedure.

Wound Care

- Dressings are to be kept clean and dry. A small amount of clear drainage or bleeding may take place. When this is happening, the dressing should be changed daily.
- You may get the incision wet when showering three days after surgery. The shower should be brief (five minutes or so) and the wound patted dry with a clean towel.
- If you have staples or stitches, they are usually removed two weeks after surgery
- If purulent material (thick white or greenish in color) is coming from the wound, or the wound is quite red on the edges, or you are having a temperature of 101.5 or higher, you should call my office and talk to me or the doctor on call.

Weight Bearing

- Unless the physical therapist has told you otherwise, you can put as much weight on your hip as feels comfortable. Depending on your age, strength, and coordination, most people use the walker or crutches for three weeks, with a gradual progression to one crutch or cane over the next few weeks.

Outpatient Physical Therapy

- The goal is to restore normal gait (walking pattern) and improve your strength and flexibility, returning you to your normal activities. Speak with your physical therapist regarding your goals.

Swelling

- Swelling to some degree is common after hip resurfacing. To reduce swelling, elevation is very helpful. Lying down, with your "toes above your nose" at least 30 minutes of every two hours is a good initial recommendation. You may need more or less time elevating your leg. The white stockings are also designed to reduce swelling. Excessive swelling with pain or tenderness in the calf, redness of the lower leg, and/or increased warmth of the leg can be a sign of a blood clot. Patients frequently call to ask if their swelling is too much, and this is impossible to tell over the phone. If you feel you are excessively swollen with pain or tenderness, it is best investigated by exam and may require an ultrasound to rule out a blood clot.

Cold therapy

- Cold therapy can help reduce pain and swelling. It should be used intermittently for many weeks, as long as you are having some swelling or discomfort in the area of the surgery. Typically, patients use it two or three times a day for up to 30-minutes at a time. It should not cause pain and there should be a thin towel between your surgical site and the cooling device. Cooling devices can be commercial devices that pump cold water about your joint or even a frozen gel pack. In any case, it should feel better with the cold applied and reduce your discomfort in the first few months after surgery.

Driving

- To drive you must no longer be taking pain pills (that is narcotics; Tylenol and anti-inflammatory medications are allowed). Also, you must feel strong and alert. For most people this is between 1 - 2 weeks after surgery, depending on the side of your surgery.



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Preventing Blood Clots

- The first line of defense is moving your ankles up and down. This action circulates the blood from your legs back to your heart, preventing a clot.
- Patients are put on either aspirin or Coumadin postoperatively to reduce the risk of developing a blood clot. We select the choice of medication for blood clot prevention very carefully using a list of risk factor criteria that would increase an individual's risk of developing a blood clot. Patients that are at a high risk for developing a blood clot are put on Coumadin for a total of three weeks. Patients respond very differently to the same dose of Coumadin, and so the effects of the drug need to be monitored with a blood test called Protime. Initially you Protime will be checked at a laboratory near you on Monday and Thursday mornings, and the results called o Dr. Stewart's office. You will be contacted if you need to adjust your dose
- Compressive Stockings: These can prevent blood from pooling in your leg if you can use them correctly. You don't need to sleep with them on. You put them on first thing in the morning before your leg can swell. They are recommended for the first three weeks after surgery. If they just keep curling up and binding in, then they are not working and should be discontinued.

Sleeping

Surgery can throw off your normal sleep wake cycle, leaving you staring at the wall at 3 AM. To reset your sleep wake cycle, follow this program:

- No naps during the day
- Decrease your narcotic use
- Only one caffeinated beverage per day and it must be before 10AM
- No exercise or excitement after 6PM
- Go to bed and get up at the same time every day no matter if you are sleepy or not
- Allow slightly less total time for sleep than you would normally.

Sexual Relations

- Wait until your general health has recovered, often 4 to 6 weeks.

Dental Work (or other invasive procedures)

- Unless it is an emergency, it is best to avoid dental work or other invasive procedures for 3 months after a hip resurfacing procedure. When undergoing an invasive procedure, we recommend antibiotics to prevent bacteria from getting in the blood stream and infecting the joint. Please call our office for an antibiotic prescription prior to any dental work.

Narcotic Pain Medication

- You will need narcotic pain medication after you leave the hospital. They can be addictive, and you will be weaned from them as tolerated. If you are running low, please call the office during regular business hours for a refill. In general, refills will not be made by the doctor on call after hours, so plan ahead.

Phone Calls

- If you have questions or problems please call 715-832-1400. Some questions can be answered over the phone, others cannot. You may need to be seen sooner than expected to check out your symptoms.



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Follow Up

- Make sure an appointment has been scheduled for you at Chippewa Valley Orthopedics & Sports Medicine for approximately 10-14 days after surgery.