



4-Week Postoperative Visit Anterior Total Hip Replacement

1. You may stop taking your postoperative aspirin, iron, and/or stool softener.
2. You may resume all of your normal preoperative medications/supplements.
3. Anti-inflammatories decrease pain and swelling. Transition to over-the-counter medications as needed, such as Aleve (naproxen) or Motrin (ibuprofen). Tylenol works well as a pain reliever and is not an anti-inflammatory.
4. It is normal to still have hip pain, stiffness/tightness and swelling! You may have symptoms extending down to the knee, even to the foot or ankle.
5. Most patients have pain that is worse after therapy and after increasing their activity level. This is expected and will steadily improve.
6. The most common complaint is the inability to get comfortable or sleep well at night. Swelling, tightness and achiness are typically more pronounced in the evening, after you have been using your leg all day. This is anticipated.
7. Most patients feel fatigued. This is normal when recovering from a major operation. You will gain your endurance back over the next few weeks.
8. It can still be helpful to ice and elevate your leg.
9. You may drive when you are comfortable and have regained the leg control to do so safely. You must be off narcotic medications (oxycodone, hydrocodone, or tramadol) before driving.
10. You may bend and reach to put on your socks and tie your shoes as tolerated.

11. You can sleep in whatever position you prefer. You do not have to worry about sleeping with pillows between your knees.
12. If you are still using a cane, you may wean from it when you feel ready. We find it best to carry a cane outside of the house for balance and support. You do NOT want to fall!
13. You may start light activity or exercise. Avoid starting with high impact and heavy twisting (jumping, running, skiing, horseback riding, and tennis). Most people can tolerate walking and riding a stationary bike. After this is comfortable, you may progress to an elliptical, light lifting, golf, or swimming.
14. Today you graduate to phase 2 therapy exercises. These work on range of motion, strength and functional activity. You may do these on your own at home and continue to progress into more normal activities as your leg will tolerate. If you would like to do outpatient physical therapy, ask for a prescription today. Remember, if a hip exercise elicits severe pain...skip it!
15. You may travel. When going through the airport, consider letting TSA officials know that you have had a joint replacement. The cards we historically handed out are no longer helpful (they are not government issued forms of ID). They may put you through the body scanner, and your bionic joint is not usually a problem. A standard metal detector may buzz.
16. If your incision is healed, you may use Vitamin E lotion or Cocoa Butter on the area to help it smooth out and become less dry/itchy.
17. Patients often have an area that is numb surrounding the incision and/or along the thigh. This will improve over time.
18. We ask that you wait 90 days before seeing the dentist for a routine cleaning. The current AAOS/ADA guidelines say if you are of normal health, antibiotic prophylaxis is rarely indicated prior to cleaning. You are welcome to discuss this further with your dentist if this remains a persistent concern for you.
19. Your next follow up is in 3 months (4 months after surgery). Please make your next appointment on your way out today at the front desk.