



## Post-Operative Instructions – Anterior Total Hip Replacement

### Diet

- Start with clear liquids and light foods.
- Return to your normal diet if you are not nauseated.

### Mobility & Walking

- By discharge, you should be able to:
  - Get in and out of bed independently
  - Walk several hundred feet with a cane
  - Go up and down stairs
- Most patients use a cane for **2–4 weeks**; continue using it if needed for balance.
- Walk **2–3 times daily**, increasing distance gradually.
- You may walk indoors or outdoors.
- You can begin weaning off the cane when short distances feel easy—eventually you'll forget you needed it.

### Hip Precautions (VERY IMPORTANT)

To prevent dislocation for the first **6 weeks**:

- **Do NOT extend the hip behind you.**
- **Do NOT externally rotate the foot outward.**
- No restrictions on:
  - Sitting in low chairs
  - Toilet seats
  - Sleeping positions
  - Driving (once cleared and off narcotics)

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- No pillow needed between the legs.

Maintain these precautions **until your follow-up visit**.

### Pain Control

- Narcotic pain medication may be needed initially; taper as tolerated.
- Try reducing dose or increasing time between doses as you improve.
- You may use anti-inflammatory medications (ibuprofen, naproxen) if tolerated.
- Narcotic side effects include nausea, drowsiness, constipation—take with food.
- Use OTC laxatives if needed.
- Contact the office if nausea/vomiting persists.

### Exercises

**Early exercises (5 sets of 10 throughout the day):**

1. Ankle pumps
2. Quad sets (press knee downward)
3. Gluteal squeezes

**Later exercises (same frequency):**

1. Side raises (standing or lying on your side)
2. Hip extensions (standing, leg moves backward)
3. Limited straight leg raises (no weights)

**Walking goals**

- Walk 2–3 times daily.
- By **2 weeks**, many patients can walk up to **1 mile** at a time.
- **Listen to your body**—pain during or after exercise means you overdid it.

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## Wound Care

1. Keep the waterproof dressing on for **7 days**.
2. At 1 week, remove and replace with the waterproof dressing provided.
  - Leave the **white collagen strip** in place.
  - Replacement dressing stays on until your **2-week post-op visit**.
3. You may shower with the waterproof dressing on (no soaking).
4. After 2 weeks, you may shower normally—let water run over incision and pat dry.
  - **Do NOT scrub.**
  - **Do NOT soak** (pools, hot tubs, baths, lakes) until incision looks like a scar (~8 weeks).
5. Swelling, bruising, warmth, and discoloration down to the foot are normal for several weeks.
6. Use ice machine or ice packs as tolerated.
7. Call the office for:
  - Increasing drainage
  - Severe redness
  - Fever over **100.4°F**
8. Possible blood clot signs:
  - Severe calf pain
  - Significant swelling
  - New shortness of breath  
→ Call immediately or go to the ER.

## Driving

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- Do NOT drive while taking narcotics.
- You may drive when:
  - You can sit comfortably
  - You can lift your leg side-to-side
  - Reaction time is normal
- **Left hip:** usually 2–3 weeks
- **Right hip:** may require an additional 1–2 weeks

### **? Common Questions**

#### **Clicking in the hip**

- Normal—caused by soft tissues or implant components moving.
- Improves as muscles strengthen.

#### **Swelling**

- Very common due to gravity and increased activity at home.
- Elevate legs above heart level at night.
- Wear TEDS/compression stockings during the day (15–20 mmHg).

#### **Gym workouts**

- Upper body workouts are fine **if seated** (hip not loaded).

#### **Returning to work**

- Depends on job demands.
- Minimum recommended time off: **3 weeks**.
- You'll need a chair cushion and high toilet seat for 6 weeks.

#### **Dental work**

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- Avoid dental procedures for **3 months** after surgery.
- Antibiotics required for **6 months** before any dental work (even cleanings).

### Travel

- Ideally wait until after your follow-up visit.
- For car trips: take frequent breaks.
- For flights (within 1 month post-op):
  - Wear compression stockings
  - Walk during the flight
  - Choose aisle/bulkhead seating

### 🌟 Things to Remember

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- Movement is medicine. So many people believe that their arthritis came from being too active. The reality is most people who develop arthritis get it from not moving enough. Our joints and cartilage stay healthy through load and circulation. If you want to feel better (before and after surgery), you've got to move every day.
- Surgery is just one hour in a journey of thousands. That single hour in the OR is only the start of your recovery...what happens in the months that follow HUGELY determines your outcome. Your surgeon can replace your joint, but only you can rebuild your body through exercise, mindset, sleep, nutrition and positivity. Those things make or break recovery just as much as the scalpel.
- You control more of your outcome than you realize. The people who recover best believe they're in charge of their results and create a reality that guarantees success. They don't blame circumstances. They focus on what they can control: their attitude, their effort, and their environment. That internal locus of control is one of the strongest predictors of success in surgery, and life.
- Stop comparing yourself to others. Comparison steals joy and blinds you to your progress. Be proud of yourself for every little step forward, no matter how small!

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