

Discharge Instructions: Anterior Approach Total Hip Replacement

Icing / Cryotherapy

Using ice after surgery reduces pain, improves sleep, and can decrease the need for pain medications. You may use anything from a basic ice pack to a cold therapy machine.

- **Frequency:** Ice the hip for 20–30 minutes every hour as needed, especially during the first 48 hours after surgery.
- **Skin Protection:** Always place a thin cloth (like a T-shirt) between your skin and the ice source to avoid frostbite.
- **Skin Safety:** Check your skin every 10 minutes during icing. Stop immediately if you notice increased pain, burning, blisters, redness, discoloration, or other skin changes.

Dressing Care

You will leave the hospital with a special dressing over your incision.

- **Do not remove the dressing** unless instructed by your care team.
- **Keep the incision clean and dry** until your follow-up appointment.

If your abdomen or lower belly rests on your upper thigh while sitting, it is very important to **keep the area between the skin and the incision dry**.

- To prevent moisture buildup, place a clean, dry **4x4 gauze pad or ABD pad** between your incision and the overlying skin when sitting.
- Change the pad regularly to keep the area clean and dry. This helps prevent irritation, skin breakdown, or infection.

Swelling

Swelling and bruising of the leg are normal and will gradually improve.

- Elevate your leg frequently in the first few days after surgery to help reduce swelling and speed up recovery.

Walking / Weight Bearing

Unless told otherwise, you may put full weight on your operated leg.

- You will likely need a walker, cane, or crutches for support.
- Gradually increase how much weight you place on your leg as your pain decreases and strength returns.



Bathing / Showering

- **Keep your incision dry** until your follow-up appointment.
- **No tub bathing, swimming, or soaking** until cleared by your doctor.

Driving

You may resume driving when:

- You are off all narcotic pain medications.
- Your leg is pain-free.
- You can walk normally and safely control the vehicle.

This usually occurs **2–4 weeks after surgery** for most patients.

Medications

You will likely be prescribed a narcotic pain medication.

- **Use only as needed** and follow dosage instructions closely.
- These medications can cause **constipation**. Drink plenty of fluids and eat high-fiber foods.
- **Do not drive, operate machinery, or consume alcohol** while taking narcotic medications.

TED Hose / Compression Stockings

To reduce leg and foot swelling, wear your compression stockings (TED hose) daily until your follow-up appointment.

- You may remove them for comfort or washing.
- Try to wear them as much as possible throughout the day.

Blood Clot Prevention

- Take **aspirin 81 mg** twice daily (typically with breakfast and dinner) for **1 month after surgery**, unless prescribed a different blood thinner.
- **Movement is essential:** avoid long periods of sitting or lying still.

For the first 10 days after surgery:

- Limit sitting to 30 minutes at a time, 3–4 times a day.
- Spend most non-walking time lying down with legs elevated.
- Perform **ankle pumps** regularly to promote circulation and prevent blood clots.
- Gradually increase time sitting up and being out of bed as tolerated.

When to Call Your Surgeon

Contact Dr. Grutter's office immediately if you notice:

- Fever of **101.5°F or higher**
- Chills
- Increasing pain, redness, or warmth around the incision
- Persistent or increased pain
- Unusual or excessive bleeding (a small amount of drainage is normal)

Emergency Warning Signs

Go to the **emergency room immediately** if you experience:

- **Chest pain**
- **Shortness of breath**

These symptoms could indicate a life-threatening blood clot or pulmonary embolism.

Follow-Up Appointment

You should have a follow-up appointment scheduled with **Dr. Grutter 14 days** after surgery. If you do not have an appointment, **please call the office** as soon as you get home to schedule one.