

Surgical Dressing and Incision Care



Mepilex

OR



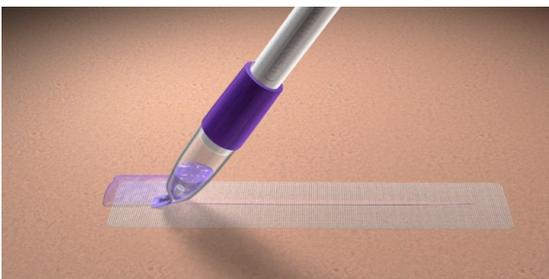
Prevena (Pressure Dressing)

with



Tegaderm

- The surgical dress covering your incision is determined by the quality of your skin and incision during surgery. The type of dressing does not have an impact or change your rehab.
- Do not remove the dressing until 7 days after you are discharged from the hospital.
- The visiting nurse should place another dressing over the wound. Please keep it covered for 2 weeks or until your post op visit.



Typically, under the topical surgical dressing is **surgical glue with surgical tape** that is used with sutures. Do NOT remove the glue or the tape! It will fall off naturally over 2-4 weeks. You can shower freely with it exposed after 7 days (see below).

****Staples:** If staples were recommended for your closure, then a visiting nurse can remove it 2 weeks after surgery.**

When can I shower?

You can shower as soon as you get home from the hospital – the bandage is waterproof.

When permitted, do NOT scrub the incision. Pat dry with a towel after showering.

NO submersion in water x 4 weeks, this includes Jacuzzi, hot tubs, swimming, etc.

How long do I leave my dressing on?

Remove your dressing 1 week after you are discharged from the hospital.

The visiting nurse should place another dressing over the wound. Please keep it covered for 2 weeks or until your post op visit.

What do I do if my incision is draining?

A small amount of discharge may saturate the dressing, but it should not expand or change in size once it dries.

If the drainage improves daily then there is nothing to worry about. Be sure to keep the dressing dry and change the dressing daily.

If after 7 days if your drainage increases, become green color, or pain increases please call our office to schedule an appointment to evaluate the incision.

If you have any questions please send a photo of the incision via e-mail or call our office at (212) 606- 1992

Phase 1: The 0-6 weeks:

Swelling and bruising:

Swelling and bruising is very normal over the first few weeks and usually peaks at 3-4 days after surgery. Some patients get bruising that goes all the way to the toes, foot and ankle or up into the groin and back of the thigh. Gravity causes the blood to move from the hip to these locations when you are lying down, sitting and standing. Blood/bruising in the foot and ankle can cause it to feel sore. This typically resolves by 2-4 weeks. The hip region and leg will also feel warmer due to the increased blood supply during healing.

Things to be concerned about:

- Drainage from the incision after you go home.
- Redness around the incision you go home.
- Swelling in the foot that does not get better over night or with the foot elevated.

Stiffness: The number one complaint that I hear from patients after surgery is that the knee feels stiff. With swelling in the knee, range of motion will be limited. This sometimes gets worse over the first week or two before it starts to get better. The goal of physical therapy over the first 6 weeks is to minimize swelling and regain range of motion in the knee. Motion to work on is both extension (getting the knee straight) and flexion (bending the knee).

Things to be concerned about:

- Less than 90 degrees of flexion by 4 weeks after surgery
- More the 10 degrees short of getting straight by 4 weeks after surgery

Pain: We have made great advances in post-operative pain control after hip replacement surgery, but recovery from a hip replacement will still involve some pain. You will be sent home with a personalized combination of medications to treat the pain. This is different for everyone but usually includes a narcotic, an anti-inflammatory medication (Mobic/Meloxicam), and Tylenol. We want to keep you as comfortable as possible after surgery but recognize the importance of getting people off of narcotic pain medications as soon as possible. In general, our patients require less narcotic pain medicine than they have in the past, leading to a better and more rapid recovery.

If we are having difficulty managing your pain I will refer you to one of our HSS pain management specialists to review options. If you are taking narcotic pain medications prior to surgery you will need to see one of these physicians prior to surgery to make sure that we have an appropriate plan to treat your post-operative pain.

How long do I continue blood thinners?

1. 6 weeks of aspirin 325mg 2x daily unless notified otherwise.

Do I have to do physical therapy after surgery?

You should start physical therapy as soon as you can after surgery. After 6 weeks, it is ok to stop physical therapy once you feel you are no longer getting benefit.

Do I need to take antibiotics before a dental procedure?

You must take antibiotics 1 hour prior to any dental procedure FOR LIFE. Please call either office several days prior to your dental appointment to obtain this prescription.

Sleep and Sleep Disturbances:

Many patients describe difficulties sleeping during the first 6-8 weeks after hip replacement. Some of this may be due to pain, but often it is not pain related. These sleep issues do get better, but can be frustrating while you are recovering from surgery. We often suggest an over the counter supplement called melatonin 5mg to 10mg to help with sleep. We advise against pain medication to help you fall asleep.

You are permitted to sleep on your side **with a pillows between your legs**. Avoid crossing your surgical leg across your body. Do NOT sleep with pillows underneath your knee.



When is my first appointment after surgery?

We would like to see you at 6 weeks after surgery and get an x-ray of your hip.

Safe Poses and Poses to Avoid After Right Total Hip Replacement Surgery



You may sit in a chair of comfortable height:



Do not rise from a chair or commode with your knees



You may cross your ankle over your knee to put on a sock or shoe:



Do not reach back behind your leg to the outside of your ankle to shave your leg or fix your sock or shoe:



You may pick up an object that is between your feet (keeping knees apart):

Strategies to Reduce Post Operative Swelling

- Elevate operated leg in bed on 1 to 2 pillows while lying flat.
- Avoid sitting for longer than 30 to 45 minutes at a time.
- Perform ankle exercises.
- Apply ice to your surgical area for 20 minutes a few times a day (before and after exercises).