Suezie Kim, MD
Orthopedic Surgeon • Sports Medicine

AFTER SURGERY

Postoperative Instructions: Total Hip Replacement

Weight-Bearing Status

COMPLETE AT DISCHARGE

- ☐ Non-weight-bearing
- ☐ Toe-touch / partial weight-bearing
- ☐ Weight-bearing as tolerated

Assistive device / brace: e.g., cane, crutches, or walker _____

Additional precautions: _____

Getting Home

- **An adult must drive you home after surgery.**
- You may feel dizzy from anesthesia and pain medication.
- Avoid driving, operating machinery, drinking alcohol, or making major decisions for 24 hours.

Surgical Dressing

- A large plastic dressing will be placed over your bandage before you leave the hospital, so you're able to shower at home.
- Keep the dressing as dry as possible until your first postoperative visit, when the dressing and staples will be removed.

Medications

You'll go home with Tylenol (acetaminophen) and Celebrex (an anti-inflammatory, taken for 3 weeks) for pain. If a stronger prescription pain medication is needed, it will be either a narcotic (Oxycontin IR) or Journavx® (suzetrigine), a non-opioid option.

Narcotic Pain Medication

- Take as needed, following the instructions on your prescription bottle.
- May cause nausea, vomiting, or constipation — a stool softener will also be prescribed.
- Do not drink alcohol or drive while taking this medication.
- Wean off as soon as your pain allows; transition to over-the-counter Tylenol (acetaminophen) as needed.

Journavx® (suzetrigine)

- Bring your prescription with you on the day of surgery — your first 100 mg dose is given in the preop holding area.
- Beginning 12 hours later: 50 mg every 12 hours, typically continued for up to 2 weeks.
- Swallow tablets whole — do not chew or crush.

Blood clot prevention: Xarelto 10 mg daily for 2 weeks, then Aspirin 325 mg daily for 4 weeks (6 weeks of treatment total). Resume your other home medications unless your surgeon specifically instructs otherwise.

Hip Precautions

- **Do not flex your hip past 90°, and do not cross your knees — these "posterior hip precautions" are in effect for the first 6 weeks after surgery.**
- Sleep with a pillow between your thighs and knees; you may turn in bed as long as a pillow stays between your knees. You can lie on your operative side if it doesn't hurt.
- Use a high toilet seat — sitting too low can dislocate the hip before it heals.

Mobility & Exercises

- Follow your hospital physical therapist's instructions for using a cane, crutches, or walker.
- Continue your prescribed exercises as tolerated — if your hip hurts, stop until the pain subsides. Ankle and foot flexion/extension is especially important and should be done several times a day to help prevent blood clots.
- Some hip pain, swelling, and bruising extending down the leg is normal in the first few weeks and should ease with time.

At-Home Setup

- Wear the elastic (TED) stockings provided at the hospital at all times except bathing — you may stop after 14 days.
- Use large, comfortable shoes you can put on and remove without reaching your foot; you'll need help cutting your toenails.
- Sit in a high armchair (about 25" seat height if you're 6' or taller, 22" around 5'6", 20" at 5' or shorter) and use your hands to help you sit and stand.
- If your bed is low, raise it with a mattress topper or bed risers to a similar height.

Driving & Follow-Up

- **You cannot drive for the first 6 weeks after surgery. As a passenger, place the seat high, move it back for leg room, and recline slightly to limit hip flexion.**
- You will see Dr. Kim or her PA about 2 weeks after surgery — call (503) 717-7060 if you're unsure of your appointment date.
- Your physical therapy appointment should begin within 1 week after surgery.

If you're experiencing a medical emergency, call 911 or go to the nearest emergency room.