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Postoperative Instructions: Hip Fracture Surgery

General goals:

Ambulate without pain or limp
Full hip range of motion
Decreased pain and swelling (edema)
Return to prior activity

Immediate postoperative period (0-2 weeks after surgery)

Goals	Control pain Reduce swelling Minimize loss of strength in the core, hips, knees, ankles, and upper extremities Demonstrate safe mobility with weight bearing precautions Avoid complications (wound healing, DVT/PE, falls)
Restrictions	Weight bearing as tolerated on the operative extremity with a walker Range of motion as tolerated (except for the hip precautions below) Hip precautions: <ul style="list-style-type: none"> • Hip precautions are meant to reduce the risk of dislocation after a hip replacement, and are surgery-dependent • Hip replacement/hemiarthroplasty - posterior approach: Do not bend the hip past 90 degrees or internally rotate your hip past 10 degrees, use an elevated seat cushion and a grabber for items on the ground, and sleep on your back for 6 weeks • Hip replacement/hemiarthroplasty - anterior approach: None • Intramedullary nail: None • Ask your surgeon if you have questions regarding your specific situation
Bracing	None
Exercises	Perform the following exercises 3 time a day, 10-20 repetitions each, in addition to any exercises demonstrated with physical therapy: <ul style="list-style-type: none"> • Hamstring stretches (anterior approach and intramedullary nail only; posterior approach should not do this exercise) • Heel cord and calf stretches • Glute sets • Ankle pumps • Thigh squeezes • Quad sets • Prone knee bend • Calf raises <p>Please visit https://hipknee.aahks.org/physical-therapy-exercises-after-hip-replacement/ to view video and download a handout of the prescribed exercises</p> <p>Walk as much as possible! Walking is an excellent way to rebuild endurance and strength after surgery</p>

Interventions	<p><u>Swelling and Pain</u></p> <ul style="list-style-type: none"> • RICE: Rest, Ice, Compression, and Elevation • High-high compression stockings/socks are also a good way of reducing swelling and can be worn as tolerated both day and night for the first 6 weeks after surgery • Multimodal pain control (see separate handout) <p><u>Gait training</u></p> <ul style="list-style-type: none"> • Use a walker for mobilization • Ambulate as much as possible <p><u>Physical Therapy</u></p> <ul style="list-style-type: none"> • You will have physical therapy either at a rehabilitation center, a skilled nursing facility, or with a home health company • Once you have met the goals outlined by these facilities, you will eventually move on to outpatient physical therapy, which can be arranged by your surgeon if necessary <p><u>DVT/PE</u></p> <ul style="list-style-type: none"> • You will be placed on some form of medication to prevent blood clots in your legs (DVT) and/or lungs (PE) • Most patients will be prescribed aspirin (81 mg) twice daily for 6 weeks • Some patients at higher risk for clotting will be on other medications (such as Coumadin, Eliquis, or Xarelto)
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First postoperative visit (~2 weeks after surgery): Sutures and/or staples are removed and Steri-Strips are placed on the surgical wound(s). X-rays are taken to evaluate healing and the position of the implants.

Early postoperative period

(2-6 weeks after surgery; after first postoperative visit)

Goals	<p>Control pain Reduce swelling Minimize loss of strength in the core, hips, knees, and upper extremities Demonstrate safe mobility with weight bearing precautions Increase range of motion Avoid complications (wound healing, DVT/PE, falls)</p>
Restrictions	<p>Weight bearing as tolerated on the operative extremity with a walker Range of motion as tolerated (except for the hip precautions below)</p> <p><u>Hip precautions:</u></p> <ul style="list-style-type: none"> • Hip precautions are meant to reduce the risk of dislocation after a hip replacement, and are surgery-dependent • Hip replacement/hemiarthroplasty - posterior approach: Do not bend the hip past 90 degrees or internally rotate your hip past 10 degrees, use an elevated seat cushion and a grabber for items on the ground, and sleep on your back for 6 weeks • Hip replacement/hemiarthroplasty - anterior approach: None • Intramedullary nail: None • Ask your surgeon if you have questions regarding your specific situation
Bracing	None
Exercises	<p>Perform the following exercises 3 times a day, 10-20 repetitions each, in addition to any exercises demonstrated with physical therapy:</p> <ul style="list-style-type: none"> • Hamstring stretches (anterior approach and intramedullary nail only; posterior approach should not do this exercise) • Heel cord and calf stretches • Quad arcs • Prone knee bend • Straight leg raise • Hip abduction/adduction • Heel slides • Mini squats <p>Please visit https://hipknee.aahks.org/physical-therapy-exercises-after-hip-replacement/ to view video and download a handout of the prescribed exercises</p>

	<ul style="list-style-type: none"> Walk as much as possible! Walking is an excellent way to rebuild endurance and strength after surgery At this point, you may also start using a stationary bike, elliptical, or walk on a treadmill
Interventions	<p><u>Swelling and Pain</u></p> <ul style="list-style-type: none"> RICE: Rest, Ice, Compression, and Elevation Thigh-high compression stockings/socks are also a good way of reducing swelling and can be worn as tolerated both day and night for the first 6 weeks after surgery Multimodal pain control (see separate handout) <p><u>Gait training</u></p> <ul style="list-style-type: none"> Use a walker for mobilization if necessary; otherwise, wean to a cane or no assistive device at all Ambulate as much as possible <p><u>Physical Therapy</u></p> <ul style="list-style-type: none"> You will have physical therapy either at a rehabilitation center, a skilled nursing facility, or with a home health company Once you have met the goals outlined by these facilities, you will eventually move on to outpatient physical therapy, which can be arranged by your surgeon if necessary <p><u>DVT/PE</u></p> <ul style="list-style-type: none"> You will be placed on some form of medication to prevent blood clots in your legs (DVT) and/or lungs (PE) Patients on aspirin (81 mg) twice daily will continue until 6 weeks after surgery Patients on other medications (such as Coumadin, Eliquis, or Xarelto) should continue these as prescribed

Second postoperative visit (~6 weeks after surgery): Gait is checked, and X-rays are taken to evaluate healing. Physical therapy is continued. Any hip precautions in place are discontinued.

Intermediate postoperative period (6-12 weeks after surgery; after second postoperative visit)

Goals	<p>Manage swelling Minimize loss of strength in the core, hips, knee, and upper extremities Demonstrate safe mobility with weight bearing precautions Increase range of motion</p>
Restrictions	Weight bearing as tolerated on the operative extremity
Bracing	None
Exercises	<p>Perform the following exercises 3 times a day, 10-20 repetitions each, in addition to any exercises demonstrated with physical therapy:</p> <ul style="list-style-type: none"> Hamstring stretches (all approaches) Heel cord and calf stretches Hip abduction/adduction Mini squats Step ups Bridges <p>Please visit https://hipknee.aahks.org/physical-therapy-exercises-after-hip-replacement/ to view video and download a handout of the prescribed exercises</p>
Interventions	<p><u>Swelling and Pain</u></p> <ul style="list-style-type: none"> RICE: Rest, Ice, Compression, and Elevation Thigh-high compression stockings/socks are also a good way of reducing swelling and can be worn as tolerated both day and night for the first 6 weeks after surgery Multimodal pain control (see separate handout) <p><u>Gait training</u></p> <ul style="list-style-type: none"> Use a walker for mobilization Ambulate as much as possible <p><u>Physical Therapy</u></p> <ul style="list-style-type: none"> You will have physical therapy either at a rehabilitation center, a skilled nursing facility, or with a home health company

	<ul style="list-style-type: none"> • One you have met the goals outlined by these facilities, you will eventually move on to outpatient physical therapy, which can be arranged by your surgeon if necessary <p><u>DVT/PE</u></p> <ul style="list-style-type: none"> • You will be placed on some form of medication to prevent blood clots in your legs (DVT) and/or lungs (PE) • Patients on aspirin for clots may discontinue the medication or continue it at their normal preoperative dose • Patients on other medications (such as Coumadin, Eliquis, or Xarelto) will be evaluated on a case-by-case basis
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Third postoperative visit (~3 months after surgery): Gait is again checked, and X-rays are taken to evaluate implant position and healing. Some patients may have completed physical therapy by this visit. Sports-specific activity may be resumed.

Fourth postoperative visit (~6 months after surgery): X-rays are taken to evaluate implant position and healing. Any residual issues are addressed. If there are no remaining issues, this is often the final postoperative visit. However, many patients may be brought back on a yearly basis for routine surveillance regarding the implants and any issues that might arise.

Showering: After hip replacement/hemiarthroplasty, you may shower immediately after surgery as long as the waterproof dressing (Mepilex Ag) is intact and fully sealed. After intramedullary nailing, you may shower starting 72 hours after surgery, removing the postoperative dressings prior to showering and replacing them with clean dressings afterwards.

Once the staples or sutures are removed, you may shower as needed and do not need to replace the dressings afterwards.

Driving: Prior to driving, you must be off all narcotic pain medication (such as tramadol or oxycodone). For right hip surgery, you must be fully weight bearing with minimal need for a walker; this usually occurs around 9 weeks after surgery. For left hip surgery, you may drive an automatic transmission at any point; for manual transmission, you must be fully weight bearing with minimal need for a walker.

Skin care: Steri-Strips are placed on the wound(s) after your sutures are removed, typically at your first postoperative appointment. These typically fall off on their own but can be removed after 1 week. Once the wound has healed, you may use cocoa butter or a Vitamin E ointment (such as Mederma Scar Cream) to soften the scar.

Scar massage: Scar massage helps to reduce stiffness and improved range of motion while softening the scar. You may start scar massage once the wound has healed, and perform it for 5 minutes, 2-3 times a day. Please visit <https://www.youtube.com/watch?v=D26Q4VI3Ga4> for an example of scar massage.

Infection: Please call the office if you experience any of the following symptoms, as you may be developing a postoperative infection:

- Increased drainage from the incision
- Increased redness around the incision site
- Foul odor
- Fever greater than 101°F