



**Knox
Orthopaedic
Group**

262 Mountain Highway
Wantirna Victoria 3152

Tel: 03 9887 1488

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Web: www.kog.net.au

MINI INCISION HIP JOINT REPLACEMENT INFORMATION SHEET

• TED STOCKINGS

TED stockings are prescribed for you to wear for 4 weeks postoperatively. These are usually a below knee heavy weight stocking that helps prevent clots forming in your calf. These will be put on your legs immediately following surgery whilst you are in hospital. It is fine to leave your stockings off for brief periods of time and to allow washing of the stockings. They usually dry quite quickly.

• CAR TRAVEL

One of the big advantages of the mini anterior approach is that the hip is much more stable and the risk of dislocation significantly lower. Mr Dunin is therefore quite happy for you to travel in the car as long as you are careful getting in and out of the vehicle.

• DRIVING

If you are walking well without any aids it is reasonable for you to drive from 4 weeks, assuming that you can get your foot to the brake and accelerator without causing any discomfort to your hip.

• CRUTCHES

Most patients go home using crutches, however they are purely an aid to walking and can be discarded as soon as you feel confident that you can walk unassisted. It is usually best to discard the crutch on the operative side first.

• EXERCISING

Walking is the best exercise you can do for the hip. However, you may be given exercises by your physiotherapist which can also be beneficial. Hydrotherapy is another good form of exercise and can be arranged through your physio or local pool. However, you should not enter the pool until the wound is completely healed.

Bike Riding: Please refrain from bike riding until your 6 week review.

• SHOWERING

You may find a shower stool or plastic chair in the shower recess beneficial in the early stages.

• SLEEPING POSITION

For standard hip replacement surgery it is recommended that you sleep on your back for the first 6 weeks. For the mini anterior incision this is not necessary due to the improved hip stability. This is one of the advantages of this approach to the anterior incision. As the hip is much more stable in flexion, Mr Dunin is quite happy for his patients to roll onto their side after surgery.

Mr Anthony Dunin

MBBS FRACS FA OrthA

Orthopaedic Surgeon

*Specialising in hip & knee
reconstructive surgery*

Provider No: 274316L

Mr Craig Donohue

MBBS FRACS FA OrthA

Orthopaedic Surgeon

*Specialising in hip & knee
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Provider No: 206382GL

Mr Francis Ma

MBBS DipAnat FRACS

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- **BENDING**

One should not bend beyond 90 degrees for the first 6 weeks.

- **SEXUAL INTERCOURSE**

Once you have a comfortable range of hip movement you may resume sexual intercourse again.

- **GARDENING** Please refrain from gardening for the first 6 weeks.

- **DENTAL WORK**

Make your dentist aware that you have had a total joint replacement. Antibiotic cover may be required for more major dental surgery. It is not necessary for straight forward cleaning or fillings. If any procedure involves work going into the gums or involves draining an abscess then anti-biotics should be given to reduce the risk of infection travelling to the joint replacement.

- **CROSSING YOUR LEGS**

It is quite acceptable to cross your legs at the ankles. Crossing your legs above the knees is best avoided.

- **HIP WOUNDS**

Your wound will be a dissolvable subcuticular suture. Your dressing will be changed to a waterproof dressing just prior to discharge so that you can shower normally. One week after discharge you can take the dressing completely off and leave it to the open air. There is no need for further dressings unless there is any wound ooze. If there are any problems with the wound please notify us.

Please do not hesitate to contact Mr Dunin or his staff if you have any questions regarding your surgery.

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