



Post Operative Instructions: Percutaneous Hip Pinning

ACTIVITY

- Weight bearing limited- use crutches when ambulating, may touch down to transfer and balance. No loading through the operative leg.
 - Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.
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DRESSING & INCISIONS

- A small amount of red-tinged drainage on the dressing during the first 2 days is normal.
 - Keep the dressing clean and dry; protect it while bathing or showering.
 - Keep the dressing intact until your first post op, if the dressing becomes soiled prior to that scheduled appointment, contact the clinic for a dressing change.
 - Do not apply Bacitracin or other ointments.
 - Avoid soaking in pools, lakes, hot tubs, or the ocean until sutures are removed and the incision is fully healed.
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PAIN & INFLAMMATION

Ice

- Apply ice wrapped in a dry towel 20 minutes at a time, several times per day for the first week, then as needed.

Compression

- The white stocking will help decrease swelling, and should be worn for 5-7 days to prevent blood clots and decrease swelling.

Elevation

- Keep your foot elevated above heart level as much as possible for the first 3–4 days.
- Place a pillow under your foot, not under your knee.
- Avoid pressure under your heel to help reduce the risk of ulcers.

Pain Medications

- Take your prescribed medications as directed.

Tylenol (Acetaminophen)

- First-line for pain.
- Take 500-650 mg every 6–8 hours.
- Do not exceed 1000 mg per dose or 3000 mg per day.
- Do not drink alcohol while taking Tylenol.

Anti-inflammatory

- As needed for postoperative swelling
- Do not take after fusion or with surgeries at risk for nonunion.

Opioid

- For moderate to severe breakthrough pain only.
- Use sparingly and wean off as soon as possible.

Common side effects include:

- Nausea: Take with food.
- Drowsiness: Do not drive or operate machinery.
- Itching: Benadryl may help.
- Constipation:
 - Use stool softeners (e.g., Senna-Docusate) or OTC options (Mineral Oil, Milk of Magnesia, etc).
 - Avoid bananas, rice, apples, toast, and yogurt (may worsen constipation).
 - Light walking helps stimulate bowel function.

Refills:

- If you think you will need a refill, you must request it during regular weekday office hours.
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DVT PROPHYLAXIS

- Take Aspirin 162 mg daily as prescribed.
 - This is not for pain—it's to reduce the risk of blood clots (DVT/pulmonary embolism).
 - If you are at higher risk, you may be placed on Lovenox instead. If you are already on anticoagulation, you may have a different plan.
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EMERGENCIES

You must have someone stay with you during the first 48 hours after surgery.

Call the clinic or the on-call orthopedist if:

- Drainage soaks the dressing, increases, smells foul, or if incisions become red, warm, or very painful.
 - You develop a fever >101.5°F or chills.
 - You experience leg or calf pain, swelling, or difficulty breathing.
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FOLLOW-UP CARE

- Schedule a follow-up appointment at ~2 weeks postoperatively for a wound check, suture removal, and review of your surgery (if not already scheduled).
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EXERCISES – When you are comfortable and ready you may perform each exercise 2-3 times a day; it may help to take pain medication 20-30 minutes prior to the exercises and to apply ice after the exercises

NO hip flexion past 90 degrees (for 4 weeks post-op), NO internal/external rotation past 30 degrees (for 4 weeks post-op), NO extension past 20 degrees (for 4 weeks post-op), NO straight leg raise (for 4 weeks post-op), and NO trunk flexion past 90 degrees (bending over to touch toes, lifetime)