



Post Operative Instructions: Percutaneous Hip Pinning

ACTIVITY

- Weightbearing as tolerated- use crutches when ambulating.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.
- Range of motion of the hip, knee and ankle as tolerated.

DRESSING & INCISION

- Your incision was closed with either staples or absorbable buried sutures + Dermabond (surgical glue), depending on your skin type.
- Keep your dressing (Jumpstart) clean, dry, and in place for 7 days after surgery.
- On day 7, you may remove the dressing. You may then shower, pat soap onto the incision, and rinse off. Do not scrub the incision. No submerging or soaking (baths, pools, hot tubs, oceans, etc.) for at least one month postop, or until cleared by Dr. Williamson. After showering, pat dry and leave the incision open to air.
- Monitor your incision daily and report any concerns promptly. The top of the incision is prone to collecting moisture in your skin fold. If you notice moisture collecting, periodically place a clean towel or gauze in your skin fold to prevent moisture from accumulating, or contact the clinic for further instructions.
- If your incision was closed with buried sutures and Dermabond, let the glue fall off on its own and do not scrub or pick it off. This may take a month.



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

- Use an ACE wrap or white stocking to reduce swelling.
- The white stocking should be worn for 5–7 days to help prevent blood clots and reduce knee swelling.

Elevation

- Keep your foot elevated above heart level as much as possible for the first 3–4 days.
- Place a pillow under your calf or foot, not under the knee.

Pain Medications

- Take your prescribed medications as directed.

Tylenol (Acetaminophen)

- First-line for pain.
- Take 1000 mg every 6–8 hours.
- Do not exceed 1000 mg per dose or 4000 mg per day (limit to 3000 mg/day if you have liver issues).
- Do not drink alcohol while taking Tylenol.

Methocarbamol

- Helps with pain and muscle spasms.
- Take every 6 hours as needed.

Oxycodone

- 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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