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**POSTOPERATIVE INSTRUCTIONS**  
**HIP – CLOSED REDUCTION AND INTERNAL FIXATION**

**PLEASE READ THESE INSTRUCTIONS COMPLETELY AND ASK FOR CLARIFICATION  
IF NECESSARY - DIRECT QUESTIONS TO YOUR NURSE BEFORE LEAVING THE  
HOSPITAL OR VIA PHONE/EMAIL TO DR. HUDSON'S STAFF AFTER ARRIVING HOME**

**WOUND CARE**

- It is normal for the wound to bleed and swell following surgery. If blood saturates dressing feel free to replace it with a new large bandage.
- Remove surgical dressing 72 hours after surgery – large band-aids can be placed over the incisions, covering them completely. It is okay to shower directly over the band-aids as long as the incisions stay dry until your first post-operative appointment in clinic.

**MEDICATIONS**

- Pain medication is injected into the wound during surgery – this will wear off within 8-12 hours. It is recommended to begin the prescription pain medication provided to you upon arriving home, and continue every 4 hours for the first 1-2 days after surgery.
- If you are having problems with nausea and vomiting, consider decreasing dose and taking anti nausea medication as needed.
- Common side effects of the pain medication include nausea, drowsiness, and constipation. To help minimize risk of side effects, take medication with food - if constipation occurs, consider taking an over-the-counter stool softener such as Dulcolax or Colace.
- Do not drive a car or operate machinery while taking the narcotic medication.
- Unless you have previously been instructed to avoid aspirin products for other medical reasons, **please take one (1) 325mg aspirin once daily for 6 weeks** following surgery. This is to help minimize the risk of blood clots (extremely rare). As long as you have no personal history of adverse response to anti-inflammatories, use an over-the counter anti-inflammatory such as Ibuprofen (i.e. Advil/Motrin) 600-800mg as frequently as every 8 hours with food to help swelling and pain in addition to the prescribed pain medication.

## **ACTIVITY**

- Elevate the operative leg at least parallel to floor, if possible to chest level to decrease swelling.
- Do not place pillows under knee only (i.e. do not maintain knee in a flexed or bent position), but place pillows under foot/ankle.
- Full weight-bearing of the operative leg is encouraged and safe, unless instructed otherwise.
- NO driving until off narcotic pain medication.
- Okay to return to work when ready and able. Please notify office if written clearance is needed.
- If you are planning air travel within 10 days of your surgery, please consult with Dr. Hudson's office to discuss whether anticoagulation (medication to prevent blood clot) is necessary.

## **EXERCISE**

- Do ankle pumps (15-20) at regular intervals throughout the day to reduce the possibility of a blood clot in your calf (extremely uncommon).
- Formal physical therapy (PT) will begin after your first post-operative visit if necessary.

## **DIET**

- Begin with clear liquids and light foods (jello, soup, etc.).
- Progress to your normal diet if you are not nauseated.

## **FOLLOW-UP CARE/QUESTIONS**

- Someone from Dr. Hudson's team will call you on your first day after surgery to address any questions or concerns.
- Email any non-emergent questions to [JHudson@Oregonmed.net](mailto:JHudson@Oregonmed.net) for the fastest reply. If e-mail is not an option please call the practice at (541) 242-4812.
- If you do not already have a postoperative appointment scheduled, please contact the scheduler during normal office hours at (541) 345-0060 to arrange an appointment 7-15 days from surgery.

## **\*\*EMERGENCIES\*\***

- Painful swelling or numbness that progressively worsens
- Unrelenting pain
- Fever (over 101° - it is normal to have a low grade fever for the first day or two following surgery) or chills
- Redness around incisions that worsens
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting

**DO NOT CALL THE HOSPITAL OR SURGICENTER FOR EMERGENCIES**  
**IF YOU HAVE A NEED THAT REQUIRES IMMEDIATE ATTENTION, PROCEED TO THE NEAREST EMERGENCY ROOM**

