

phil h. berry, jr., m.d.
miguel a. hernandez, III, m.d.
ray f. aronowitz, m.d.
david a. heck, m.d.
zachary kelley, m.d.
alexander cho, m.d.
jason k. lowry, md
jon e. nathanson, d.p.m.



810 north zang blvd.
dallas, tx 75208-4233
telephone (214) 941-4243
fax (214) 941-1153

www.TheBoneDocs.com
www.jasonlowrymd.com

2800 east broad st, suite 510
mansfield, tx 76063
telephone (817) 453-3500
fax (817) 453-3520

Dr. Lowry's Post-Op Instructions

Hip Hemiarthroplasty for Femoral Neck Fracture

Patient:

1. You will likely require discharge to an inpatient rehab or skilled nursing facility. There are many options locally from which to choose. Your case manager (social worker) will work with you & your family to find the best location to meet all your needs.
2. To decrease the risk of a blood clot, you will be given thigh-high compression stockings & prescribed an injection of either Arixtra 2.5mg SQ or Lovenox 30mg SQ ; both the injection & the hose are to be used for four weeks.
3. To help your bones heal, you will be prescribed Vitamin D & Calcium supplements.
4. There will be no sutures to remove once the wound has healed (generally 2 weeks).
5. Dressings: keep a sterile, island dressing (preferably an antibacterial material like Aquacel AG Surgical, Therabond, Primapore, etc) over all incisions for at least 2 weeks. These should NOT be changed unless there is >50% strike-through. If your facility does not have antibacterial dressings, then the next best option is to apply a thin layer of bacitracin ointment over the incision with each dressing change. Your nurse will educate you on proper dressing management.
6. Use your walker with full weight on your leg. You will not hurt the repair by walking on your leg. If I feel that your bone quality is poor OR if a fracture occurred during your surgery, then I may change your weight-bearing status accordingly.
[PT instructions: WBAT w/ walker; gait & transfer training; anterolateral hip precautions]
7. Your Physical Therapists will discuss "safe positions" for your operative leg to prevent the risk of dislocation. This is very important for you to follow for at least 3 months after your surgery.
8. You will have an abduction brace/pillow to wear at all times while in bed x 4 weeks. You & your family will be educated on how to use it properly.
9. Please make an appointment to see me 30 days after your surgery. You should have XRays done prior to seeing me to include an AP pelvis & AP w/ a frog lateral of the operative extremity.

If you have any other questions or concerns please call my clinic.

Sincerely,

A handwritten signature in blue ink, appearing to read "J. Lowry", with a stylized flourish at the end.

Dr. Jason K. Lowry, MD FAAOS