

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**

### **Total Hip Arthroplasty - Direct Anterior**

#### **Patient:**

1. To decrease the risk of a blood clot, you will be given compression stockings & prescribed aspirin
  - a. ECASA 325mg T PO Qday x 3 wks
  - b. Knee-high compression hose x 4 wks
  - c. If you are at higher risk, then you will be given either Xarelto or Lovenox.
2. To improve your bone strength, you will be prescribed Vitamin D & Calcium supplements.
3. Dressings: leave the aquacel dressing on (it's waterproof); it will be removed in my office at your first appointment in two weeks. Call if: >60% drainage OR the silicone seal is broken on the aquacel dressing. No bathing or swimming for 4 wks after surgery. The drain site dressing will need to be changed each time you shower. Immediately dab your incision dry, apply a thin layer of Neosporin ointment, place a new bandage & replace the compression stockings. Wear a pair of spandex bike shorts. This will help keep your incision compressed & less likely to develop a hematoma (fluid collection that could cause wound complications or an infection).
4. There will NOT be any sutures to remove.
5. Use your walker x 4 weeks. It is very important for your balance & protecting your new hip. Your weight bearing may be adjusted based on the quality of your bone during surgery.  
**\*\*If I am concerned about weak bone OR you have a fracture during surgery, then I may change your weight-bearing status accordingly\*\***
6. Your Physical Therapists will educate you on the proper "safe positions" to decrease the risk of dislocation. These are to be followed for at least 3 months after your surgery.
7. I do recommend you place a pillow under the knee of your operative hip when in bed or a chair x 4 weeks after your surgery. This encourages the front of your hip joint to "tighten-up" as you recover in hopes to further decrease the risk of instability after your hip replacement.
8. Most patients do NOT need a formal therapy program right away. You simply need to work on walking with the support of the walker for 4 weeks & work on sit-to-stand exercises. I will determine if you need a formal Physical Therapy program at your first clinic visit.
9. Please make an appointment to see me in 14 days after your surgery.

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