Coastal Orthopaedic Surgery

Dr Frank Connon
Orthopaedic surgeon
Phone 07 5413 4300 · Fax 07 5238 8022
Level 1, 90 Goodchap Street, Noosaville
Suite 10, 3 Doherty Street, Birtinya

Recovering from anterior hip replacement: exercises and recovery

Most people recover from an anterior hip replacement with modest discomfort and are back to normal activities by 6 to 8 weeks. You'll be up on your feet a few hours after surgery, with a short walk the same day if your operation is early, using crutches or a four-wheeled walker. The keys are regular simple pain relief, short walks rather than hard exercise in the first 4 weeks, and leaving your dressing alone until your wound check.

What's normal after surgery

- **Swelling** of the whole leg is part of healing. It usually builds until day 7 to 10, then settles gradually over the following months.
- **Discomfort** is usually very manageable. You may only need stronger painkillers for the first few nights.
- **Bruising** can happen even though muscles aren't cut. Ice and not overdoing it help.
- **A numb patch on the outer thigh** is common, from a skin nerve held aside during surgery. Feeling usually returns to some degree over months.
- **Weakness lifting the leg**, for example getting in and out of bed, is normal at first and improves. Don't try to exercise it away.

Four exercises for the first four weeks

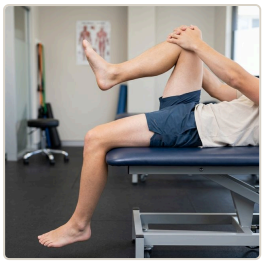
1. **Ankle pumps.** When sitting or lying flat, pull both feet up, then point your toes firmly away from your body. Move only your feet and keep your legs on the bed. Hold the pointed-toe position for 3 seconds. Repeat 20 times, every hour.



2. **Supported weight shift.** Stand up straight in front of something sturdy, using your hands for support. Slowly shift your weight onto one leg, then towards the other. As this gets easier, you can lift the leg you're not standing on off the ground for a second. Repeat 10 times each way, twice a day.



3. **Hip flexor stretch, operated side only.** Lie on the bed with your legs hanging off the end. If you can, lift your non-operated leg and hug that knee towards your chest; if you can't, keep both legs flat. Your operated leg stays dangling off the edge of the bed, with your thigh supported by the bed. You should feel a gentle stretch through the front of your operated hip. Don't repeat it on the other side. Hold for 15 seconds, 3 times, twice a day.


Left hip replacement


Right hip replacement

4. **Elevation.** Stack 3 or 4 pillows on a couch or bed and rest your lower leg on them, with your knee supported. You can use an ice pack on the operated area at the same time. Aim for about 30 minutes at a time, regularly through the day whenever you're resting.



Follow any specific instructions your physiotherapist or Dr Connon gives you.

Pain relief

Take paracetamol and anti-inflammatories regularly unless you've been told not to. Unless you were taking opioid painkillers (such as oxycodone or tapentadol) before your operation, you usually won't need them regularly afterwards. In hospital they're charted on an as-needed basis, so they're available if you need them. Opioids can cause nausea, constipation, light-headedness and dependence, so use them only as needed.

Ice and elevation both reduce swelling and pain. When resting, raise your leg above the level of your heart for a few hours a day. Also spend time sitting out of bed in a chair so you can breathe deeply.

Looking after your wound

Your wound is closed with dissolving stitches and glue, so nothing needs removing. The dressing is water-resistant: you can shower, but don't bathe or swim until you've been told the wound has healed. Leave the dressing in place until your 2-to-3-week wound check. Please don't lift it to look, as that increases the risk of infection.

Swelling and mild warmth around the wound are normal.

Exercise and activities

- **Crutches:** use two crutches for the first 2 weeks. Then use one crutch for the next 2 weeks, held on the side opposite your operated hip.
- **Blood-thinning medicine:** aspirin 100 mg once a day for 4 weeks is usual, but this is individualised: follow the instructions you are given.

- **First 4 weeks:** the best exercise is a short walk, along with the four exercises above. Don't overdo hip-bending exercises, which can irritate the wound.
- **From about 4 weeks:** reconnect with your community physiotherapist to build strength.
- **Precautions:** no routine movement restrictions, but bungee jumping is not allowed. You don't need the special toilet seats or movement restrictions used after posterior hip replacement.
- **Driving:** once you're off opioid painkillers. Usually about 2 weeks for a left hip (automatic car), up to 4 weeks for a right. Check at your wound review.
- **Swimming and hydrotherapy:** about 4 weeks, once the wound has healed.
- **Yoga:** about 6 weeks. **Surfing:** about 12 weeks. **Golf:** short game when comfortable; full swing once your physiotherapist is happy with your strength and stability.

Your follow-up

2 to 3 weeks	Wound check with our nurse practitioner.
6 to 8 weeks	Review with Dr Connon. Have your post-operative X-ray done beforehand.

When to call us

Call our rooms on **07 5413 4300** straight away if you notice:

- new ooze through the dressing, or water getting under it
- a fever
- pain that suddenly gets worse
- painful swelling in your calf, which can be a sign of a blood clot

Sudden shortness of breath or chest pain is an emergency: call 000.

If you're concerned outside office hours, go to your nearest emergency department. The emergency team can contact Dr Connon through the hospital switchboard.

General information from Dr Frank Connon's patient guide. Follow any specific instructions from Dr Connon, our team or your physiotherapist. Updated November 2026. coastalorthopaedicsurgery.com.au