







### **Leven met een heupprothese**

Once the first two months of the rehabilitation period are over, one can lead a normal life again. The current hip arthroplasties ensure painless full mobility of the hip joint so that daily activities as well as sports activities can be resumed without risk. [For more info click here](#)

The materials used for hip prostheses are continuously improved to reduce wear. However, there is no material that does not wear out. Therefore, a triennial check with radiography is recommended by your surgeon.

### **Infections and antibiotics**

Laryngitis, bronchitis, urinary tract infection, sinusitis, skin infections and others are disorders that can possibly cause infection of the prosthetic material. In case of the slightest signs of infection, consult your doctor for an investigation and possibly a prescription for antibiotics.

### **Dentist and antibiotics**

Have your dentist regularly check your teeth. Your dentist will further inform you about antibiotics that you should take in certain dental procedures.

### **Pedicure**

This should be little aggressive and performed by a professional.

### **Injections**

Avoid intramuscular or subcutaneous injections in the vicinity of the prosthesis. These can be responsible for infections of the prosthetic material.

### **Medical examinations and antibiotics**

Some studies in the hospital such as gastroscopy, colonoscopy and others are best done under the protection of antibiotics. Inform your specialist in time that you have a knee prosthesis.

### **Late complications**

#### **Infections**

If the scar becomes red, warm and painful or you have a fever and your operated knee is painful, you should contact your surgeon as soon as possible. It is better not to blindly give antibiotics (ie without first determining which germ is responsible for the infection). Your surgeon will coordinate the necessary examinations to identify the germ before starting antibiotics.

#### **Luxations**

If the guidelines have been properly followed during the first two months after the operation, the chance of luxating is almost non-existent.