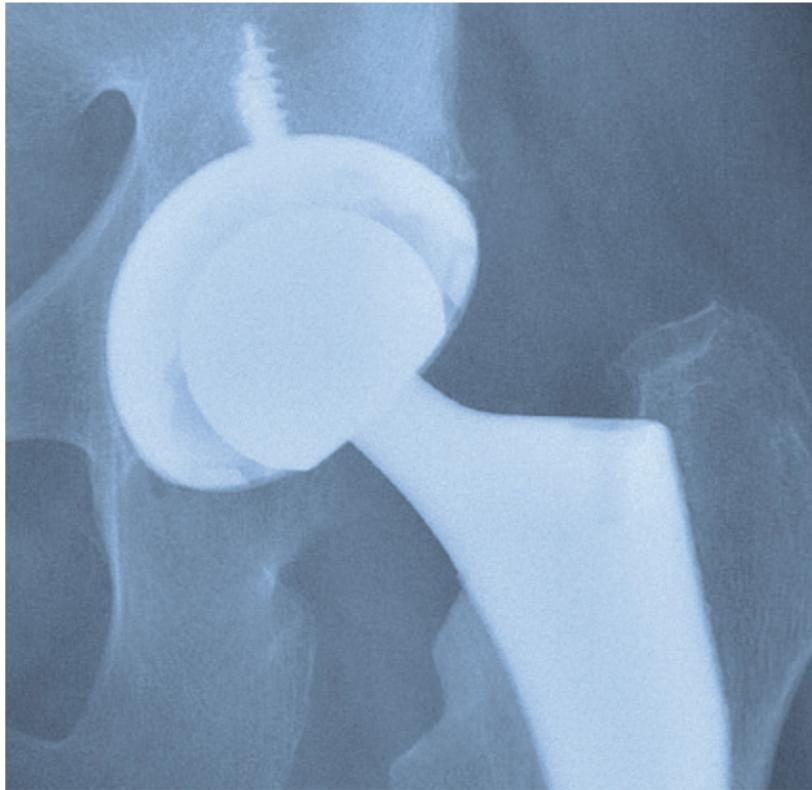


Hip Replacement Surgery Patient Information Manual

Maximizing Your New Hip



UF HEALTH REHAB CENTER – SHANDS HOSPITAL

UFHealth.org/shands-rehab-center-orthopaedics-and-sports-medicine-institute
rehabcenters.UFHealth.org

INTRODUCTION

Welcome to UF Health! Thank you for choosing us for your hip replacement surgery. Our premier orthopaedic surgery team will take great care of you.

The University of Florida Orthopaedic Surgery program began in 1960 as a division of the College of Medicine Department of Surgery. In 1975, the Division of Orthopaedic Surgery achieved full departmental status. Our UF Health Orthopaedics and Rehabilitation team has earned a reputation for excellence in research, teaching and clinical care. Our commitment to patient health care motivates every aspect of our efforts, from the bedside, to the classroom, to the research lab.

Your doctor has explained your procedure and what to expect following surgery. The purpose of this guide is to provide you with more information about what to expect during recovery, what you can do to prevent any complications and how you can maximize your outcomes. Although the health care team will assist you in your recovery, **you and your family** are the most important members of the team. We believe knowledge and preparation before and after the operation will make your recovery easier. If you have questions along the way, be sure to ask them. We are here to help you achieve your goals and we want you to be satisfied with your entire experience. Our goal is **excellent service**, from start to finish.

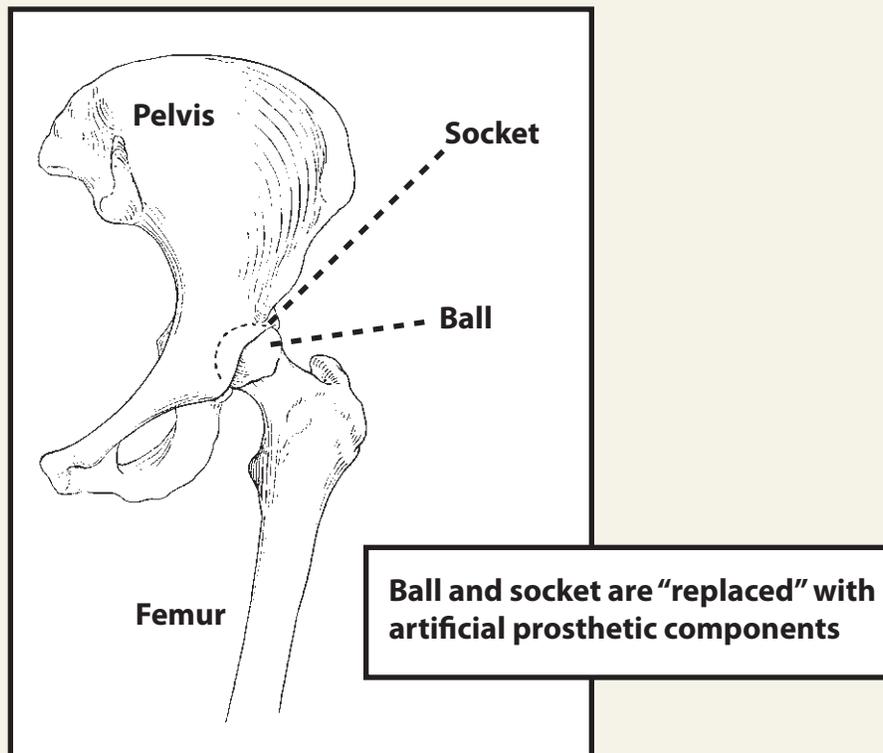
So, let's begin.

WHAT EXACTLY IS HAPPENING?

Your hip joint will be replaced with an artificial hip joint, called a prosthesis. The prosthesis is designed to work in the same manner as your natural hip. Your surgeon will choose the best prosthesis for you.

The new hip will allow for smooth, pain-free movement, but it needs time to heal. You will be doing exercises to strengthen your new hip. **For your safety, there are some movements you must not do for at least six weeks. These are called your HIP PRECAUTIONS.**

These precautions are necessary to keep the ball of your hip bone from slipping out of the socket in your pelvis.



A therapist will teach you about exercises you will need to do to make your new hip stronger, and they will show you how to protect your new hip during the healing phase. You will be given instructions on how to get out of bed, walk, get dressed and care for yourself.

You likely will need a walking aid for a short time, which is normal.

You also will want an elevated toilet seat so that you don't bend over too far when you get off the commode. This is all part of the post-surgery rehabilitation process.

PAIN CONTROL

Many patients are concerned about pain after surgery and how well it will be controlled. There are many factors that affect how much pain you will experience. For example, the temperature of the room, how tired you are and how stressed you are can all affect post-surgery pain. Everyone experiences pain differently. Your pain will be controlled to a level that is tolerable for you. Orthopaedic staff members are experienced in helping patients in pain to be more comfortable.

What kind of pain medications will be used?

There are many different ways to take pain medication, whether through pills, intravenously, a patient-controlled analgesia or PCA pump or through a special catheter placed in your back, an epidural, or leg, a femoral nerve sheath.

When you switch to pain pills, they will be ordered PRN, which means “as needed.” This means you must ask the nurse for pills. The doctor’s order for pain medication will have a time restriction. For example, a patient may only receive pills every three to four hours.

It is important for you to plan on taking your pain medications around your physical therapy schedule. Most patients prefer to take the pills about 30 minutes before beginning their physical therapy.

Although pain medications are necessary, they sometimes cause bothersome side effects. Be alert for any of these side effects and tell your nurse right away.

- ▶ Dry mouth
- ▶ Itching
- ▶ Nausea and/or vomiting
- ▶ Constipation
- ▶ Decreased appetite
- ▶ Urinary retention

Pain medication also can cause severe drowsiness or confusion. Although this is rare, we will be watching for these side effects and change your medication if they are seen.

Comfort Measures

There are many other ways that you can control pain and feel more comfortable. We will remind you of these when you are in the hospital.

It is important you tell us any time you feel you are not getting enough pain relief. BE AWARE that we cannot get rid of all your pain; you will have some discomfort.

PAIN CONTROL *(continued)*

If you have a backache:

- ▶ Raise the head of your bed about half way
- ▶ Ask us to roll a towel and place it under your lower back
- ▶ Shift your weight or move your legs
- ▶ Use the trapeze on your bed to move around

If you feel spasms in your leg:

- ▶ Tighten and release thigh and buttock muscles. Your physical therapist will show you how to do these isometric exercises.

You may have ice bags placed over your dressing or a cold wrap incorporated into your total hip dressing. It is important not to get your incision wet, so ask us to help you do this. Don't lie in a wet bed if the ice bag leaks. Please tell your nurse or personal care attendant so your bed can be changed.

Let us know how you are feeling. We will help you find a more comfortable position as best we can.



ANESTHESIA AND YOU

You will see an anesthesiologist and/or an anesthesia nurse practitioner before your surgery. He/she will review your medical history and perform a brief physical exam.

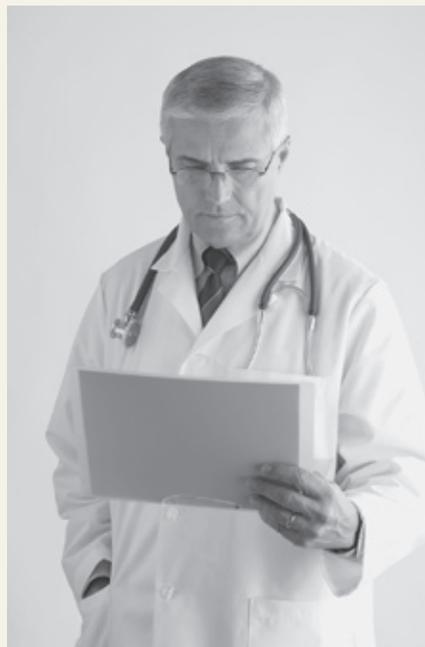
The anesthesiologist will discuss with you the options you have for anesthesia during your surgery. Keep in mind your anesthesiologist may suggest a particular anesthetic technique based on your history, physical exam, type of surgery and other factors.

General Anesthesia – renders you unconscious and unable to feel pain during your procedure. It is produced by a combination of drugs and gasses.

Spinal Anesthesia – a small needle is used to inject an anesthetic solution into your back. This medication should take away all pain sensation and movement from the abdomen down to your toes. You also will be sedated (light sleep) so that you are comfortable and relatively unaware of your surroundings.

Epidural Anesthesia – also involves using a needle to inject the medication into the lower back. With the epidural, a small catheter is placed through the epidural needle and used to have continuous painkiller medication while in surgery and for a few days after surgery.

The anesthesiologist might suggest a combination of the above techniques.



MANAGING SURGICAL PAIN WITH NERVE BLOCKS

Discuss with your physician what he/she feels is the right choice of analgesia for you.

Peripheral nerve blocks for pain control

Lumbar paravertebral pain catheters are used with many of our hip replacements to provide pain relief.

This block covers the femoral, lateral femoral cutaneous and obturator nerves.

The use of peripheral nerve blocks is increasing and they are being used as the primary anesthetic technique to facilitate painless surgery, supplemented with monitored anesthesia care (moderate sedation) or with a “light” general anesthetic.

There are several benefits to using peripheral nerve blocks: patient satisfaction is improved; there is less cognitive impairment as compared to general anesthesia; and there is new evidence that peripheral nerve blocks (regional anesthesia) are less immunosuppressive than general anesthesia.

Although peripheral nerve blocks are not risk-free, they offer an excellent alternative for patients that suffer postoperative nausea and vomiting, who are at risk for development of malignant hyperthermia, or who are hemodynamically compromised or too ill to tolerate general anesthesia.

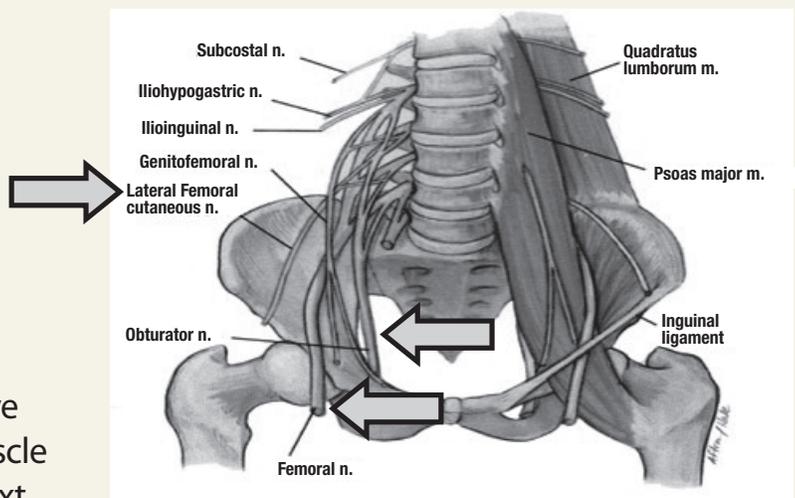
When will I be given a nerve block, and how is it done?

The block is administered in the Anesthesia Block room just before surgery.

First, the anesthesiologist numbs the skin with local anesthesia, inserts a stimulating needle, and then uses a small hand-held machine called a **nerve stimulator**.

The nerve stimulator sends a low-level electrical signal into your tissue below the skin that helps pinpoint the precise nerve location. The signal will cause a painless muscle twitch, and possibly a tingling sensation. Next,

the anesthesiologist gently inserts a very thin catheter (as small as a piece of angel hair pasta) to the nerve location and injects the precise amount of anesthetic needed.



GETTING READY FOR SURGERY

What should I expect prior to surgery?

When your surgery was scheduled, you received a packet that included this booklet and a general information sheet about surgery at UF Health Shands Hospital. You will be asked to get a clearance letter from your family doctor or internist. This clearance is very important, and it is your responsibility to obtain the clearance letter and make sure that we receive it before your pre-op day at the clinic. If you have lab tests, EKGs or chest x-rays, we need to have those results in the clinic on the day of your pre-op. If you do not get the clearance, your surgery will be cancelled. If you have a cardiac condition, you must have your cardiac doctor clear you for surgery.

Please bring all your medications that you take with you to the pre-op clinic. If you don't bring them, make sure you have a list of all medications that you take both over-the-counter (such as aspirin, Motrin, vitamins, and herbal remedies) and prescribed medications with dosages and how often you take them. The correct medication and dosages are important so we can maintain your health throughout your hospital experience.

You will be talking to a nurse case manager either pre-op or post-op who will assist you in obtaining any equipment or services needed after discharge from the hospital. They follow you while you are in the hospital.

Please be aware that not all insurance pays for inpatient rehab, outpatient rehab, home care rehab, etc. If you have questions or concerns about where you will be discharged to after leaving the hospital, our case manager would be happy to help you. Please call our clinic and ask to speak to the case manager for your doctor. If you get the case manager's voice mail, please leave your name, your doctor's name, your phone number and what type of surgery you will be having and when. A case manager will call you back and talk to you about discharge plans.

What happens on the pre-op testing day?

Prior to your surgery date, you will be scheduled to come to the orthopaedic clinic and the pre-operative anesthesia clinic. At this time, a complete history and physical will be done to be sure you are in the best condition for surgery. A chest X-ray and EKG may be done and blood may be drawn. The surgeon and anesthesiologist will explain the surgery and the anesthesia plan to you and your family, answer any questions, and have you sign the operative and anesthesia permits. **Be sure to ask all of your questions!**

ANSWERS TO SOME FREQUENTLY ASKED QUESTIONS ABOUT TOTAL HIP SURGERY

Are there any major risks?

Most surgeries go well with no complications. There are two serious complications that are most concerning – infection and blood clots. To avoid these, antibiotics are used during and after surgery, as well as blood thinners. Special precautions are taken in the operating room to reduce the risk of infection.

Will I need blood?

You may need to receive a blood transfusion after surgery. The blood banks are very safe, but if you want to use your own blood, please discuss this with your surgeon months in advance of your surgery. For more information about blood transfusions, please read the section in this booklet on page 19.

How long will I be in the hospital?

Most hip patients are in the hospital two to three days after their surgery. There are several goals that must be met before you go home, but do not expect to stay beyond two days as the standard.

What if I live alone? Will I need help at home? Where will I go after I am discharged from the hospital?

For your safety, you can't stay alone after you leave the hospital due to risk of falls while on pain medication, as well as your recent anesthesia and surgery. Most patients are able to go home directly after discharge from the hospital with assistance from family or friends. Please note: You will need 24-hour/overnight care for at least three days. You may also have a home health nurse and physical therapist assist you at home several times a week, but you still need family or friends to be there to help with meal preparation, bathing and other household activities for several days or weeks depending on your progress. Case management will follow you in the hospital and help you with this decision and make the necessary arrangements. You may go to a rehab facility (inpatient rehab hospital or skilled nursing facility that specializes in rehab). We recommend checking with your insurance company ahead of time so you are aware of what they will and will not cover with regards to rehabilitation.

Will I need equipment before I go home?

YES. You will either be using a walker or crutches when you go home. The physical therapist, physician and case manager will help you decide which is safest and how long to use each device. A three-in-one bedside commode might also be needed. Equipment that is recommended for your home may be covered by insurance. The case manager will secure these items for you before discharge. Additional items, such as a tub bench and grab bars in the tub or shower, may be helpful. However, insurance companies will not pay for them or the installation. These items would be best purchased and installed before your surgery.

FREQUENTLY ASKED QUESTIONS ABOUT TOTAL HIP SURGERY *(continued)*

Will I need physical therapy when I go home?

YES. Home care physical therapy or outpatient physical therapy will be discussed with you and arranged by the case manager while you are in the hospital. In most cases, home care physical therapy is set up for three visits a week for two weeks. Then, you will likely go to outpatient physical therapy. Outpatient physical therapy is usually three times a week. The length of time required for therapy varies with each patient.

When will I be able to drive?

The ability to drive depends on a number of variables, including whether surgery was on your right or left leg, the type of car you drive, and who your surgeon is and what type of approach was performed. **You cannot drive while taking pain medication; it is against the law.** Depending on your surgeon, it could be more than six weeks before you can drive.

Will I notice anything different about my hip after surgery?

YES. Your hip could be swollen for three to six months after surgery. You may have some numbness on the outside of your scar which may last a year or more and is not serious. You may also have soreness in your hip up to six months after surgery; this will go away. **If you hear a pop, have difficulty bearing weight on your operative limb or experience sudden onset of pain in your joint, notify your surgeon immediately.**



DISCHARGE INFORMATION

KNOW the discharge language...

Patients, family caregivers and health care providers all play roles in planning for discharge. It is a significant part of the overall care plan that many patients and care givers do not understand. Careful attention to the discharge plan and post-hospital care can help ensure your surgery is successful.

Many types of post-hospital care are not covered under insurance. Insurance type and medical recommendations both play a role in the final discharge plan. Medical staff, case managers and physical therapists can recommend the appropriate level of care. Insurance policies direct care based on coverage and contracts with companies. This can impact your choice of facility and the amount of care you are eligible to receive.

After joint surgery, patients are discharged to a variety of locations based on their general state of health, how will they recover from surgery, their assistance at home, and insurance policies. Inpatient Rehab Hospitals are facilities such as UF Health Shands Rehab Hospital or Brooks Rehabilitation in Jacksonville, Florida. To be admitted to these types of facilities, you need a recommendation from physical therapy for intensive therapeutic management of three or more hours per day, and have medical needs that require a doctor's ongoing supervision. Most orthopaedics-planned joint replacements do not discharge to these types of facilities. Medicare, Medicaid and some private insurance companies cover this type of care. Many private insurance companies have a very limited benefit for this type of care.

Skilled facility, subacute, skilled nursing facilities or extended care facilities

To be admitted to these types of facilities, you need a recommendation from the physical therapist for sub-acute rehabilitation. These facilities have both short-term recovery areas and long-term residential areas where patients receive care. These facilities have physical therapists, occupational therapists, separate therapy "gyms" to assist with rehabilitation; they also provide nursing care, custodial care and can accommodate a longer stay for patients. Many orthopaedics-planned joint replacements discharge to these types of facilities. Patients that need additional assistance with walking, more time to recover from surgery, have stairs/steps, live in a difficult-to-reach area or live alone are often discharged to a sub-acute facility.

Medicare and private insurances cover this expense. However, most private insurances or Medicare advantage plans require you to go to a facility in their network and a co-payment.

DISCHARGE INFORMATION *(continued)*

Home care

Home care is a visit by a medical professional, including a visit by a nurse, physical therapist or occupational therapist. All planned joint replacements receive some type of home care to assist with mobility. You will be asked to choose a home care agency.

Medicare and private insurances often cover this expense, however, there may be restrictions on the company that your insurance allows you to choose from. You will be provided with a list of companies that are available within your network.

Durable Medical Equipment

Durable medical equipment, or DME, includes walkers, wheelchairs, crutches, bedside commodes and other items to assist with your mobility and care. Most insurance cover the above items. However, they do not cover specialty items such as shower chairs, slide boards or hand rails.

Outpatient Rehab

Outpatient rehab is therapy that you will receive in an outpatient clinic. Most insurances cover this service, although you may have a limited choice or service area that you must choose from.

HOSPITAL CARE

This section is just a brief summary of what your hospital stay will be like.
Please note there are always exceptions.

DAY OF SURGERY

- ▶ You will have remained NPO (no food or water allowed) before surgery.
- ▶ You will be taken to an area called pre-op holding or to the block room.
- ▶ Your family will be shown where the waiting room is and where the doctor will find them after your surgery.

In the pre-op area or block room the following may occur:

- ▶ An IV line will be started to replace fluids during the surgery.
- ▶ A Foley catheter will be inserted into your bladder **in the operating room after you are asleep**. This will remain inserted for approximately 24 hours.
- ▶ Sticky patches, called electrodes, will be placed on your body to monitor your heart rhythm and function.

In the operating room:

- ▶ The anesthesiologist will be there monitoring your vital signs and will give you medication to make you sleep.
- ▶ When you are asleep, a breathing tube will be inserted into your throat. This tube will be breathing for you during surgery. The anesthesiologist will be monitoring this and will remove the tube as soon as your lungs wake up and you are breathing on your own. This tube may leave your throat a little sore.

You are allowed to get out of bed the day of surgery if your surgeon authorizes it.

Nursing or therapy can help you with this. Even sitting on the edge of the bed is a good start! Just remember, the orthopaedic team supports early mobility, and we encourage you to be up, moving and eating your meals in the chair as soon as possible. Moving is the BEST way to prevent blood clots and breathing problems post-operatively. Your new joint is meant to be moved, not rested, so make sure you keep that in mind.

FIRST DAY AFTER SURGERY

There will be a lot that happens the first day after surgery. Your Foley catheter will be taken out. You will work with physical therapy twice a day to get out of bed and to begin walking with a walker. Your family is encouraged to visit you, but please don't let them stop you from participating in physical therapy. Sit up in the chair as much as possible. You will need assistance whenever you move from the bed, chair or toilet. The physical therapist will teach you about total hip precautions specific to you and whether they are **anterior or posterior precautions** and the importance of them. Your nurse can also help you with your mobility. The more you are out of bed, the better.

HOSPITAL CARE *(continued)*

SECOND DAY AFTER SURGERY

You will work with physical therapists twice today. Most IV lines and blocks will be removed. You can begin to walk with nursing staff or family **if** your therapist feels you are safe. The more you walk and are out of bed, the faster your recovery will be. You will continue to hear about total hip precautions and their importance. By this day, you will also start occupational therapy to teach you how to perform your everyday activities based on your specific precautions. Also, occupational therapy will assess and determine if any additional equipment is important for you to use after your surgery. You could go home or to rehab as early as this day.

THIRD DAY AFTER SURGERY

This is similar to day two and you may walk on stairs. This is discharge day for **most** patients who have done well with physical therapy. The majority of patients will go home, to rehab or to a skilled nursing facility. The case manager, rehab team and your doctor will have discussed a safe and appropriate discharge for you to maximize your function and safety. Your follow-up care will be established and information provided to you.

IF YOU ARE GOING DIRECTLY HOME

Someone responsible needs to drive you. **You cannot drive yourself home.** Before you arrive and are admitted to the hospital, please arrange for someone to drive you home. You will receive written discharge instructions from the nurse and possibly the case manager concerning medications, therapy, activity, precautions, etc. Take this information home with you.

IF YOU ARE GOING TO A REHAB FACILITY

The decision to go to a rehab facility will be made in collaboration with you, the case manager, your surgeon, physical therapist and your insurance company. **Your insurance carrier has the final say in where you can or cannot go post-hospital.** Every attempt will be made to have this decision finalized prior to your discharge day, but sometimes this gets delayed until the day of discharge. Someone responsible needs to drive you, or we can help you arrange for transportation if needed. Transfer papers will be completed by nursing staff and the case manager. A physician from the rehab facility will be caring for you in consultation with your surgeon. Your length of stay is determined by your progress. Upon discharge, home instructions will be given to you by the rehab staff.

CARE OF YOUR INCISION

During surgery, your incision will be closed with metal clips called staples or a special type of glue depending on your surgeon. You will have a large, bulky dressing on your hip. The bulky dressing will be taken off on the second day post-surgery and a lighter gauze dressing will be applied. We will watch for any signs of bleeding or infection and keep your incision dry by changing the dressing as needed.

You may have a drain called a Hemovac/Autovac. It will be removed the first day after your surgery. You may feel a brief burning sensation when the drain is pulled out. You will receive antibiotics through your IV as long as the drain is in to prevent infection.

Your dressing should be changed whenever it has drainage on it. The nurse will show your family or caregiver how to change the dressing before you leave the hospital. Hands should be washed before changing the dressing. Avoid touching your incision until it is healed. If home care is set up for you by the case manager, the home care nurse will also reinforce how to change the dressing.

If you have staples, they will be removed 10-14 days after surgery. Special strips (Steristrips) will be placed over your incision at that time. Your staples are removed by a nurse in the home care setting or by another health care provider.

You may shower two days after the staples come out – **NOT BEFORE THEN**. Pat your incision dry after you shower.

The Steristrips may fall off on their own after a few days. If not, you may gently peel them off after five to seven days. Your incision may feel itchy, drain clear fluid or feel numb, all of which are normal.

Your incision also may be closed with special surgical glue or sutures. If closed with glue, you may shower **AFTER THREE DAYS**, but do not scrub, soak or clean your incision line. Only use clean water on your incision to avoid the possibility of dissolving the glue.

Examine your incision every day for signs of infection. If you can't see your incision, look in a mirror or have someone else look at it. If you see any signs of infection, call your doctor's office.

Signs of infection are:

- ▶ Swelling
- ▶ Increased pain or tenderness
- ▶ Redness and heat
- ▶ Drainage (other than clear, reddish-yellow fluid)
- ▶ Fever

When your incision has no open areas or scabs, you can massage with a water-based lotion (approximately four weeks after surgery).

PREVENTION OF BLOOD CLOTS

Patients who have hip or knee surgery are at risk for developing blood clots in their legs, which can be dangerous if they break away and travel to the lungs. There are several things you can do to decrease the chances of blood clots forming. When you are lying in bed after surgery, it is very important that you begin leg exercises (see examples in booklet). These can be done by pressing the backs of both knees into the bed, tightening your calf and thigh muscles and moving your ankles up and down. Your physical therapist can show you how to do these exercises properly. It also is important that you get up into the chair and start walking as soon as possible (with assistance).

You will wear special elastic stockings (TED hose) that help to circulate the blood in your legs. They will be placed on your legs right after surgery in the recovery room and you will need to wear them the entire time you are in the hospital. Depending on the surgeon, you might need to wear these TED hose for several weeks post-surgery or until you post-operative clinical visit. In order for the stockings to help, it is important that they fit properly. They should feel a little tight, yet smooth without wrinkles or creases. They should not be cut or rolled down. (Remember, you can't put these in the dryer, so air-dry them and wash in cold water. We will remove them to wash your legs every day and check to make sure your skin is healthy.) Wear your TED hose after you go home until there is no tendency for your legs to swell, usually around 10 days.



You will also be wearing a sequential compression device that helps circulate the blood in your legs. Sequential compressions are cloth sleeves attached to a pump that hooks onto the end of your bed. Air is then pumped into the sleeve through the hoses and then released.

You might also receive medications to help prevent blood clots, especially if you have had blood clots in the past. If you are prescribed Coumadin, it is important that your blood is checked every day (while in the hospital) until the desired blood lab value is obtained. If your doctor keeps you on Coumadin after you go home, you will need to have your blood values checked once or twice a week. These tests will be planned for you before your discharge from the hospital. In addition, you will receive dietary instructions from the dietician since some foods may affect your Coumadin level.

Aspirin, heparin and Lovenox (enoxaparin) are other drugs that help prevent blood clots. If your doctor prescribes one of these drugs, you will receive proper instructions at that time.

Blood clots can be a very serious complication after hip surgery, so it is important that you stick to your prescribed medication and exercises in order to decrease your chances of blood clots. It is important that you get up and move often, and that you not sit for longer than one hour at a time.

Although blood clots are rare, it is important to know the signs and symptoms:

- ▶ Pain in your lower legs or swelling not relieved by lying down and putting your legs up.
- ▶ Heat and redness in the calf muscle area.

You should notify your doctor immediately if you have any of these symptoms. If you become short of breath or develop chest pain, call 911 immediately.

DIET

Good nutrition—including eating a balanced diet high in protein and calories—is essential for proper wound healing. **Do not diet** while you are healing from your surgery. If you are diabetic, you will be put on a diabetic diet to keep your blood sugar under control. People with diabetes take longer to heal and the more your blood sugar is kept under good control, the faster you will heal. If you have food allergies or are a vegetarian, please let the doctor know at pre-op. If you have questions about your diet, please ask your nurse or doctor. At your request, a dietician can speak with you. Depending on your dietary restrictions, your family may bring food into the hospital for you to eat.

PREVENTION OF CONSTIPATION

Pain medication and anesthesia can be constipating, so your doctor may prescribe stool softeners or laxatives after surgery. Passing gas is normal and lets us know that your bowel function is starting to come back, so don't be embarrassed by this. If you haven't had a bowel movement by the second day post-op, please ask your nurse to give you a laxative. If you normally have problems with constipation, let the doctors know what works best at home so we can try and do the same for you in the hospital.

BLOOD TRANSFUSIONS

Before your surgery, your doctor will talk to you about blood transfusions. Your blood values will be closely monitored after surgery. If they fall too low, your doctor may order a blood transfusion. If you have already donated your own blood at the local blood bank, this blood will be used for you after surgery. Using your own blood (autologous donation) is the safest type of blood transfusion; however, all donated blood is thoroughly tested for many things, including hepatitis and HIV. If it is not safe for you to store your own blood for surgery, your doctor will discuss this with you.

Autotransfusion is another type of transfusion where the blood from your surgical wound is collected in a special drain and given back to you through your IV the day of surgery.

PREVENTION OF PNEUMONIA

Coughing and deep breathing exercises are very important to help prevent pneumonia.

Your nurses will ask you take long, deep breaths several times each hour and to cough up any mucous. You will be taught to use a device called an incentive spirometer that will help you with your deep breathing exercises. A nurse will show you how to use this before surgery or right after surgery. To help prevent lung problems, remember to stay active with the assistance of a nurse.

If you smoke, quitting before surgery will help your recovery and decrease your chances of getting pneumonia. Smoking is not allowed after surgery while you are in the hospital.

PREVENTION OF INFECTION

It is important to prevent infections after having hip surgery. Antibiotics will be necessary if you are having any dental work, surgeries or other procedures (e.g., a colonoscopy). It also is important to notify your dentist and other health care providers that you have a hip prosthesis.

WEIGHT-BEARING PRECAUTIONS

You will be instructed and educated about how much weight you may place on your leg. Follow your weight-bearing instructions from your surgeon and physical therapist.

- ▶ **Weight-bearing as tolerated (WBAT)** indicates that you may place as much weight as you are comfortable with on your operated leg. Your physical therapist will also instruct you on proper techniques.
- ▶ **Partial weight-bearing (PWB)** allows you to place 20-40 pounds of pressure on your operated leg.
- ▶ **Touchdown weight-bearing (TDWB)** allows you to place 5-10 pounds of pressure on your operated leg.
- ▶ **Non-weight-bearing (NWB)** indicates that you may not place any weight at all on your operated leg.

During your hospitalization, physical therapists will teach you how to properly follow weight-bearing instructions. Please maintain your weight-bearing status as instructed until your surgeon tells you otherwise.

SAFETY PRECAUTIONS: WALKER AND CRUTCHES

To help prevent injuries and accidents, follow these guidelines:

- ▶ Remove all throw rugs and plastic runners from walkways in your home.
- ▶ Remove or tape down extension cords.
- ▶ Stay off wet or waxed floors, ice and grass.
- ▶ Wipe off wet crutch or walker tips.
- ▶ If you must travel over a slick surface, take short and purposeful steps.
- ▶ Use the elevator when possible; avoid escalators.
- ▶ If you have pets, be careful not to trip over them.
- ▶ If you must use the stairs, use stairs with sturdy handrails. (If your home has stairs, discuss this with your physical therapist during your hospital stay for problem-solving tips and practice if needed.)

Walker tips:

- ▶ When getting up from a chair or toilet, do not use the walker for support. Push off of the armrest or seat with your hands.
- ▶ Once standing, place both hands onto the walker handles. Keep your head up and look straight ahead.
- ▶ Stand up straight.
- ▶ When walking, use the wheels on the front of the walker to move you forward. (If it has wheels, glide it like a grocery cart.)

ACTIVITIES AND EXERCISE

You will be expected to learn and use your total hip precautions as you do your exercises and normal daily activities.

Here are some general rules to follow:

- ▶ Let pain be your guide when moving your leg or hip.
- ▶ Use an elevated toilet seat (especially for posterior precautions) unless otherwise instructed by your physical and/or occupational therapist.
- ▶ Use the handicapped restroom in public spaces.
- ▶ Stand up to wipe after using the toilet.
- ▶ DO **NOT** sit straight in a chair or on the bed; always lean back (especially for posterior precautions) to avoid too much hip flexion.
- ▶ Use chairs with armrests to help you stand up and sit down.
- ▶ Always push up from the surface you are coming from; do not lean or pull on walker.
- ▶ Avoid waterbeds.
- ▶ Avoid low, soft sofas and chairs. If necessary, add firmness to low or soft chairs by using pillows or folded blankets.
- ▶ DO **NOT** DRIVE for six weeks. You may ride in a car but try to keep the trips to less than one hour. If longer trips are necessary, you may need to take breaks each hour.
- ▶ DO complete safe transfers as instructed by physical therapy.
- ▶ DO **NOT** forget to use your dressing equipment (especially for posterior precautions) if needed.

Ambulation

Your physical therapist will teach you to walk properly with a walker or potentially with crutches, depending on your needs. The assistive device will help you walk and take weight off your operative leg so that your muscles can recover. It is important that you do not plant your leg and twist or turn your knee joint; this could damage your muscles and the stability of the joint. You will learn to walk on flat surfaces and then on steps.

KEEPING YOUR NEW HIP JOINT ON TRACK

Let's talk about your pathway—or plan—that the healthcare team follows in order to keep your new joint on track. This plan is a guideline of what is expected of you. Knowing this information will get you ready for what is to come.

What to expect...

Day of Surgery

- ▶ After your surgery, you will have an X-ray in the recovery area to make sure your hip is properly aligned.
- ▶ You will have a catheter in your bladder.
- ▶ You will have a pillow in between your legs to prevent crossing (if ordered).
- ▶ You will have a drain attached to your hip.
- ▶ You will have a bar over your head to help you adjust your position
- ▶ Nurses will help with pain control.
- ▶ Your physician may ask you to get up and sit in a chair or even walk. With assistance, you may be allowed to sit at the edge of the bed and dangle your limbs as well. Nursing and therapy may help you with this. You should never attempt getting up on the day of your surgery without assistance.

First Day After Surgery

- ▶ You will be reminded of your hip precautions.
- ▶ You should have a recliner chair and a bedside commode in your room if you are taller than 5'5".
- ▶ Your catheter will be taken out at 6 a.m.
- ▶ If ordered, a pillow may be between your legs when in bed or when relaxing in the chair.
- ▶ You will be standing up with aid from PT/OT/Nursing.
- ▶ You will get up for all of your meals (with help from nursing/therapy if necessary).
- ▶ You will walk today with a walker or other device.
- ▶ Exercises for your hip will be started in therapy, but you must do them on your own, too.
- ▶ Nursing will be helping with pain control.

Second Day After Surgery

- ▶ You should spend more time out of bed than in it.
- ▶ Rely on the nurse or therapist to assist you.
- ▶ You will exercise and walk twice a day with therapy.
- ▶ You will attempt small steps/curbs with therapy.
- ▶ Occupational therapy will help you with dressing and self-care.
- ▶ You may receive adaptive equipment, such as a long-handled sponge, a reacher or a shoe horn, to keep you from bending over too far.
- ▶ You should be using your bedside commode or bathroom (with a raised seat height).
NO BED PANS.
- ▶ YOU COULD go home today.

KEEPING YOUR NEW HIP JOINT ON TRACK *(continued)*

Third Day After Surgery

- ▶ If your surgeon recommends one for you, an abduction pillow or a regular pillow may be placed between your legs during the day. Sometimes, the abduction pillow is placed between the legs loosely during the day as well. Not all surgeons use abduction pillows; it is entirely their preference.
- ▶ Use your trapeze only if needed. You won't have one at home, so don't rely on this hospital equipment.
- ▶ You will be getting oral pain medication.
- ▶ Your PT/OT will progress; you will practice going up and down steps and discuss car transfers.
- ▶ Your physician will discuss discharge options. What is the next step in your care? Outpatient rehab and home health care are options.
- ▶ You should go home today.



ARTIFICIAL HIP PRECAUTIONS

Dislocation of an artificial hip is uncommon, but it may occur after surgery. The problem usually starts with a popping or slipping sensation. If the ball dislocates, you will be unable to put weight on the affected limb and will most likely experience discomfort in your hip. You should contact your orthopaedic surgeon immediately and probably have someone take you to the emergency room. Putting the hip back into its proper place, or “relocating” the hip, often requires medication and manipulation of the hip by your surgeon. To prevent dislocation, specific precautions must be followed to allow your new hip to heal during the post-operative period.

Your therapist will go over specific precautions repeatedly during your stay in the hospital, and will drill you (and your family) to make sure you practice them at all times for 4-12 weeks after surgery. The time frame for precautions will be determined by your doctor, so ask him/her in your pre-operative visit and again post-operatively to make sure there are not any changes.

The positions and movements you’ll need to avoid after surgery depend on whether your surgeon opens the joint from the front (anterior approach) or the back (posterior approach).

We have listed the precautions for you on the next few pages.

Anterior Approach

- ▶ If you turn your body away from your surgical hip without pivoting your foot, or you turn your body on a fixed leg, your hip will be placed in an unsafe position. Remember to lift and turn your foot as you turn. Motions that externally rotate your leg, especially on a planted foot, are unsafe. Your therapist will be very specific about this, so pay close attention to your precaution education.
- ▶ You do not want to extend your leg beyond you or take long strides with walking. Avoiding excess extension will keep your hip more stable during the healing process.
- ▶ Avoid flexion of the hip combined with external rotation.

Posterior/Posterior Lateral Approach

- ▶ Do not cross your legs.
- ▶ Bending too far forward is not allowed, and this affects a great deal of daily tasks (listen to your PT/OT).
- ▶ Rolling your leg inward toward your other leg is not allowed. Your knee should be pointing straight up and your toes should not be pigeon toed.

Example of signage placed in your room to remind yourself and others you have surgical precautions.



Patient has **ANTERIOR** hip precautions for their new replacement on the:

Right Leg Left Leg

The patient should **NOT** excessively extend the operated limb.

The patient should **NOT** be externally rotating or rolling the leg outward in combination with flexing the hip or rotating the operative limb outward with mobility.

Example of signage placed in your room to remind yourself and others you have surgical precautions.



Patient has **POSTERIOR** hip precautions for their new replacement on the:

Right Leg Left Leg

Do not bend hip more than 90 degrees while sitting or lying. **Bending forward too far is NOT allowed, and this affects a great deal of daily tasks (listen to your PT/OT).** Do not cross legs while sitting or lying. Do not turn involved leg towards good leg. **Rolling your leg inward towards your other leg is not allowed. Your knee should be pointing straight up and your toes should not be “pigeon toed.”**

Walk with your _____ observing a weight-bearing of _____.

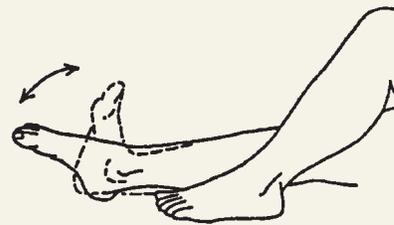
If an abduction pillow is ordered, use your abduction pillow every night until your surgeon releases you.

TOTAL HIP ARTHROPLASTY HOME EXERCISE PROGRAM

Do the following exercises 2-3 times a day. Do 10 repetitions of each.

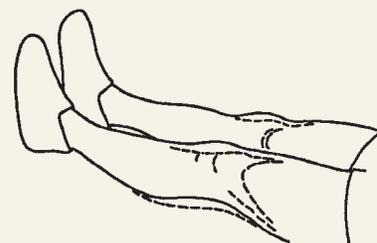
1. ANKLE PUMPS:

Make up and down motions with your feet or point and flex your foot.



2. QUAD SETS:

Keep your legs out straight and toes pointed up. Tighten the muscles in the front of your thigh and press your knee down. Hold for a count of 5, then relax.



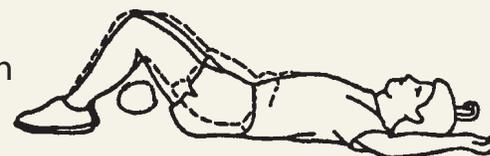
3. GLUT SETS:

Tighten your buttocks by squeezing together, hold for a count of 5, then relax.



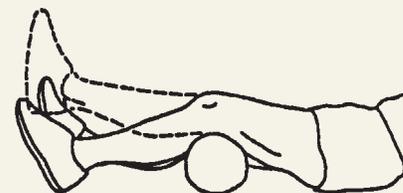
4. BRIDGING:

Place a roll under your knees. Press down on the roll with your thigh and lift your buttocks. Lower slowly.



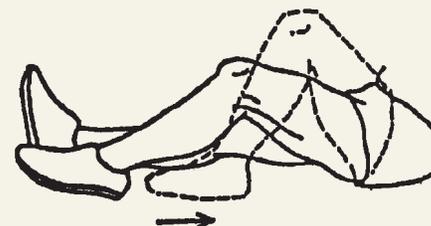
5. TERMINAL KNEE EXTENSION:

With the roll under your knees, lift your foot until your leg is straight; hold and lower slowly.



6. HEEL SLIDES:

Bend hip and knees, bringing heel towards buttocks, then push out until leg is straight. Remember not to bend the hip past 70 degrees.



TOTAL HIP ARTHROPLASTY

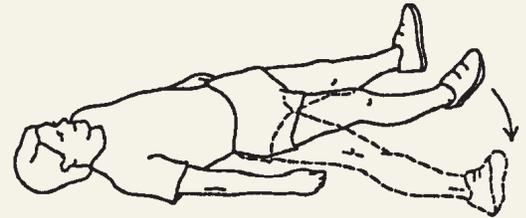
HOME EXERCISE PROGRAM *(continued)*

Do the following exercises 2-3 times a day. Do 10 repetitions of each.

7. ABDUCTION:

With leg out straight, slide the leg out away from your body, then pull leg back in.

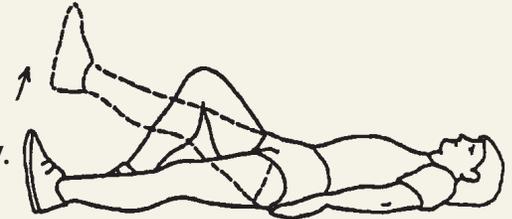
Do this with assistance for the first three weeks.



8. STRAIGHT LEG RAISES – **DO NOT DO unless PT instructs you to:**

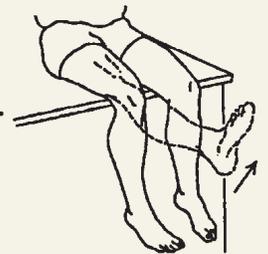
Bend the opposite knee. Do a quad set, then lift the leg 12" without letting your knee bend, then lower slowly.

Do this with assistance for the first three weeks.



9. KNEE EXTENSIONS:

While sitting in a chair, bend knee back as far as possible, then straighten.



Your surgery was a (therapist will check approach): Posterior Anterior

Follow the precautions listed below that are specific to YOUR SURGERY ONLY!

POSTERIOR HIP PRECAUTIONS:

- ▶ Do not bend hip more than 90 degrees while sitting or lying.
- ▶ Do not cross legs while sitting or lying.
- ▶ Do not turn involved leg towards good leg.
- ▶ Walk with your _____ observing a weight-bearing of _____.
- ▶ Use your abduction pillow every night until your surgeon releases you. Strap the surgical leg to the pillow.

ANTERIOR HIP PRECAUTIONS:

- ▶ No excessive extension of the operative limb.
- ▶ No excessive external rotation of the operative limb.
- ▶ No crossing of legs position with hip flexed, leg externally rotated.

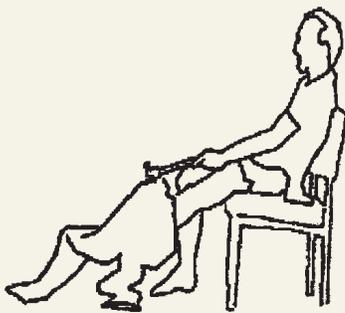
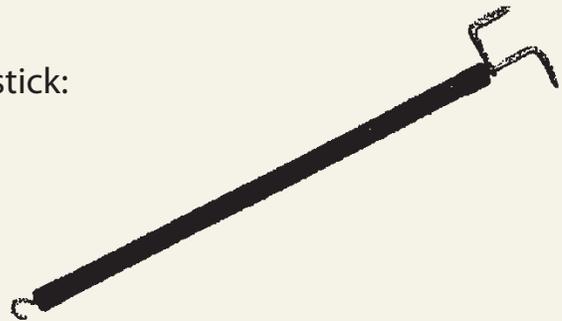
OCCUPATIONAL THERAPY EQUIPMENT

For dressing and bathing, the Occupational Therapist may recommend adaptive equipment for you.

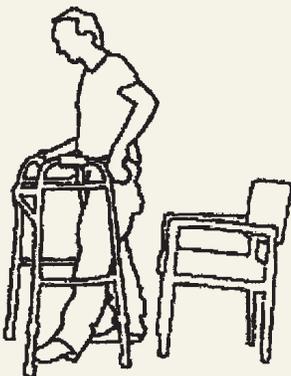
These items can be purchased and brought in to the hospital prior to surgery. Items available at medical equipment stores and some pharmacies.

Getting Dressed

- ▶ Put on underwear/pants/shorts using dressing stick:
- ▶ Sit on the side of the bed or in an armchair.
- ▶ Always dress the operated leg first.
- ▶ Use dressing stick to catch the waist of the garment with the hook.
- ▶ Lower the dressing stick to the floor. Be sure to hold onto the end of the dressing stick, to prevent bending hips past 90 degrees.
- ▶ Slip your foot through the leg opening of the underwear/pants/shorts.



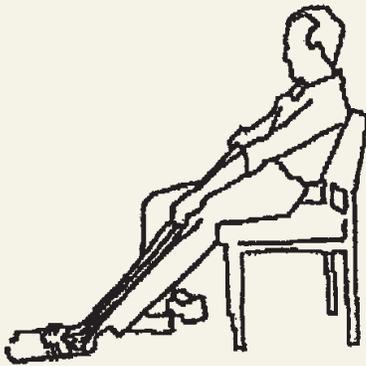
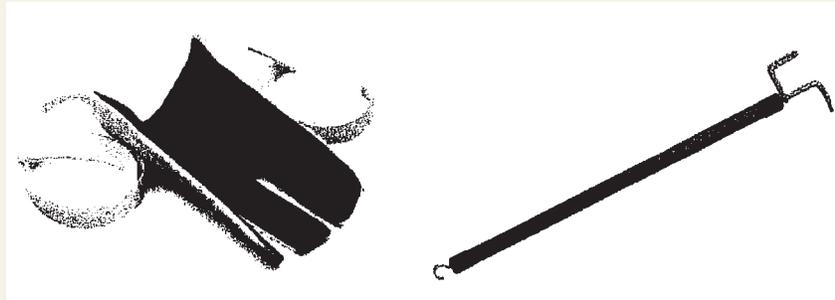
- ▶ Pull garment up with dressing stick. When garment is above the knee, grab the waist of the garment.
- ▶ Use the dressing stick to open the waist and slip other foot through the leg opening. Pull garment up with dressing stick until above the knee.
- ▶ Place dressing stick aside and pull garment as high as possible.



- ▶ Stand up with the walker in front of you and pull garment up.
- ▶ When undressing, take the garment off the non-operated leg first, using dressing stick to push it down and over foot. Then use dressing stick to slip off garment from the operated leg.

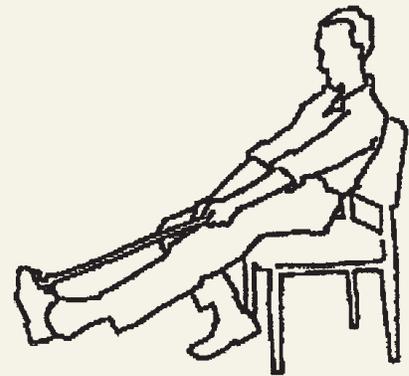
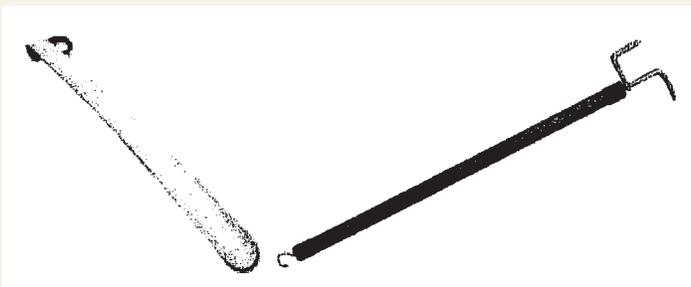
GETTING DRESSED

Socks using stocking aid and dressing stick:



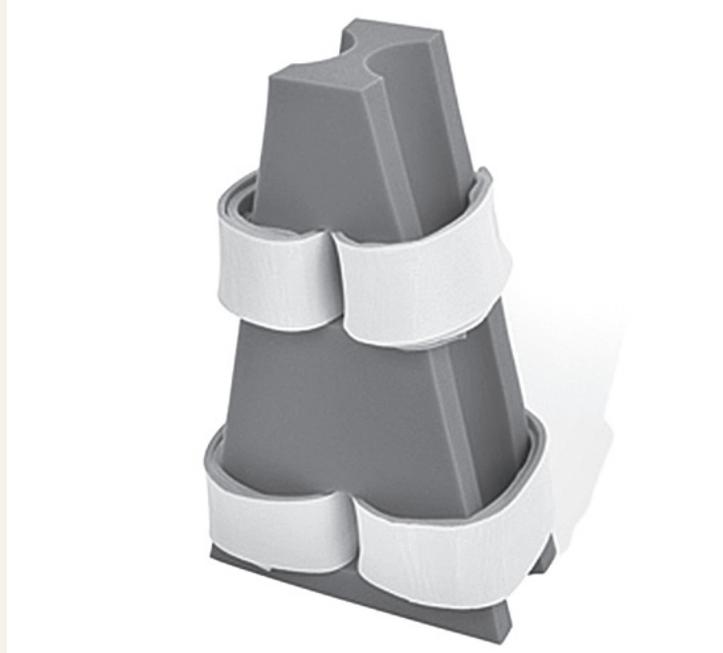
- ▶ Slide the sock onto the stocking aid.
 - ▶ Make sure the heel is at the back of the plastic and the toe is tight against the end. The top of the sock should not come over the top of the plastic piece.
 - ▶ Holding onto the ends of the cords, drop the stocking aid out in front of the foot. Make sure not to bend over to prevent bending hips past 90 degrees.
 - ▶ Slip the foot into the sock and pull it on. Pointing the toe will make it easier.
- ▶ To take socks off, use dressing stick to hook the back of the heel and push the sock off the foot.

Shoes using dressing stick and long-handled shoehorn:



- ▶ Use dressing stick to put shoe into the right position and slip in your foot. Wear slip-on shoes for convenience.
- ▶ Use the long-handled shoehorn to get your heel into the shoe.
- ▶ Use the dressing stick for taking off your shoes.

USING ABDUCTION PILLOW AFTER HIP SURGERY (if ordered by your surgeon)



- ▶ Most of our surgeons do not require this pillow as the norm.
- ▶ After total hip replacement with posterior hip precautions, your surgeon may order an abduction pillow. If ordered, the pillow should be on at all times while in bed, and strapped at night while asleep.
- ▶ For other surgical procedures, the physical therapist will instruct the patient about their specific precautions and abduction pillow use.
- ▶ **If ordered, abduction pillows MUST be worn until cleared by surgeon** – usually at your six-week follow-up appointment.

ON THE MOVE!

How many times have *you* gotten up today?

FACT: Staying in bed does not get you home more quickly, and it **DOES NOT** make you stronger!

FACT: Prolonged bed rest can cause:

- ▶ Increased risk of bed sores, blood clots and pulmonary embolism
- ▶ Pneumonia
- ▶ Exercise intolerance, weakness, and changes in blood pressure
- ▶ Decreased bone density, decreased muscle mass
- ▶ Constipation
- ▶ Depression, a sense of helplessness

SO, WHAT CAN I DO TO HELP MYSELF OR MY LOVED ONE?

- ▶ Get out of bed for meals
- ▶ Walk with or without assistance as directed by your physician/nurse/therapist
- ▶ Have slippers with good grips and backs on them for out of bed mobility and activities
- ▶ Make sure you have your glasses and hearing aids
- ▶ Avoid daytime sleeping so a normal sleep cycle is maintained
- ▶ Keep blinds open during the day
- ▶ Encourage use of incentive spirometer for deep breathing... what's this? Ask your nurse!
- ▶ Do any exercises assigned to you outside of your therapy sessions.



FOUR THINGS YOU CAN DO TO PREVENT FALLS

Begin a regular exercise program

Exercise is one of the most important ways to lower your chances of falling. It makes you stronger and helps you feel better. Exercises that improve balance and coordination (like Tai Chi) are the most helpful.

Lack of exercise leads to weakness and increases your chances of falling.

Ask your doctor or health care provider about the best type of exercise program for you.

Have your health care provider review your medications

Have your doctor or pharmacist review all of the medications you take, even over-the-counter medications. As you get older, the way medicines work in your body can change. Some medications, or combinations of medications, can make you sleepy or dizzy and can cause you to fall.

Have your vision checked

Have your eyes checked by an eye doctor at least once a year. You may be wearing the wrong glasses and need your prescription updated or have a condition such as glaucoma or cataracts that limits your vision. Poor vision can increase your chances of falling.

Make your home safer

About half of all falls happen at home. To make your home safer:

- Remove things you trip over (like papers, books, clothes, and shoes) from stairs and places where you walk.
- Remove small throw rugs or use double-sided tape to keep the rugs from slipping.
- Keep items you use often in cabinets you can reach easily without using a step stool.
- Have grab bars put in next to your toilet and in the tub or shower.
- Use non-slip mats in the bathtub and on shower floors.
- Improve the lighting in your home. As you get older, you need brighter lights to see well. Hang light-weight curtains or shades to reduce glare.
- Have handrails and lights put in on all staircases.
- Wear shoes both inside and outside the house. Avoid going barefoot or wearing slippers.

