



Your Guide for Total Hip Replacement Success

AMITAhealth.org/Orthopedics

AMITA HEALTH®
ORTHOPEDICS INSTITUTE

AMITA Health's Evidence-based Orthopedics Practice is Supported by the Following Clinical Practice Guidelines:

- AAOS Guideline on Preventing Venous Thromboembolic Disease in Patients Undergoing Elective Hip and Knee Arthroplasty. American Academy of Orthopaedic Surgeons. 2011.
- Clinical Practice Guidelines Surgical Site Infection Prevention. National Association of Orthopaedic Nurses. 2013.
- American Society for Pain Management Nursing Guidelines on Monitoring for Opioid-Induced Sedation and Respiratory Depression. American Society for Pain Management Nursing. 2011.
- Transforming Care at the Bedside. How to Guide: Reducing Patient Injuries from Falls. Institute for Healthcare Improvement. 2008.

For All of Your Orthopedic Needs, Trust AMITA Health

AMITA Health Adventist Medical Center Bolingbrook

500 Remington Blvd., Bolingbrook, IL 60440
630.312.5000

AMITA Health Adventist Medical Center GlenOaks

701 Winthrop Ave., Glendale Heights, IL 60139
630.545.8000

AMITA Health Adventist Medical Center Hinsdale

120 N Oak St., Hinsdale, IL 60521
630.856.9000

AMITA Health Adventist Medical Center La Grange

5101 S. Willow Springs Rd., La Grange, IL 60525
708.245.9000

AMITA Health Alexian Brothers Medical Center Elk Grove Village

800 Biesterfield Rd., Elk Grove Village, IL 60007
847.437.5500

AMITA Health St. Alexius Medical Center Hoffman Estates

1555 Barrington Rd., Hoffman Estates, IL 60169
847.843.2000

AMITA Health Alexian Brothers Rehabilitation Hospital Elk Grove Village

935 Beisner Rd., Elk Grove Village, IL 60007
847.640.5600

Contact Numbers

AMITA Health Adventist Medical Centers Hinsdale and La Grange

Scheduling Pre-surgical Joint Class
855.MyAMITA (855.692.6482)

Pre-surgical Tests
630.856.7070

Central Scheduling
630.856.7070

Orthopedic Nurse Navigator
708.245.BONE (2663)

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Introduction to Total Hip Replacement Success

Dear Patient,

Thank you for choosing AMITA Health Orthopedics Institute for your total hip replacement surgery. At AMITA Health, our healthcare team is focused on ensuring your stay with us is exceptional.

We realize that being in the hospital may be an uneasy experience. Therefore, through our values of God honoring, justice, compassion, integrity, and dignity we strive to make your hospital stay as pleasant and comfortable as possible. These values drive our organization to provide patient-centered care by actively partnering with our patients in their healthcare.

Our mission is to extend the healing ministry of Jesus to the community by providing quality and compassionate healthcare. We are devoted to responding to the needs of our patients and their families. Our staff is committed to providing you safe and efficient care in a professional and courteous manner.

This guidebook holds important instructions and information to help prepare you for your joint replacement, and it clearly outlines the things you need before, during and after your procedure. Please use the guidebook as a reference throughout your medical experience with us, as it includes pre- and post-surgical exercises and planning tools. Once again, thank you for choosing AMITA Health for your orthopedic care.

Sincerely,

Your AMITA Health Orthopedics Institute Care Team

Acknowledgements

Thank you to the AMITA Health Patient and Family Advisory Committee for their contributions in developing this patient-centered educational tool. The committee members are an invaluable resource of actual patients and family members. Their experiences and stories demonstrate both excellence and opportunities for improvement in the way healthcare is delivered at AMITA Health.

What Is Total Hip Replacement?

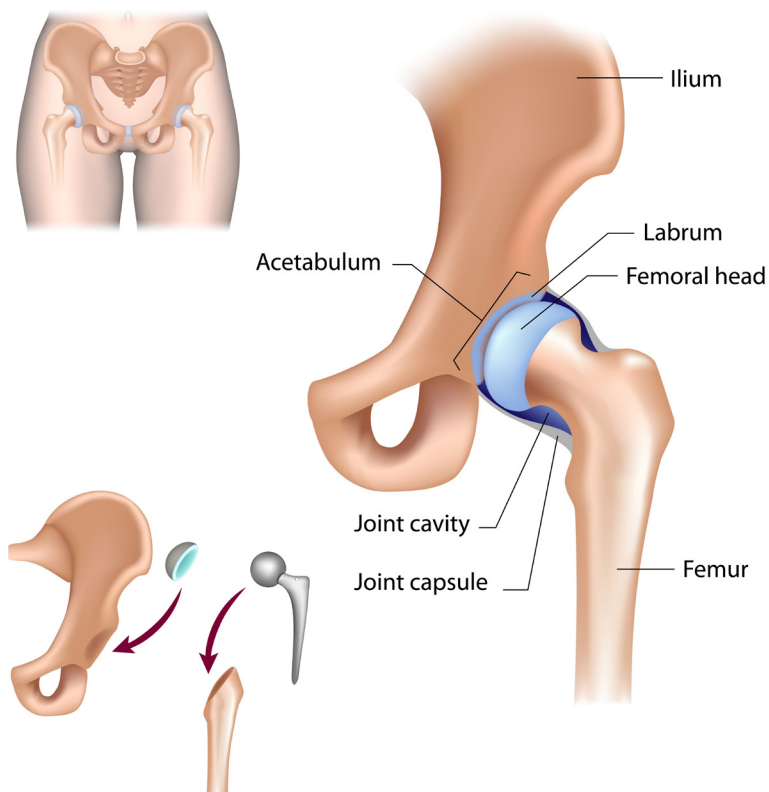
The hip is one of the body's largest joints. It is a ball-and-socket joint. The socket is formed by the acetabulum, which is part of the large pelvis bone. The ball is the femoral head, which is the upper end of the femur (thighbone). Cartilage lines and cushions the bones at this joint, but over time the cartilage can wear away and bone rubs against bone, causing pain, stiffness, and difficulty with walking. Hip replacement surgery is a safe and highly effective procedure that can relieve your pain, increase motion, and help you get back to enjoying normal, everyday activities. Additional benefits may include correcting leg length or deformity.

Explanation of the Implant

Artificial hip implants are made of metal, plastic, and sometimes ceramic components. The implant is secured to the bone by one of two methods. It is either press-fit or cemented into place. In the press-fit method, the implant is fit snugly into the bone, and new bone forms around the implant to secure it in position. When an implant is cemented, a special bone cement is used to secure the implant in position. The type of implant and method of fixation will be determined by your surgeon.

Your Hospital Stay

You will be admitted to the hospital on the day of your surgery and the surgical procedure will last approximately one to two hours. Your care after surgery will include a one to three day comprehensive inpatient rehabilitation program. You will receive physical and occupational therapy to ensure a successful recovery.



Rehabilitation

Exercise strengthens the muscles supporting the hip and maintains hip motion. During your inpatient rehabilitation, members of our physical therapy team will instruct you on walking, moving, sitting, standing and more as well as engage you in an exercise program. A successful recovery requires your active involvement in the rehabilitation phase for six to twelve weeks after you go home, including following precautions after surgery, using assistive equipment correctly and continuing to follow therapy instructions.

Preparing for Surgery

Congratulations! With your decision to have a total hip replacement you have taken the first step toward freedom from pain and discomfort. By following these guidelines and instructions provided by your physician, you will be well prepared for your surgery. If you have additional questions, call an Orthopedic Nurse Resource whose number is listed on page 3.

Schedule Your Medical and Dental Appointments

- Primary Care Physician:** A full physical exam is needed for surgical readiness _____ (date)
- Dentist:** An oral check-up to ensure there are no potential sources of infection _____ (date)
- Pre-surgical Testing:** To complete necessary bloodwork and tests for a safe surgery _____ (date)
- ****Surgeon’s Office:** Remember to complete any paperwork for time away from work well before your surgery per your employer’s Human Resources Department requirements _____ (date)
- Other as directed by physician(s):**

 _____ (date)

Attend a Pre-surgical Joint Replacement Class

- Day and evening classes are available. Numbers for scheduling a pre-surgical joint class are listed on page 3.

Prevent Infections

- Take two showers before surgery, and wash with Hibiclens®
 1: night before surgery
 2: morning of surgery
 Refer to page 14 for instructions.

- DO NOT use a razor to shave the area of surgery for five days before your surgery
 - Razors can cause small tears in the skin that can lead to infection

Safely Manage Medications

STOP: Discuss all of your current medications with your prescribing physician(s). Certain medications, such as blood thinners, may need to be changed for a period of time before surgery. For your reference, some common blood thinning medications are listed below:

Anti-inflammatory

- Aspirin
- Celebrex
- Ibuprofen (ex: Advil, Motrin)
- Indocin
- Naproxen (ex: Aleve)

Blood Thinning

- Coumadin
- Eliquis
- Plavix
- Pradaxa
- Xarelto
- Others

Vitamins and Herbs

- Stop all prior to surgery

Write Down Notes from Pre-surgical Testing Call

- Stop eating and drinking the day before surgery at (time) _____
- Arrive day of surgery for registration and any additional testing that may be required at (time) _____
- Take the following medications the morning of surgery with ONLY a sip of water:

Practice Good Nutrition

Practice Good Nutrition

- Increase protein intake 14 days prior to surgery to improve wound healing and muscle strength
 - Good sources of protein include eggs, fish, meat, beans, dairy products, and protein shakes

What You Eat Helps Your Recovery!

Good nutrition before surgery, during your hospital stay and when you go home helps to improve your recovery by:

- Decreasing your risk of infection
- Helping you leave the hospital sooner
- Reducing the need to come back to the hospital once you are home
- Helping you feel stronger

The Rule of 2's

People who drink TWO of the following per day TWO weeks prior to surgery, during their hospital stay, and TWO weeks after surgery heal better and faster!

- Ensure® Active High Protein shake
- Glucerna® Advance for those living with diabetes to help control blood sugars
- Or equivalent supplement that provides 12-16 grams of protein per serving

Tips for Adding Ensure® Active High Protein Shake or Glucerna® Advance to Your Daily Routine

- Drink half of a bottle with vitamins or medications instead of water or juice two to three times a day
- Serve chilled or freeze into a popsicle
- Enjoy as a morning or afternoon snack
- Pour over cereal instead of milk; use as a creamer for coffee
- Add flavoring extract to change the flavors (for example, add mint to a chocolate shake)
- Visit EnsureHealthyMatters.com for additional recipes and coupons



Arranging for Care After Surgery

Most patients are able to go home after their surgery. This includes patients who live independently. **In most cases, we believe your home is the best and safest location for your recovery.** Many factors will be considered in this decision, **including availability of family or friends to assist with daily activities**, home environment and safety considerations, post-surgical functional status as evaluated by a physical therapist in the hospital and overall evaluation by your hospital team.

If you are not safe to go home at the time of discharge, you may go to a rehabilitation facility to gain the skills you need to safely return home. Your discharge planner will provide you with options and how they are impacted by your insurance carrier. Throughout your recovery, you will work with your care team to make the right choice.

Home with Home Health Care

A majority of patients go home after surgery with in-home therapy services. These patients typically have better outcomes.

Coverage:

- Medicare: Choice of any agency
- Medicare/Medicaid Replacement Plans/
Other Insurance Plans: Insurance determines which home health agencies are approved

Typical In-home Services:

- Physical/Occupational Therapy
- Nursing care (incision and medication monitoring)

Outpatient Physical/Occupational Therapy Services

- Facility that offers therapy during business hours
- Just like an in-home therapist, these therapists communicate with your surgeon about your progress

Skilled Nursing Facilities

Skilled nursing facilities provide nursing care and rehabilitation services for a short-term stay to prepare you for transition to home.

Coverage:

- Medicare: Choice of any facility
- Medicare/Medicaid Replacement Plans: Insurance approves facility based on patient meeting set criteria

Acute Rehabilitation/Inpatient Hospital

Acute Rehabilitation is only for patients with uncontrolled medical conditions that may impact rehabilitation. Joint replacement patients rarely go to this type of facility.

Coverage:

- Medicare: Choice of any facility; a physiatrist **MUST** admit the patient
- Medicare/Medicaid Replacement Plans: Insurance approves facility based on patient meeting specific criteria

Preparing Your Home

- Set up a bed on the 1st floor if necessary.
- Prepare meals ahead of time for the first few days after you return home.
- Rearrange your kitchen to have those items you need a lot at a reachable level.
- To reduce fall risks, clear your floor of such things as foot stools, electrical cords and even small pets.
- Take up scatter or throw rugs if you have them on the floors.

Equipment You May Need For Recovery

The following equipment may be needed for your recovery. Your surgeon and therapy team will instruct you on what is appropriate for you.

- Make a list of equipment you will need to use after surgery.
- Locate medical supply companies in your community.
- Ask any questions you might have about obtaining equipment.
- Some insurance plans require physician authorization.

Obtaining Home Equipment:

- Small, personal equipment may be purchased from the hospital or from online vendors
- Lending closets are an alternative to using insurance to purchase equipment. More information about common equipment can be found in the Frequently Asked Questions (FAQs) section at the end of this booklet. See page 35.

Bathroom Equipment

Grab Bars

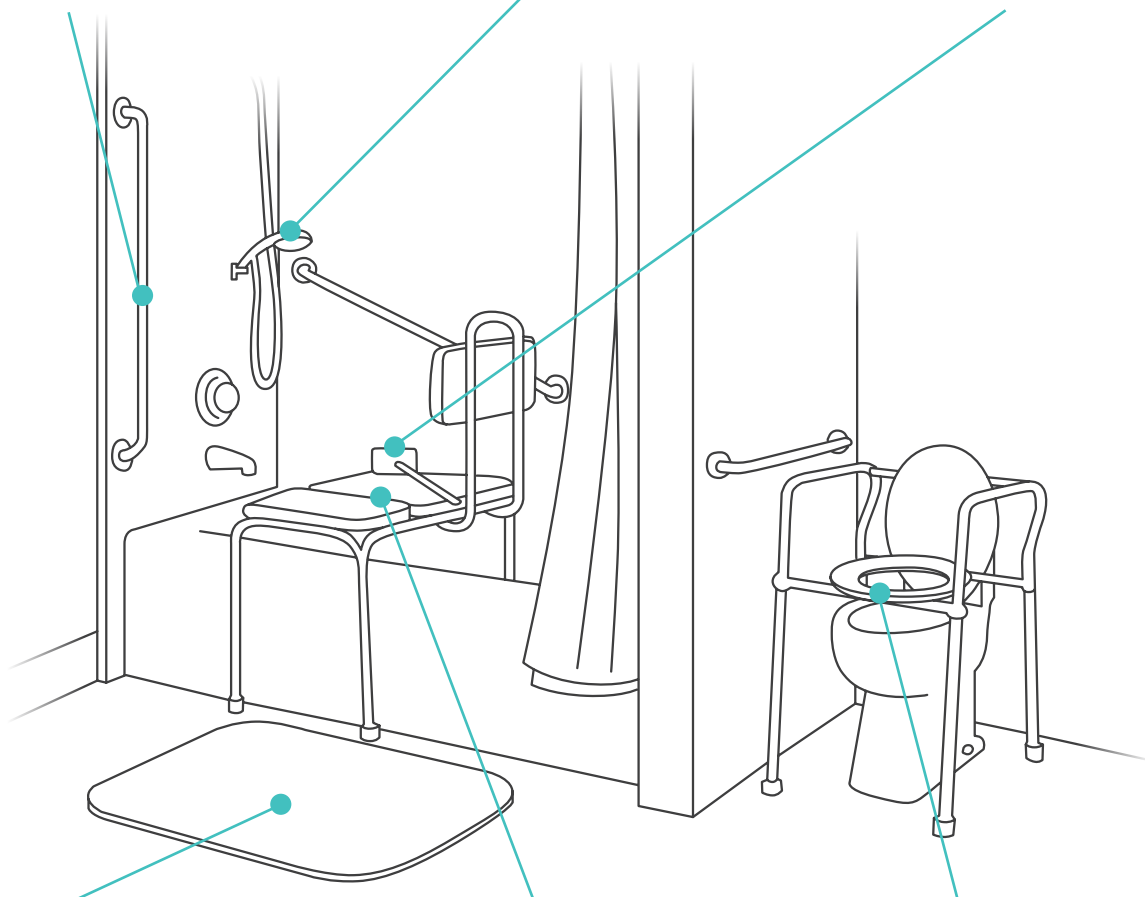
Install grab bars in your shower or tub for support as you get in and out

Handheld Shower

Install a handheld showerhead for easier bathing

Long-handled Sponge

Use a long-handled sponge to wash hard to reach areas



Non-slip Bath Mat

Use a rubber backed bathroom mat to help keep the floor dry

Shower or Bath Chair

Sit on a bath bench or shower chair while you bathe

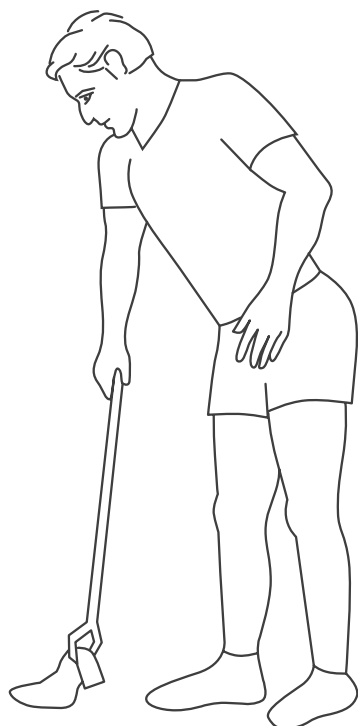
Commode or Raised Toilet Seat

Use a commode chair or elevated toilet seat to raise the height of your toilet

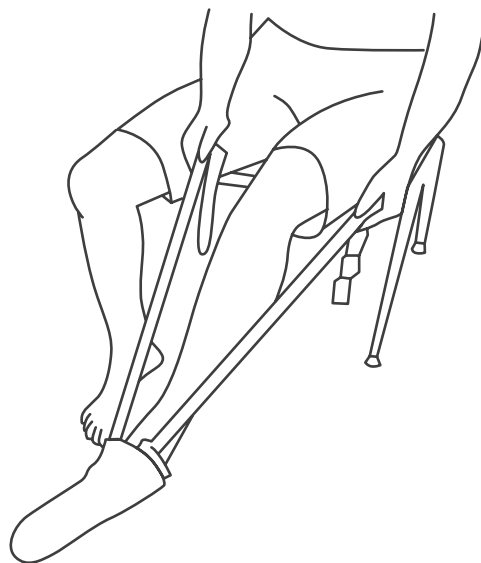
Equipment You May Need For Recovery

Additional equipment that may be helpful to you during your recovery. Your occupational therapist will discuss with you what is appropriate.

Reacher(s)



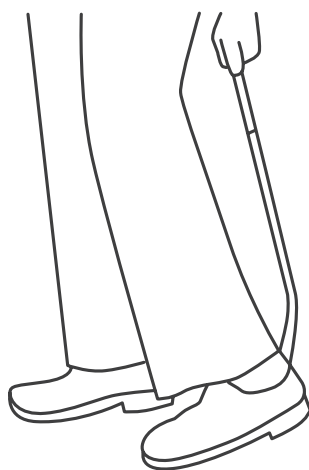
Sock Aids



Straight Cane



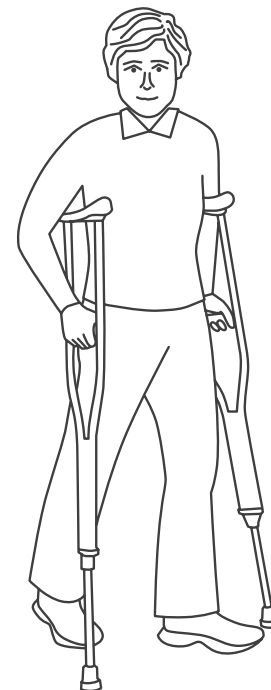
Long-handled Shoe Horn



Walker



Standard Crutches

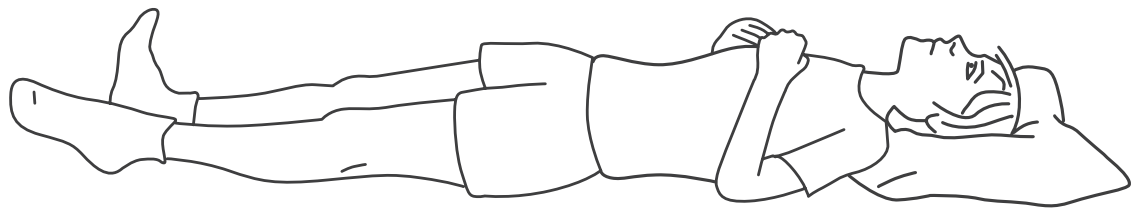


Pre-surgery Exercises

Strong leg muscles are key to a successful recovery. The following exercises will help prepare your leg muscles for the surgery. By performing these exercises ahead of time, you will have the “muscle memory” to perform them more successfully during your hospital stay. These exercises may be performed on a bed or on the floor, whichever is more comfortable for you.

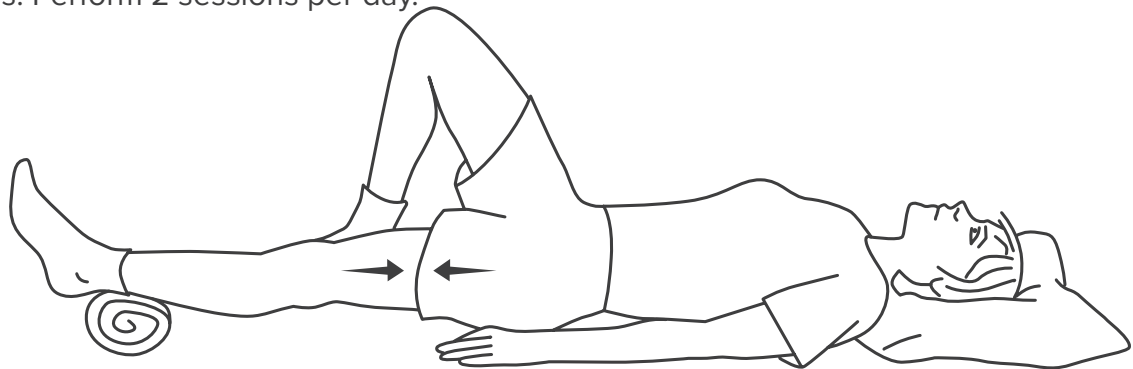
1. Ankle Pumps

Bend ankles up and down, alternating feet. Repeat 20 times. Perform at least 4 sessions per day. This exercise can be done sitting or lying down.



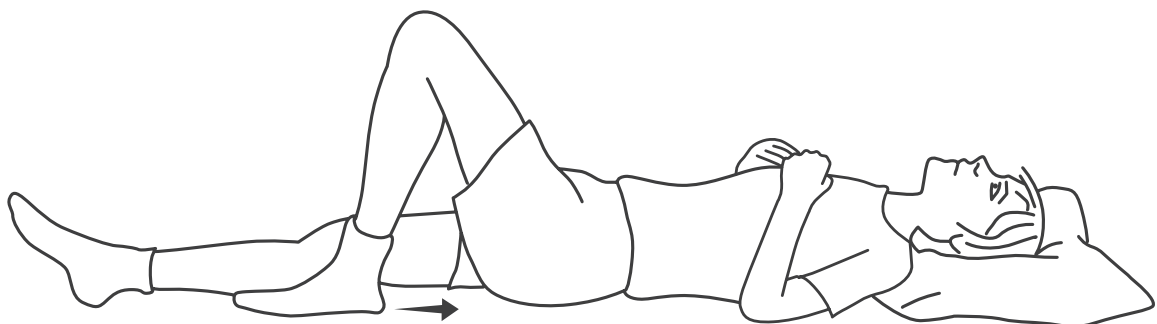
2. Quad Sets

Lie with a rolled towel or pillow under heel of surgical leg. Tighten the muscles on the top of the leg/thigh while trying to push knee toward the rolled towel or pillow. Hold for 5 seconds. Relax. Repeat 20 times. Perform 2 sessions per day.



3. Heel Slides

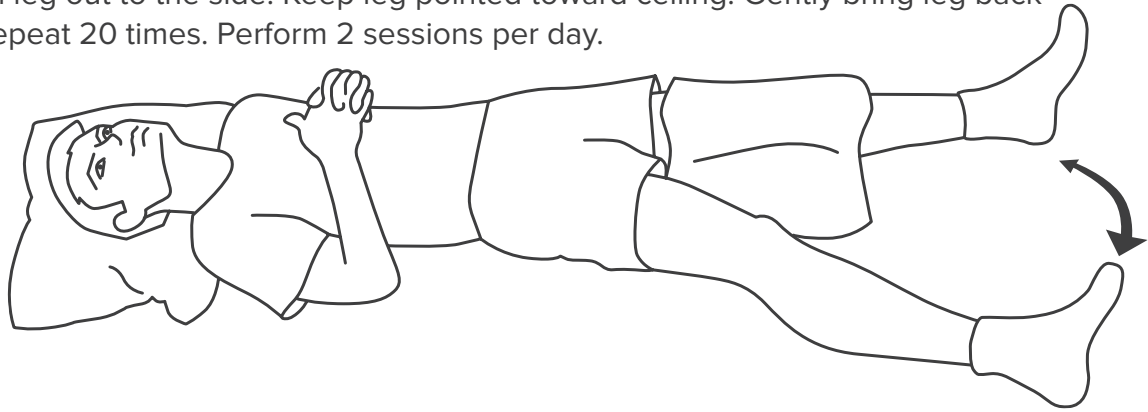
Bend surgical leg and pull heel toward buttocks. Return slowly to extended position, sliding heel along the bed. Repeat 20 times. Perform 2 sessions per day.



Pre-surgery Exercises

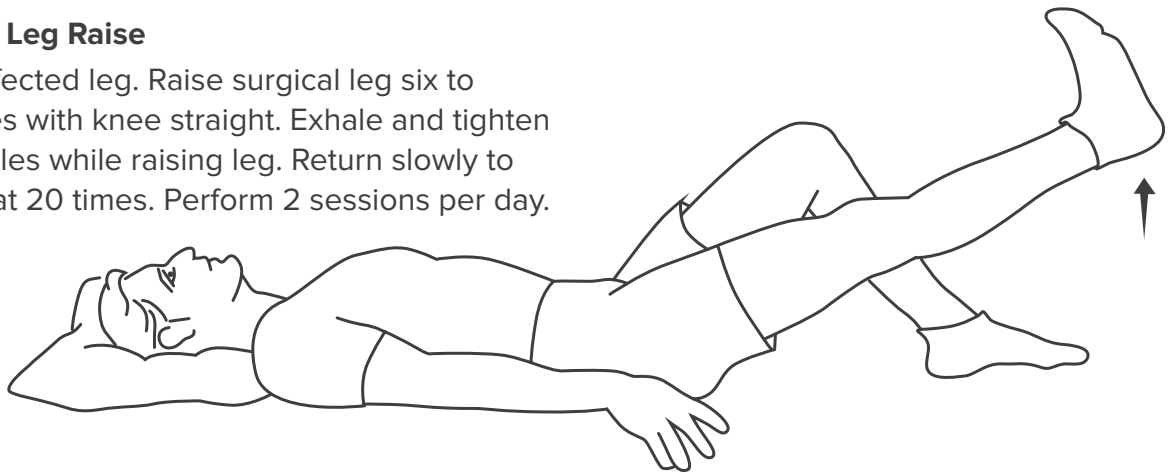
4. Abduction

Slide surgical leg out to the side. Keep leg pointed toward ceiling. Gently bring leg back to midline. Repeat 20 times. Perform 2 sessions per day.



5. Straight Leg Raise

Bend unaffected leg. Raise surgical leg six to eight inches with knee straight. Exhale and tighten thigh muscles while raising leg. Return slowly to bed. Repeat 20 times. Perform 2 sessions per day.



6. Bicep Curl

Sit up straight. Keep your elbow close to your body and your wrist straight. Bend your arm, moving your hand up to your shoulder, then lower slowly. Do a set with each arm.



7. Tricep Curl

Sit, leaning forward from the waist. Bend your elbow so that your forearm is parallel to the floor. Then straighten your elbow as you extend your arm behind you. Do a set with each arm.



6. Chair Push Ups

Sit in a sturdy chair with armrests. With palms flat on the armrests, press down to lift your buttocks from the chair. Hold for 3-5 seconds. Bend your elbows to slowly ease back down.



Medication Options

PCA (Patient Control Analgesia): You control the administration of medication, depending on your needs. When you are in pain, press the BLUE button and you will receive a dose through your IV. To provide a steady level of pain relief, only you should push the button. For your safety, the pump has special features to limit the amount of medication you can receive in an hour. The PCA will only be available for a short period of time, no more than 24 hours.

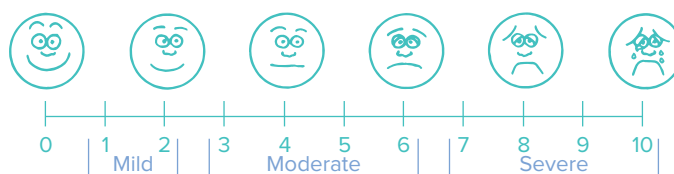
IV Push: If you are experiencing moderate to severe pain between doses, let your care team member know right away so your pain care plan can be adjusted. IV medication provides quick relief versus sustained pain control.

Oral (by mouth): Oral pain medications provide the best relief when taken at set times. They will also be prescribed for use at home during recovery. It is important to be sure that your oral pain medication is effective prior to discharge. When your pain is controlled, you will be more active.

Side effects from pain medications can be: nausea, vomiting, itching, dry mouth, drowsiness and/or constipation. Anti-nausea medications along with stool softeners will be ordered for you to help with these side effects. Remember that it is important to increase your fluid and fiber intake even when you are at home.

Post-surgical Pain Management

- Throughout your hospitalization, your care team will frequently evaluate your pain level because pain symptoms vary from person to person, and we want to ensure your pain control is tailored to your needs.
- Some level of pain after surgery is to be expected.
- Our goal at AMITA Health is for your pain to be at a functional level so you are able to tolerate activity and participate in your rehabilitation. With less pain you can start walking, perform deep breathing exercises, regain strength more quickly, and minimize potential complications such as pneumonia and blood clots.



- Ice is very important in managing your pain. Ice should only be applied 20 minutes on and 20 minutes off with your surgical leg elevated. Ice packs should be used throughout the day and night along with pain medications.
- Remember it's easy to stay on top of your pain, but hard to catch up. Keeping a good schedule to control the pain is key.

TIP: You may want to set an alarm for middle of the night medication doses.

Day Before Surgery

Pre-surgery Bathing Instructions

Please follow these instructions for showering the night before surgery. Hibiclens® soap is ordered to decrease bacteria on your skin. The instructions are VERY specific and need to be followed exactly as written. Your leg will be washed again thoroughly with a disinfectant at the hospital the morning of surgery.

Instructions:

- Shower with Hibiclens® (chlorhexidine) soap or, if you are allergic to chlorhexidine, use Dial® liquid antibacterial soap the night before your surgery.
- Do not shave any area of your body.
- Wash your hair as usual with your normal shampoo.
- Rinse your hair and body thoroughly after you shampoo to remove all shampoo residue.
- Apply the Hibiclens® (chlorhexidine) soap to your body, **ONLY FROM THE NECK DOWN**. Do not use this soap near your eyes or ears to avoid permanent injury to those areas.
- Wash thoroughly, paying special attention to the area where your surgery will be performed.
- Turn water off while you wash to prevent rinsing the soap off too soon.
- Wash your body gently for 5 minutes. Do NOT scrub the skin too hard.
- Do not wash with regular soap after Hibiclens® (chlorhexidine) soap is used.
- Turn the water back on and rinse your body thoroughly.
- Pat your body dry with a clean, soft towel.
- Do NOT use lotion, cream or powder.
- Change your bed linens the night before surgery.
- Wear clean clothing to bed.

Packing Your Bag Before Your Hospital Stay

What to bring to the hospital:

- This educational booklet
- Photo identification and insurance card (no valuables)
- Three changes of comfortable clothing and slightly oversized walking shoes, due to swelling, for therapy
- Your CPAP or BiPAP machine with all necessary accessories
- You will be able to use your cell phone in the hospital
- Power of Attorney and Advanced Directives
- Blood type wristband
- A list of your current medications
- If currently using supportive equipment, such as a brace or orthotic, bring to hospital

What NOT to Bring to the Hospital:

Do not bring a wallet (just your photo ID and insurance card), money, or any other valuables. Please remove all jewelry (including wedding band and piercings) and leave it at home. You will need money for your discharge medications, but please have a family member bring this to the hospital after your surgery. If you have a walker at home, do not bring it to the hospital. One will be available for your use during your hospital stay.

• Medications

You should NOT bring your medications to the hospital. The only exception is if you use a prescription eye drop or an inhaler. You have provided the hospital with a complete list of your medications, and these will be provided as necessary by the hospital during your stay.

Day Before Surgery

Do Not Eat or Drink Anything After Midnight the Night Before Your Surgery

The night before your surgery, you should not have anything to eat or drink after the time you were instructed. If there are medications you are required to take the morning of surgery, please do so with only the smallest amount of water possible.

- If you are diabetic, check with your primary care physician about how to adjust your diabetes medication.

DAY OF SURGERY/HOSPITAL STAY

Day of Surgery

What Happens the Day of Surgery?

When you check in the day of your surgery, you will be asked to put a gown on and your nurses will check your health status.

If you wear nail polish or artificial nails, these may be removed when you arrive for surgery.

If you wear contact lenses or dentures, you will be asked to remove them before surgery.

You will talk with an anesthesiologist who will manage your health during the procedure. The anesthesiologist will discuss medications and pain management options with you. You will have an IV started and be given an antibiotic before the surgery.

When you leave for surgery, your family and friends may wait in our waiting room and receive communication from the surgical area about your status.

Although your surgery will take between one and two hours, you will be in the recovery area for at least another hour. We will be checking your vital signs frequently before you go to the

orthopedic unit, and the monitoring continues when you get to your room. We will get you up and moving sometime in the afternoon or evening, starting you on your road to recovery.

After your surgery, you will be admitted to the orthopedic unit. Please review today's goals and expectations for your hospital recovery.

Your care team will introduce themselves often and ask you to do the same.

Hip Safety and Tips

After surgery, your surgeon may prescribe limitations on certain movements (Hip Precautions) in order to decrease the risk of a dislocation. These precautions will be based upon your surgeon's preferences or which type of approach you had for your surgery (Anterior vs Posterior, etc). Please see pages 22 and 23 of this guidebook for a list of common hip precautions. Your surgeon may modify these instructions based on your specific needs.

Ice Therapy is important for all surgical patients. Keep ice on your hip – 20 minutes on and 20 minutes off.

Day of Surgery

Day of Surgery Agenda

Meet Your Care Team: Nurse, Patient Care Technician and Physical Therapist

- They will frequently monitor vital signs, pain, surgical dressings and circulation.
- They will assist with personal care, however you are encouraged to be as independent as possible.
- Self-care is part of your daily therapy and one of your recovery goals.

Partner for Mobility (only with assistance)

This promotes blood flow and builds strength.

- Goal 1: Sit at edge of bed within five hours of surgery – for safety, two team members will help you.
- Goal 2: Get out of bed and stand up. Start taking steps with assistance using a rolling walker.
- Goal 3: Transition to bedside chair, spending tolerable amounts of time out of bed.

Partner to Prevent Falls

- ALWAYS ask for help when getting up from bed or the chair – your safety is our main concern.
- Some medications can affect balance.
- Wear a gait belt.
- Follow the Fall Prevention Agreement that was reviewed when you were admitted.
- Bed and chair alarms are used to improve your safety.
- Wear your nonskid socks at all times.

Partner for Pain Management

- Discuss the pain scale with your care team and set tolerable pain expectations.
- The goal of pain management is to focus on a level of pain that allows participation in daily activity.
- Remember! Some pain and discomfort is normal after a total hip replacement.

Start with a Liquid Diet

- Order tomorrow's breakfast by 6:30 pm today, and request tray delivery no later than 8 am.
- You will advance your meals to solid food when you can tolerate it without feeling nauseated.
- Continue taking a protein supplement to help with recovery.

Use your Incentive Spirometer (Breathing Exerciser)

- Practice 10 times every hour while awake. More information about how to use your incentive spirometer can be found on page 21.

Try to rest. Today was busy and tomorrow will be busier.

Tomorrow's Agenda

- Vital signs
- Morning lab work
- Transition to chair for breakfast and personal care
- Catheter removed if not already done
- Physical and Occupational Therapy
- Physician and surgeon visits
- Discuss transition from intravenous (IV) to oral pain medication with nurse
- Discuss discharge transition plan with care team

Days After Surgery

Today will be busy. We will introduce new exercises during rehabilitation, but don't worry. We will go over everything many times. If you have questions, ask us. We want your recovery to be successful.

It is normal to feel a bit more pain and discomfort today. Please inform your care team of your pain level so we can work with you to control the pain with ice and medication as needed.

Hip Safety and Tips

Review your hip precautions and consider them often throughout your hospital stay and when at home.

Keep ice on your hip – 20 minutes on and 20 minutes off.

Prepare for Your Day

- Vital signs and labs will be done early so your doctors can review the results before they visit with you.
- Get up, get out of bed and wash up.
- Urinary catheter will be removed today, if not already removed.

Eat Breakfast and Drink Plenty of Fluids

- Your diet will advance to more solid foods as you tolerate without feeling nauseated.
- Intravenous (IV) fluids may be discontinued when you can tolerate food and fluids.
- Continue protein supplement to help with recovery.

Continue Using the Incentive Spirometer – “Breathing Exerciser”

- 10 deep inhales every hour while awake. For more information, please see page 21.

Speak Up and Partner in Pain Management

- Continue or transition to oral pain medication as it provides longer pain relief.

Keep Moving

- Physical and Occupational Therapy.
- Walk as far as you feel you can but ONLY with assistance.

A physical therapist will teach you how to go up and down stairs after surgery.

You are the driver in your therapy

- Remember: perform ankle pumps and wear compression sleeves to prevent blood clots from forming.

Many patients will be ready to go home the day after surgery. This will depend on your individual progress.

Prepare for Discharge

Prepare for Discharge

- Follow-up with your care team for discharge transition plan and home equipment needs. Keep track of the equipment you need on page 9.
- You may be discharged today or tomorrow.

Day of Discharge

- Our goal is to have you discharged from the hospital by early afternoon.
- Review your discharge instructions and follow-up guidelines to learn:
 - When to follow-up with surgeon
 - Incision site care and signs to watch for
- Ensure home equipment is ordered
See list of equipment on page 35.
- Review prescriptions and medication side effects.

Daily Tasks When You Get Home

- Take pain medications as needed and as directed.
- Keep exercising.
- Rest, ice and change position frequently.
- Continue protein supplements for recovery.
- No driving while taking pain medications.

The Zones of Total Hip Replacement

Green Zone	<p>You Should Be Feeling/ Experiencing:</p> <ul style="list-style-type: none"> • No increased redness, warmth, swelling, drainage or odor at the incision site • Dressing is clean and dry • Pain is under control • Eating well and drinking adequate amount of water and continuing to take protein supplement • Restful night sleep • Therapy and exercises are done daily 	<p>You Are On the Right Track if You:</p> <ul style="list-style-type: none"> • Keep your appointments with your physicians • Take all medications as prescribed • Change dressing as instructed • Have bowel movements • Balance exercises and rest periods • Avoid lifting more than 10 lbs • Follow your surgeon’s instructions about your hip precautions • Ask for help when needed
Yellow Zone	<p>If You’re Feeling/Experiencing:</p> <ul style="list-style-type: none"> • Fever higher than 100.5 • Progressively worsening hip pain • Increasing redness, warmth or drainage from your incision; opening at incision site • Presence of calf pain, redness, warmth or swelling • Have missed a dose of your blood thinning medication • Shortness of breath 	<p>Warning</p> <ul style="list-style-type: none"> • Call your orthopedic surgeon’s office as soon as possible
Red Zone	<p>You Should Not Be Feeling/ Experiencing:</p> <ul style="list-style-type: none"> • Sudden weakness or numbness of the face, arm or leg, especially on one side of the body • Difficulty speaking or blurred vision • Unable to think clearly • Chest pain or difficulty breathing 	<p>Dangerous</p> <p>SEEK MEDICAL CARE IMMEDIATELY – CALL 911</p>

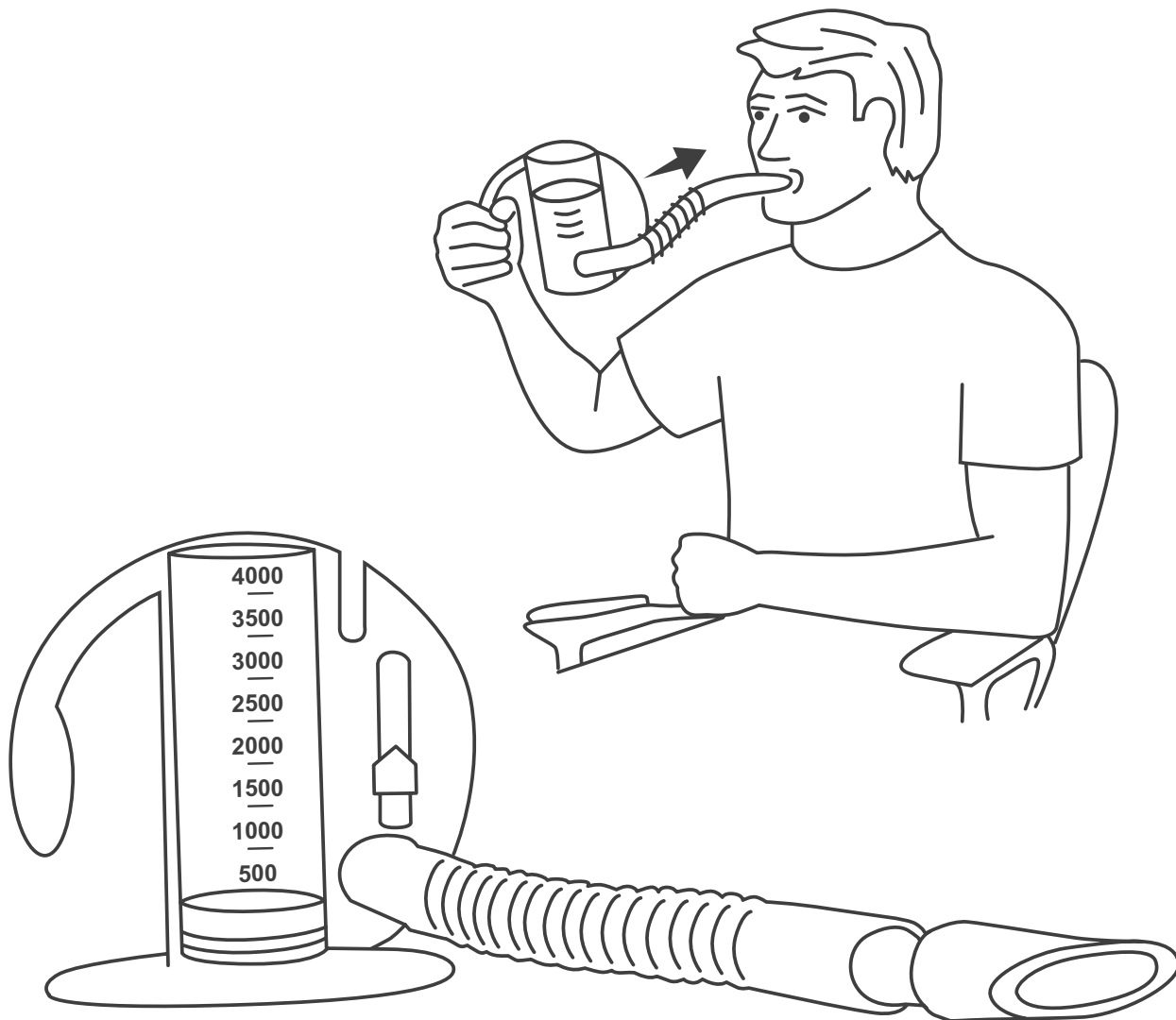
Preventing Post-surgical Complications

Complication	Symptoms	Prevention Strategies
<p>Deep Vein Thrombosis (DVT)</p> <p>A blood clot in a lower extremity (calf/leg)</p>	<ul style="list-style-type: none"> • Pain • Swelling • Redness or discoloration • Muscle cramps in lower leg/calf 	<p>Decreasing Your Risk of Blood Clot</p> <ul style="list-style-type: none"> • Walk as early as possible after surgery • Perform ankle pumps when in bed and in chair to promote circulation • ALWAYS take the blood thinning medication as ordered by your physician • Use of lower leg compression machine (Sequential Compression Devices/SCD) or AV Impulse Boots in bed and when in chair for up to 18 hours per day
<p>Pulmonary Embolism</p> <p>A blood clot in the heart or lung</p>	<ul style="list-style-type: none"> • Chest pain • Shortness of breath • Rapid pulse • Coughing up blood • Dizziness • Fainting • Excessive sweating 	<p>THIS IS A LIFE THREATENING EMERGENCY. IF YOU ARE NOT AT THE HOSPITAL PLEASE CALL 911</p>
<p>Incision Infection</p> <p>Handwashing is key in preventing infections</p>	<ul style="list-style-type: none"> • Fever above 100.5 F • Increased redness • Green/yellow drainage • Foul odor 	<p>Decreasing Your Risk of an Infection</p> <ul style="list-style-type: none"> • Antibiotics are prescribed in the hospital right after surgery to help prevent infections • Make sure whoever changes your dressing washes their hands before and after each dressing change • Call your surgeon if any of these symptoms begin after you leave the hospital
<p>Pneumonia</p> <p>An infection in one or both of the lungs</p>	<ul style="list-style-type: none"> • Fever above 100.5 F • Persistent cough • Shortness of breath associated with pain 	<p>Decreasing Your Risk of Pneumonia</p> <ul style="list-style-type: none"> • Use Incentive Spirometer by inhaling deeply 10 times per hour when awake For more information, please see page 21. • Handwashing is key in preventing infections • NOTIFY YOUR PHYSICIAN AND/OR CALL 911 IF YOUR SYMPTOMS ARE SEVERE

Using Your Incentive Spirometer “Breathing Exerciser”

Daily practice in the hospital and at home will help you prevent post-surgical pneumonia.

1. Empty your lungs by blowing out all the air in your lungs, like you are blowing out candles.
2. Place the mouthpiece in your mouth making a tight seal with your lips.
3. Breathe in through the mouthpiece slowly and deeply like you are sucking on a straw.
Notice the blue disc on the right side. Work on keeping this disc in the “BEST” range as you breathe in slowly.
4. When you reach your “Goal Marker,” hold for a second, then breathe out normally.
5. When the piston returns to the bottom, start again.
6. Repeat at least 10 times per hour.

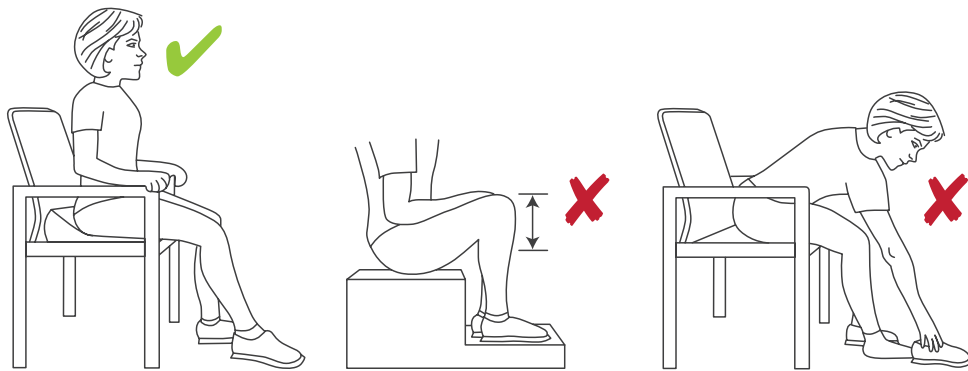


Posterior Hip Precautions

The following precautions are standard instructions and should be followed unless otherwise instructed by your physician or a member of your therapy team. **Hip precaution instructions are dependent upon your surgeon and your surgical approach (Anterior vs Posterior).**

Your weight bearing status is _____
To be completed by your therapist

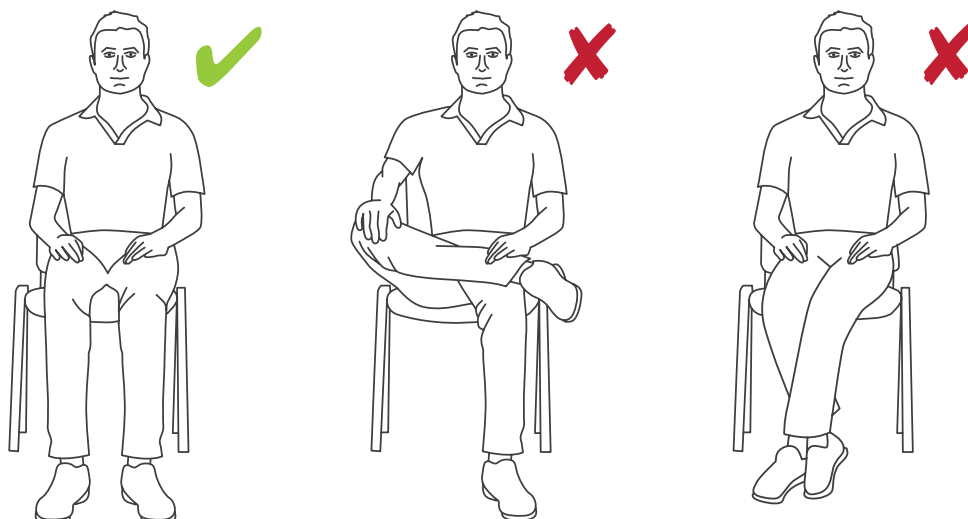
DO NOT Bend Past 90 Degrees



DO NOT Twist or Bend Inward



DO NOT Cross Your Legs



Anterior Hip Precautions

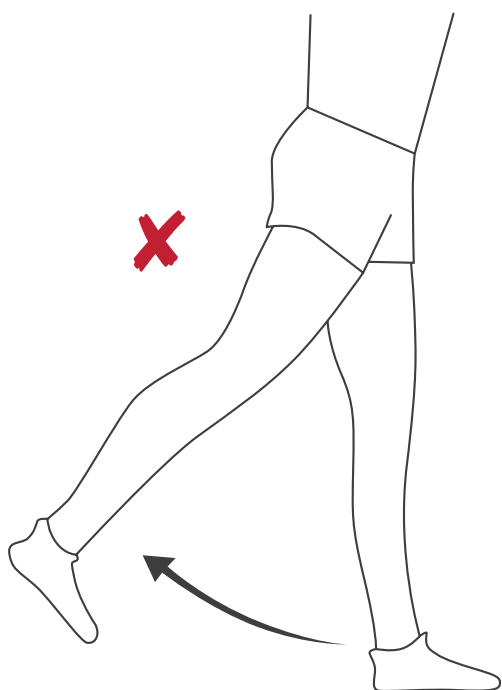
The following precautions are standard instructions and should be followed unless otherwise instructed by your physician or a member of your therapy team. **Hip precaution instructions are dependent upon your surgeon and your surgical approach (Anterior vs Posterior).**

Your weight bearing status is _____
To be completed by your therapist

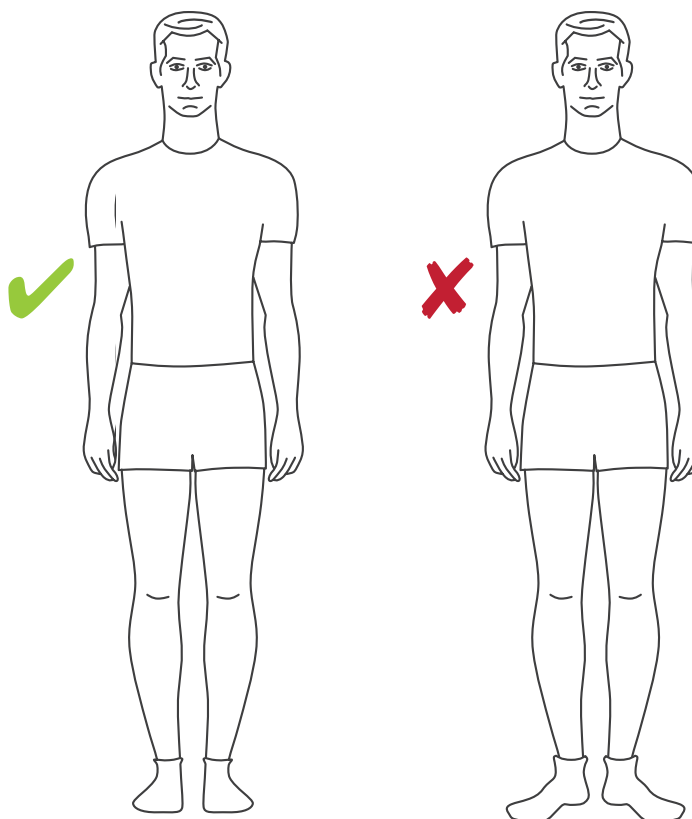
NO Straight Leg Raises

1. Do not lie on your stomach.
2. Do not lift your hips up straight off the bed.

NO Hyperextension



NO External Rotation

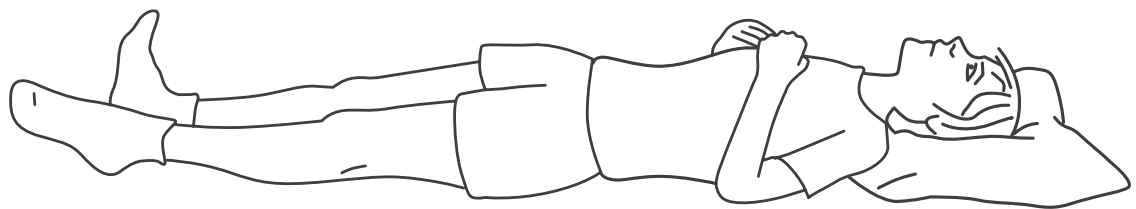


Exercises After Surgery

Therapy exercises after surgery are an important part of your recovery, but it is important that you follow instructions provided by your surgeon and therapy team. Certain exercises may not be appropriate for you based on your individual progress or the hip precautions that have been prescribed to you. Exercises should be discussed, demonstrated and practiced during therapy sessions with a qualified physical therapy team member.

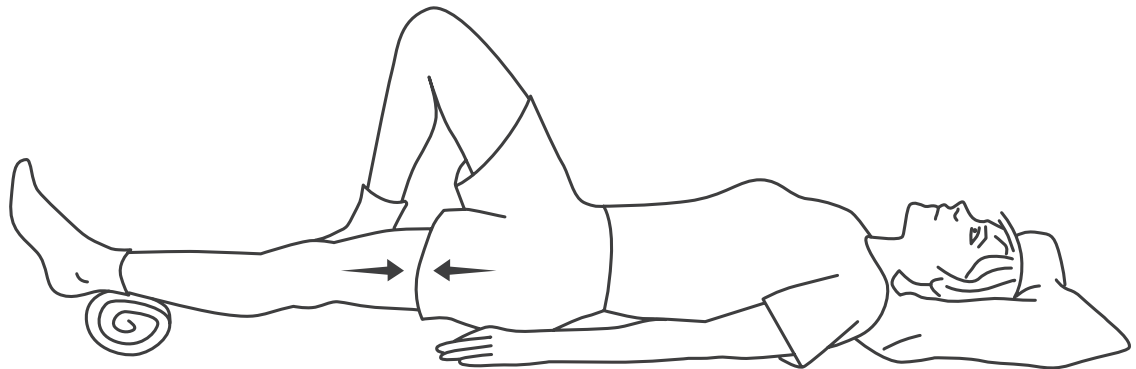
1. Ankle Pumps

Bend ankles up and down, alternating feet. Repeat 20 times. Perform at least 4 sessions per day. This exercise can be done sitting or lying down.



2. Quad Sets

Lie with a rolled towel or pillow under heel of surgical leg. Tighten the muscles on the top of the leg/thigh while trying to push knee toward the rolled towel or pillow. Hold for 5 seconds. Relax. Repeat 20 times. Perform 2 sessions per day.

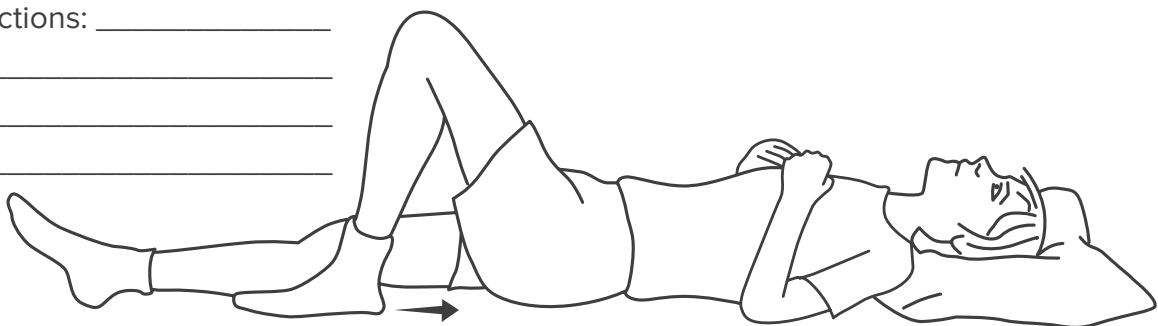


3. Heel Slides

Bend surgical knee and pull heel toward buttocks. Return slowly to extended position, sliding heel along the bed. Repeat 20 times. Perform 2 sessions per day.

Caution: Be careful not to bend past 80 degrees.

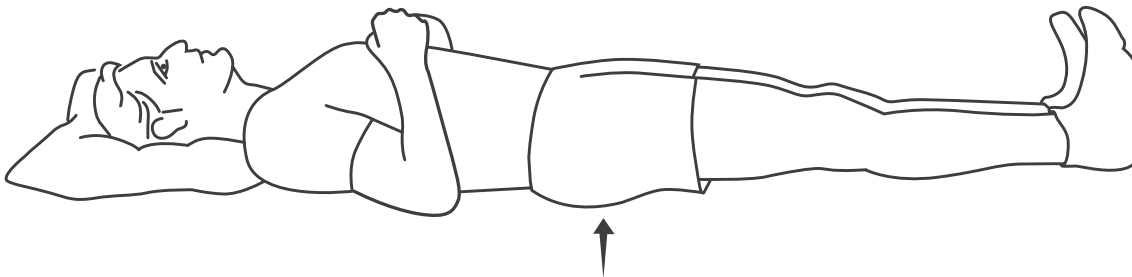
Special Instructions: _____



Exercises After Surgery

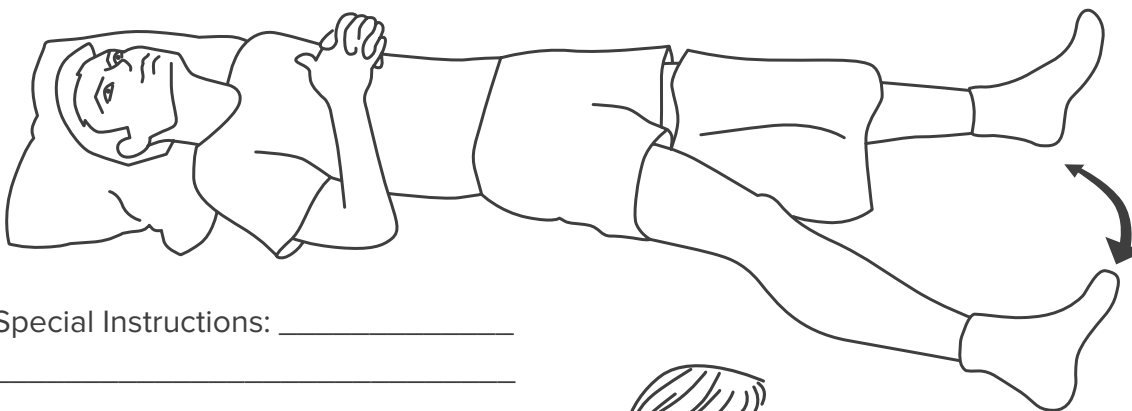
4. Gluteal Squeezes

Squeeze buttocks muscles as tightly as possible while counting out loud to 5. Repeat 20 times. Perform 2 sessions per day.



5. Abduction

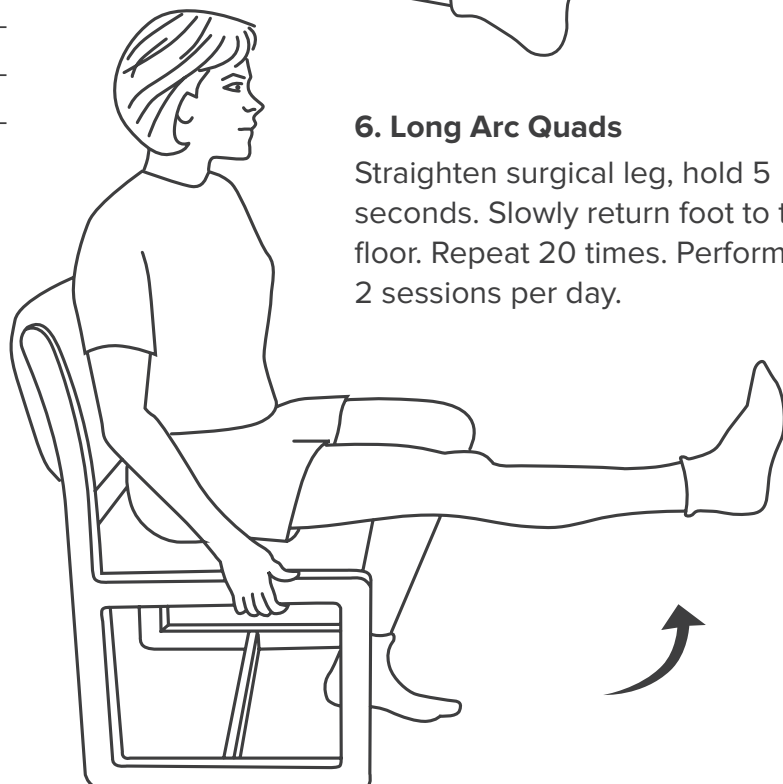
Place a pillow or rolled towel between your legs to keep them apart. Slide surgical leg out to the side. Keep kneecap pointed toward ceiling. Gently bring surgical leg back to midline. Repeat 20 times. Perform 2 sessions per day.



Special Instructions: _____

6. Long Arc Quads

Straighten surgical leg, hold 5 seconds. Slowly return foot to the floor. Repeat 20 times. Perform 2 sessions per day.

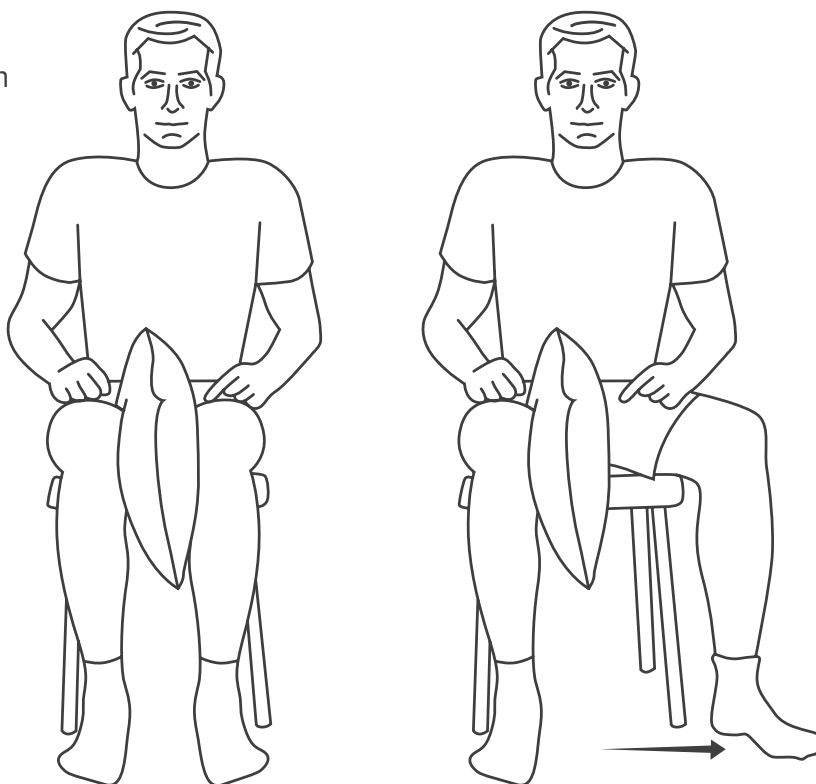


Exercises After Surgery

7. Hip Abduction/Adduction

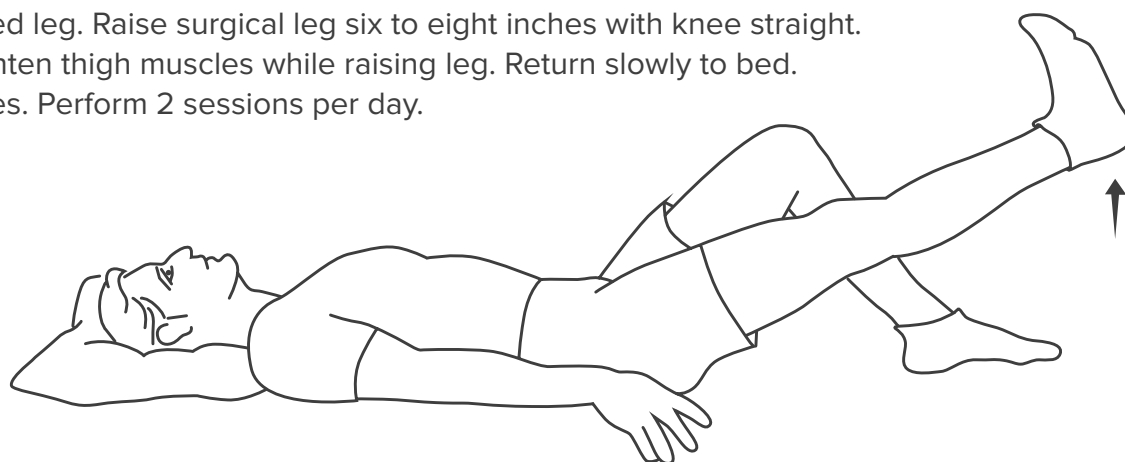
Sitting straight with an abductor pillow in between legs to keep them apart, move surgical leg out to the side and then gently back to midline.

Special Instructions: _____



8. Straight Leg Raise

Bend unaffected leg. Raise surgical leg six to eight inches with knee straight. Exhale and tighten thigh muscles while raising leg. Return slowly to bed. Repeat 20 times. Perform 2 sessions per day.



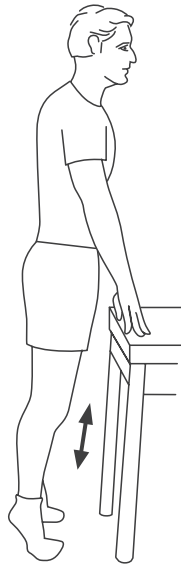
Special Instructions: _____

Advanced Exercises After Surgery

STOP: Perform these exercises only if instructed to do so by your therapy team. Based upon your individual progress plan, your therapy team will let you know if the following exercises are appropriate for you.

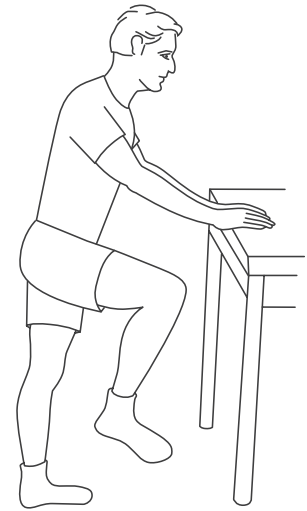
Up on Toes Calf Raises

While holding onto a steady surface such as a clean and dry countertop, go up and down on toes. Repeat 20 times. Do 2 sessions per day.



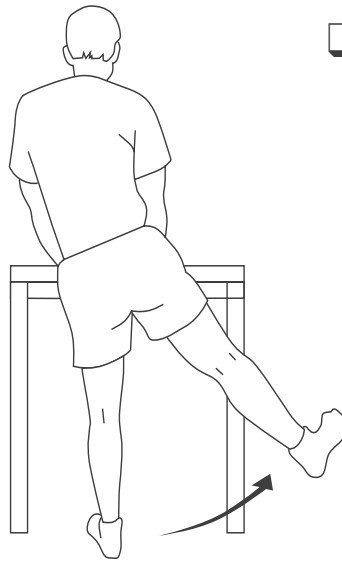
Mini Marches

While holding onto a steady surface such as a clean and dry countertop, march in place, alternating if able. Repeat 20 times. Do 2 sessions per day. Do not bend past 80 degrees.



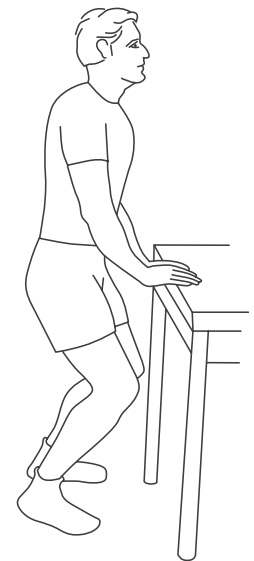
Hip Abduction

While holding onto a steady surface such as a clean and dry countertop, keep legs shoulder width apart and toes pointed forward. Swing your surgical leg out to side, keeping knee straight. Do not lean. Repeat 20 times. Do 2 sessions per day.



Mini Squats

While holding onto a steady surface such as a clean and dry countertop, slightly bend knees and slowly straighten. Repeat 20 times. Do 2 sessions per day. Do not bend past 80 degrees.



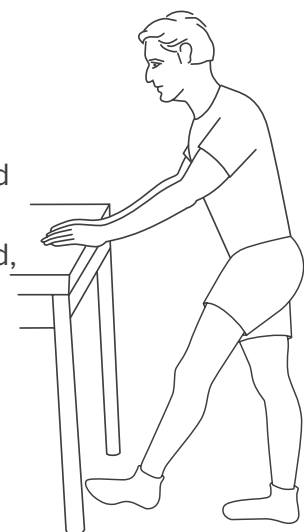
Hamstring Curls

While holding onto a steady surface such as a clean and dry countertop, bend surgical knee as far as possible. Repeat 20 times. Do 2 sessions per day.



Hip Flexion

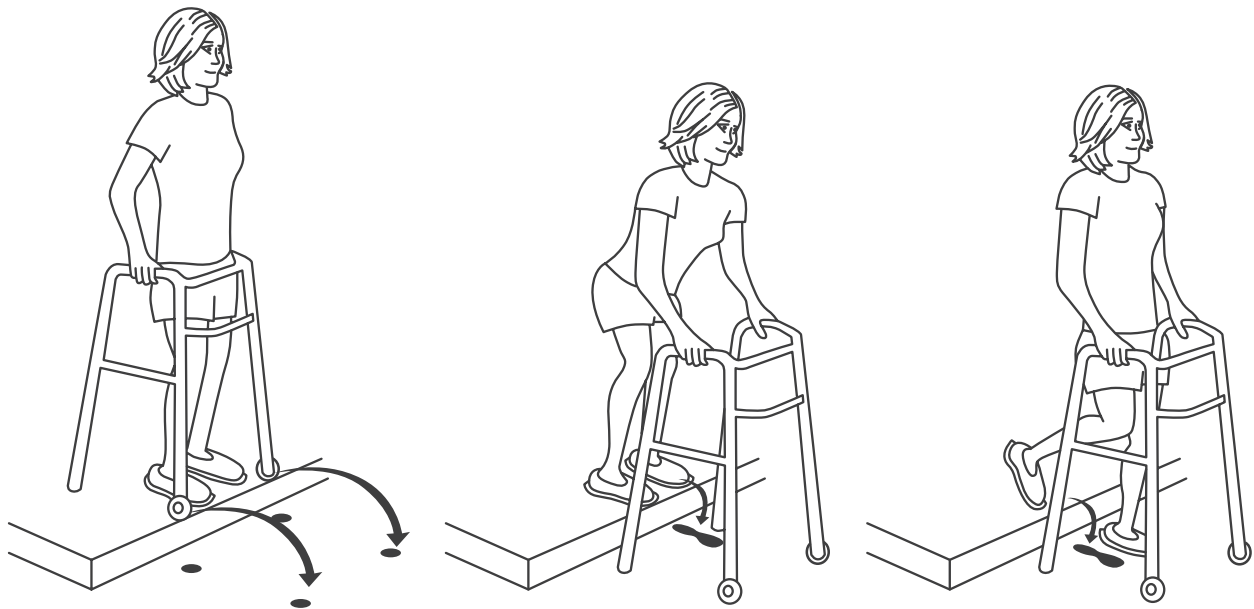
While holding onto a steady surface such as a clean and dry countertop, bring your surgical leg forward, keeping knee straight. Repeat 20 times. Do 2 sessions per day.



Activities of Daily Living

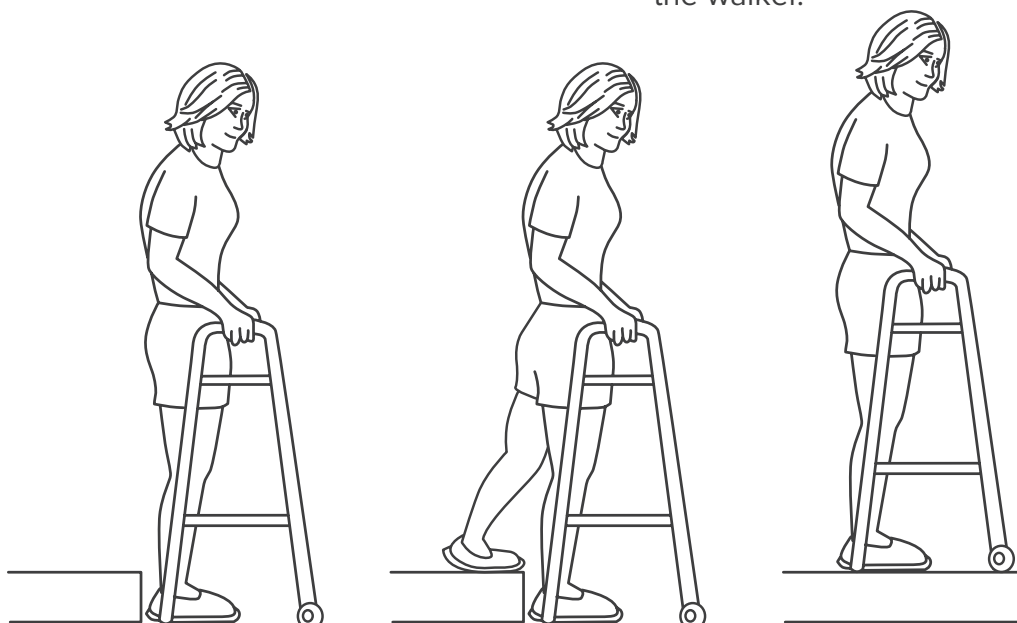
To Go Down One Step Forward:

1. Walk with your walker up to the edge of the step.
2. Place all four legs of the walker on the floor in front of the step.
3. Walk your feet up to the edge of the step.
4. Push down on the walker with your arms and step down with your surgical leg, and then step down with your nonsurgical leg.



To Go Up One Step Backward:

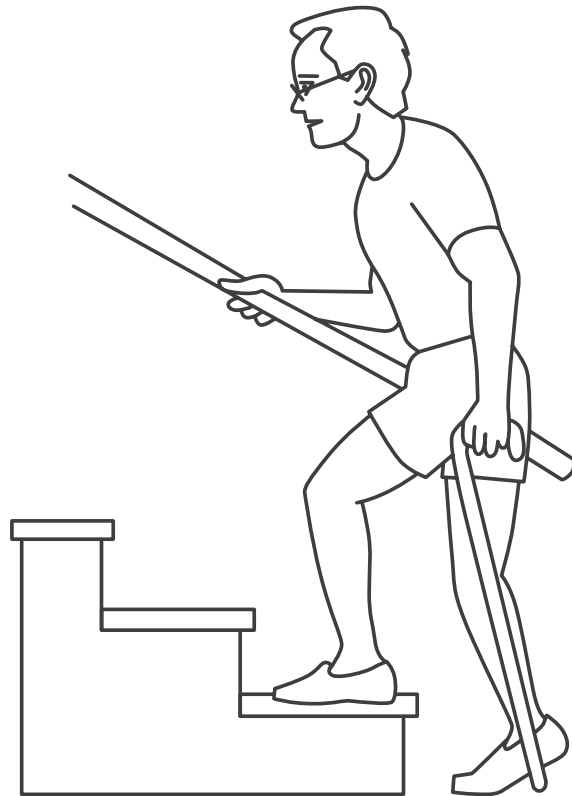
1. Back yourself up to the step with your walker. Be sure your walker and your heels are touching the step.
2. Push down on the walker with your arms and step up on the step with your nonsurgical leg. Bring your surgical leg up on the step, then bring your walker up on the step. Walk backward with the walker a few steps and then turn around with the walker.



Functional Mobility

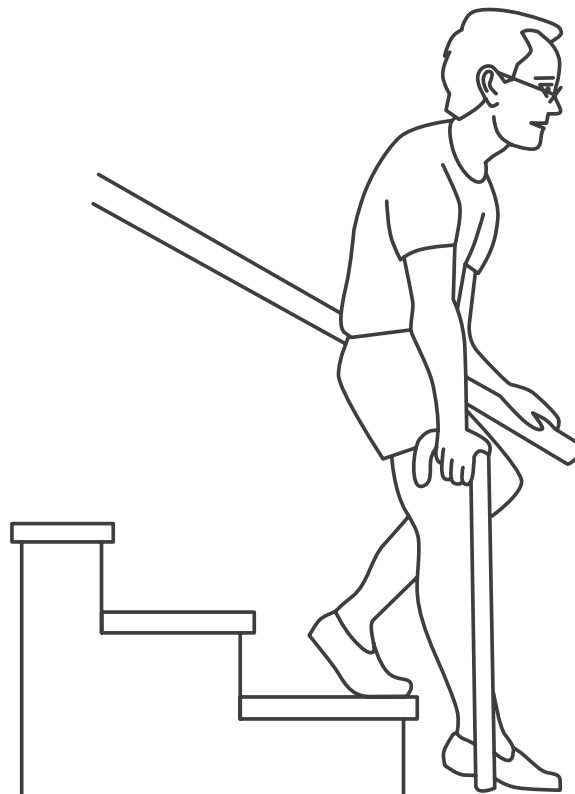
To Go Up Consecutive Steps:

1. Get feet close to the step.
2. Use assistive devices, as instructed by your therapist, such as handrails, crutch(es), cane, hand-held assist, gait belt, etc.
3. Go up one step at a time leading with your nonsurgical leg first, then bring up the surgical leg to the same step.
4. Proceed with remaining steps in the same fashion.
5. Use a bannister where available.



To Go Down Consecutive Steps:

1. Get feet close to edge of step.
2. Use assistive devices, as instructed by your therapist, such as handrails, crutch(es), cane, hand-held assist, gait belt, etc.
3. Go down one step at a time leading with your surgical leg first, then bring down the nonsurgical leg to the same step.
4. Proceed with remaining steps in the same fashion.
5. Use a bannister where available.



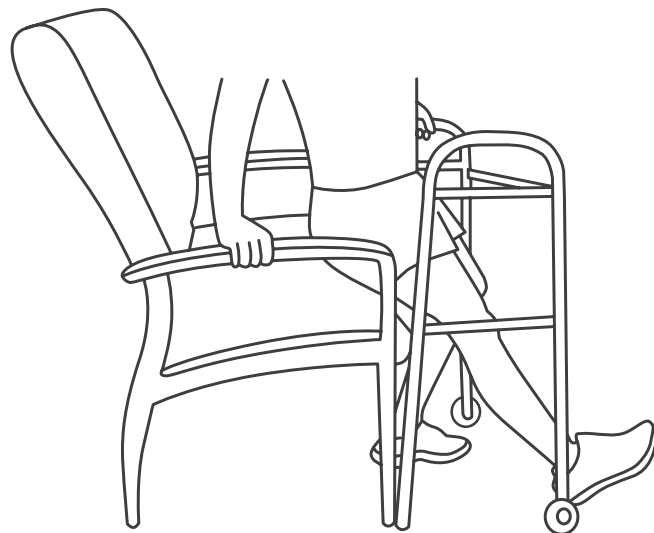
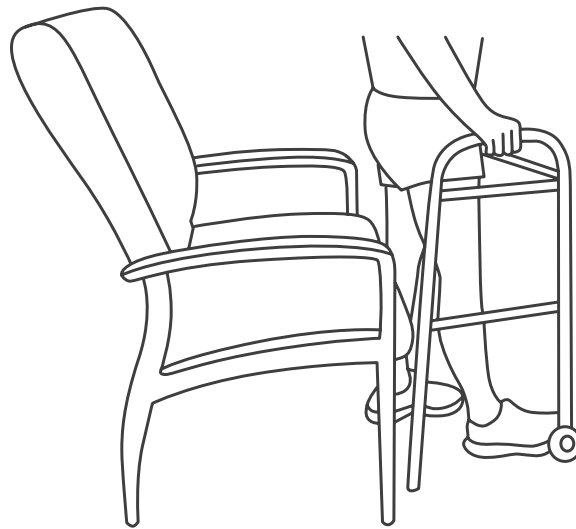
**REMEMBER! Up with the good,
down with the bad.**

Getting Into and Out of a Chair

REMEMBER your hip precautions.

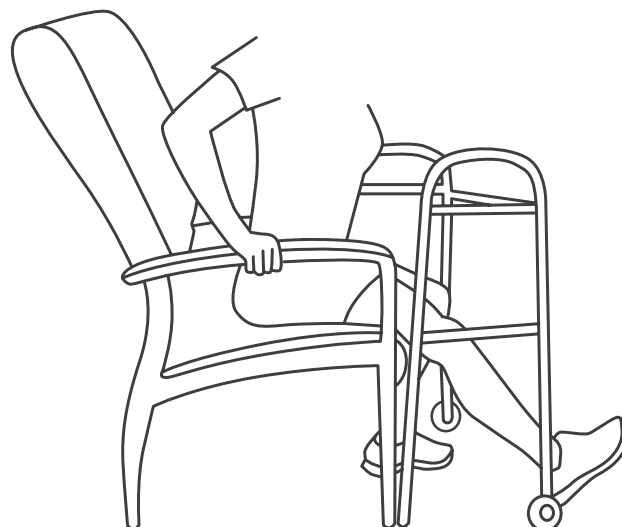
Getting into a Chair

1. Back up to the chair.
2. Make sure you can feel the chair behind you.
3. Reach for the armrests of the chair one hand at a time.
4. Slide the surgical leg out in front of you while gradually lowering yourself down to the chair.



Getting Out of a Chair

1. Scoot forward to the edge of the chair.
2. Slide your surgical foot forward.
3. Using both hands, push up from the armrests of the chair.
4. Place hands on the walker, one hand at a time while sliding surgical foot back so it is even with your other leg when standing.



Car Transfers

REMEMBER your hip precautions.

Front Seat

1. Be sure to move the seat back as far as it will go. You may also recline the seat back to give you more room.
2. The car should be parked several feet away from the curb. Open the door and stand on the street as close as you can get to the car.
3. Turn until your back is facing the seat and back up until you feel the car seat on the back of your legs.
4. You can place one hand on the back of the car seat or headrest and the other hand on the dashboard or car seat. Do not use the car door for support as it could move.
5. Carefully lower yourself to the seat, keeping your surgical leg slightly out in front.
6. Slide back until your knees are on the seat then bring your legs around into the car one at a time. You can use your hands to help lift your legs if needed.



TIP: You may want to use a large plastic bag to sit on for ease of turning/adjusting your position while seated in a car.

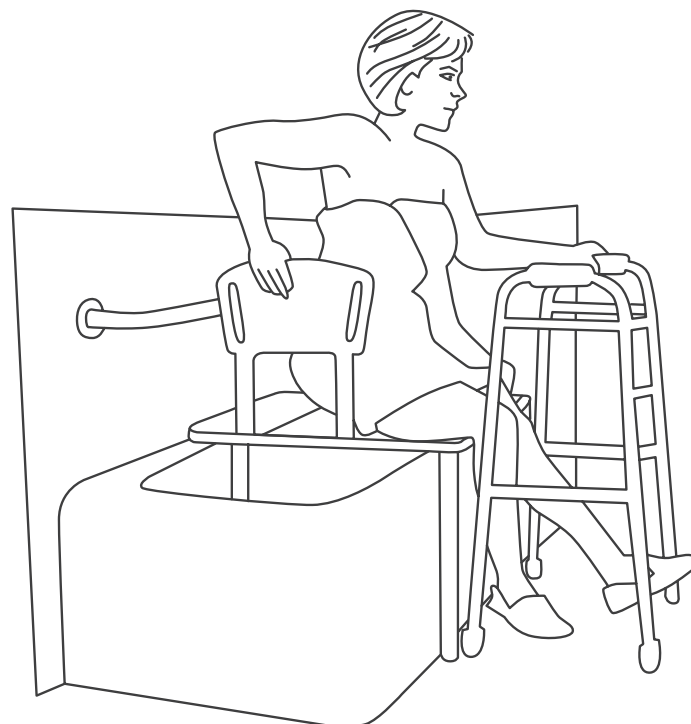
Tub/Shower Transfers

REMEMBER your hip precautions.

Your physician will advise you on when you can bathe. It is important that you keep your surgical site dry. To increase your safety, you should have a shower chair or bath bench.

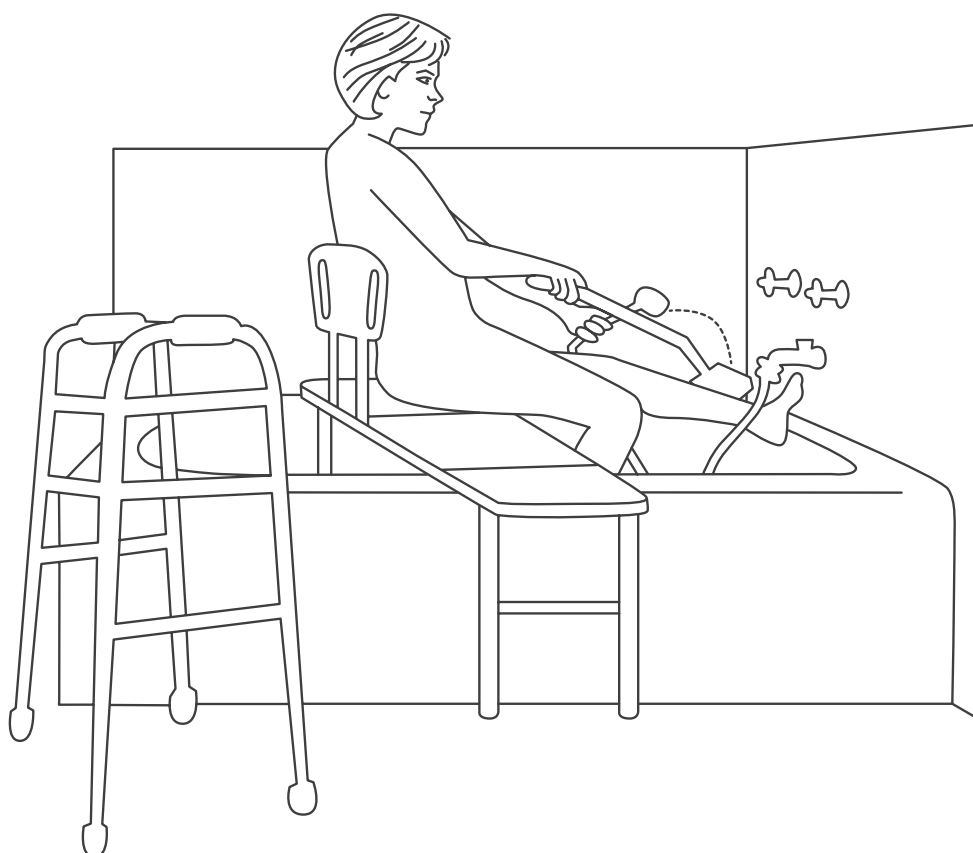
Getting into the Tub/Shower

1. Back up to the bench or shower chair.
2. Put surgical leg forward and reach back for the seat.
3. Utilize a handheld shower and long handled sponge to wash.
4. It is recommended that you have someone present to help if needed.



Getting out of the Tub/Shower

1. Move to the outside edge.
2. Lift surgical leg over the edge of the tub first.
3. Put the surgical leg forward and push off from the edge of the bench or chair to rise.



Bathing and Dressing

Pericare

Getting up from the riser is the same as getting up from the chair, if there are no arms on the toilet riser, you can use grab bars, the edge of a vanity or even the edge of the riser itself to push up into standing.

When on the toilet, make sure not to lean forward when having a bowel movement, during toilet hygiene or when getting up. Also be sure not to twist your surgical leg inward when wiping. Toilet hygiene may be easier to do while standing.

Tub Transfer

- Dry off while still in the tub. Dry your feet prior to getting out of tub by dropping your towel on the bottom of the tub and rubbing your feet on the towel. Use grab bars for stability or ask for assistance. Be extremely cautious when transferring out of the tub.

Additional Bathing and Showering Tips

- Sponge bathe until OK with your doctor and get the incision wet.
- Grab bars and nonslip strips or a rubber bath mat will make the tub or shower safer.
- Initially have someone with you to assist in and out of the tub or shower.

Shower Transfer

- If you are allowed to put full or as tolerated weight on the surgical foot then you can stand to shower if you wish – use a long sponge and a hand spray to prevent bending past your hip precautions.
- A shower chair can also be used to sit and shower.

Dressing

- Loose fitting clothing will be more comfortable and make dressing easier.
- Gather all items before you start to lay clothing out the night before.
- Sit to dress. The edge of the bed is often higher than a chair and easier to manage.

Pants and Underwear

- The surgical legs goes IN FIRST when getting dressed and OUT LAST when undressing.
- Put underwear on up to your knees, then pants and then stand only once to pull clothing up.
- Use a reacher to assist with dressing and positioning items.

Socks

- Use a sock aid to put on socks without bending. There are several kinds of sock aids including wide versions for larger feet.
- Pull the sock onto the device with the heel down, until there is no space at the toes but do not pull the sock over the knots at the top of the sock aid.
- Drop the device on the floor while holding the handles.
- Put your toes into the sock aid, then pull the cords slow and steady until the sock is left on your foot. The sock aid will pull out on the back of your leg.
- If your foot is moist or sweaty, a bit of baby power or stick deodorant on the inside of the sock aid will make it easier to pull.

Bathing and Dressing

Shoes

- A long shoe horn and reacher make it possible to put shoes on without bending.
- If wearing tie shoes, tie loosely or use elastic laces that stay tied to eliminate bending over to tie them.
- A shoe horn is usually more effective if used before the back of the shoe is smashed down.

At Home and General Safety Information:

- Place commonly used items where they are easy to reach, this is usually close to waist height and at the front of shelves.
- Sit to work when possible. Use a tall stool at the counter or sit at a table.
- Slide heavy items on the countertop rather than carry them.
- To reach an object on a lower shelf in the cupboard or refrigerator, place one hand on the counter top for safety and balance and position the surgical leg back to limit bending at the hip.
- Throw rugs should be removed to avoid tripping.
- A reacher is helpful to pick up out of reach items and prevent bending too far forward.
- Save energy and steps by having duplicate items in rooms where they are frequently used.

Frequently Asked Questions

What Equipment Might I Need at Home?

Please discuss this with your care team before leaving the hospital. Additional information on equipment can be found on page 9 of this book.

Walking

- Cane
- Walker
- Crutches

Bathroom

- 3-in-1 commode
- Elevated toilet seat or toilet riser
- Grab bars
- Handheld shower attachment
- Long-handled shower sponge

Other

- Elastic shoelaces
- Reacher
- Long-handled shoe horn
- Sock aid

How Long Will I Be in the Hospital?

The average length of stay after joint replacement surgery is one to three days. Length of stay is determined by activity progress, medical progress and wound condition.

What is the Recovery Time?

Patients recover from surgery at a different pace. In most cases you will be advised to use a rolling walker. Your therapist will advance you to a cane when appropriate. You will gradually return to normal function without any assistive device. This usually takes approximately three months but may take longer.

Will I Go Home After Surgery or to a Rehabilitation Facility?

Most patients are able to go home after their surgery. This includes patients who live independently. In most cases, we believe your home is the best and safest location for

your recovery. However, if you are not ready to go home at the time of discharge, you may go to a rehabilitation facility to gain the skills you need to safely return home. Many factors will be considered in this decision, including availability of family or friends to assist with daily activities, home environment and safety considerations, post-surgical functional status as evaluated by a physical therapist in the hospital, and overall evaluation by your hospital team.

For more information, please see page 8.

How Do I Care for My Incision?

If your incision is closed with staples, they are usually removed within 10-14 days at your follow-up appointment with the surgeon. Sponge bathe until it is okay with your doctor to get your incision wet.

Change your dressing daily, only if instructed to do so

1. Collect items for dressing change
 - Gauze pads, tape, plastic bag and scissors
2. Wash your hands with hand sanitizer or soap and water
3. Remove old dressing (throw away in a plastic bag)
4. Wash hands again
4. Look at your incision to check on healing
 - Normal: Some swelling, especially after exercising
 - Infected: Increased redness, warmth, drainage, open wound edges or odor at incision site – **If these changes are noted, call your surgeon**
5. Do not touch incision or apply ointments, creams or lotions
6. Cut strips of tape needed for new dressing and open a new gauze pad
 - Do not touch the side of the gauze that will be applied to your incision area
7. Apply the new dressing over the incision, handling the dressing by the edges only

Frequently Asked Questions

Are There Any Medication Follow-up Needs?

Anticoagulant: Helps prevent blood clots from forming and is usually taken for three to six weeks after surgery. Different options are available for anticoagulation following surgery and this is based upon surgeon preference. It is extremely important you take this medication as directed.

Contact your surgeon if you:

- Experience excessive bruising
- Experience nosebleeds
- Have blood in your urine
- Miss a prescribed dose

Pain Medication: It is important to take your pain medication as prescribed by your surgeon. Do not wait until the pain gets too uncomfortable. Most pain medications take about 30 minutes to work.

- Pre-plan: Take pain medication 30 minutes prior to therapy, activity or exercise. Take with food to reduce nausea
- Gradually reduce: As your comfort improves, increase the time between doses

What Changes Can I Expect, and What Can I Do?

Loss of Appetite

- Can be a medication side effect
- Be sure to drink plenty of fluids to stay well hydrated
- Continue to take your protein supplement

Constipation

- Increase your fluid and fiber intake, and consider a stool softener

Loss of Energy

- Your body is healing and needs rest, however keep exercising per your therapist's recommendation
- Your strength will increase over time

Swelling

- Expected for several months after surgery, especially after activity
- Common areas of swelling are foot, ankles, knee and thigh
- Ice and elevation helps reduce swelling
- Ankle pump exercises can help reduce swelling (see page 24)

Joint Stiffness

- Can occur after long periods of sitting or lying
- Reposition frequently, stand up and/or take short walks around the room with assistance as needed
- Performing your prescribed exercises can help with joint stiffness

Depression

- May be caused by limited mobility, discomfort, medication side effects or increased dependency on others
- Symptoms typically lessen as you return to normal activities
- Talk with your doctor if this continues to be a problem

Insomnia

- This is a common side effect
- Nonprescription remedies may be effective
- Talk with your doctor if this continues to be a problem

What About General Work & Lifestyle?

Driving: Most patients return to driving in four to six weeks depending on the surgical side and pain medication use. Your surgeon will let you know when it is safe for you to drive. Do not drive while you are taking prescription pain medications.

Frequently Asked Questions

Return to work: Most people can return to work in four to six weeks; your surgeon will confirm a date at your follow-up appointment.

- Remember to request your return to work notice, if needed.

Flying: Your new artificial joint will likely set off metal detectors.

- Alert security of your total joint replacement before going through the scanner; they may use a hand wand over the area if needed.
- You may also want to wear loose fitting pants to expose your hip, if needed.

Drinking alcoholic beverages: If you are taking a blood thinner, you should avoid alcoholic beverages because it changes the effect of the medication. You should also avoid alcohol if you are taking any narcotics, such as pain medicine.

Intimacy: Your surgeon will inform you when it is safe to resume sexual activity.

- Sexual activity is not recommended right after surgery due to pain and swelling.

Exercise: Physical therapy is important for your recovery. Continue with the home exercise regimen provided by your physical therapist and progress at your own pace. Activity helps with the recovery process. Remember, take pain medication 30 minutes prior to exercise.

Can I Go Up and Down Stairs?

A physical therapist will teach you how to go up and down stairs after surgery. Initially, you will start with your nonsurgical leg when going up stairs, and lead with your surgical leg when coming down. As your muscles get stronger and your motion improves, you will be able to do stairs in a more normal fashion.

How long will my total hip replacement last?

How long a hip replacement lasts is different for each patient. For each year following your surgery, you have a 1 percent chance of requiring additional surgery. At ten years after surgery, 90 percent of patients have not needed further surgery.

Other Important Information

Many things occur after total joint surgery that may be alarming to you unless you are sure that the symptoms are within normal limits. Some of the normal symptoms you may experience include:

- Swelling after exercise and at the end of the day
- Warmth around the hip
- Sutures under the skin may become more visible as swelling goes down. This will decrease over time.

Regular follow-up appointments with your surgeon will confirm continued success with your joint replacement.

For additional questions, please contact the Orthopedic Nurse Resource listed on page 3.

How Long Do I Need to Maintain Hip Precautions?

It depends on your surgeon preference, but generally hip precautions are followed for 6 to 12 weeks postoperative.

