Thank you for choosing Piedmont Medical Center Joint Program for your surgery. You are the centerpiece of a multi-disciplinary team approach. Our program is designed to restore your active lifestyle as quickly as possible. This guide will provide you with information to promote a successful outcome.

The mission of Piedmont Medical Center is to deliver exceptional health care to every person we have the privilege to serve.

The vision of the Joint Program at Piedmont Medical Center is to deliver personalized, state of the art, first class care that exceeds patient expectations while maintaining the highest quality standards of patient care to enable the restoration and preservation of health, lifestyle, career, and future wellness to the diverse population.

This information will help you to know what is expected before, during and after your knee surgery.
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Whether you have just begun exploring treatment options or have already decided to undergo hip replacement surgery, this information will help you understand the benefits and limitations of total hip replacement. This article describes how a normal hip works, the causes of hip pain, what to expect from hip replacement surgery, and what exercises and activities will help restore your mobility and strength, and enable you to return to everyday activities.

If your hip has been damaged by arthritis, a fracture, or other conditions, common activities such as walking or getting in and out of a chair may be painful and difficult. Your hip may be stiff, and it may be hard to put on your shoes and socks. You may even feel uncomfortable while resting.

If medications, changes in your everyday activities, and the use of walking supports do not adequately help your symptoms, you may consider hip replacement surgery. Hip replacement surgery is a safe and effective procedure that can relieve your pain, increase motion, and help you get back to enjoying normal, everyday activities.

First performed in 1960, hip replacement surgery is one of the most successful operations in all of medicine. Since 1960, improvements in joint replacement surgical techniques and technology have greatly increased the effectiveness of total hip replacement. According to the Agency for Healthcare Research and Quality, more than 285,000 total hip replacements are performed each year in the United States.

ANATOMY

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).

The bone surfaces of the ball and socket are covered with articular cartilage, a smooth tissue that cushions the ends of the bones and enables them to move easily.

A thin tissue called synovial membrane surrounds the hip joint. In a healthy hip, this membrane makes a small amount of fluid that lubricates the cartilage and eliminates almost all friction during hip movement.

Bands of tissue called ligaments (the hip capsule) connect the ball to the socket and provide stability to the joint.
COMMON CAUSES OF HIP PAIN

The most common cause of chronic hip pain and disability is arthritis. Osteoarthritis, rheumatoid arthritis, and traumatic arthritis are the most common forms of this disease.

- **OSTEOARTHRITIS:** This is an age-related “wear and tear” type of arthritis. It usually occurs in people 50 years of age and older and often in individuals with a family history of arthritis. The cartilage cushioning the bones of the hip wears away. The bones then rub against each other, causing hip pain and stiffness. Osteoarthritis may also be caused or accelerated by subtle irregularities in how the hip developed in childhood.

- **RHEUMATOID ARTHRITIS:** This is an autoimmune disease in which the synovial membrane becomes inflamed and thickened. This chronic inflammation can damage the cartilage, leading to pain and stiffness. Rheumatoid arthritis is the most common type of a group of disorders termed “inflammatory arthritis.”

- **POST-TRAUMATIC ARTHRITIS:** This can follow a serious hip injury or fracture. The cartilage may become damaged and lead to hip pain and stiffness over time.

- **AVASCULAR NECROSIS:** An injury to the hip, such as a dislocation or fracture, may limit the blood supply to the femoral head. This is called avascular necrosis. The lack of blood may cause the surface of the bone to collapse, and arthritis will result. Some diseases can also cause avascular necrosis.

- **CHILDHOOD HIP DISEASE:** Some infants and children have hip problems. Even though the problems are successfully treated during childhood, they may still cause arthritis later on in life. This happens because the hip may not grow normally, and the joint surfaces are affected.
In a total hip replacement (also called total hip arthroplasty), the damaged bone and cartilage is removed and replaced with prosthetic components.

- The damaged femoral head is removed and replaced with a metal stem that is placed into the hollow center of the femur. The femoral stem may be either cemented or "press fit" into the bone.
- A plastic or ceramic ball is placed on the upper part of the stem. This ball replaces the damaged femoral head that was removed.
- The damaged cartilage surface of the socket (acetabulum) is removed and replaced with a metal socket. Screws or cement are sometimes used to hold the socket in place.
- A plastic, ceramic, or metal spacer is inserted between the new ball and the socket to allow for a smooth gliding surface.
The decision to have hip replacement surgery should be a cooperative one made by you, your family, your primary care doctor, and your orthopaedic surgeon. The process of making this decision typically begins with a referral by your doctor to an orthopaedic surgeon for an initial evaluation.

CANDIDATES FOR SURGERY

There are no absolute age or weight restrictions for total hip replacements.

Recommendations for surgery are based on a patient’s pain and disability, not age. Most patients who undergo total hip replacement are age 50 to 80, but orthopaedic surgeons evaluate patients individually. Total hip replacements have been performed successfully at all ages, from the young teenager with juvenile arthritis to the elderly patient with degenerative arthritis.

WHEN SURGERY IS RECOMMENDED

There are several reasons why your doctor may recommend hip replacement surgery. People who benefit from hip replacement surgery often have:

- Hip pain that limits everyday activities, such as walking or bending
- Hip pain that continues while resting, either day or night
- Stiffness in a hip that limits the ability to move or lift the leg
- Inadequate pain relief from anti-inflammatory drugs, physical therapy, or walking supports
THE ORTHOPAEDIC EVALUATION

An evaluation with an orthopaedic surgeon consists of several components.

- **MEDICAL HISTORY:** Your orthopaedic surgeon will gather information about your general health and ask questions about the extent of your hip pain and how it affects your ability to perform everyday activities.

- **PHYSICAL EXAMINATION:** This will assess hip mobility, strength, and alignment.

- **X-RAYS:** These images help to determine the extent of damage or deformity in your hip.

- **OTHER TESTS:** Occasionally other tests, such as a magnetic resonance imaging (MRI) scan, may be needed to determine the condition of the bone and soft tissues of your hip.

(Left) In this x-ray of a normal hip, the space between the ball and socket indicates healthy cartilage. (Right) This x-ray of an arthritic hip shows severe loss of joint space and bone spurs.
TALK WITH YOUR DOCTOR
Your orthopaedic surgeon will review the results of your evaluation with you and discuss whether hip replacement surgery is the best method to relieve your pain and improve your mobility. Other treatment options – such as medications, physical therapy, or other types of surgery – also may be considered.

In addition, your orthopaedic surgeon will explain the potential risks and complications of hip replacement surgery, including those related to the surgery itself and those that can occur over time after your surgery.

Never hesitate to ask your doctor questions when you do not understand. The more you know, the better you will be able to manage the changes that hip replacement surgery will make in your life.

REALISTIC EXPECTATIONS
An important factor in deciding whether to have hip replacement surgery is understanding what the procedure can and cannot do. Most people who undergo hip replacement surgery experience a dramatic reduction of hip pain and a significant improvement in their ability to perform the common activities of daily living.

With normal use and activity, the material between the head and the socket of every hip replacement implant begins to wear. Excessive activity or being overweight may speed up this normal wear and cause the hip replacement to loosen and become painful. Therefore, most surgeons advise against high-impact activities such as running, jogging, jumping, or other high-impact sports.

Realistic activities following total hip replacement include unlimited walking, swimming, golf, driving, hiking, biking, dancing, and other low-impact sports.

With appropriate activity modification, hip replacements can last for many years.
PREPARING FOR SURGERY

MEDICAL EVALUATION
If you decide to have hip replacement surgery, your orthopaedic surgeon may ask you to have a complete physical examination by your primary care doctor before your surgical procedure. This is needed to make sure you are healthy enough to have the surgery and complete the recovery process. Many patients with chronic medical conditions, like heart disease, may also be evaluated by a specialist, such as a cardiologist, before the surgery.

TESTS
Several tests, such as blood and urine samples, an electrocardiogram (EKG), and chest x-rays, may be needed to help plan your surgery.

PREPARING YOUR SKIN
Your skin should not have any infections or irritations before surgery. If either is present, contact your orthopaedic surgeon for treatment to improve your skin before surgery.

BLOOD DONATIONS
You may be advised to donate your own blood prior to surgery. It will be stored in the event you need blood after surgery.

MEDICATIONS
Tell your orthopaedic surgeon about the medications you are taking. He or she or your primary care doctor will advise you which medications you should stop taking and which you can continue to take before surgery.

WEIGHT LOSS
If you are overweight, your doctor may ask you to lose some weight before surgery to minimize the stress on your new hip and possibly decrease the risks of surgery.

DENTAL EVALUATION
Although infections after hip replacement are not common, an infection can occur if bacteria enter your bloodstream. Because bacteria can enter the bloodstream during dental procedures, major dental procedures (such as tooth extractions and periodontal work) should be completed before your hip replacement surgery. Routine cleaning of your teeth should be delayed for several weeks after surgery.
URINARY EVALUATION

Individuals with a history of recent or frequent urinary infections should have a urological evaluation before surgery. Older men with prostate disease should consider completing required treatment before having surgery.

SOCIAL PLANNING

Although you will be able to walk with crutches or a walker soon after surgery, you will need some help for several weeks with such tasks as cooking, shopping, bathing, and laundry.

If you live alone, your orthopaedic surgeon's office, a social worker, or a discharge planner at the hospital can help you make advance arrangements to have someone assist you at your home. A short stay in an extended care facility during your recovery after surgery also may be arranged.

HOME PLANNING

Several modifications can make your home easier to navigate during your recovery. The following items may help with daily activities:

- Securely fastened safety bars or handrails in your shower or bath
- Secure handrails along all stairways
- A stable chair for your early recovery with a firm seat cushion (that allows your knees to remain lower than your hips), a firm back, and two arms
- A raised toilet seat
- A stable shower bench or chair for bathing
- A long-handled sponge and shower hose
- A dressing stick, a sock aid, and a long-handled shoe horn for putting on and taking off shoes and socks without excessively bending your new hip
- A reacher that will allow you to grab objects without excessive bending of your hips
- Firm pillows for your chairs, sofas, and car that enable you to sit with your knees lower than your hips
- Removal of all loose carpets and electrical cords from the areas where you walk in your home
- Set up a "recovery center" where you will spend most of your time. Things like the phone, television remote control, reading materials, and medications should all be within reach.
ANESTHESIA

After admission, you will be evaluated by a member of the anesthesia team. The most common types of anesthesia are general anesthesia (you are put to sleep) or spinal, epidural, or regional nerve block anesthesia (you are awake but your body is numb from the waist down). The anesthesia team, with your input, will determine which type of anesthesia will be best for you.

IMPLANT COMPONENTS

Many different types of designs and materials are currently used in artificial hip joints. All of them consist of two basic components: the ball component (made of highly polished strong metal or ceramic material) and the socket component (a durable cup of plastic, ceramic or metal, which may have an outer metal shell).

The prosthetic components may be "press fit" into the bone to allow your bone to grow onto the components or they may be cemented into place. The decision to press fit or to cement the components is based on a number of factors, such as the quality and strength of your bone. A combination of a cemented stem and a non-cemented socket may also be used.

Your orthopaedic surgeon will choose the type of prosthesis that best meets your needs.

(Left) A standard non-cemented femoral component. (Center) A close-up of this component showing the porous surface for bone ingrowth. (Right) The femoral component and the acetabular component working together.

(Left) The acetabular component shows the plastic (polyethylene) liner inside the metal shell. (Right) The porous surface of this acetabular component allows for bone ingrowth.
YOUR SURGERY

PROCEDURE

The surgical procedure takes a few hours. Your orthopaedic surgeon will remove the damaged cartilage and bone and then position new metal, plastic, or ceramic implants to restore the alignment and function of your hip.

After surgery, you will be moved to the recovery room where you will remain for several hours while your recovery from anesthesia is monitored. After you wake up, you will be taken to your hospital room.

X-rays before and after total hip replacement. In this case, non-cemented components were used.
YOUR JOINT REPLACEMENT TEAM

ORTHOPAEDIC SURGEON
A specialized physician who will perform your joint surgery and direct your care. This doctor follows you through office visits and directs your rehab.

ANESTHESIOLOGIST / CERTIFIED REGISTERED NURSE ANESTHETIST
A physician or advance practice nurse responsible for your anesthesia during surgery (putting you to sleep or numbing your legs). They will be involved in pain management issues after surgery as well.

REGISTERED NURSE (RN)
RN’s are responsible for your daily care after surgery. RN’s follow orders given by your physician, administer medicine, and monitor vital signs. RN’s provide education to you and your family about your health and safety needs after surgery.

PHYSICAL THERAPIST (PT)
The physical therapist directs your rehab after your total knee replacement (TKR). Your PT will help you regain strength, range of motion, and balance after surgery. They will provide instruction on how to transfer, walk, and negotiate stairs safely with your new joint. They will instruct you on how to use a walker, which will be needed temporarily after surgery.

OCCUPATIONAL THERAPIST (OT)
The occupational therapist provides techniques and strategies to complete your daily activities, such as dressing and bathing. The OT provides instruction on adaptive equipment which may be needed to perform self-care tasks. They also provide tips on conserving energy and creating a safe home environment.

CASE MANAGER / DISCHARGE PLANNER
A registered nurse who works with your joint replacement team to assist your transition into your home setting. They will guide and direct you through the discharge process, arranging home or outpatient therapy or other needed services. They can also answer questions about insurance coverage for services and equipment.
We are glad you have chosen East Cooper Medical Center to care for your hip. People facing joint surgery often have the same questions. Knowing what to expect before, during, and after surgery can speed your recovery. Answers to some questions are listed below. Specific questions should be directed to your surgeon.

**How long will my surgery last?**

Surgery normally lasts 1-2 hours. Time often depends on the extent of damage and anesthesia.

**What are the major risks?**

Infection and blood clots are two serious complications. To avoid these complications, your surgeon will use antibiotics and blood thinners. Surgeons also take special precautions in the operating room to reduce the risk of infection. Most surgeries are without complications.

**When can I get up?**

You may get up as ordered per your physician.

**When can I shower?**

You can shower with assistance 48 hours after surgery.

**Will the surgery be painful?**

You will have discomfort following the surgery, but we will try to keep you as comfortable as possible with pain medicine.

**How long will I be in the hospital?**

Most patients spend 2-3 days in the hospital. Typically home health PT is set up at discharge.

**What if I live alone? / Will I need help at home?**

Please arrange to have help from family or friends after surgery. A home health PT will see you as directed by your physician. Preparing before surgery can often minimize the amount of help needed afterwards. Take time to do your laundry, put clean linens on the bed, prepare simple meals, and have the house cleaned.
FREQUENTLY ASKED QUESTIONS

Will I need a walker or cane?
Patients progress at their own rate. Normally we recommend that you use a rolling walker for two weeks and then a cane for 2-4 weeks.

Will I need special equipment after a total hip replacement?
An elevated toilet seat, tub transfer bench, grab bars, and other adaptive equipment may be necessary for safety and use at home.

Can I drive after surgery?
No, you cannot drive immediately after surgery. You cannot drive while taking pain medicine. Your physician will advise you on when to begin driving at your 2 week visit.

When can I return to work?
Typically, 4-6 weeks are needed to recover from surgery. It can also depend on your job demands.

When can I play sports again?
Low impact activities are encouraged after surgery. These include walking, golfing, swimming, bowling, gardening, dancing, and biking. High impact activities like running, and basketball are discouraged. Consult with your surgeon for specific instructions regarding your activity level.

When can I have sex after hip replacement surgery?
Sex is not recommended immediately after surgery. Sexual activity can often resume safely at 4 to 6 weeks after surgery, but may be longer. Remember to follow your hip precautions to prevent dislocation.

Will my new hip set off security sensors when traveling?
Your joint replacement is made of a metal alloy and may or may not be detected when going through security devices. You will be given a card that indicates you have a surgical prosthesis which may set off a security sensor.
6-8 WEEKS BEFORE SURGERY

ADVANCE HEALTH CARE DIRECTIVES (LIVING WILL, ADVANCED DIRECTIVE)
• It is recommended that you complete an Advanced Directive before surgery. This form helps communicate your health care wishes to the hospital staff.
• If you have an Advanced Health Care Directive, please bring copies to the hospital on your admission.
• Communicate with family/friends to arrange for help at home after discharge. You will need someone to assist you for at least 2 weeks.

DENTAL EXAM
• Schedule an appointment with your dentist prior to surgery. Make the appointment now to allow for any additional dental work needed other than routine cleaning. Do not have any dental work 2 weeks before and 6 weeks after surgery.

NICOTINE PRODUCTS
• It is essential to stop using all nicotine products prior to surgery (cigarettes, cigars, pipes, chewing tobacco, dip, nicotine gum or patches). Nicotine impairs oxygen flow to your joint and can impair healing. Your surgery will be scheduled once you have quit.

DIET
• Eat a healthy diet with the recommended servings of fruit, vegetables, protein, whole grains, and low fat dairy products. A sufficient supply of iron is important before surgery. Good sources of iron include lean red meats, fortified cereals, and leafy green vegetables such as spinach or kale.
• Start a multivitamin, calcium, Vitamin D, and iron supplements. Calcium and Vitamin D are essential for bone health and healing. Iron helps to build your blood.
• Recommended daily:
  o Calcium 1500 mg
  o Vitamin D 2000 iu
  o Iron 325 mg 2x/day

• Take iron supplement with a stool softener as it can cause constipation.
• Drink plenty of fluids (especially water) to stay hydrated and to help keep bowel movements regular.

EQUIPMENT
• An adjustable 3-in-1 commode or toilet riser is necessary following a total hip replacement to provide increased height in order to maintain your hip precautions. The 3-in-1 fits over the toilet and has arms which are helpful with rising up from the commode. It may also be used as a shower chair.

• Adaptive equipment is helpful in maintaining independent and safe performance of activities of daily living (ADL’s) following your surgery. Your therapist will assess and recommend any of the following: sock aid, reacher, long-handled bath sponge, elastic shoe laces, long handled shoe horn, hand-held shower, or walker bag.

• Additional equipment to promote safety at home may include grab bars and a tub transfer bench/shower chair.

START EXERCISES/ WEIGHT LOSS
• Improving strength and flexibility prior to surgery can make your recovery faster and easier. The eight basic exercises listed below are simple but effective ways to build your strength. You should also exercise your heart and lungs by performing light endurance activities such as walking or swimming 10-15 minutes each day. Do not do any exercise that is too painful.

EXERCISES (REFER TO EXERCISE DESCRIPTION AND PHOTOS)
1. Ankle Pumps
2. Quad Sets
3. Gluteal Sets
4. Heel Slides
5. Short Arc Quads
6. Sitting Knee Extension
7. Armchair Push-ups
8. Standing Heel/ Toe Raises
• Seek the assistance of a dietician if weight loss is a goal prior to your surgery.
GETTING READY FOR SURGERY

SCHEDULE PRE OP WORKUP AND CLASS
• A special class is held twice a month for patients scheduled for joint surgery. Plan to attend the class 2-3 weeks prior to surgery. It is recommended that you bring a friend or family member to the class to act as your “coach”.
  • The class will last 1 hour.
  • REMEMBER TO BRING BINDER AND COMPLETED FORMS WITH YOU

WORK
• Have your surgeon sign a work release form – office staff will assist.

10-14 DAYS BEFORE SURGERY

PRE OP CLASS
• Attend the pre op class and workup with your coach.

HOME PREPARATION
• Remove throw rugs, electrical cords and furniture out of walking paths.
• Purchase night lights for bedroom, bathroom, and hallways.
• Arrange for care of animals/pets
• Arrange kitchen and bathroom for easy access of commonly used items
• Place rubber mat in bath or shower.
• Install grab bars and hand held shower.
• Clean the house.
• Pay bills so they are up to date for a few weeks after surgery.

MAIL
• Place mail on hold or arrange for someone to collect it for you.

TRANSPORTATION
• Confirm how you will get to and from the hospital. You are not allowed to drive yourself home from the hospital.
MEDICATIONS

• Continue to take an iron supplement with Colace (stool softener), Calcium, and Vitamin D. Begin Miralax daily.

• Medications often stopped before surgery include:
  1. Aspirin
  2. Certain anti-inflammatory medicines (like Motrin and Aleve)
  3. Herbal supplements/teas
  4. Fish oils
  5. Certain vitamins
  6. Pain medications that contain aspirin
  7. Discuss which medications should be stopped and when with your surgeon.
  8. Cut back on alcohol and caffeine.

3 DAYS BEFORE SURGERY

• Begin nasal ointment application
• Begin using surgical scrub when bathing
• You will receive a phone call from the office staff by the Friday before your surgery to tell you both the time of surgery and the time to be at the hospital.

THE DAY / NIGHT BEFORE SURGERY

SHOWER

• You will need to shower the night before or day of surgery. Use the special soap given to you by the hospital. Rinse well. Pat dry with a clean towel and apply clean clothes.
• Do not use lotions or powders.
• Do shave the affected hip.

CLEAN LINENS

• Put clean linens on your bed and sleep on these linens the night before surgery.

PACK

• This education book
• Loose comfortable clothing
• List of current medications
GETTING READY FOR SURGERY

• Underwear
• Socks/ comfortable shoes
• Eyeglasses
• CPAP machine labeled with your name
• Personal toiletries
• Driver’s license or photo ID
• Insurance cards
• Copy of Advanced Health Care Directive
• Music/books/magazines
• Hard candy or gum
• Small amount of cash (<$20)
• Any equipment such as a walker labeled with your name
• Important phone numbers

DO NOT BRING VALUABLES
• Do not bring medications unless instructed to do so
• Do not wear makeup the morning of surgery
• Nail polish may be left on, but one finger on each hand and one toe on each foot need to be polish-free

DO NOT EAT OR DRINK
• Do not eat or drink anything after midnight, EVEN WATER, unless otherwise instructed to do so. Take medications that you were instructed to take with a sip of water.
DAY OF SURGERY – WHAT TO EXPECT

- Bring paperwork, ID, insurance cards, joint book, personal items.
- Please arrive to the hospital on time and check in at the front desk.
- You will put on a hospital gown.
- A nurse will start an IV, scrub your surgery site, and complete paperwork.
- You will meet your anesthesiologist and discuss your anesthesia.
- You may be given medication to relax.
- You will be taken to the operating room for surgery.
- Surgery usually lasts 1-2 hours.
- After surgery you will be taken to the recovery room. Nurses will watch monitor your vital signs, and manage your pain. You will then be transported to the hospital unit. Your surgeon will talk to your family once the surgery has ended.
- Once in your hospital room, nurses will continue to care for you, monitor your vital signs, and manage your pain.

ACTIVITY: It is important to move after surgery to prevent complications. Physical Therapy will get you out of bed. Nursing may also help to sit you at the side of the bed. Therapists will teach you the proper techniques for positioning, exercises, range of motion, walking with a walker, stair negotiation, and activities of daily living (ADL’s). You will increase your activity each day as tolerated.

PAIN: It is important to manage your pain. Please communicate your pain level to the hospital staff. The goal is to keep your pain low enough to participate in therapy and rest comfortably. You will have pain pills by mouth. An ice pack will also be used to control pain and swelling.

BREATHING: You will have an oxygen tube in your nose for the first night after surgery. The tube will be removed by your nurse. You will be taught deep breathing and coughing exercises to do for several days. You will be asked to use an incentive spirometer (breathing device) to help expand your lungs and get oxygen to your tissues.

CIRCULATION: It is important to keep your legs moving after surgery to help prevent blood clots. One simple exercise is to perform your ankle pumps in bed. You will have foot pumps wrapped around your feet. The pumps fill with air then deflate. They also help the blood flow in your legs. You will be given medication to reduce the chance of blood clots.
• **POSITIONING:** The foot of your bed should be flat. Do not place a pillow under your knee.

• **FOOD/FLUIDS:** You will be given fluids through an IV at first. Once you are eating and drinking well the IV will be stopped. You may not be very hungry after surgery. It is important to try to eat and drink to prevent nausea and help with healing.

• **SURGICAL SITE:** Your incision will be closed with sutures or staples. You will have a special dressing placed on your hip. The dressing usually stays on your hip for 5 days.

• **GOING THE BATHROOM/BATHING:** You may have a foley catheter to drain the urine from your bladder. The catheter will be removed the morning after surgery. Hospital staff will assist you to the bathroom as needed. It may take 1-2 days to have a bowel movement. Pain medicine and anesthesia can cause constipation. It is important to drink plenty of fluids and to walk. A stool softener or laxative can help normal bowel movements to return. You may shower 48 hours after surgery.

### POST OP DAY 1 TO DISCHARGE

• Your surgeon will see you.

• Your hip dressing will be kept in place.

• You will continue to manage your pain with pain pills and ice packs.

• You will continue to work with therapists to exercise, walk, work on transfers, and practice stairs. Activities of daily living will be reviewed.

### DAILY SCHEDULE

#### DAY OF SURGERY

1. Arrive on Ortho Spine Unit Women’s Tower 3rd Floor
3. What to expect:
   - IV fluids
   - Oxygen in your nose
   - Pulse oximeter (monitor oxygen level) with a small device on your finger
   - Ice machine to surgical site
   - Leg pumps (SCD’s) to help prevent blood clots
4. Incentive spirometer (breathing machine) – use at least 1x/hour when awake
5. Ankle pumps – do often in bed
HOSPITAL CARE

POST OP DAY 1
1. Surgical team rounds in am/ incision site inspected
2. Anesthesia rounds in am/ pain management
3. IV fluids discontinued
4. Foley catheter removed POD #1 or POD #2
5. Discharge planner will meet with you to arrange discharge needs and home health PT or rehab
6. PT evaluation and treatment in am (walk and exercise)
7. Remember to utilize incentive spirometer, leg pumps (SCD’s), and ice machine.
8. Monitor your pain level and ask for pain medicine as needed.

*PLAN FOR DISCHARGE POST OP DAY 3 IN THE MORNING AFTER PHYSICAL THERAPY*

COACHES CHECKLIST

DO YOU KNOW...?
- How to set up a home base
- Equipment need and use
- Pain management
- Signs and symptoms of infection
- Discharge Instructions
- Signs and symptoms of a blood clot and Pulmonary Embolism
- How to use the incentive spirometer and how often
- Movement restrictions
- How to assist the patient out of bed
- How to assist the patient up and down stairs
- How to get in/out of the shower
- The exercise program to follow at home
- Diet restrictions and recommendations

If you have any questions or concerns, please do not hesitate to ask a member of the Joint Program Team prior to discharge.
Caring for Yourself at Home

Be comfortable

• Take your pain medicine at least 30 minutes before physical therapy.
• Do not let pain get ahead of you….take medication as directed by your surgeon.
• Change your position every 45 minutes to avoid stiffness.
• As your pain decreases, start to wean yourself off the pain medicine.
• Use ice packs for pain control.
• Do not drink alcohol or drive while taking pain medicine.
• Allow family and friends to help you with everyday tasks.

Body changes

• Your appetite may be poor. Drink plenty of fluids to prevent dehydration. Eat foods high in protein and iron.
• Your energy level will be decreased for at least a month. You may have difficulty sleeping – this is normal. Try not to nap during the day so you can sleep better at night.
• Pain medicine can cause constipation. Use stool softeners or laxatives as needed/drink plenty of fluids.
• It is normal for your hip to feel numb. This may improve during the first year after surgery.
• Your new hip may cause your leg to feel longer or shorter than the other. Your surgeon will make every effort to make your leg lengths even, but may lengthen or shorten your leg slightly in order to maximize the stability of the hip.
• You may feel some stiffness with activity at first.

Intimacy

• It is recommended that you wait 4 to 6 weeks to resume sexual activity, but it may be longer. Hip precautions need to be followed. Discuss specific guidelines with your surgeon.
BLOOD CLOTS

- Surgery may cause your blood to slow, increasing the risk of a blood clot. This is why you take blood thinners after surgery.
- You may be asked to wear compression stockings at home.
- Elevate your affected leg above your heart – place a pillow under the entire length of your leg (not under your knee).
- Perform ankle pumps and walk.
- Contact your doctor if you notice any of the following:
  - Pain, redness, or tenderness in your leg or calf.
  - Swelling in the thigh, calf, or ankle that does not go down with elevation.
- An unrecognized blood clot can travel to the lungs. It can cause shortness of breath, chest pain, anxiety, and coughing up blood. This is called a Pulmonary Embolism and is a medical emergency. Call 911.

INFECTION

- Hand washing is the most effective way to prevent infection.
- Keep your incision area dry except when bathing.
- You need to take antibiotics prior to dental work to prevent infection.
- Contact your primary care physician if you think you have an infection elsewhere.
- **Contact your surgeon immediately if you notice:**
  - Increased pain, swelling and redness at the incision site
  - Change in color, amount, or odor of drainage
  - Fever greater than 102 degrees
RECOGNIZING AND PREVENTING COMPLICATIONS

INCISION CARE

- Leave your initial dressing until directed by your physician.
- You and your caregiver should wash your hands before and after changing your dressing.
- You may shower after directed by physician.
- Inspect the incision site.
- Usually sutures or staples are removed 10-14 days after surgery by a health care professional.

DISLOCATION

- Follow the precautions taught to you by your therapist. Ask your surgeon how long you need to follow your hip precautions. Those precautions are:
  1. Do NOT bend forward more than 90 degrees (see below)
  2. Do NOT cross your operated leg or ankle (see below)
  3. Do NOT turn your operated leg inward in a pigeon-toed position (see below)
ACTIVITY GUIDELINES

Exercising is very important to obtain the best results from total hip surgery. Exercise will increase your strength and improve your overall fitness. Continue with your walking program and try to increase the distance you walk each day. The more you exercise and stay active the better your recovery.

WEEKS 1-2
• Walk at least 300-500 feet with your walker as instructed.
• Go up and down 12 stairs with a rail once per day (one foot at a time).
• Straighten your hip completely by lying flat for 30 minutes several times per day.
• Shower and dress independently.
• Gradually resume household tasks.

WEEKS 2-4
• Complete any goals from the first 2 weeks.
• Progress to a cane as instructed by your therapist.
• Walk at least 4 blocks daily.
• Go up and down 12 steps with a rail (one foot at a time) a couple of times each day.
• Resume household duties.

WEEKS 4-6
• Complete goals from the first 4 weeks.
• Walk with a cane 4-6 blocks.
• Go up and down 12 stairs with a rail - progress from one step at a time to a normal pattern (step over step).
• Return to light work duties if approved by your surgeon.

WEEKS 6-12
• Complete any goals remaining from weeks 1-6.
• Walk without a cane and without a limp for 8-16 blocks.
• Resume low impact activities.
• Begin driving at 6 weeks if approved by your physician.
• Go up and down stairs with a rail normally.
EXERCISES

Review all exercises with your physical therapist. Perform exercises 10-20 times 2-3 times a day, unless instructed otherwise.

1. Ankle pumps
2. Quad sets
3. Gluteal sets
4. Heel slides (gentle)
5. Short Arc Quads (Knee Extension)
6. Seated knee extension
7. Armchair Push-ups
8. Standing heel/toe raises

(1) ANKLE PUMPS

Flex and point your feet

(2) QUAD SETS – (KNEE PUSH-DOWNS)

Back lying, press knee into the mat by tightening the muscles on the front of the thigh (quadriceps). Hold for 5 count. Do NOT hold breath.

(3) ANKLE PUMPS

Flex and point your feet

(4) HEEL SLIDES

Back lying, slide your heel up the surface bending your knee. Post-op, your therapist may have you use a strap around the foot to assist gaining the knee bend.

(5) SHORT ARC QUADS

On your back, place a 6-8 inch roll under the knee. Lift the foot from the surface, straightening the knee as far as possible. Do not raise thigh off roll.
(6) SITTING KNEE EXTENSION
Sit with back against chair and thighs fully supported. Lift the affected foot up, straightening the knee. Hold for a 5 count.

(7) ARMCHAIR PUSH-UPS
Sitting in a sturdy armchair with feet flat on the floor, place your hands on the armrests. Straighten your arms raising your bottom up from seat as far as possible. Use your legs as needed to help you lift. As you get stronger, progress to using only your arms and the “non-operated” leg to perform the push-up. This will be how you will get up from a chair after surgery. Do not hold your breath or strain too hard.

(8) STANDING HEEL / TOE RAISES
Stand, with a firm hold on the kitchen sink. Rise up on toes then back on heels. Stand as straight as possible!
ADLs are defined as "the things we normally do...such as feeding ourselves, bathing, dressing, grooming, work, homemaking, and leisure"

**DRESSING**

There are many things you can do to keep your new joint safe. Please follow these suggestions to avoid injury and falls. Your occupational therapist will assess and recommend adaptive equipment to assist you to maintain independence and safety while dressing. This adaptive equipment may include a reacher / grabber, sock aid, dressing stick, elastic shoelaces, or a long-handled shoe horn. The following may be helpful hints for dressing:

- Always place your affected/ surgical leg in pants/underwear first and take out last.
- You can raise your underwear and pants up to your thighs, then stand one time to raise over your hips.
- If wearing a belt, put belt through loop BEFORE putting pants on.
- Wear shoes with rubber soles.
- Wear flat shoes with a back.
- Recommend sturdy slip-ons, Velcro closure shoes, shoes with elastic laces.
- Make sure shoes are not too tight as you may have some swelling after surgery.
Safety Measures and Precautions

- Do not stand and twist on your leg.
- Get up slowly from a chair or bed in case you become dizzy.
- Use a high stool or cushion to provide a better working height.
- Once standing, steady yourself before doing any activity, such as raising pants over hips, reaching for objects, etc.
- Use armrests to stand up and sit down.
- Do not lift heavy objects for at least 3 months.
- Change positions frequently.
- Keep walking paths clear and free of obstacles.
- Plan activities ahead of time. Gather all cooking or working supplies at one time to work on a project.
- Provide good lighting indoors.
- Pick up throw rugs.
- Be careful around animals and pets.
- Be sure to get out of the car every 1-2 hours if travelling.
- Pace yourself – do not do too much at any one time and ask for help when you need it.
- Follow up with your surgeon as directed.