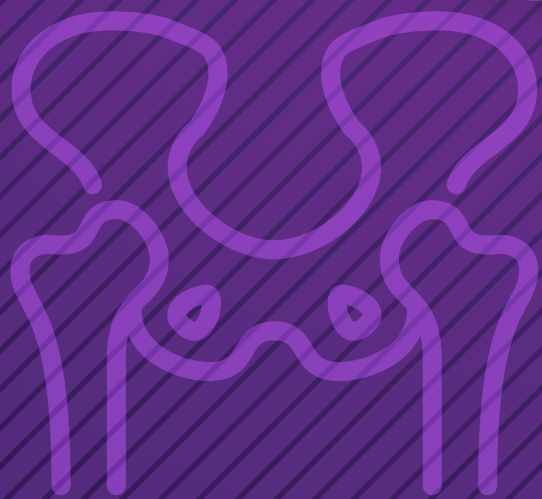


Hip Replacement



Patient GUIDE



CHRISTUS[®]
SHREVEPORT-BOSSIER
Health System

Table of contents

The Joint Replacement Center	4
Introducing your health care team	5
Understanding your joint surgery	6
Common causes of hip and knee problems	6
Total hip replacement surgery	7
The risk of hip replacement surgery	7
What results are typical?	8
Preparing for surgery and the road to recovery	9
Pre-registration	10
Physical exam	10
Pre-operative education classes	11
Exercise	11
Medications	12
Infection prevention	12
Planning to return home	13
Home preparation	15
Packing for your hospital stay	16
Countdown to surgery checklist	17
Your hip replacement surgery	18
The day of surgery	18
Pre-op	18
Anesthesia	19
Surgery	20
Your hospital stay	21
An overview	21
Medication to prevent blood clots	22
On-going recovery	22
Your recovery activity schedule	23
Managing your pain	24
Exercises and activities	25
Exercise program	26
Total hip precautions	36
Your occupational therapy program	42
Going home	42
Your recovery continues at home	44
Swelling and incision care	44
Your follow-up appointment	45
Keys to safety and success	45
Ongoing care	46
Frequently asked questions	47
Discharge pain medication log	48
Notes	49
Maps	52



The Joint Replacement Center

Thank you for choosing **CHRISTUS Trinity Mother Frances Joint Replacement Center** for your hip replacement surgery. We look forward to helping you taken an active role to improve your mobility and relieve your pain. Many of our patients tell us that it was a decision that changed their lives. As you approach the day of surgery, you probably have mixed emotions. Patients are often nervous about the procedure and the journey ahead. That is completely normal and to be expected. We also hope you are excited about the prospect of taking an important next step toward a new life.

The experts at the CHRISTUS Trinity Mother Frances Joint Replacement Center have carefully planned your care to help ensure a speedy and successful journey to recovery. Rest assured, you are in excellent hands every step of the way. In fact, you have selected a Joint Replacement Center that:

- Performs hip replacement surgery like yours regularly. In fact, we perform over 250 surgeries per year.
- Uses a team approach to caring for you and your family. Each of our team members is specially trained to take care of patients having joint replacement surgery. Even though they have cared for countless patients, they understand that your needs are unique.
- Provides innovative technologies such as an orthopedic surgical navigation system that is now available in our state-of-the-art operating rooms. This new technology increases accuracy of joint replacement procedures providing a higher quality of care to our patients.
- Is recognized for outstanding patient satisfaction year after year. Our Joint Replacement Center enjoys high ratings for overall quality of care, compassionate care, management of pain, and well-qualified nurses.



Introducing your health care team

Helping you on the road to recovery is a team effort. At the CHRISTUS Trinity Mother Frances Joint Replacement Center, each one of our team members is specially trained to help ensure a speedy and successful recovery. During your visits to the hospital before surgery and while you are here recovering, you will encounter different members of the team, including:

Orthopedic surgeon: Your orthopedic surgeon is the physician who will perform your joint replacement operation and will manage your care throughout your hospital stay.

Anesthesia care team: Your anesthesiologist and/or Certified Registered Nurse Anesthetist (CRNA) will meet with you just before surgery to perform an assessment and will administer the medications required to keep you asleep and comfortable throughout surgery. Your anesthesiologist or CRNA will also help manage your post-operative pain.

Primary care physician: Your primary care physician is your family physician and the person who manages your overall health. You can expect your primary care physician to stay in contact with your orthopedic surgeon, perform your pre-surgical physical, and see you throughout your hospital stay.

Hospitalist: A hospitalist is a physician who will follow your medical care during your hospital stay and will work with your orthopedic physician to meet your care needs.

Registered nurse: Before, during and after your surgery, you can expect to meet many different nurses who perform different jobs. Some nurses will help schedule your surgery, some will help get you ready for surgery, and others will be in the operating room with you throughout your procedure. After surgery, a team of nurses will carry out all orders given by your physician, as well as keep you comfortable and safe in the hospital. After you are discharged, a nurse may also visit you in your home as needed.

Licensed vocational nurse: Your Licensed Vocational Nurse, or LVN, will assist you in your care needs following your procedure. Working with the other members of your health care team, your nurse will help care for you during your recovery period.

Unit technician: Your Unit Technician (UT) will help you with activities like bathing, dressing, or getting to the bathroom. UT's often help nurses with their jobs and are valuable members of the Joint Replacement Team.

Physical therapist: Your physical therapist is trained to help you gain strength and motion in your new joint and will help ensure that you do your exercises correctly. Your physical therapist will also help teach you how to properly and safely use your walker or crutches after surgery.

Occupational therapist: Your occupational therapist is trained to help you learn to safely and effectively perform activities of daily living like bathing and dressing. Your occupational therapist will also teach you to use special equipment like grabbers or shower seats which will assist you throughout your recovery.

Case manager/social worker: The case manager and social worker are part of a specialized team that helps to assess and plan your discharge. They work with you, your physician and therapist to coordinate your plan and order any equipment you will need at home.

Dietitian: Your dietitian provides nutrition counseling to help you make healthy choices about the foods you eat and can help you understand the connection between diet and healing.

Chaplain: Our chaplains are specially trained to serve your spiritual needs, as well as those of your family, regardless of your religious denomination.

Coach: Your coach is an individual you designate as your support person to help you prepare and recover from your joint replacement procedure. This can be a spouse, friend or family member who will provide you support and encouragement.

Understanding your joint surgery

Common causes of hip and knee problems

What is osteoarthritis?

Arthritis is a general term meaning joint inflammation. Osteoarthritis is a specific kind of arthritis and is the most common type, affecting nearly 21 million Americans. As we age, the chances of developing osteoarthritis increase, although the severity of the disease is different for everyone. Even people in early stages of life can develop some form of osteoarthritis.

Osteoarthritis breaks down the cartilage in joints and can occur in almost any joint in the body, although it occurs most often in the hips, knees and spine. Cartilage is a rubbery material that covers the ends of bones in normal joints and helps ensure that joint bones do not rub together. It also serves as a shock absorber as wear and tear occurs in the joints after years of use.

Osteoarthritis makes joint cartilage susceptible to damage. Over time, the cartilage may break down and wear away, preventing it from working properly. When this happens, tendons and ligaments in the joint can stretch, causing pain. And, if the condition worsens, joint bones can rub together.

What are the symptoms of osteoarthritis?

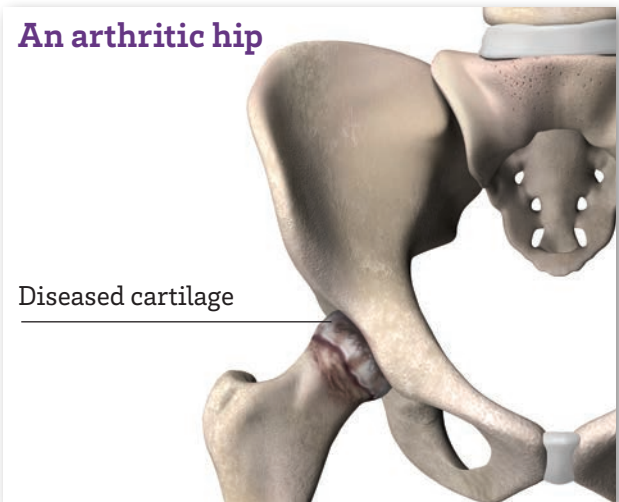
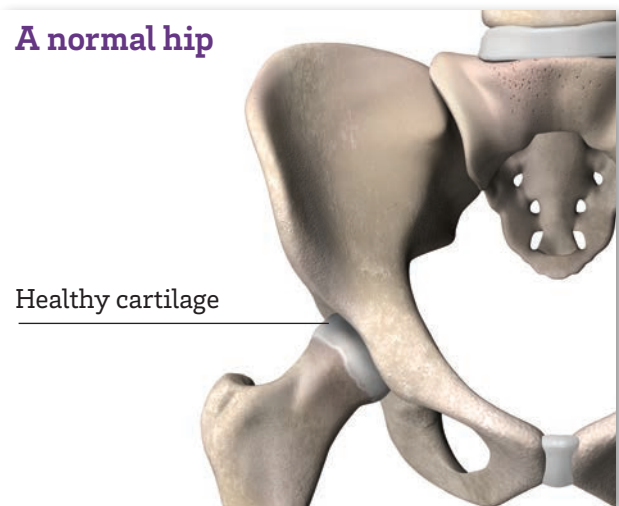
- Joints that are sore and ache, especially after periods of activity
- Pain that develops after overuse or when joints are inactive for long periods of time
- Enlargements in the middle and end joints of the fingers
- Joint swelling

What causes osteoarthritis?

There are several factors that increase a person's chances of developing osteoarthritis, including family history, obesity, injuries like fractures in the joint, previous surgeries where cartilage was removed from a joint and overuse.

What is rheumatoid arthritis?

Rheumatoid arthritis is an inflammatory form of arthritis, meaning that the material that surrounds the joint and keeps it lubricated becomes swollen. Rheumatoid arthritis affects about one percent of Americans, but is much more common in women than in men. This form of arthritis occurs in all age groups.



What are the symptoms of rheumatoid arthritis?

- Joint symptoms developing gradually over years or developing very quickly
- Stiffness and joint swelling
- Ligaments that stretch and become loose
- Decreased range of motion
- Pain

What causes rheumatoid arthritis?

At this time, the exact cause of rheumatoid arthritis is unknown, but it may stem from a combination of family history, environmental and hormonal factors. Something seems to prompt the immune system to attack the joints, causing them to swell. Researchers do not yet understand the role family history plays in rheumatoid arthritis, although people with a family history of the disease are more likely to develop it.

Total hip replacement surgery

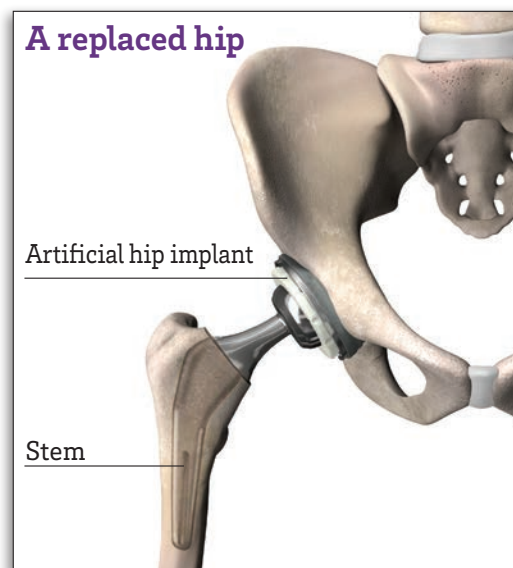
Your hip is made of two basic parts that move and work together to ensure a smooth motion and function. When arthritis sets in and the cartilage that cushions the hip wears away or is destroyed, the hip joint requires replacement. Total hip replacement surgery involves resurfacing the hip joint with an artificial joint made of metal and plastic. The materials used in your artificial joint are very strong and are designed to last a long time inside your body. Your orthopedic surgeon will consider many factors like age, bone density and the shape of your joints when determining the exact kind of hip replacement you will receive and how it will be inserted into your hip.

Total joint replacement surgery requires your surgeon to remove the damaged ends of two bones and insert new artificial joint surfaces. In total hip replacement, your orthopedic surgeon will replace the upper part of your femur (the long thigh bone) with a metal ball. At the same time, the hip socket in your pelvis will be lined with a plastic material and metal reinforcement. The new metal ball on the top of your leg will glide normally in the newly lined hip socket.

Your orthopedic surgeon may decide to attach your new joint with or without a cement substance. If your physician uses cement, your new artificial joints will be attached to existing bone with very strong, permanent glue. If your physician decides not to use cement, a bonding material will be used instead. This material contains thousands of tiny holes. As time goes on, your body will begin growing new bone and filling these holes. As the holes are filled, your new joint becomes permanently attached to the bone.

The risk of hip replacement surgery

Having a joint replaced requires major surgery. Although advances in technology and medical care have made joint replacement very safe and effective, there are risks. These risks should be considered carefully before you decide to have surgery. We encourage you to discuss the potential risks with your orthopedic surgeon, primary care physician and your family.



Every measure will be taken by our team of experts to minimize the risks and avoid complications. Although complications are rare, they do sometimes occur. The most common risks include:

Blood clots: Blood clots can form in a leg vein after hip replacement surgery and can be dangerous if they stop blood flow to the heart or break free and travel to the lungs. Blood clots are more common in older patients, patients who are obese, patients with a history of blood clots and patients with cancer.

Infection: Infection is very rare in healthy patients having hip replacement. In fact, only about one in 200 people show signs of infection after hip replacement surgery. Patients with chronic health conditions, like diabetes or liver disease, or patients who take some forms of corticosteroids are at higher risk of infection after any surgery. Superficial wound infections are usually treated with antibiotics. Deeper infections inside the joint may require additional surgery and in some cases require removal of the artificial joint.

Nerve injury: Very rarely, a nerve may be damaged near the site of the joint replacement. Generally, nerve injuries cause tingling sensations or numbness and may limit your ability to move certain muscles. Nerve damage usually improves with time and may go away completely.

Slow wound healing: Sometimes the site where the surgeon cuts your hip to insert the artificial joint heals slowly. Problems like this are more common in people who take corticosteroids or who have diseases that affect the immune system, such as rheumatoid arthritis and diabetes.

Limited range of motion: Within a day of surgery, you will begin exercises to help improve your range of motion. However, how far you can bend your hip after surgery sometimes depends on how far you could bend it before surgery. Even after physical therapy and an extended recovery period, some people are not able to bend their hip far enough to do normal activities.

Dislocation of the hip: Very rarely a patient's hip may move out of place after surgery. Hip dislocation may feel unstable and uncomfortable. Dislocation usually requires more surgery, and sometimes the hip replacement surgery must be completely redone.

What results are typical?

You can expect a successful outcome from your hip replacement surgery. Generally, patients experience less pain, more mobility and can resume all the activities they enjoyed before surgery. Typically, the artificial joint will last at least 10 and up to 20 years, depending on age, weight and activity level. Your artificial joint will last longer if you are not overweight and you avoid demanding physical activities, like sports that stress the joint. For most patients over 60, your new joint will likely last the rest of your life.



Recommended activities:

- Biking
- Bowling
- Dancing
- Elliptical stepper
- Gardening
- Golf
- Fishing
- Low impact and water aerobics
- Swimming
- Walking

Not recommended:

- Basketball
- Racquetball
- Skiing

Avoid entirely:

- Contact sports
- High impact aerobics
- Jogging or running
- Jumping sports

Preparing for surgery and the road to recovery

Your journey to recovery begins many weeks before your actual surgery. Long-term success starts in these early stages. By following the guidelines on the following pages, you will be well on your way to a speedy and effective recovery in your journey to health.

Each step listed below includes specific and detailed instructions for you on the next pages.

- Pre-registration
- Physical exam
- Pre-operative classes
- Exercise
- Medications
- Infection prevention
- Planning to return home
- Home preparation
- Packing for your hospital stay
- Countdown to surgery



Pre-registration

The first step in your journey is to pre-register for your procedure. In order to help reduce your wait time on the day of your surgery, we will contact you by phone a few weeks prior to your surgery to complete your registration process. When you arrive at the hospital on the day of surgery, you will simply need to check-in, verify your information and provide your insurance card.

When the pre-registration staff calls, you should be prepared with the following information:

- Name and current address
- Marital status
- Social Security number
- Insurance information including the name of the primary insurance holder
- Group and policy number from your insurance card
- Patient's employer, including name and address
- An emergency contact
- Referring physician and/or primary care physician
- Religious preference

Our staff will also discuss co-pay amounts and deductibles with you at this time.



Physical exam

Before your scheduled date of surgery, your physician may order a complete medical examination by a physician. This physician will clear you for surgery by checking for any medical problems that put you at higher risk during or after a joint replacement procedure. Generally, the appointment will consist of a complete medical/family history and physical exam.

The complete medical exam should take place several weeks before your date of surgery and may be scheduled in conjunction with your pre-operative education class session.

Pre-admission surgical screening (PASS)

In addition to your physical exam, you will also need to undergo a series of tests to help make sure you are healthy and ready for joint replacement. Your pre-admission testing will be scheduled at the CHRISTUS Trinity Mother Frances - *Medical Arts Plaza* within one to two weeks of your scheduled surgery. Typically, these tests may consist of X-rays, blood testing, urine testing and a test of your heart function called an electrocardiogram (EKG). Your results will be shared with your physician and orthopedic surgeon for their review. If any of the tests reveal significant risk factors, you may need to undergo additional testing. Any abnormal results will be shared with you.

- Bring a list of the medications, vitamins, herbal remedies and dietary supplements you currently take including how much and how often you take them.
- Bring a list of any food and/or medication allergies.

- Bring a list of any previous surgeries, including the date and year of each. If you had any difficulties with anesthesia, be able to describe this as well.
- Bring a copy of your Living Will or Durable Power of Attorney for Healthcare. If you do not have an Advance Directive, forms are available for your use.

Pre-operative education classes

To make sure you are fully prepared for your joint replacement surgery, we have designed a class especially for patients like you. The class will help you better understand your diagnosis, the joint replacement process and what to expect every step along your journey to health. You will also be introduced to the exercises, tips, and activities that will speed recovery and ensure lasting success. This will also be a great time for you to ask any questions about your procedure or recovery.

A family affair

Recovering from total hip replacement is not easy. In fact, it is even more difficult if you try to do it alone. That is why family support and involvement is so important to your recovery. Their encouragement and companionship can make all the difference, not just in the hospital, but also throughout the weeks before and after surgery.

We strongly recommend that you bring your coach, family member or friend along with you to your pre-operative education class. This person should be someone who is willing to coach you every step of the way and can participate fully in activities before surgery and while you are on the road to recovery.

Class preparation

- Bring this "Patient Guide" manual along with you
- Bring along a family member or friend who will serve as your coach

Class instructions

- You should arrive at CHRISTUS Trinity Mother Frances HealthPark Plaza about 15 minutes prior to your class. The class should take approximately two hours.
- Wheelchairs are available at the main entrance for your use.
- You may eat in the morning prior to class.

Exercise

During your pre-operative education class, you will learn and practice all the exercises you will need to do before and after surgery. Performing these exercises regularly and properly is perhaps the most important factor in speeding recovery and determining long-term success of your new joint.

As part of class, you will be given a home exercise program that has been designed by physical therapists from the Joint Replacement Center. The Program Coordinator will demonstrate these exercises during your class session. Keep in mind that the exercises are designed to strengthen muscles around the hip and improve mobility. The exercises are not always easy, but they are an important part of your treatment and recovery process. Some soreness in your joint is normal and will improve over time. If you experience sharp pain with any exercise, you should stop immediately.

In the back of this guidebook are pictures and descriptions of all your exercises. Be sure to take notes during class to help you perform the exercises properly later on.



Pre-operative exercises:

Perform pre-op exercises two times a day with ten repetitions of each exercise.

See exercises on page 26.

Medications

Medications you must not take

Some medications that you currently take may prove harmful during surgery because they thin your blood and increase the risk of blood loss. If you take medications that contain aspirin, anti-inflammatories, blood thinners or arthritis medications, you must stop taking them before surgery. Talk with your physician about your specific medications. During your PASS appointment, a nurse will review your list of medications and tell you which medicines you must stop taking before surgery.



Other medication information

You will be instructed to avoid all food and liquid after midnight on the day before surgery. During your PASS appointment, a nurse will tell you which medications you should take the morning of surgery. You may take these medications, but do so with as little water as possible.

Infection prevention

There are several steps that you can take to help prevent surgical site infections. These steps start a few weeks before surgery.

Approximately two weeks before your operation, begin using an antibacterial soap when you shower. This will generally help reduce the amount of bacteria living on your skin. Any antibacterial soap can be used. Liquid soap is preferred over bar soap.

The night before surgery, you should take special care to cleanse the hip that will be operated on with the special chlorhexidine soap given to you during your pre-operative education class. You need to wash with the special soap from the neck down with special attention to the hip. You need to wash your hip two times for about two minutes each the night before surgery as well as the morning of your surgery. It is important that you do not use the special soap on your face as it will cause redness and irritation.



Wash your hip with chlorhexidine the night before and the day of surgery.

You will also be given chlorhexidine wipes to use the night before surgery after you shower. Use the wipes on the hip and allow it to air dry; do not towel off. This will allow for anti-microbial action to work on the skin for several hours.

It is recommended that you do not shave the surgical area for three days prior to surgery. Studies show an increased risk of surgical site infection associated with shaving. This is attributed to the microscopic cuts in the skin that allow for bacteria to enter.

In the weeks before surgery, you should schedule a dental exam if you have not had one recently. Bacteria entering the body through the mouth can cause infection. Continue to brush and floss your teeth daily. If you're planning a visit to the dentist after your hip replacement, call your dentist's office at least three to five days before your appointment and let them know you have recently had a hip replacement. It is important that your dentist order an antibiotic for you to help prevent infection.

Hand hygiene is very important to us. You will notice your caregivers using alcohol-based hand sanitizer when entering your room. We also strongly encourage your family and friends to utilize this cleanser as well as wash their hands frequently to prevent the spread of infection.

Planning to return home

Our goal is to help you return home as quickly and safely as possible. You will be able to return home when you meet the following goals prior to discharge:

Hip goals

- Get in and out of bed
- Get up and down from chair and toilet independently
- Get in and out of shower by yourself
- Walk with walker or crutches on level surface for 200 feet
- Be able to go up and down stairs if you have them at home or where you will be recovering
- Get dressed (if you have help at home they may assist)
- Get in and out of your car
- Perform hip exercise program independently



Home with outpatient rehabilitation

For patients that are meeting the hip goals listed above and have family or friend support for transportation, outpatient rehabilitation might be appropriate. CHRISTUS Trinity Mother Frances Physical Medicine and Rehabilitation has eight convenient locations in Tyler, Athens, Canton, Jacksonville, Kilgore, Lake Palestine, Lindale and Whitehouse, and the highly trained staff specialize in rehab after joint replacement surgery.

Home health and physical therapy services

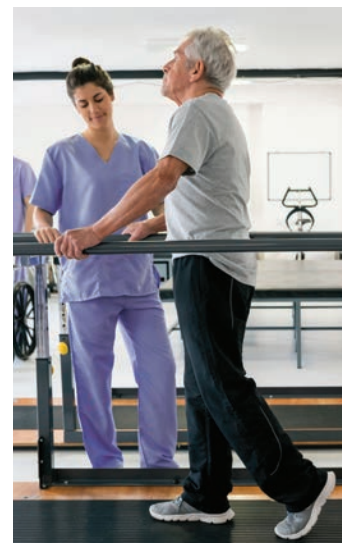
During your hospital stay, any in-home therapies that are ordered by your physician will be coordinated by your case manager or social worker. Depending on your condition and the progress you have made just before discharge, home services may include any of the following:

- A physical therapist will visit you at home on a regular basis to help you perform your exercise program. The therapist will also assess your range of motion and mobility progress and may add exercises to your program as a result. Ideally, you will see the home health therapists for about two weeks and then transition to outpatient physical therapy services.
- Any stitches or staples in your surgical site incision will be removed by a home health provider when it is necessary to do so.

Transition to an inpatient rehabilitation facility

If you need additional support with the following activities, you will be transitioned to an inpatient rehabilitation facility. This transition will be coordinated by your case manager.

- Assistance with gait and activities of daily living were required prior to your joint replacement procedure
- Inability to climb stairs if required at home
- Assistance needed to get in and out of bed
- Assistance needed for using the toilet
- Support needed to walk distances



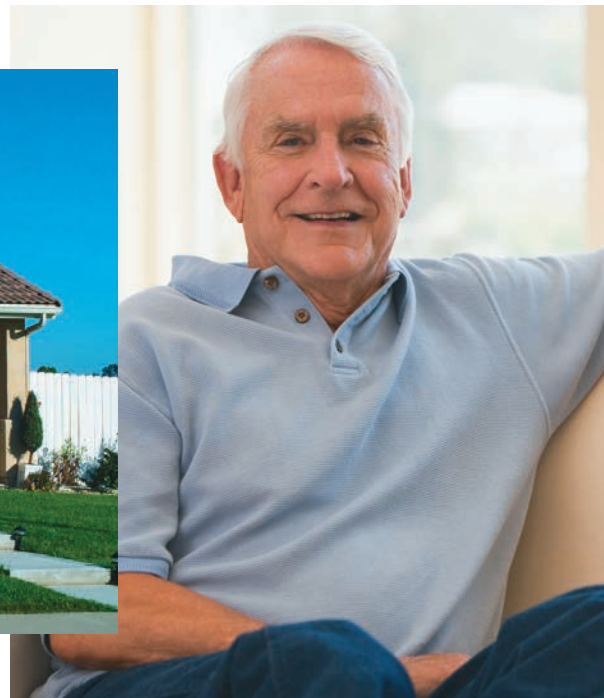
Transition to a skilled nursing facility

Because everyone heals differently, it may not be possible for some patients to return directly home after they are discharged from the hospital. Sometimes, discharge to a skilled nursing facility helps patients with their rehabilitation as they transition to home.

If you need additional support with the following, you may be transitioned to a skilled nursing facility:

- Dependency at home with gait and activities of daily living prior to surgery
- Inability to climb stairs
- Unable to tolerate three hours of rehabilitation activities
- Unable to walk functional distances
- Unable to participate in activities of daily living

If your physician believes a skilled nursing facility would be beneficial, your case manager will discuss appropriate options with you.



Home preparation

There are a number of tips that you and your family can implement before your surgery to help make your home is safe and comfortable as you return home.

- Check your home for tripping hazards like throw rugs and cords.
- Determine what items from dressers, cabinets and shelves you will need immediately after returning home. Any items that are currently stored either high or low and require excessive bending or reaching should be moved to counter height.
- Purchase a cordless phone or plan to use a cell phone while at home. These phones can be tucked away inside a pocket and carried with you easily or set close by.
- Make sure stairs have handrails that are securely fastened to the wall.
- Shower doors may need to be replaced with a curtain to offer more room when transferring into and out of the tub.
- If you have pets of any kind, it is advisable to board them for a few days after your return.
- You should designate a chair where you will spend most of your time when you return home. Ideally, the chair should have a firm back, arm rests and a seat height of approximately 20-22 inches from the floor. Chairs with wheels should not be used under any circumstances.
- If your bedroom is on an upper level, you should consider arranging temporary sleeping quarters on a lower level. You should plan to use this sleeping area for approximately one to two weeks after surgery.
- In order to minimize cooking, prepare meals in advance and freeze them. Alternatively, you can also purchase individual serving sized meals and water bottles.
- Purchase nightlights and install them in bathrooms, bedrooms and hallways.
- Attend to any outdoor work, like gardening or cutting the grass, which may be necessary.
- Do any laundry that you may have.
- Arrange for someone to collect your newspaper and mail.
- Put clean linens on your bed.

We strongly encourage you to ask your coach, family member or friend to stay with you at home until you are able to perform activities of daily living independently and safely. Typically, this occurs in the first few days after you return home.



Packing for your hospital stay

The following checklist should help you pack for your hospital stay.

Items to pack

- Comfortable, loose fitting clothing like shorts, pajamas, short gowns, T-shirts, boxer shorts and bathrobe. It is helpful if you label all items of clothing you bring with your first and last name. Shorts or loose fitting pants and a T-shirt are preferable for group therapy sessions. No hospital gowns will be worn, so be sure to bring comfortable clothing.
- A jogging suit or similar outfit for your trip from the hospital to home
- Tennis shoes or shoes with flat, rubber bottoms. Non-skid slippers are also acceptable. Do not bring tight-fitting footwear as your feet may swell a bit following surgery. No slides or backless slippers, please.
- Personal items may include toothbrush, toothpaste, deodorant, cleansers and tissue.
- Eye glasses, contact lens cases with solution and denture storage
- Your insurance card
- Patients that have obstructive sleep apnea and have CPAP or BiPAP prescribed to wear while sleeping should bring it with them for use during the hospital stay.
- A list of the medications, vitamins, herbal remedies and dietary supplements you currently take, including how much and how often you take them (not necessary if provided at your PASS appointment)
- A list of any food or medication allergies and a description of what happens if you take them. (not necessary if provided at your PASS appointment)
- Your Advance Directive, either a Living Will or Durable Power of Attorney for Healthcare. If you don't already have an Advance Directive, forms will be available at the hospital for you to complete. (not necessary if provided at your PASS appointment)
- This patient guide



Items to leave at home:

- Credit cards
- Checks
- Jewelry
- Cash
- Valuables of any kind



Countdown to surgery checklist

4 Weeks before surgery

- Schedule your PASS appointment and dental exam
- Start your iron supplements as instructed by your physician
- Begin your exercise program

2-3 Weeks before surgery

- Begin showering with liquid antibacterial soap
- Attend your scheduled pre-operative education class
- Start making home preparations

1 Week before surgery

- Check with your physician about stopping any medications such as arthritis medications, aspirin and blood thinners. Your physician should advise if and when you should stop any medications.
- Reduce or stop alcohol consumption and stop smoking

Day before surgery

- Cleanse the hip that will be operated on with the special soap (chlorhexidine) and wipes
- If instructed to do so, complete a fleets enema
- Pack your bag for the hospital
- Do not eat or drink after midnight (includes gum, mints, candy)

Day of surgery

- Take any medications as instructed during your pre-operative testing
- Report to the check-in area on time



Your hip replacement surgery

The day of surgery

Before you leave home for the hospital, you should:

- As instructed by your nurse, take any required medications with a small amount of water just after you wake up
- Shower using your special chlorhexidine soap
- Brush your teeth and rinse with water, but do not swallow
- Wear loose fitting, comfortable clothing that can be easily removed
- Leave jewelry and valuables at home. You should review your packing list to make sure you have everything you need.
- Avoid wearing colognes, perfumes or fragrances of any kind. Also, avoid deodorants, sprays, scented hand creams and lotions and shaving creams.
- Do not wear make-up or nail polish



Arriving at the hospital

The day of your surgery will be a busy one with many activities occurring. There may be several hours that pass between the time you check-in to the hospital and the time that your surgery is completed. Your family and coach should be prepared for the wait.

- It is important that you arrive at the hospital with plenty of time to check-in and prepare for surgery. In most cases, plan to arrive at least one-and-one-half to two hours prior to your scheduled surgery start time.
- When you arrive, park in designated patient parking areas near the main entrance. For your convenience, a map and driving directions are provided at the back of this Guide.
- As you enter the hospital, report directly to the registration area located on the first level to check-in. Even if you pre-registered prior to your arrival, it is important that you bring your insurance card.
- A wrist band with your name, date of birth and surgeon's name will be applied.
- We strongly recommend that you ask your coach, a family member or friend to accompany you. This individual will be notified when your surgery is completed and will receive updates on your progress throughout the procedure.

Pre-op

Perioperative area: surgery preparation

After you check-in at registration, you will be escorted to a pre-surgery preparation area. Here, you will complete all the necessary preparation in anticipation of your joint replacement. It is important for you to verify that all information on your identification bracelet is correct. We will ask you to confirm this information many times throughout your hospital stay, as one way of ensuring your safety.

Once you have confirmed that your identification bracelet is correct, you will be asked to change into a hospital gown. Your clothes and any items you brought with you will be placed in a plastic bag with your name on it. If you wear eyeglasses, contact lenses or dentures, you will be asked to remove them.

Just before surgery, a perioperative nurse will review your medical records, listen to your heart take your pulse, perform a physical exam, ask several questions and make sure everything is in order. Sometimes, additional tests will need to be performed.

As surgery approaches, a nurse will start your IV. This allows medication and fluids to be pumped directly into your bloodstream. Another tube called a catheter may also be placed in your back for anesthesia delivery.

Your orthopedic surgeon and the anesthesia provider assigned to your care will also visit you prior to surgery. Among other things, your surgeon will ask you to point out which hip is being replaced and will mark the surgical site. Your anesthesia provider will ask you a number of questions to help determine the best anesthesia for you. Both physicians will answer any questions you have.

Perioperative area: family waiting

On the morning of surgery, your coach, family member or friend you brought to the hospital will be able to stay with you until you are asked to change into a hospital gown. At this point, they will be escorted to a family waiting area.

Once your hip replacement is complete, a member of the surgical team will call your coach, family member or friend. At this point, they will be able to speak with the surgeon and discuss the outcome of your procedure.

Just after surgery, you will be taken to the recovery room where you will be monitored by specially trained nurses and your anesthesia provider. After your post-anesthesia recovery is complete, you will be assigned a room in the hospital and taken there. At that time, your family or friend will be notified of your room number and escorted there by a volunteer or staff member.



Anesthesia

General information

- Your anesthesia provider will meet you before surgery in the perioperative area. At that time, he or she will examine you, discuss your medical history and determine the best plan for your anesthetic care.
- It is important that you tell your anesthetist of any prior problems or bad experiences with anesthesia.
- Joint replacement procedures use a general anesthesia while others may utilize regional anesthesia such as a spinal or epidural block.
- Your anesthesia provider will discuss the risks and benefits associated with the various anesthetic options, as well as the potential side effects that can occur with each. You may experience some nausea and vomiting after your surgery; however medications are available to treat both. These side effects wear off over time.

General anesthesia

- If a general anesthetic is used, a medication will be injected into your body through the IV inserted in your arm.
- Under general anesthesia, you will be asleep and unaware during your surgery.

Regional anesthesia

- You will receive an anesthetic to numb the surgical area, as well as prevent pain and sensation in a large region of your body.
- Additional medications may be given to help you relax and relieve pain.
- Regional anesthetic techniques include spinal blocks, epidural blocks and arm/leg blocks.

The amount of discomfort you experience depends on multiple factors, especially the kind of surgery you are having. You will receive pain medication through your IV after surgery and by mouth once you are recovering in the hospital.

Your physicians and nurses will do everything possible to relieve your pain and discomfort using medications and other techniques. Though your discomfort should be tolerable, you should not expect to be totally pain free.

Surgery

The operating room

Inside the operating room, you will be cared for by a team of physicians, nurses and skilled technicians. The total time required for your surgery will depend on the complexity of your procedure. Generally, most joint replacement surgeries last between one-and-one-half to two hours, not including the preparation and recovery times.

The recovery room

After surgery, you will be transported to an area called the Post Anesthesia Care Unit (PACU) or recovery room. You will spend between one and one and one-half hours in the PACU while you thoroughly recover from the effects of anesthesia.

In the PACU:

- Specially trained recovery nurses will check your vital signs like blood pressure, breathing and heart rate and monitor your progress.
- Pain medications will be provided through your IV as needed.
- Nurses will check your bandages, check drainage from your surgical site, move your feet and ankles and encourage you to take deep breaths.

After a few hours in the PACU, you will be moved to your hospital room in the Joint Replacement Center to begin your road to recovery.



Your hospital stay

An overview

What happens after surgery?

You can expect to receive antibiotics for about a day after surgery, as well as medications for pain and perhaps medications called anticoagulants to prevent blood clots. Sometimes, patients will feel nauseous or constipated. Both symptoms can be managed with medication, so it is important that you talk with your physician or nurse if you do not feel well.

After surgery, there will be a large bandage on your hip and a tube that drains fluid away from your joint. You may also have a small tube called a catheter inserted into your bladder so you do not have to get out of bed to urinate. Many patients also have a compression pump or compression stocking on their legs. These will squeeze the leg at regular intervals to circulate blood and to help prevent clotting.

Your physician may order therapy to begin the day of surgery. Most of our patients are ready to sit at the edge of the bed, stand and even take a few steps the afternoon of their surgery.

The first few days after surgery

Most patients who have total hip replacement surgery are ready to start walking with assistance the day after surgery. It is likely that you will use a walker or crutches and may be able to put some weight on the joint if you can tolerate it.

Your physical therapist will help you begin your exercise routine using the movements you learned in your pre-operative education class. These exercises are designed to help increase strength and flexibility in the joint. Ultimately, the goal is for you to perform activities of daily living like walking, climbing stairs and getting in and out of bed. In order to ensure maximum success, it is important that you take part in physical therapy both while you are in the hospital and after you are discharged from the hospital.

While in the hospital, you will be treated individually by a physical therapist to work on gait, strength and range of motion. You will also be treated by an occupational therapist to work on activities of daily living and functional transfers, such as getting in and out of the shower. You will also participate in group physical therapy sessions where you and others recovering from similar surgeries will exercise and receive education from a therapist.

Please know that the therapy after your surgery is of great importance. Your full participation is crucial to your journey to healing. Therefore, we encourage family to visit you after 4 p.m. each day so that you will be able to give your full attention and effort to your recovery.



Medication to prevent blood clots

During your hospital stay, you will be placed on a blood thinner to prevent blood clots. The medication will be continued at home. There are several possible medications that may be ordered for you. You will be on one of the following medications:

Aspirin oral medication

- Your doctor will tell you how much of this medication to take and how often.

Lovenox (enoxaparin) is an injection.

- You may receive an injection once or twice daily. The doctor will prescribe your exact dose and tell you how often it should be given. The medicine is an injection just under the skin.
- If you are going home from the hospital, you may be taught how to give your medicine at home. Make sure you understand all the instructions before giving yourself an injection.

Xarelto (rivaroxaban) oral medication

- Your doctor will tell you how much of this medication to take and how often.

While on blood thinner, do NOT take any aspirin or anti-inflammatory medicine such as acetaminophen or ibuprofen. Please talk with your physician for specific example of these.

Call your physician immediately if you notice any unusual bleeding, bleeding from the gums or nosebleeds.

On-going recovery

After you are discharged from the hospital, it is important that you pay careful attention to your incision. If you notice any redness, abnormal swelling or significant drainage from your incision, notify your physician. If you run a fever over 101° F, you should also contact your physician.

You will continue to participate in your exercise and rehab program until you are able to function independently and have gained as much mobility and strength in your hip as possible. The amount of time needed to fully rehab a hip replacement varies from patient to patient, but can last several months as both strength and endurance increase.

In addition to your exercise program, you should also take short walks several times a day. With all the activity, you may notice your hip joint becoming sore or stiff. If this occurs, use a cold pack around the hip. It is important that you do not stop your exercise and walking program completely. Doing these activities will help speed long run and is also best practices for good overall health.

Depending on your overall health, your surgeon may recommend additional exercises including riding a stationary bike or swimming, when appropriate.



Your recovery schedule

Day of surgery

- Ankle pumps as instructed
- Up to chair as tolerated
- Deep breathing and coughing exercises, incentive spirometry 10 times every hour while awake
- Clear liquid diet then advance as tolerated
- IV or intramuscular (IM) pain medications, as ordered by your physician
- Tubes and dressings in place
- Ice to affected area, as ordered by your physician

Day 1

- Ankle pumps
- Physical therapy, walking and exercises
- Up in chair during day
- IV or intramuscular (IM) pain medications, transition to oral pain meds
- Foley catheter discontinued unless required for epidural anesthesia
- Diet as tolerated
- Incentive spirometry 10 times per hour while awake
- Occupational therapy

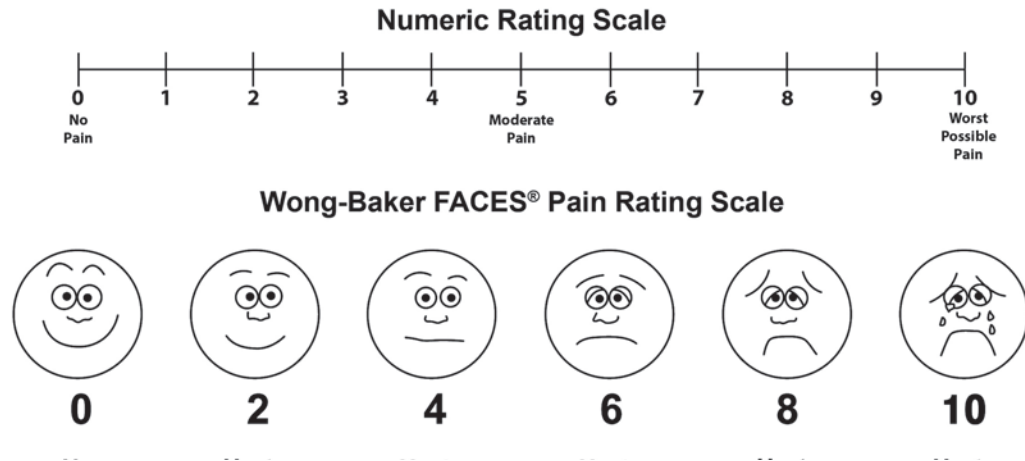
Day 2

- Ankle pumps
- Physical therapy continues, walking and exercises
- Up in chair during day
- Diet as tolerated
- Incentive spirometry 10 times per hour while awake
- Oral pain medications
- Occupational therapy
- Physical therapy continues, walking and exercises
- Prepare for transition to home, skilled or acute rehabilitation facility
- Occupational therapy



Managing your pain

Communication is an important part of helping us manage your pain. We encourage you to share information with your nurses about any pain you experience. Be as specific as possible. Where is the pain? How often do you feel pain? What does the pain feel like (is it sharp or dull? aching or does it spread out?) On a scale of 0 to 10, where 10 is the worst pain imaginable, how would you rate your pain? Is there anything that makes the pain go away?



Patient controlled analgesia (PCA) pump

Your surgeon may prescribe a PCA pump to deliver pain medications through an IV. The PCA pump contains a button that you press whenever you would like the machine to dispense pain medication. A control is set on the pump to make sure you deliver exactly the right amount of medication and only at an appropriate frequency. It is important that only the patient, while alert and aware, press the button to administer pain medication through the PCA pump.

Oral pain medication

For most patients, the regional catheter will be removed on the second day after surgery. PCA pumps are usually discontinued the first day after surgery. When this occurs, you will start taking pain medications by mouth. All pain medication is considered "as needed" so you must request each dose as soon as you can eat and drink. In most cases, your nurse will give you the pain pills just before exercise or physical therapy to help control the soreness that often accompanies activity in the first few days after surgery.



Exercises and activities

Coughing and the incentive spirometer

- Sometimes patients experience chest congestion after surgery. We recommend a few simple breathing exercises to help lessen the feeling of pressure on your lungs.
- Use your stomach muscles to help you cough. Take a deep breath in and cough while using your abdomen to push.
- After surgery you will be given a device called an incentive spirometer. Your spirometer helps you fully expand your lungs and keeps them active, as if you were performing your daily activities at home.
- How to use the incentive spirometer:
 1. Expand the tube by pulling on both ends at the same time. Attach tube to tubing port.
 2. Slide the target to the volume level prescribed by your clinician.
 3. Exhale completely and then close your lips tightly around the mouthpiece.
 4. Inhale slowly, keeping the flow rate guide between the arrows.
 5. When you cannot inhale anymore, hold your breath for six seconds and note the highest level the top of volume indicator reached. Try to achieve your prescribed volume.
 6. Exhale slowly and allow the volume indicator to return to the bottom of the column.
 7. Rest for a few seconds and repeat steps 3-6 at least ten times every hour while you are awake.
 8. After each set of ten deep breaths, practice coughing to be sure your lungs are clear.

Your physical therapy exercise program

Participating fully in physical therapy right away after surgery helps speed the recovery process. Even when you don't feel up to it, try your best to participate fully. During your hospital stay, you will see the physical therapist twice daily for exercise sessions.

The exercises you learned before surgery during your pre-operative education class and that you have been practicing for the last few weeks before your operation will start again the day after surgery. Your physical therapist will help you begin your program and perform your exercises. As you continue to progress, more exercises will be added to your program and you will begin walking with the assistance of a walker or crutches.



Exercise program

Ankle pumps



With leg relaxed, gently bend and straighten ankle. Move through full range of motion. Avoid pain.

Repeat _____ repetitions. Repeat _____ sessions per day.

Glute sets



Lying flat on your back with both knees straight or bent, squeeze your buttocks muscles. Hold 5 seconds. Relax and repeat.

Repeat _____ repetitions. Repeat _____ sessions per day.

Quad sets



Slowly tighten muscles on the front of thigh. Straighten leg as if you are pushing the back of your knee into the bed. Hold 5 seconds. Relax and repeat.

Repeat _____ repetitions. Repeat _____ sessions per day.

Heel slide



Bend knee and slide heel toward buttocks. Relax and straighten. You may also use a bed sheet to assist in bending your knee up if needed.

Repeat _____ repetitions. Repeat _____ sessions per day.

Bridging



Tighten the muscles in your stomach. Slowly raise your buttocks off the bed. Return to the starting position. Relax and repeat.

Repeat _____ repetitions. Repeat _____ sessions per day.

Straight leg raise



While lying flat on your back, tighten the thigh muscles in your affected leg. Keep your leg entirely straight, then lift up toward the ceiling. Return to the resting position and repeat.

Repeat _____ repetitions. Repeat _____ sessions per day.

Short arc quad



Place a pillow/rolled towel under knee. Straighten knee and lift foot from bed. Hold 3 seconds. Relax and repeat.

Repeat _____ repetitions. Repeat _____ sessions per day.

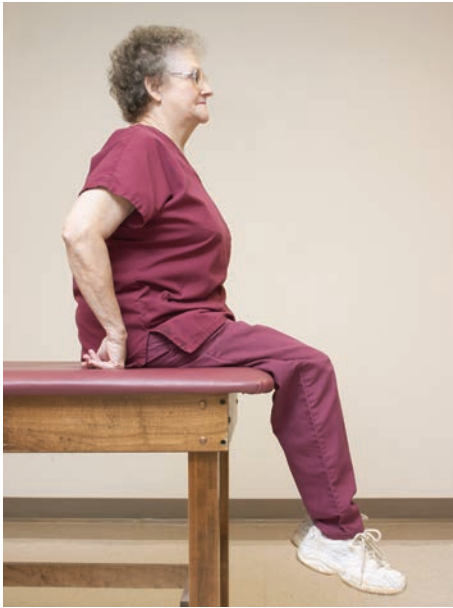
Supine heel cord/achilles stretch



Lying flat on back, use sheet around ball of foot and pull toes towards your head until you feel a gentle stretch or pull in the calf. Hold for 15-20 seconds. Relax and repeat.

Repeat _____ repetitions. Repeat _____ sessions per day.

Long arc quad



Lift affected leg to straighten knee. Hold 3 seconds. Relax and repeat.

Repeat _____ repetitions. Repeat _____ sessions per day.

Seated hamstring stretch

Place surgical leg on chair or stool in front of you. Lean slightly forward until you feel a gentle stretch or pull in the back of your leg. Hold for 15-20 seconds. Relax and repeat.

Repeat _____ repetitions.
Repeat _____ sessions per day.



Hip adduction isometric

With a pillow between your knees, gently squeeze. Hold 5 seconds. Relax and repeat.

Repeat _____ repetitions.
Repeat _____ sessions per day.



Seated marching



While seated, march in place, lifting foot 4-6 inches from floor.
Alternate feet.

Repeat _____ repetitions. Repeat _____ sessions per day.

Seated knee ROM



Place foot on smooth surface.
Slowly slide foot back as far as possible. Hold for 5 seconds.
Relax and repeat.

Repeat _____ repetitions. Repeat _____ sessions per day.

Sit to stand/arm chair push



Put hands on arms of chair and push up out of chair.

Repeat _____ repetitions. Repeat _____ sessions per day.

Standing heel raises



Using a chair or table for support, rise up on your toes. Relax and repeat.

Repeat _____ repetitions. Repeat _____ sessions per day.

Standing marching



Using a chair or table for support, bend your knee up like you were taking a step. Switch back and forth between legs.

Repeat _____ repetitions. Repeat _____ sessions per day.

Step ups



Using a chair or table for support, step up onto step with your affected hip/knee. Return and repeat.

Repeat _____ repetitions. Repeat _____ sessions per day.

Standing hip abduction



Use the back of a chair or table for support. With your legs shoulder-width apart and your toes pointed slightly outward, swing your leg with your affected hip out and back while keeping your knee straight.

Repeat _____ repetitions. Repeat _____ sessions per day.

Standing hip extension



Use the back of a chair or table for support. With your legs shoulder-width apart and your toes pointed straight ahead, slowly extend your affected leg backward while keeping your knee straight. Do not lean forward.

Repeat _____ repetitions. Repeat _____ sessions per day.

Mini squat



Holding on to the back of a chair for balance, slowly bend knees. Keep both heels on the floor.

Repeat _____ repetitions. Repeat _____ sessions per day.

Standing hamstring curl



Use the back of a chair or table for support. With your legs shoulder width apart and your toes pointed straight ahead, bend knee back. Hold 2 seconds. Relax and repeat.

Repeat _____ repetitions. Repeat _____ sessions per day.

Total hip precautions

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

Anterior approach

The main positions to avoid after an anterior approach include bending the hip back, turning your hip and leg out or spreading your leg outward.



Do not excessively extend the hip or stretch your hip back.

Walk with short steps. Taking a longer step when leading with your non-surgical hip stretches the surgical hip back.



Do not turn your foot out. Place a pillow next to your hip and leg to keep your leg from turning or rolling out while lying on your back in bed.



Do not twist your body away from your surgical hip. This means do not stand with your toes pointed out. Keep the toes of your affected leg pointed forward when you stand, sit or walk. If you turn your body away from your surgical hip without pivoting your foot, your hip will be placed in an unsafe position. Remember to lift and turn your foot as you turn.



Do not kneel only on one knee. Kneeling only on the surgical hip stretches the hip back. Use both knees when you must kneel down.

Posterior approach

The main positions and movements to avoid after a posterior approach include crossing your legs, turning your hip and leg inward, or bending the hip more than 90 degrees.



Do not bend hip past 90°. This means do not lean too far forward when sitting up in a chair or in bed.



To avoid bending past 90° when sitting in a chair, lean back slightly.



Do not cross your legs. When sitting, do not cross your surgical leg. When lying on your back, do not roll your surgical leg toward the other leg as you might do when rolling over. A pillow or triangular-shaped wedge may be used to block the legs from crossing.



Do not allow the knee of your surgical leg to cross the midline of your body. When lying in bed, place pillows between your legs to keep your hip in the correct position.



Do not turn your toes inward. Use a pillow between your legs when lying in bed to keep your leg from rolling inward.



Do not put your feet in a pigeon-toed position. Keep the toes of your affected leg pointed forward when you stand, sit or walk. If you turn your body in the direction of your surgical hip without pivoting your foot, your hip will be placed in an unsafe position. Remember to lift and turn your foot as you turn in the same direction as your surgical hip.



Do not bend the hip past 90°. Do not bend over at the waist to tie your shoes or pick up items off the floor. Instead, use a reacher to put on your shoes and socks or to pick up items from the floor.



When sitting, swivel your whole body rather than turning your upper body toward your hip. Do not twist your body toward your surgical hip.

Your occupational therapy program

Your occupational therapist will help you resume your activities of daily living, like dressing yourself, getting into and out of bed, etc. Your occupational therapist will also determine if certain pieces of equipment might help you perform these activities safely and effectively when you return home.

Going home

Once you are able to walk longer distances and are making consistent progress, you will be ready to go home. We will use the following checklist to help assess when you can be safely discharged. You will be able to go home when you are able to:

- Get in and out of bed
- Get up and down from the chair and toilet
- Get in and out of the shower by yourself
- Walk with assistance for 200 feet
- Use the stairs if you have them at home
- Get dressed
- Get in and out of your car
- Perform your hip exercise program on your own

Before you go home, we will make sure that all your discharge needs are met. You can expect:

- A prescription for pain medicine
- A prescription for a blood thinner if your physician ordered one
- Written instructions from your surgeon
- An appointment for a follow-up visit with your physician
- Arrangements for outpatient or home health physical therapy will be made

The drive home

You will need to arrange for your coach, family member or friend to drive you home. Riding in a compact car, sports car or a vehicle that sits extremely high off the ground is not recommended. You may need pillows to sit on for the ride home and you should recline your seat just slightly if possible. If your ride is long, we recommend you stop and stretch every 45 minutes or so.



Getting into and out of a car

Before entering the car, slide the front passenger seat back as far as possible, reclining to 45° or more.



1. Back up to seat until you feel it touch the back of your leg.



2. Place your right hand on the seat or outside of the door frames, waist high. Place left hand inside the car on the dashboard.



3. Extend your leg forward and lower yourself slowly onto the seat. Tuck your head inside the door frame.



4. Lean back on your arms and push yourself back (using the non-surgical leg) towards the drivers side.



5. Swing your legs into the car, one at a time, keeping toes pointed out and knees apart. Slightly bend your knee to clear the door.



6. Once your legs are inside the car, reposition yourself into the seat, maintaining hip precautions.

7. To get out of the car, reverse the process.

Your recovery continues at home

You have achieved an important milestone on your road to recovery - you are headed home! A big part of your journey is now behind you, although another is just beginning. There are some important considerations for you to keep in mind as you enter this next phase of recovery.

Swelling and incision care

Swelling prevention

Keep in mind that some swelling in your hip is normal and should not be a cause for concern. It is important that you watch for signs of increased or abnormal swelling each day. Notify your physician immediately if anything seems out of the ordinary.

There are several strategies to help keep normal swelling to a minimum:

- Use your provided cold therapy. The cold helps reduce swelling and relieves pain.
- You can keep your feet elevated when you sit, using a footstool or bench with a pillow under your feet for support. You should not rest with a pillow under your knee. Keeping the knee bent, while sitting and at rest, decreases blood flow and increases the risk for a blood clot.
- Do not cross the leg with your new hip over the other one.
- Continue doing your ankle pump exercises even when you are sitting still. These exercises are designed to help reduce swelling and boost circulation.

Blood clots

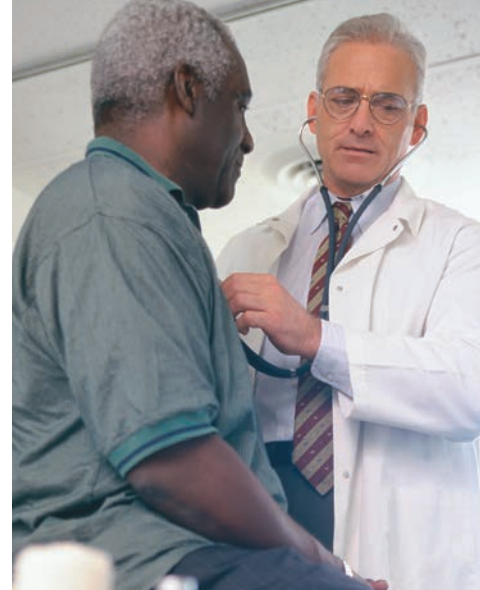
Blood clots can sometimes occur after joint replacement surgery. Taking the medication prescribed by your physician and walking frequently are important in decreasing the possibility of a blood clot forming. As a precaution, it is important to recognize the signs of blood clots.

Warning signs of blood clots in the leg:

- Increased pain in the calf of your leg
- Tenderness or redness
- Increased swelling of the thigh, calf, ankle or foot

Warning signs of blood clots in the lung:

- Sudden increased shortness of breath
- Sudden onset of chest pain
- Localized chest pain with coughing, or when taking a deep breath



Signs and symptoms of infection:

- Redness*
- Abnormal swelling*
- Significant drainage*
- Fever over 101 ° F*

Caring for your incision

Once your incision is dry and no longer draining or weeping, you will be able to shower upon your return home. Do not submerge your incision in water, such as a tub or pool until permitted by your surgeon. It is important that you keep your incision clean and dry. It is also important that you check the incision daily and note any significant changes in how it looks or feels. If you notice any of the following signs or symptoms, you should phone your physician:

- A fever over 101° F that lasts more than a day
- Chest pain, especially when you cough or take deep breaths
- Chest congestion that lasts more than a day
- Thick, dark yellow or bad smelling drainage from the incision
- Painful redness
- An incision that is hot to touch
- Calf pain or swelling in either or both of your legs
- Swelling that is abnormally high
- Problems breathing

Your follow-up appointment

Your first post-operative visit with your orthopedic surgeon will generally be in two to four weeks. You should schedule your appointment as soon as you return home from the hospital. If you did not schedule an appointment or cannot remember if you did, please call your physician's office to confirm a follow-up time. In addition to checking your new joint for strength, flexibility and overall progress, your physician will also provide a new set of care guidelines and a list of activities you may now begin. As always, be sure to ask any questions you have. A care plan and additional follow-up appointments will also be established at this time.

Keys to safety and success

Here are some keys for success in the first few weeks after surgery as you recover at home.

- DO NOT place a pillow under your knee when you sit.
- DO NOT go a long period of time without moving. To help prevent stiffness and swelling, it is important that you get up and move at least every 45 minutes or so.
- DO NOT sit in chairs that are low to the ground, chairs with wheels or chairs without armrests.
- DO NOT bend over to pick up items on the floor. Use assistive devices as needed.
- DO NOT drive a car until cleared to do so by your physician.
- DO NOT soak your new hip or incision in water. You may be instructed to cover your incision when you shower. You should not take tub baths.
- DO NOT have sex or play sports until cleared by your physician.
- DO continue your exercise program as prescribed. The more dedicated you are to performing your exercises correctly and on-schedule, the more successful you will be in the long run.
- DO follow your hip precautions for the first 10-12 weeks after surgery, if ordered by the surgeon.
- DO take your pain medication about 30 minutes before therapy or starting your exercise program to help reduce pain.
- DO continue your ankle pump exercises any time you are sitting and after long periods of inactivity.
- DO take walks when cleared to do so by your physical therapist. You should avoid surfaces like grass or gravel that may cause you to lose your balance.



Ongoing care

Traveling

When traveling long distances, you should attempt to change position or stand about every hour. Some of the exercises from your follow-up program, like ankle pumps, can also be used should you need to sit for long periods of time.

Because your new artificial hip contains metal components, you will likely set off the metal detector at airports or the security systems used in shopping malls and department stores. Your physician's office or hospital case manager can provide you with a special Joint Replacement Center surgery card to carry with you at all times.

Exercises and activity

Exercising and maintaining an active lifestyle are important parts of health. Most patients with artificial joints are able to enjoy many activities, though some should be avoided. In general, high impact exercises like running, skiing, heavy weight lifting or contact sports must be avoided. Participating in these types of activities may damage your joint or cause it to wear down much more quickly. Low impact activities like swimming, walking, gardening and golf are encouraged.



Frequently asked questions

How often will I see my physician after surgery?

Your surgeon will follow your care throughout your hospital stay. You will probably see your surgeon every day while you are in the hospital recovering. Your surgeon will also want to see you for follow-up appointments in the clinic after you are discharged. Typically, appointments are scheduled two to four weeks after surgery.

How do I know if my incision is infected?

After surgery, you will notice discolored skin, some swelling and drainage around your incision. This is normal. If you experience painful redness, abnormal swelling or thick, bad smelling drainage from your incision, you may have an infection. A temperature over 101° F also may indicate an infection.

When can I take a shower or bath?

Most patients will shower on the second day after surgery while still in the hospital. When you return home, you may need special equipment, like a bath mat, hand-held showerhead or shower seat to help you bathe comfortably and safely. Your surgeon may also instruct you to cover your incision when you bathe.

When will I be able to drive again?

You should not drive a car or other motor vehicle until your physician says it is safe to do so. You must be off pain medications before you will be cleared to drive again. In most cases, patients are able to resume driving about four weeks after surgery.

Why must I take antibiotics for dental work or other surgical procedures?

Taking antibiotics is a precaution to help ensure that your new artificial joint does not become infected. Additional surgeries or dental work increase the chance of infection. No matter where the infection starts, if it spreads to your new hip, the results could be very serious. When artificial joints become infected, they must be removed surgically and then replaced.

Please let your dentist or physician know that you have had joint replacement surgery. This is important no matter how small or straightforward the procedure.

How should I sleep at night to keep my hip comfortable and safe?

Placing a pillow between your legs should help keep your hip comfortable and stable. You may sleep on your back or on either side, depending on what makes you most comfortable.



Discharge pain medication log

	Time Medication Taken						
Day							
Pain Medication							
Other							
Day							
Pain Medication							
Other							
Day							
Pain Medication							
Other							
Day							
Pain Medication							
Other							
Day							
Pain Medication							
Other							
Day							
Pain Medication							
Other							



CHRISTUShealthsb.org