Total Hip Replacement at
The Orthopaedic Center

2800 Main Street, Bridgeport, Connecticut 06606
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Key People To Know

Marie St. Jean, Case Manager - 475-210-5776
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Chenese Nicholas, Director of Orthopaedics - 475-210-6435
Gail Fulco, Physician Assistant Coordinator - 475-210-6429
Karen Platt, Orthopaedic Coordinator - 475-210-5409

Add Other Key Names here:


Social Services

The Case Management Department at St. Vincent’s is an integral part of the health care team. They are a team of certified social workers and registered nurses assigned to assist a patient from pre-admission through post discharge.

Once you are admitted, the Case Manager will follow your surgical process. He/ She will refer your case to the proper health care agency for follow-up when you are discharged from the hospital. Follow-up care may include the use of registered nurses, nurse aides, physical therapy, and special equipment. A case manager will be consulted if short-term rehabilitation in an extended care facility is recommended by your health care team.

Be assured that whether you are discharged home or enter a rehabilitation facility, your discharge will be safe and suited to your own needs and abilities.

Case Management Department: 203-576-5013
Introduction

Attending the Total Hip Replacement Class is the first step you have taken in becoming an active participant in your care. Your health care team at St. Vincent’s Medical Center (SVMC) will work with you to assist you in meeting your goals and resuming a more active lifestyle.

To help you understand your hospital experience, preparation for surgery, and recovery at home, we have divided this booklet into different sections. We ask you to read each section carefully and jot down any questions you may have. All questions can be answered by any member of your health care team. For more specific detail about this booklet or your hospital stay, please contact 475-210-5409. Keep this booklet handy in a safe place in your home before surgery. Bring the booklet to the hospital so you may refer to it as needed during your recovery period.
Structure of the **Hip Joint**

The hip is a ball and socket joint. The ball (femoral head) is located at the top of the thigh bone (femur). The socket (acetabulum) is part of the pelvis. The ball rotates in the socket to permit movement of your leg in multiple directions: forward, backward, away from your body, across your body, and in partial rotation.

**Anatomy of the Hip**

HEALTHY HIP
A healthy hip is made up of a ball and socket joint which allows your hip to move in a normal way.

PROBLEM HIP
In a problem hip, the ball “cushion” wears down and the bones rub together when you move. This causes pain and stiffness.

ARTIFICIAL HIP
Your artificial hip consists of the same basic parts as your own hip. This hip has smooth gliding surfaces that allow you to move without pain. Unlike a healthy hip, your artificial hip has limited, safe motion and will need special care after surgery.
What is a **Total Hip Replacement**?

In a total hip replacement worn cartilage and bone in the hip joint are replaced with a prosthesis. The metal ball replaces the head of the thigh bone and a metal stem is inserted into the thigh bone. A metal cup and a durable plastic liner replaces the worn socket in the pelvis. The prosthesis is usually “press fit” into place to allow bony ingrowth around it. In some cases, bone cement may be used.

**Hip Resurfacing**

Hip resurfacing is different than a total hip replacement. They have many similarities, but it is a different operation.

When the hip has arthritis, there is painful loss of motion.

Similar to Traditional Total Hip Replacement, Hip Resurfacing will replace the worn out, irregular, rough, arthritis with smooth artificial components. This should make the motion of the hip smoother and eliminate the arthritic pain.

What is different about Resurfacing is: 1) there is no polyethylene on the socket (acetabular) part. Polished metal is the bearing surface. 2) The worn, arthritic “ball” (femoral head) is not cut off and thrown away. It is shaved down and recapped with a smooth metal surface, which is close to the original in size.

Hip resurfacing is usually done for patients who are expected to outlive the life-span of modern Traditional Total Hip replacement. The resurfacing components are made out of a cobalt chrome super alloy (also containing Vanadium, Molybdenum, and Nickel). The surfaces are made to tolerate a lot of activity. This is a metal-on-metal bearing. There
Hip Resurfacing

is a low wear rate for this prosthesis. The bone is conserva-
tively cut; therefore if a total hip replacement is required in
the future, there will be enough natural bone stock to do
so. This makes revisional surgery easier.

During the hip resurfacing, the head of the femur is shaved
down and a cap is placed on the top. This is cemented
onto the head of the femur. The acetabulum is also shaved
down and a metal implant with a smooth inner surface, is
pressfit into the bone.

In comparison, during a total hip replacement, the ball of
the femur is removed and a prosthesis with a stem is fixed
into the marrow cavity of the femur bone. The socket (ac-
etabulum) also gets a metal component, usually a pressfit
“shell”. But there is then a plastic bearing which snaps into
the “shell”, between the two metal components.

One advantage of hip resurfacing is the dislocation rate
is lower than that of a total hip replacement (which is it-
self only around 1%). There is also more physiologic “from
the top, down” loading of the femur bone through the
“cap” than when a stem is fixed inside the femur (inside,
out loading). With vigorous activities, such as running, the
metal on metal resurfacing is more durable.

There are some disadvantages to this procedure as well.
There is a risk of fracturing the femoral neck of the femur
and this risk has been shown to be greatest with female pa-
tients, and those with poor bone quality. There is no long
term (20 year) data available with these devices, as they
are a new procedure and it is unclear what will happen
with them after an extended period of time. Ions of the
cobalt chrome super alloy are released and go everywhere
in the body. They can cross the placenta membrane. They
are urinated out of the body. WE DO NOT KNOW WHAT
HARM, IF ANY, THEY WILL CAUSE. FOR THESE REASONS
HIP RESURFACING IS ABSOLUTELY CONTRAINDICATED
IN WOMEN OF CHILD BEARING YEARS, AND IN THOSE
WITH COMPROMISED KIDNEY FUNCTION.

This surgery is only performed by a few surgeons as it is
more difficult, takes longer, and has more blood loss than
a traditional hip replacement.

To find out more about hip resurfacing,
visit these websites:
http://www.bhrhip.com
http://www.edheads.org/activities/hip2/
(Virtual Hip resurfacing)
Pre-Op Checklist

- Discuss with your surgeon:
  - What is a Total Joint Replacement and how is it performed?
  - What type of total hip replacement will I have?
  - Any other concerns you have about the procedure or aftercare

- Pre-admission screening - bloodwork + nasal swab

- Internist appointment: Ask for a list of your medications and review which ones to take the morning of surgery.
  - Physical exam
  - Diagnostic testing
  - Medical clearance
  - List of all your medications

- Attend Pre-Op Patient Education Class (First/Third Thursday of each month at 11:30am at SVMC) Call 475-210-5409 for reservations.

- Practice your exercises as instructed by a therapist.

- Prepare your home for discharge, as discussed in the class.

- Do not eat or drink anything after midnight the night before surgery.

- Take a shower 2 days before and the morning of your surgery. Pay particular attention to the area under your arms, your hips, your toes, and your private parts. Wash all areas with warm water and soap. Latest recommendations are to wash with chlorhexidine gluconate (Hibiclens®) skin cleanser which is available at your pharmacy. Dial® soap is a good alternative if you are unable to use Hibiclens®.

- Discontinue medications that contain aspirin, as well as anti-inflammatories (such as Motrin®, Advil®, Aleve®, etc.) two weeks prior to your day of surgery.

- Check with your surgeon or medical doctor about taking any medications that you routinely take at home, this includes vitamins or natural supplements (herbal medication). Some medications may be taken early in the morning with a sip of water. Do not bring your medications to the hospital.

- The following herbs are known to interact with Coumadin or increase the potential for bleeding: Danshen, Dong quai, Garlic, Ginkgo, Ginseng, Bilberry leaf, Black cohosh, Camomile, Fish oil (omega-3 fatty acids), Vitamin E, Ginger, Turmeric and Goldenseal. These should be stopped two weeks before surgery.
Pre-Op Checklist

- On the morning of your surgery, do not wear any makeup, mascara or nail polish. No jewelry should be worn to the hospital except for a wedding band, if desired.

- No dentures, hearing aids, glasses, contact lenses or other prosthesis are allowed in the operating room. You may wear them to the hospital, but have a family member hold them once you enter the operating room. Contact lens wearers should wear glasses.

- Take an over-the-counter laxative if you haven’t moved your bowels the day before surgery.

- The SVMC Admitting Office will contact you a few days before surgery to obtain information concerning where you live, your insurance coverage, etc. A nurse from the Short Stay Center will contact you the day before your surgery telling you what time to come to the hospital for your scheduled surgery. She will also answer any questions you may have at that time.

- Please call 475-210-5409 if you have any questions about your preparation for surgery.

What To Bring To The Hospital

- List of medication and their dosages you currently take

- Test results and/or X-rays your MD may have requested you bring

- A copy of your Living Will or Health Care Proxy

- Short, lightweight bathrobe (For walking in the hall) and two loose fitting comfortable outfits for physical therapy.

- Personal toiletries

- Eyeglasses (do not bring contact lenses)

- Dentures and Hearing Aids

- Watch or Clock

- Your Total Hip Replacement Book

- Flat non skid shoes/slippers

- Telephone numbers of people you may want to call

- Money for newspapers, magazines or items from gift cart. TV is provided at no cost.

- A book or hobby

- DO NOT bring to the hospital:
  - Valuables
  - Jewelry
Testing Before Surgery

All patients who come to St. Vincent’s Medical Center (SVMC) for elective Total Hip Replacement surgery will have their preoperative tests performed on an outpatient basis through SVMC’s One Stop Testing Department, a private laboratory, or your primary care physician’s office.

Your orthopaedic surgeon will ask you to visit your medical or family doctor shortly before your scheduled surgery. Your physician will decide which tests are needed. Your medical doctor may also see you during your hospital stay.

A.) Blood Bank
Some people may need a blood transfusion after Total Hip Replacement Surgery. This blood will come from the Blood Bank. Donors are now screened more carefully than ever, and the American Red Cross states that the blood supply today is safer than it ever has been. Not everyone will need a transfusion after surgery.

B.) Infection Prevention
It is important to provide a clean environment for your new hip and surgical incision. In preparation for surgery, plan ahead to have freshly washed sheets and blankets on your bed as well as a supply of clean towels and comfortable clothing. To help prevent infection, we suggest donning fresh clean clothing daily. When your doctor allows showering, dry off with a clean towel after every shower.
Practice **Exercises**

**Hip Exercise 1**
- Sit with knee at 45 degrees as shown.
- Move foot up and down as shown.

Perform ______ sets of ______ Repetitions, ______ times a______, ______ times a ______. Perform ______ repetitions every ______ Seconds. Rest ______ minute(s) between sets.

**Hip Exercise 2**
- Lie on back with foot elevated up on pillow.
- Move foot up and down as shown, pumping the ankle.

Perform ______ sets of ______ Repetitions, ______ times a______, ______ times a ______. Perform ______ repetitions every ______
Seconds. Rest ______ minute(s) between sets.

**Hip Exercise 3**
- Lie on back with legs straight.
- Slide heel up to buttocks.
- Return to start position.
- Repeat with other leg.

Perform ______ sets of ______ Repetitions, ______ times a______, ______ times a ______. Perform ______ repetitions every ______
Seconds. Rest ______ minute(s) between sets.

**Hip Exercise 4**
- Sit with leg extended.
- Tighten quad muscles on front of leg, trying to push back of knee downward.

Special Instructions: Do not hold breath.

Perform ______ sets of ______ Repetitions, ______ times a______, ______
times a ______. Perform ______ repetitions every ______
Seconds. Rest ______ minute(s) between sets.
Practice Exercises

Hip Exercise 5

- Lie on back with knees bent.
- Straighten knee of involved leg, keeping thigh even with uninvolved leg.
- Slowly lower leg to floor.
- Slide foot back toward buttocks until both knees are bent.
- Repeat exercise.

Perform _______ sets of _______ Repetitions, _______ times a _______, _______
times a _______. Perform _______ repetitions every _______
Seconds. Rest _______ minute(s) between sets.

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Shoulder Exercise 1

- Stand or sit, arms at sides, weight in hands.
- Raise shoulders upward towards ears, and roll backwards.
- Return to start position.

Perform _______ sets of _______ Repetitions, _______ times a _______, _______
times a _______. Perform _______ repetitions every _______
Seconds. Rest _______ minute(s) between sets.

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Shoulder Exercise 2

- Begin with arm at side, sit or stand, elbow straight, palm up, weight in hand.
- Bend elbow upward.
- Return to starting position.

Perform _______ sets of _______ Repetitions, _______ times a _______, _______
times a _______. Perform _______ repetitions every _______
Seconds. Rest _______ minute(s) between sets.
Practice Exercises

Shoulder Exercise 3

- Start with both arms at side, holding weight.
- Keep elbow straight, raise one arm in front and overhead and lower.
- As arm is lowered, raise other arm in front and overhead.

Perform _______ sets of _______ Repetitions, _______ times a_______,
_______ times a _______. Perform _______ repetitions every _______
Seconds. Rest _______ minute(s) between sets.

Shoulder Exercise 4

- Hold weight in hand.
- Position arm overhead, elbow bent, as shown.
- Straighten arm.
- Return to start position and repeat.

Perform _______ sets of _______ Repetitions, _______ times a_______,
_______ times a _______. Perform _______ repetitions every _______
Seconds. Rest _______ minute(s) between sets.
Practice Exercises

Shoulder Exercise 5

• Stand holding weights in hands and palms inward.
• Lift arms up and out to sides to shoulder level.
• Lower and repeat.

Perform _______ sets of _______ Repetitions, _______ times a _______, _______ times a _______. Perform _______ repetitions every _______ Seconds. Rest _______ minute(s) between sets.

Shoulder Exercise 6

• Hold weight in involved arm.
• Slightly bend hips and knees and support upper body with other arm as shown.
• Lift arm up, raising elbow to shoulder height.
• Return to start position and repeat.

Perform _______ sets of _______ Repetitions, _______ times a _______, _______ times a _______. Perform _______ repetitions every _______ Seconds. Rest _______ minute(s) between sets.
Home Safety - Preparing for your Surgery

To reduce the chance of falling inside or outside your home, use these following guidelines in making your home safe before surgery:

1. Light all walkways throughout the house, especially on stairs and along the area between the bedroom and bathrooms. Be sure walking areas are wide enough for you to get through with your walker.

2. Remove all throws or scatter rugs.

3. Tie up loose lamp cords, electrical cords or extension cords so the bottom of the walker or crutch cannot get caught.

4. Make sure the railings on all stairs are secure.

5. Wear footwear that fits well and has a nonskid sole, such as sneakers. Shoes that close with Velcro® and have a flat heel are recommended. Women should avoid wearing high-heeled shoes.

6. Have floors fixed that are uneven or in disrepair.

7. Apply non-slip surfaces to the bathtub and shower floors. A railing may be installed in the shower area for assistance.

8. In winter, have all sidewalk and driveway surfaces maintained in a dry condition clear of ice and snow.

9. Avoid highly polished floors.

10. Remove clutter in all walkways and from the stairs.

11. Chairs and sofas should be of a height to permit easy sitting and standing. Avoid recliner chairs.

12. Arrange your kitchen work center for convenience. Keep all utensils, dishes, pots, and pans in a reachable area - not too high or too low.

13. Be cautious with pets – if you can, ask someone else to care for them temporarily. If they remain at home, consider adding a bell to the collar so you know their location easily. Even well-trained pets, large or small, can trip you accidentally.
Patients are asked to go straight to the Admitting Office on the morning of surgery. The Admitting clerk will verify your hospital information and direct you to the Pre-operative Area.

Your nurse in Pre-op will obtain a “Nursing History” from you. She will assist you in getting ready. There you will change into a hospital gown. Your belongings will be sent to your room after surgery.

Your surgeon will see you in the pre-operative area before your surgery. He/She will contact a family member or person chosen by you after the surgery.

After you are fully prepared for surgery, you will be taken to the Operating Room. The Anesthesiologist will see you and start an Intravenous (IV) line in a vein in your arm to give you fluids and answer any questions you may have.

Your surgical area will be scrubbed with a special antiseptic soap.

The surgery is approximately 1.5 to 2 hours in length. The surgeon will speak with family members after the surgery is completed and you are settled in the recovery room.

ANESTHESIA
You will meet with an anesthesiologist in the pre-operative area just prior to your surgery. He/She will review your medical history, surgical history and start an IV line in your vein if not already done.

He/She will decide with you what is the best type of anesthesia to use for your total joint replacement. This is based on your previous response to anesthetic agents, current medical status, any history of back surgery and any history of allergic reactions to medications.

Key People To Know

Marie St. Jean, Case Manager
475-210-5776

Tashua Malino, Physical Therapist
475-210-5362

Chenesse Nicholas, Director of Orthopaedics
475-210-6435

Gail Fulco, Physician Assistant Coordinator
475-210-6429

Karen Platt, Orthopaedic Coordinator
475-210-5409
Types of Anesthesia

A) SPINAL ANESTHESIA:
An injection given in your spinal column which provides quick onset anesthesia. Spinal anesthesia numbs you from the waist to your toes. This lasts for several hours and wears off gradually.

Light intravenous sedation is given with the spinal anesthetic so you will be comfortable and asleep throughout the surgery. The sedation is similar to what is used during a colonoscopy.

B) GENERAL ANESTHESIA:
The anesthesiologist puts you to “sleep” for the entire surgical procedure. A tube is placed in your trachea (windpipe) to manage respirations. Since you are unconscious, you experience no pain and are unaware of surgery.

A nurse anesthetist or an anesthesiologist is present throughout the surgery, monitoring your status during the procedure, and will accompany you to the recovery room to establish your postoperative pain control regime.

You will meet your anesthesiologist before surgery to discuss the options and he/she can answer any questions you may have.
Immediately After Surgery

After surgery, you will be moved to the Post Anesthesia Care Unit (PACU) on a stretcher. You will stay in the PACU for several hours until you recover from the anesthesia you received. Nurses will be checking your blood pressure and pulse frequently. You will be attached to a monitor that records your heart rate. You will still have the IV in your arm giving you fluids. If you are in pain, let your nurse know immediately. Ask for pain medication when the pain is mild – don’t wait for pain to become severe and let the nurse know how well the pain medication is working.

Some of the equipment that may be on you when you wake up:

A. Oxygen

B. Knee high support stockings and/or compression pumps. Compression pumps are Velcro® wraps that are placed around your lower legs or feet to help the blood flow back to your heart by gently squeezing your legs. The wraps will be removed as soon as you are walking well.

C. An abductor pillow, a triangular shaped foam block with Velcro® straps, may be between your knees when you wake up. This pillow prevents you from crossing your legs or flexing your hip which would result in your new hip “slipping” out of position. Whenever you turn, the pillow’s Velcro® straps will be secured to support your legs. Depending on the surgical approach, some patients may have a regular bed pillow between your knees. Anterior approach patients don’t use any type of pillow for precautions.

D. A bulky dressing will be on your hip. Your surgeon will decide when to change and/or remove the dressing.

E. You may have a thin, flexible tube (called a Foley catheter) inserted into your bladder when you are in the Operating Room. This tube drains urine from your bladder into a bag attached to the side of your bed. It allows the nurse to clearly measure the amount of urine draining out. This tube is usually used for one day and then it is removed. If you are unable to urinate after the tube is removed, it may have to be reinserted.

F. You may have a tube for drainage in your hip. This tube helps the wound heal. It will be removed by your surgeon when he decides it’s best.
Everyone experiences pain in a different manner after surgery. Several things that help relieve the discomforts are: positioning yourself in a different manner, performing simple relaxation exercises, and remembering to request your pain medication. When you are in the hospital there are a few ways in which medication can be administered. Your surgeon and anesthesiologist will decide what is best:

1. **Pain Medication in the Injection Form**: This medication is usually given every three to four hours by an injection placed into your IV line on an as needed basis. You must ask your nurse for this medication. It is given in this manner until you are able to eat/drink well without nausea.

2. **Pain Medication in the Oral Form**: This medication is given every three to four hours by mouth on an as needed basis. You must ask your nurse for this medication. Let your nurse or your physician know if this medication is effective so changes can be made for your comfort.

It is important to tell your nurse as soon as the pain starts. Your pain is easier to control if you do not allow it to become severe before taking a pain medication. Please discuss the best schedule for you with your nurse. As soon as you can tolerate it, you will be switched to a pain medication given by mouth. Oral medication offers a more consistent level of relief so you can progress with various activities more readily. There are pain management specialists available for patients having difficulty with pain relief.

For additional pain relief we will provide you with ice packs or other cold therapy and introduce you to helpful relaxation techniques.
Pain Management

Don’t be afraid to ask for your pain medication. It is not automatically given. It is important that you ask the nurse for pain medication before the pain becomes severe. If the pain builds up, it takes longer for the pain medication to take effect. If possible, remember to ask for your medication 30 – 60 minutes before you do an activity that requires movement, such as getting in/out of bed or going to Physical Therapy.

With any method of pain medication, please notify your nurse or doctor if you are not getting pain relief. We want you to be as comfortable as possible while you heal. Also, you will be able to participate better in your own recovery activities.

Several times a day your nurse will question you about your level of pain.

You will be asked to rate how much pain you have based on the Pain Scale below:

Please remember that no one will be totally pain free and everyone experiences pain differently with tolerances varying greatly from person to person. Our pain management goal is to keep you comfortable and at the same time be able to participate in your rehabilitation.

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<tr>
<th>1</th>
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<th>3</th>
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<th>5</th>
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<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
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<tbody>
<tr>
<td>No pain</td>
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<td></td>
<td></td>
<td>Worst pain ever</td>
</tr>
</tbody>
</table>

No pain

Worst pain ever
Post-Op Afternoon/Evening

- You are transferred to your room on a stretcher.

- When you arrive in your room, the nurse will take your vital signs, check your bandage, check your tubes and drains and get you settled.

- The nurse will instruct you about your coughing, deep breathing and foot exercises.

- You will start your diet slowly with liquids. You will have a full liquid dinner.

- The fluids are kept running for 24 hours until you are able to eat and drink fluids well and not experience any nausea.

- It is recommended that you drink 6 to 8 glasses of water a day during your hospital stay. Fluids help the healing process and improve circulation.

- If you are on a special diet, it can be ordered for you after surgery. Speak to your nurse, or dietician, if you have any special food needs, preferences or restrictions.

- You will be expected to be out of bed the evening of surgery. If you are up to it, you may walk a short distance and sit in a chair. Physical Therapy may start that evening, or early the next morning.

- After hip replacement many patients will take some form of a blood thinner, known as an anti-coagulant. This is to help prevent a blood clot from forming. Your doctor will choose one appropriate for you based on your surgery and medical history. It is important to take this medication exactly as prescribed. Some of the most common choices are aspirin, Warfarin (Coumadin), Lovenox, heparin, Xarelto and Eliquis. If you are prescribed Coumadin, daily blood tests will be drawn in the hospital to ensure you get the correct dose. Refer to the section “Reminders for when you go home” for additional information.

- The doctor will order a device called an incentive spirometer for you to use. This device helps you to take deep breaths which can help prevent pneumonia. The exercise is performed in the manner described on the pages ahead.

- Due to the position you are in during surgery, normal mucous secretions tend to settle in your lungs. The Anesthesiologist also uses a small tube in your mouth and throat to administer anesthesia and oxygen during surgery. This also may add to the settling of mucous in your lungs. It is very important, therefore, to perform coughing and deep breathing exercises immediately after surgery. Practice the exercises on the next page before coming to the hospital.

- A laxative/stool softener will automatically be prescribed for you. Both pain medication and anesthesia can cause constipation.
Post-Operative Period

After surgery, you will get out of bed every day and we encourage you to be out of bed as much as possible. On the day of your surgery, your movement will be based on what you can tolerate. Early mobility is important to help you get stronger, avoid bedsores, and help prevent pneumonia.

- Physical Therapy will start seeing you within 24 hours of your surgery. The first time they will begin in your room, helping you to get out of bed, stand, and walk as well as sit in a chair. In the afternoons, our therapists offer “Joint Replacement Camp.” This is a group exercise class designed to build strength and range of motion. It is also a chance to practice getting in and out of the car with our car simulator and a Physical Therapist’s expertise. Joint camp runs most days at 1:30pm. In the event camp isn’t scheduled, you will have a second session with the Physical Therapist on the Orthopaedic Unit.

- Each patient progresses differently. Your healthcare team will work with you to increase your mobility and your stamina.

- The nurses and nursing assistants are all trained to help you move properly. They will take your vital signs every 4 hours for the first 24 hours. This includes heart rate, blood pressure, temperature, and breathing rate as well as oxygen levels.

- If you have a catheter in your bladder (Foley catheter) will be removed the day after surgery, early in the morning.

- Your oxygen will be discontinued the day after surgery unless your doctor decides you need it longer.
Post-Operative Period

Coughing and Deep Breathing Exercises

1. Sit up in a comfortable position.

2. Take slow, deep breaths. Inhale through your nose. Exhale slowly through your mouth as if blowing out a candle.

3. Place a hand lightly on your abdomen to feel the air filling your lungs.

4. Do this two times.

5. On the third time, inhale and then cough deeply two to three times without inhaling between the coughs.

6. Continue to perform these exercises four or five times every hour while awake in the hospital after your surgery.

Incentive Spirometry

1. Sit up in a comfortable position.

2. Take a slow, deep breath in through your nose and blow out through your lips. Do this one time.

3. Place your lips tightly around the mouthpiece of the spirometer. Inhale slowly to raise the white ball or piston in the chamber. Continue to inhale and keep the ball/piston at the prescribed level for two-three seconds. Remove the mouthpiece and exhale normally. Do this ten times every hour when you are awake.
Activities After Your Surgery

Follow the precautions (guidelines) for your specific surgery - Anterior, Antero-lateral, or Posterior Approach. Until the muscles, ligaments and other tissues around your hip heal, it is very important for you to follow these guidelines to help in your recovery and to keep your hip from sliding out of position.

HIP PRECAUTIONS – ANTERIOR & POSTERIOR

Avoid these activities for 4-6 weeks or as prescribed by your surgeon. Be sure to be mindful of movements and activities you take for granted during this time. Please follow these suggestions.

• Do not drive until it is approved by your doctor.

• Do not lift any heavy objects.

• Do not do any activity which requires sudden starts, stops, or turns, such as tennis, jogging, skiing, etc

• Do not submerge your incision until authorized by your physician. This includes tub baths, hot tubs, swimming pools

• Ask for assistance if you do not have a reacher or are having trouble using the reachers, dressing stick or aids.

• Do your exercises regularly.

• Schedule rest periods between activities; increase your activities as you get stronger every day

ANTERIOR PRECAUTIONS

• Don’t move your leg backwards

• Don’t turn your affected leg so the toes are pointing outward.

• Don’t cross your legs—avoid a “figure of 4” pattern.

hip tips: anterior

Do not move your leg backwards.

Do not turn your affected leg so the toes are pointing outward.

Avoid crossing legs.
Activities After Your Surgery

POSTERIOR PRECAUTIONS

- Do not bend/reach to pick up items that are lower than your knees, or on the floor.
- Do not reach to put on your shoes or socks.
- Do not reach to pull up the covers from the bottom of the bed.
- Do not sit up straight in a chair or sit in a low, soft sofa or chair or recliner.
- Do not lift your knees higher than hip level.
- Do not put your feet on a stool while sitting.
- Do not bend sideways.
- Do not let your operated leg cross the midline. Do not cross your legs at the knee or ankle.
- Do not twist to reach across to the opposite leg.
- Do not pull your leg up to put on your shoes and socks.
- Do not stand, sit or lie down with your toes pointed toward each other (pigeon-toed). Keep your toes and knees pointed straight ahead.
- Get in and out of the car carefully: – make sure to recline and push your car seat back to avoid bending hips past 90 degrees.
- Use the abduction pillow between your legs: – while you are in bed, – in the car, or – when sitting and resting. You may lie on your side with a pillow between your knees.

These precautions are modified for antero-lateral approach patients.

FOR MORE INFORMATION, PLEASE CONTACT THE ORTHOPAEDICS COORDINATOR AT 475-210-5409
For Posterior and lateral approach patients: GETTING OUT OF BED

- Get out of bed on the side of the bed closest to your un-operated hip.
- Keep your legs apart and slide hips forward, using your elbows to help.
- Keep your body straight and your operated leg out to the side.
- Sit on the edge of the bed. DO NOT LEAN FORWARD!
- Keep your operated leg out in front of you while you are sitting.
- Then stand and use your walker for support after you are standing.

SITTING

- Sit in a firm chair with armrests and a straight back.
- Back up to the chair until you feel the chair on the back of your leg.
- Slide your operated leg out in front of you.
- Reach back for the armrests.
- Slowly lower yourself into the chair.
- Be Careful Not To Lean Forward!
- The technique described above will also work for you when using the commode.

Recommendations:

- Avoid low toilet seats
- Use a commode with arm rests or a raised toilet seat
- Avoid twisting when wiping yourself; instead, wipe between your legs;
- Stand, then turn around to flush.

For Anterior Approach Patients:

This approach does not require as many precautions.

- Avoid externally rotating your feet (pointing toes outward).
- Do not cross your legs in a “figure of 4” pattern (foot resting on opposite knee).
- Avoid extending your operative leg behind you.
Post Operative Goals

Walking

Walking is an excellent activity to help circulation and strengthen muscles.

Walking will cause discomfort at first but should get better throughout your recovery. Try to increase walking distance and/or frequency daily. When you start walking, reserve enough energy to allow you to return safely.

When walking, be sure to follow your doctor’s advice about how much weight you can put on your leg. Most patients can place full weight on your operative side.

Using a Walker

Stand by pushing off the chair or bed with your hands.

Do not pull yourself up on the walker.

Move the walker forward by rolling it forward about one-half your arm’s length from your body.

First, step about one-half way into the walker with your operated leg. Push down on the walker with your arms.

Then step with your un-operated leg until your legs are even.

Avoid twisting or turning with your feet on the floor.

Getting Into a Car

The following instructions are for getting into and out of a car as a passenger only. You will need to get your surgeon’s permission before you are able to drive.

Have the car parked several feet from the curb and the seat pushed as far back as it can go.

Sit slowly on the seat as you would sit into a chair.

Slowly scoot back onto the seat, sliding your legs onto the seat.

Pivot your body and swing your legs into the front of the seat.

Buckle your seat belt.

Reverse these steps to get out of the car.
Getting Dressed - for Posterior or Lateral approach

The following written instructions for getting dressed will be shown to you by a therapist. You will also have a chance to practice these activities during your stay in the hospital. For all of these activities, you may purchase the devices shown or you will need the help of someone else.

A. Getting dressed in your pants, skirt, shorts or underwear:

For this activity you may need to use a DRESSING STICK OR REACHER.

Grab the waist of your underwear with your hand or reacher if using. Lower reacher to the floor and slip the leg of the underwear over your operated leg first, pulling up to your knee. Repeat with un-operated leg. Do the same process with your pants. Stand and pull both underwear and pants up to your waist.

Keep your walker in front of you for support while you are standing.

To get undressed use the stick or reacher (if needed) to pull the pants down over your un-operated leg first.

B. Getting dressed in your socks or stockings

For this activity you may need a SOCK AID.

Place the sock or stocking on the sock aid.

Drop the sock aid onto the floor in front of the operated leg. Slide your foot into the sock aid and pull on the cords. This will pull the sock or stocking onto your foot where you will be able to reach it without bending forward.

To remove the sock or stocking, use the hook of the reacher to push the sock down and off your foot.
Post Operative Goals

C. Getting Your Shoes On
To put your shoes on, use a long shoe horn. The long shoe horn will assist you in getting your foot into the shoe. If your shoes have laces, elastic shoe laces can be placed in your shoes so you don’t have to have someone tying or untying your shoes. This will make your laced shoe into a slip-on style shoe.

D. Assistive Devices For Getting Dressed
This equipment can be purchased through a pharmacy or medical/health supply store. They are also available in St. Vincent’s Gift Shop.

Reachers or Dressing Stick
Sock Aid
Long Shoe Horn
Helpful Hints

Store the items you use most often at a height that is between your shoulder level and mid-thigh.

Use an apron with pockets, a basket, a walker bag or a walker tray to carry small items with you when walking with your walker.

When doing work at a countertop for an extended period of time, washing dishes or preparing meals, you may want to sit on a high stool which is sturdy and has rubber feet to prevent the stool from slipping.

Use a reacher to pick up objects that are too low on the floor. DO NOT attempt to bend over to pick up or lift any object from a standing position.

Use a long-handled sponge or bathbrush to bathe your legs and feet. Do not sit in the bathtub. If you have a walk-in shower, use it. Otherwise use a shower chair or grab bars to make showering safer. Do not attempt to step into the tub unless you have been shown how to do it properly by your therapist. There are different types of shower chairs or benches for additional support if needed.
At Home - When Should You Call Your Doctor?

Your staples will be removed in about 10 to 14 days after surgery. Any swelling and bruising will get better over the next several weeks. Call your orthopaedic doctor for any of the following problems:

1. Sudden severe pain in your hip that pain medication does not control.
2. Inability to move your leg as well as when you left the hospital.
3. Bright redness, warmth, or swelling in your incision line.
4. Fever over 101° or chills.
5. Bleeding from the incisional area.
6. Drainage from the incisional area.
7. Pain, swelling, or redness in the lower part of your legs.
8. Problems breathing.

For any other problems not listed above, call your medical doctor.

EXERCISE

It is very important when you get home to keep up with the exercise program you learned while in the hospital. These exercises will help you to gain strength and motion in your hip. You will gradually regain your strength and endurance over time.
Reminders For When You Go Home

Blood Thinners At Home

When you are discharged from the hospital, your doctor will advise on you on how long to continue the blood thinner, or anti-coagulant, that you started taking in the hospital. Here are some important tips to remember:

1. Take the tablets at the same time each day. Use only the amount of medication your doctor prescribes for you. Follow the schedule he has set up.

2. If you are on warfarin (Coumadin) you will need blood tests to monitor the dosage. The dose may change based on the test results. At first, a visiting nurse may do a finger stick test at home. After a few weeks, most patients continue at an outpatient lab on a schedule recommended by your surgeon.

3. Inform other doctors and dentists before having any treatments or surgery.

4. If you forget to take a pill, call your doctor immediately and do not take another pill to catch up.

5. When taking blood thinners, you may tend to bleed more easily. Watch for bruising and report any of the following signs to your doctor:
   - pain, swelling, or discomfort
   - prolonged bleeding from cuts
   - increased menstrual flow or vaginal bleeding
   - nosebleeds or bleeding when brushing your teeth
   - red or dark brown urine or stool

Home Safety - After Discharge

1. Never stand up quickly to answer the telephone. Callers can wait for several rings.
   If possible, keep a telephone near you.

2. Do not lift heavy objects.

3. Try to keep pets away from you during walking and exercise activity.

4. Wear footwear that fits well and has a nonskid sole, such as sneakers. Shoes that close with Velcro® and have a flat heel are recommended. Women should avoid wearing high-heeled shoes.

5. In winter, have all sidewalk and driveway surfaces maintained in a dry condition clear of ice and snow.

6. Sit in chairs and sofas at a height to permit easy sitting and standing. Do not sit in recliner chairs.
Important Points for the Future

It is important to know the fact that bacteria can enter your bloodstream, travel to your new joint, and cause an infection. Therefore, pay attention to the following reminders:

A. Any infection that you get in your teeth, throat, bladder or elsewhere must be treated by your doctor.

B. You may need antibiotics when you have dental work, procedures or other surgery performed. Make sure you inform all of your doctors you come in contact with about your total joint replacement. You may be given antibiotics as added protection against infection during certain illnesses or surgery.

C. Your new hip may set off metal detectors such as those in airports and some buildings. Your doctor can give you an ID card to carry in your wallet. Allow extra time at the airport.

After your total hip replacement, you can look forward to less joint pain and stiffness. With your new hip, you can expect to enjoy your activities of daily living with greater ease and comfort.

Discharge Instructions

Just before leaving, your doctor will write a pain medication prescription for you to get filled at your own pharmacy. If any of your personal medications are with the nurses or stored at the hospital, make sure you get them back at this time. St. Vincent’s Outpatient Pharmacy can also fill your discharge prescriptions for your convenience.

SURGICAL SITE CARE:
- Check the surgical site daily for signs of wound infection. Symptoms are:
  • increased redness
  • increase in swelling
  • increase in pain
  • any drainage
  • oral temperature greater than 101°
- If any of the above symptoms occur, please notify your surgeon.
- Do not wear tight fitting clothes over your incision. Keep incision clean and dry.

PAIN MANAGEMENT:
- Take your pain medication as prescribed by your physician.
- Avoid alcoholic beverages while taking pain medication.
- Take your pain medication before the pain becomes severe.
Reminders For When You Go Home

Managing Constipation:
• Increase your water intake -- drink at least 8 glasses per day.

• Try adding fiber to your diet by eating fruits, vegetables and grains.

• Take an over-the-counter stool softener/laxative: colace, sennakot, or milk of magnesia.

Follow-Up:
• Schedule a follow-up appointment with your orthopaedic surgeon.

Precautions:
• Your surgeon will let you know when you may shower, and whether dressing changes are needed.

• Please keep your surgical incision dry at all times.

• To avoid friction over your incision, you may tape a dry sterile gauze pad over incision.

Recovery Timeline – following your doctor’s recommendations and being diligent in your therapy

• By week 4 – reduced pain, reduced need for pain medication

• By week 6 – increased stamina, strength, and motion

• By week 12 – resuming normal activities with little or no discomfort and less need for assistive devices

• Everyone is unique and recovery periods will vary for each patient; it can sometimes take up to 12 months to feel like you are at 100% after a total joint replacement.

We wish you a speedy recovery and wish you all the best for a new life with your new total hip replacement!

The Orthopaedic Staff at St. Vincent’s
Some Questions You May Want To Discuss With Your Doctor:

1. What type of hip replacement am I having?
2. Will I need a blood transfusion after surgery?
3. Should I take my daily medications on the day of surgery?
4. What type of anesthesia is available?
5. What type of pain relief medication will I receive after surgery?
6. What type of blood thinner will I receive after surgery?
7. Other questions you may have:

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Total Hip Replacement at
The Orthopaedic Center

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