

Your Guide to Hip Replacement Surgery



Revive Joint Replacement Program

Your Guide to Hip Replacement Surgery

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Your Guide to Hip Replacement Surgery

Section One:

Before Surgery

Welcome!

We are pleased you have chosen The Orthopedic & Robotics Center at Casa Colina to have joint replacement surgery. Our Revive Joint Replacement Program is dedicated to creating a positive joint replacement experience for all of the patients we are privileged to serve. The goal of joint replacement surgery is to:

- Relieve your pain
- Restore your independence
- Return you to an active lifestyle

Using this Guidebook

This Guidebook will assist you with:

- What to expect during the process
- What you need to do to prepare
- How to care for your new joint

Your doctor, nurse, or therapist may add or change any of the recommendations in this Guide. Always use their recommendations first and ask questions if you are unsure.

Revive Joint Replacement Program

We offer a unique program designed to encourage discharge from the hospital typically within one day after surgery. Program features include:

- Nurses and therapists trained to work with joint replacement patients
- Orthopedic Care Coordinator (OCC) who manages pre-operative care and discharge planning
- Family or friends as your designated “Coach”
- Private rooms with comfortable sofa bed for your Coach
- Casual clothes rather than hospital gowns
- Group activities
- Group lunches
- This Guide to Joint Replacement Surgery
- Quarterly “reunion” luncheons for former patients
- Newsletters about arthritis and joint care
- Educational seminars



We strive to enable patients to walk the day of surgery and resume normal activity in six to 12 weeks.

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Your Revive Joint Replacement Team

Orthopedic Surgeon - will perform the procedure to repair your damaged joint.

Orthopedic Nurse Practitioner (NP) - assists with plans of care and ensures a safe and appropriate discharge.

Registered Nurse (RN) - will ensure orders by your doctor are completed.

Physical Therapist (PT) - will guide you through functional daily activities and teach you exercises to regain your strength and motion.

Orthopedic Care Coordinator (OCC) will:

- Review at-home needs after surgery.
- Assess and plan for anesthesia and medical clearance for surgery.
- Coordinate discharge plan.
- Act as your advocate throughout treatment.
- Answer questions and coordinate hospital care.
- Act as a liaison between patients, staff and your surgeon



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Hip Replacement Illustrations



Healthy Hip



Arthritic Hip



**Total Hip
Replacement**

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Joint Replacement Calendar

Write in the date for your appointments for: pre-op labs or tests, pre-op class and any additional appointments to see your primary care doctor or specialist.

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 6					
Week 5					
Week 4					
Week 3					
Week 2					
Week 1					

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Medication List

Please fill out the Medication list with the requested information.

Name:		Family Doctor:	
Medication Name/Dosage	Instructions	Reason for Therapy	Duration
What is the name of your medication? What is the dosage?	When and how do you take this medication?	Why are you taking this medication?	How long have you been taking this medication?

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Preparing for Surgery

Confirm Your Appointments

Prior to your surgery, we require that you complete the following appointments:

- Joint Replacement Pre-operative Class
- Pre-admission Testing (PAT) - Call (909) 568-2180
- Medical clearance from your primary care provider

Pre-operative Class

Your surgeon's office should provide you with instructions to sign up for a pre-operative class at Casa Colina Hospital. If not, or if you need to change your class date for any reason, please call the Orthopedic Care Coordinator to schedule your Joint Replacement Pre-operative Class. The class is designed to help you prepare for your surgery and what to expect at home after your surgery. This class is mandatory for all patients and their Coaches undergoing joint replacement surgery. Please do not hesitate to call if you have any additional questions. The Orthopedic Care Coordinator (OCC) can be reached at (909) 643-3760.

Pre-Admission Testing (PAT)

All joint replacement patients must have a pre-operative screening and work-up. At this visit, you will be asked about your medical history, previous surgeries, illnesses and your current state of health. You may also meet with a member of the anesthesia team to discuss your anesthesia plan. This anesthesia pre-screening helps to ensure you are in good health for surgery. Additional testing and clearances may be ordered at this visit. If you have questions or need to reschedule your appointment, please call the surgery scheduling desk (909) 568-2180.

A blood test called a "Type & Screen" will also be needed 1-2 days prior to your surgery in the event that you need a blood transfusion.

Dental clearance may also be required by your surgeon.

You will be contacted by 4:30 p.m. the day prior to surgery by a pre-op nurse with your surgery time and the time you will need to arrive at the hospital. If your surgery is scheduled for Monday, you will be called the Friday before.

Laboratory Testing

When your surgery is scheduled, you should receive a laboratory-testing letter from your surgeon. Please follow the instructions in this letter. These tests need to be completed prior to your PAT visit at Casa Colina Hospital.

Medical Clearance

You should receive a medical clearance letter from your surgeon. The letter will tell you whether you need to also see your primary care doctor and/or a specialist prior to your surgery.

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Medications That Increase Bleeding

Your doctor will notify you when to stop any medications before surgery. For example, discontinue all anti-inflammatory medications such as aspirin, Motrin®, Naproxen, Vitamin E, etc. These medications may increase bleeding. If you are taking a blood thinner, you will need instructions for stopping the medication. The PAT nurse will instruct you about your other medications.

Herbal Medicine

Herbal medicines and supplements can interfere with other medicines. Check with your doctor to see if you need to stop taking your herbal medicines before surgery.

Examples of herbal medicines include turmeric, echinacea, ginkgo, ginseng, ginger, licorice, garlic, valerian, St. John's wort, ephedra, goldenseal, feverfew, saw palmetto, and kava-kava.



Healthcare Decisions

Advance Medical Directives are printed instructions that communicate your wishes regarding healthcare. There are different directives. Consult your attorney concerning the legal implications of each.

- **A Living Will** explains your wishes if you have a terminal condition, irreversible coma, and are unable to communicate.
- **Appointment of a Healthcare Agent** (sometimes called a Medical Power of Attorney) lets you name a person (your agent) to make medical decisions if you become unable to do so.
- **Healthcare Instructions** are your choices regarding use of life-sustaining equipment, hydration, nutrition, and pain medications.

If you have an Advance Medical Directive, please bring a copy of the document with you to the hospital. If you would like to fill out a temporary advanced directive to cover this episode of your care, this can be done during your PAT visit.

Stop Smoking¹

Did you know that smoking:

- Delays your healing process.
- Reduces the size of blood vessels and decreases the amount of oxygen circulated in your blood.
- Can increase clotting which can cause heart problems.
- Increases blood pressure and heart rate.

If you quit smoking before surgery, you will increase your ability to heal. If you need help quitting, ask about hospital resources.

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When you are ready:

- Decide to quit.
- Choose the date.
- Throw away all cigarettes and ashtrays.
- Don't put yourself in situations where others smoke.
- Reward yourself for each day without cigarettes.
- Remind yourself that this can be done – be positive!
- Take it one day at a time – if you slip, get back to your decision to quit.
- Check with your doctor if you need products like chewing gum, patches or prescription aids.

¹Smoking Threatens Orthopedic Outcomes. Negative effects should prompt orthopedists to address the issue with patients. S. Terry Canale, MD; Frank B. Kelly, MD; and Kaye Daugherty <http://www.aaos.org/news/aaosnow/jun12/cover2.asp>. Motrin is a registered trademark of McNeil-PPC, Inc. All rights reserved by trademark owner.

Equipment Needs

Discuss any equipment needs with your surgeon prior to surgery. If you do not have a walker, ask for one to be ordered for you. If you are having a total hip replacement, a raised toilet seat may be needed if your toilet height does not allow you to maintain your hip precautions. Most insurance providers do not cover this item, so please plan ahead. Your OCC can help you identify any equipment needs, so please ask.

Diabetes Management

If your blood glucose is not kept within a normal target range, diet, exercise and medication, you are at risk for developing infection at the surgical site. If this occurs your healing will be delayed and you may be at risk for developing a pulmonary embolism, increased risk of deep venous thrombosis (DVT) or blood clots.

The best way to determine if your diabetes is under control is to perform a blood test called Hemoglobin A1C prior to your surgery. This test tells us what your average blood glucose levels have been over the last 3 months. The target range is 7%, which correlates with an estimated average blood glucose level of 170 mg/dl. If the result of your A1C is above 7%, your surgery may be delayed to protect your safety until your diabetes is under control.

Importance of Your Coach

Involving a friend or relative as your Coach is very important.

Your Coach should plan to attend the Joint Replacement Pre-operative Class with you, visit during your hospital stay, provide support during exercise classes, and keep you focused on healing and recovery.

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Exercising Before Surgery

Many patients with arthritis of the hip avoid using their painful leg. Muscles become weaker, making recovery slower and more difficult. Beginning an exercise program before surgery can help make recovery faster and easier.

Consult your doctor before starting pre-operative exercises. Exercises are listed below that your doctor may instruct you to start and continue until your surgery. Take 15 to 20 minutes, twice a day to do your exercises. Perform exercises on both legs.

It is also important to strengthen your entire body, not only your legs before surgery. Strengthen your arms by doing chair push-ups because you will be relying on your arms when walking with the walker or crutches, getting in/out of bed and chairs, and moving on/off the toilet. Perform light endurance activities for your heart and lungs and walk 10 to 15 minutes each day.

It is important to be as flexible and strong as possible before having joint replacement surgery.

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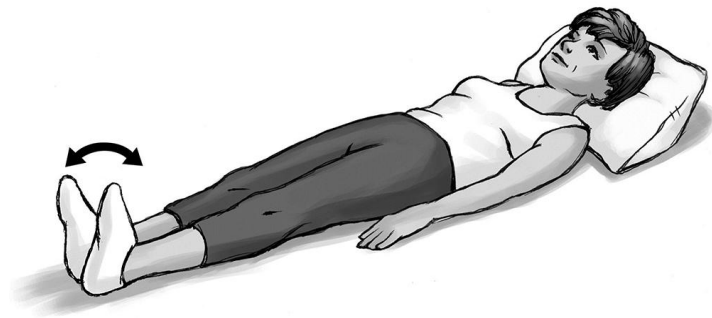
Pre-operative Hip Exercises

(Remember to maintain all hip precautions as you do these exercises. Do not do any exercise that is too painful.)

1. Ankle Pumps
2. Quad Sets
3. Gluteal Sets
4. Outward Heel Slides
5. Hip Flexion Heel Slides
6. Short Arc Quads
7. Straight Leg Raise
8. Heel Toe Raise Chair
9. Mini Squats
10. Armchair Push-ups

1 Ankle Pumps

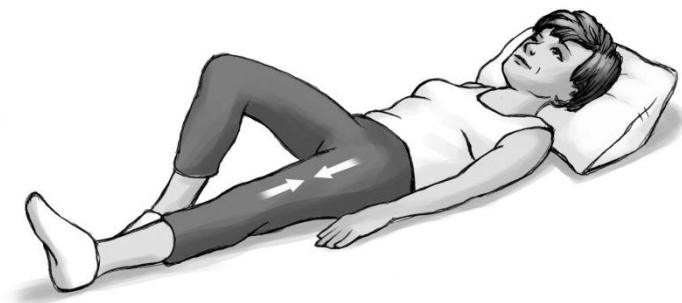
Gently point toes up towards your nose and down towards the surface. Do both ankles at the same time or alternating feet. Perform slowly.
Perform 20 times.



2 Quad Sets

Lie on your back, press knees into mat by tightening muscles on the front of the thigh (quadriceps). Hold for a 5 count. Do NOT hold breath.
Perform 20 times.

Coach's Note: Look and feel for the muscle above the knee to contract. Done correctly, the heel should come slightly off the surface. Be sure patients are not holding their breath during this and all other exercises.



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3 Gluteal Sets

Squeeze bottom together. Hold for a 5 count. Do NOT hold breath. **Perform 20 times.**

Coach's Note: Patient can place hands on right and left gluteal (buttocks) area and feel for equal muscle contractions. Be sure patients are not holding their breath during this and all other exercises.



4 Outward Heel Slides

Lie on your back with toes pointing toward the ceiling and knees straight. Tighten quad muscles and slide leg out to side and back to starting position. **Perform 20 times.**

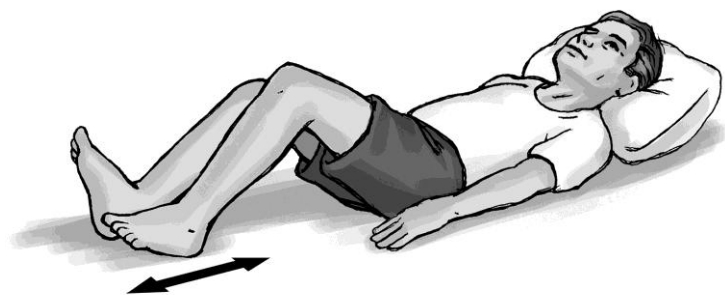
Coach's Note: Some patients are given specific hip precautions after surgery. For example, some patients cannot cross the midline with their surgical leg. Be sure you are aware of what hip precautions you are to follow with this and any exercise.



5 Hip Flexion Heel Slides

Lie on your back and slide heel up a flat surface bending knee. After surgery, your therapist may have you use a strap around foot to assist gaining knee bend. **Perform 20 times.**

Coach's Note: Patient should actively pull the heel up. Some patients are given specific hip precautions after surgery. For example, some patients cannot raise their surgical leg past 90 degrees of hip flexion. Be sure you are aware of what hip precautions you are to follow with this and any exercise. Your physical therapist may instruct you in using a strap to assist with this movement.

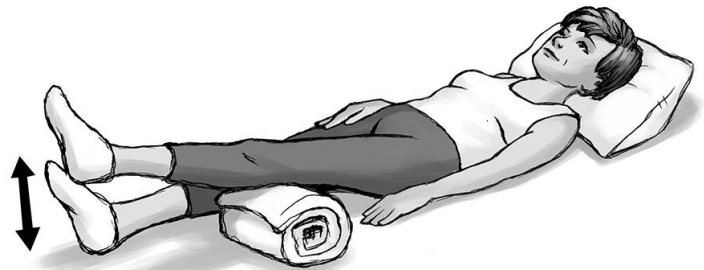


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6 Short Arc Quads

Lie on your back and place a 6-8 inch rolled towel under knee. Lift foot from surface, straightening knee as far as possible. Do not raise thigh off rolled towel. **Perform 20 times.**

Coach's Note: Work for full extension (straightening) of the knee. Assist with band or hand if needed to get full terminal extension.



7 Straight Leg Raise Hips

Lie on your back with unaffected knee bent and foot flat, tighten quad on affected leg and lift leg 12 inches from surface. Keep knee straight and toes pointed toward your head. **Perform 20 times.**

Coach's Note: If able, the patient can add a small ankle weight to their leg to increase their strength prior to surgery.



8 Heel Toe Raise Chair

Holding on to an immovable surface. Rise up on toes slowly for a 5 count. Come back to foot flat and lift toes from floor.

Coach's Note: When lifting up, do not lean backward.



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9 Mini Squats

Stand, with feet shoulder width apart, and holding on to a stationary object. Keep heels on floor as you bend knees to slight squat. Make sure your knees do not go past your toes. Return to upright position tightening buttocks and quads. Keep body upright, heels on floor and do not squat past 90 degrees hip flexion.

Perform 20 times.

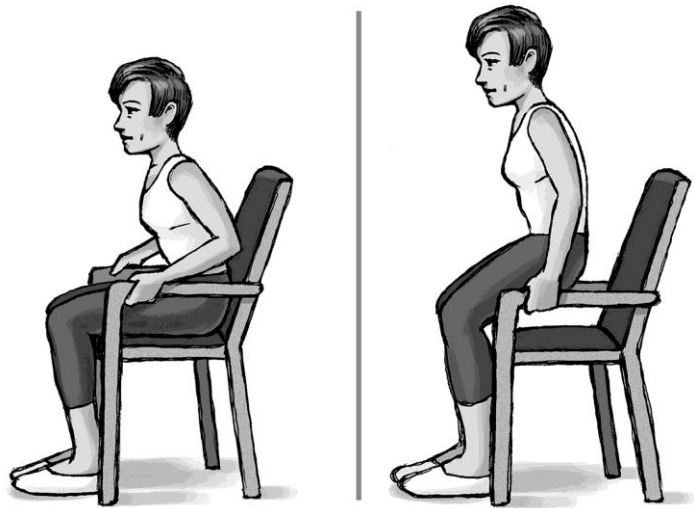
Coach's Note: Patient's knees should not move past their toes during this exercise.



10 Armchair Push-ups

Sitting in sturdy armchair with feet flat on floor, scoot to front of seat and place hands on armrests. Straighten arms raising bottom up from seat as far as possible. Use legs as needed to lift. Progress to using only arms and unaffected leg to perform push-up. Do not hold breath or strain too hard.

Perform 20 times.



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Prepare Your Home

- Put things you use often on a surface that is easy to reach.
- Check railings to make sure they are not loose.
- Complete house cleaning, do laundry and put it away.
- Put clean linens on the bed.
- Prepare meals and freeze them.
- Cut the grass, tend the garden and other yard work.
- Pick up throw rugs and tack down loose carpeting.
- Remove electrical cords and other obstructions from walkways.
- Install nightlights in bathrooms, bedrooms, and hallways.
- Install grab bars in the shower/bathtub and put adhesive slip strips in the tub.
- Arrange to have someone collect your mail and take care of pets.



Breathing Exercises

To prevent problems such as pneumonia, practice breathing exercises using the muscles of your abdomen and chest.

Deep Breathing

- Breathe in through your nose as deep as you can.
- Hold your breath for five to 10 seconds.
- Breathe out as if you were blowing out a candle. Notice your stomach going in. Breathe out for 10 to 20 seconds.
- Take a break and then repeat the exercise 10 times.

Coughing

- Take a slow deep breath. Breathe in through your nose and fill your lungs completely.
- Breathe out through your mouth and concentrate on your chest emptying.
- Repeat.
- Take another breath, but hold your breath and then cough hard. When you cough, focus on emptying your lungs.
- Repeat all steps twice.

Techniques such as deep breathing, coughing, and using an Incentive Spirometer may help prevent respiratory complications after surgery.

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Two Weeks Before Surgery

Preadmission Testing (PAT) Appointment

- At this appointment, you will meet with the PAT nurse to review medical/surgical history and medications. Please bring all medications and supplements to this appointment in their original containers.
 - Please advise the nurse if there are any medications that you would not like to be substituted during your hospital stay.
- You may also meet with an anesthesiologist to discuss anesthesia.
- You will receive pre-operative instructions and education on surgical site infection prevention.

Ten Days Before Surgery

Pre-operative Visit to Surgeon

Have an appointment in your surgeon's office within ten days prior to your surgery at your surgeon's discretion.

Five Days Before Surgery

The following should be followed to prevent surgical site infections.

- Do not shave 5 days prior to surgery.
 - Hips and knees- Do not shave below the waist
- Remove nail polish prior to surgery.
- Notify the surgeon's office if you have any open wounds, cuts, insect bites, rashes, sores, temperature > 99.0 F, cold or flu-like symptoms.

Day Before Surgery

Find Out Your Arrival Time at the Hospital by 4:30 pm.

- A pre-op nurse will call you to let you know what time your procedure is scheduled. (If your surgery is on a Monday, you will be called on the Friday prior to your surgery.)

Night Before Surgery

Follow the pre-operative instructions provided to you at your PAT appointment.

- Complete the pre-surgery shower using the Chlorhexidine soap provided to you. Remember not to use lotions, powders, creams, deodorant, or perfumes after your shower.
- Wear clean pajamas and sleep in clean sheet with no pets.
- Have your hospital bag packed with two pairs of clean loose-fitting clothing, and comfortable walking shoes with back strap.

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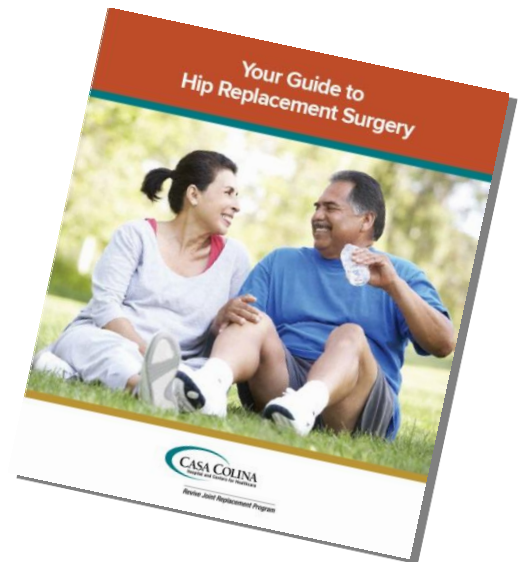
Day of Surgery

- Shower and use 2nd half of the Chlorhexidine soap repeating the same instructions as the night before surgery.
- Wear clean, loose, comfortable clothes.

Please arrive at the hospital at least two hours before surgery to give staff time to start IVs, prep, and answer any questions you may have. It is important you arrive on time as occasionally the surgery time is moved up.

Items to Take to the Hospital

- Personal hygiene items (toothbrush, deodorant, battery-operated razor, etc.)
- Watch or wind-up clock
- Loose fitting clothes (shorts, tops)
- Your walker, if you own one
- Slippers with non-slip soles; flat shoes or tennis shoes
- Battery-operated items (NO electrical items)
- Guidebook
- Copy of Advance Medical Directives (if you have one)
- Insurance card, driver's license, or photo I.D.
- Co-payment required by insurance company



Special Instructions

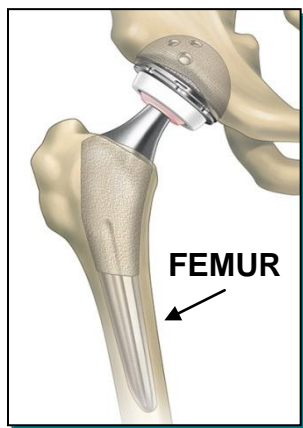
- Check with surgeon regarding diabetes or other medication which should NOT be taken the day of surgery.
- Leave jewelry, valuables, and large amounts of money at home.
- Remove makeup before procedure.
- Do not wear body lotion.
- Leave jewelry, valuables, and large amounts of money at home.
- Remove makeup before procedure.
- Nail polish is okay to leave on.
- No body lotion.

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Frequently Asked Questions (FAQs)

What is osteoarthritis and why does my hip hurt?

Osteoarthritis, the most common form of arthritis, is a wear and tear condition that destroys joint cartilage. Joint cartilage is tough, smooth tissue that covers the ends of bones where joints are located. It cushions the bones during movement, and because it is smooth and slippery, it allows for motion with minimal friction. Trauma, repetitive movement, or for no apparent reason, the cartilage wears down exposing the bone ends. Over time, cartilage destruction can result in painful bone-on-bone contact, swelling and loss of motion.



What is total hip replacement?

The term total hip replacement is misleading. The hip is not replaced, but rather an implant is used to re-cap the worn ends of the bone.

- Head of femur is removed.
- Metal stem is inserted into femur shaft and topped with a metal or ceramic ball.
- Worn socket (acetabulum) is smoothed and lined with a metal cup and either a plastic, metal, or ceramic liner.
- No longer does bone rub on bone, causing pain and stiffness.

How long will my new hip last and can a second replacement be done?

All implants have a limited life depending on an individual's age, weight, activity level, and medical condition(s). A joint implant's longevity will vary in every patient. An implant is a medical device subject to wear that may lead to mechanical failure. There is no guarantee that your implant will last for any specified length of time.

What are the major risks?

Most surgeries go well, without complications. However, infection and blood clots are two serious complications. To avoid these complications, your surgeon may use antibiotics and blood thinners.

How long will I be in the hospital?

Most patients will go home the day following their surgery. Mobility generally begins the day of surgery. Using a walker, your nurse or physical therapist will help you walk to the bathroom and sit in a chair. Patients are generally discharged to home once they are able to sit, stand and walk safely with the walker or other assistive device.

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What if I live alone?

Three options are available to you.

- Return home and receive help from a relative or friend.
- Have a home health nurse and physical therapist visit you at home for two or three weeks.
- Stay in a sub-acute facility following your hospital stay.



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Section Two: At the Hospital

Understanding Anesthesia

Anesthesiologists

Casa Colina's board-certified and board-eligible anesthesiologists oversee your pre-operative care, operating room care, and post-surgical care.

Types of Anesthesia

- **General anesthesia** - produces temporary unconsciousness.
- **Spinal/regional anesthesia** - involves the injection of a local anesthetic providing numbness, loss of pain, or loss of sensation to the body (spinal blocks, epidural blocks and leg blocks).

Side Effects

Your anesthesiologist will discuss the risks and benefits associated with each anesthetic option, as well as complications or side effects that can occur.

You will be given medications to treat nausea and vomiting which sometimes occurs with the anesthesia. The amount of discomfort experienced varies among each individual. Your discomfort should be minimal, but do not expect to be totally pain free. Staff will teach you the pain scale to assess your pain level.

Understanding Pain

Pain can be chronic (lasting a long time) or intense (breakthrough) — and pain will change through the recovery process.



From Wong D.L., Hockenberry-Eaton M., Wilson D., Winkelstein M.L., Schwartz P.: *Wong's Essentials of Pediatric Nursing*, ed. 6, St. Louis, 2001, p. 1301. Copyrighted by Mosby, Inc. Reprinted by permission.

Pain Scale

Using a number to rate your pain can help the Revive Joint Replacement Team understand and help manage it. "0" means no pain and "10" means the worst pain possible. With good communication, the team can make adjustments to make you more comfortable.

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Hospital Care - What to Expect

Before Surgery

- Your surgeon and anesthesiologist will meet with you prior to surgery to review your information and answer any final questions you may have. Your surgeon will initial the operative thigh.
- Intravenous (IV) fluids will be started and pre-operative medications may be given.
- Before you receive the anesthesia, monitoring devices will be attached (blood pressure cuff, EKG, and other devices).

During Surgery

- The anesthesiologist will manage vital signs — heart rate and rhythm; blood pressure; body temperature and breathing; as well as monitor your fluid and need for blood replacement if necessary.

After Surgery

- You will be taken to the Post Anesthesia Care Unit (PACU). Your pain level will be assessed, vital signs monitored, and an x-ray of your new joint may be taken.
- Depending on the type of anesthesia used, you may experience blurred vision, a dry mouth, and chills.
- You will then be taken to the specially designated Revive Joint Replacement Program Wing of the hospital.
- Your pain should be well controlled throughout your stay. If it is not, please inform your nurse.
- Only one or two very close family members or friends should visit on surgery day.
- You will need your own clothes after surgery. Please have your Coach bring them up once you are assigned to a room. Staffing and/or your Coach will help you get dressed prior to getting out of bed.
- At some point on this day, you will be assisted out of bed to walk or sit in a chair by a physical therapist or nurse. Mobility helps to relieve discomfort. It is important you begin ankle pumps. This will help to prevent blood clots from forming in your legs.
- Begin using your Incentive Spirometer and doing the deep breathing exercises you learned.
- Your coach is welcome to stay overnight. If they do decide to go home, please remind them to return by 7 a.m. the next day. They play a vital role in your recovery and it's important to have them present throughout this process.

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Hospital Care - What to Expect

Post-op Day One

- Expect to be out of bed, dressed in your own clothes, and seated in a chair. Shorts/tops are best; long pants are restrictive. Please ask your Coach to be present by 7 a.m.
- Your surgeon, Orthopedic Nurse Practitioner and/or Orthopedic Care Coordinator will visit.
- A medical doctor or Orthopedic Nurse Practitioner will evaluate you to provide medical clearance.
- Intravenous (IV) pain medication will be available if your pain is severe. We encourage oral pain medication as soon as possible.
- The physical therapist will evaluate you and determine if cleared for discharge. If evaluation was performed on the day of surgery and cleared by your physical therapist, you will be encouraged to walk the unit in the morning with our staff or your Coach.
- You will have group therapy in the dayroom with other patients that have also had elective joint replacement surgery. Your Coach is required to be present. This will give them the opportunity to know how to assist you once you are discharged home.
- For patients being discharged to homes with stairs, “stair training” will be performed.
- After group therapy, there will be a discharge class for all the patients being discharged.
- A group lunch will follow with other patients, staff, and your Coach.
- Our goal is to discharge patients by 1 p.m.
- If you are not discharged the same day and require another day in the hospital, your therapy will continue in the afternoon.

Physical Therapy Schedule

Please note that the schedule below is typical but actual times may vary. Your physical therapist (PT) will advise patients and family members if times change.

Day of Surgery (DOS)

- Some patients may be seen by the PT today for their post-operative evaluation if you arrive on the floor by 2 pm.

Post-op Day One

- For patients not evaluated on DOS, the PT will come to your room to evaluate you between 7 a.m. and 11 a.m. Coaches are encouraged to stay the night or be available the following morning by 7 a.m.
- A group therapy session will begin at 11 a.m. Coaches must attend.
- If you are not discharged and cleared by PT, you will have a physical therapy session in the afternoon. Exercises instructed by your physical therapist will be performed in your room.

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Discharge Options

Going Directly Home

- Arrange for someone to pick you up from the hospital
- Receive discharge instructions concerning medications, physical therapy, activity, etc.
- Confirm equipment delivery; the hospital will make arrangements if you do not already have a walker
- Take this Guide with you.
- Most patients going home will begin therapy at an outpatient physical therapy facility in approximately 1 week.
- If home health services are needed, they will be arranged by the case manager.



If You Are Unable to Go Home

- If this is planned prior to admission, discuss the plan with your surgeon and let the OCC know.
- Case management will arrange for the evaluation.
- Transfer papers will be completed by nursing staff.
- Your doctor or a doctor from a sub-acute or acute rehabilitation facility will care for you in consultation with your surgeon.
- Sub-acute and acute rehabilitation stays must be approved by your insurance company. In order to transfer to a rehabilitation facility, you must meet admission criteria established by the facility in accordance with your insurance company or Medicare.
- If rehabilitation is not approved, you may still choose to go there and pay privately or the hospital will make alternate arrangements for home care.

Your Guide to Hip Replacement Surgery

Frequently Asked Questions (FAQs)

What happens during surgery?

Hospital reserves approximately two to three hours for surgery. Time will be taken by operating room staff to prepare you for surgery. You may have general anesthetic - "being put to sleep." Some patients will also have a spinal or epidural anesthetic which numbs the legs and blocks the pain messages to the brain. A local block may also be given. The choice is between you, your surgeon, and the anesthesiologist. These options will be discussed at your PAT visit and again on the DOS.

Will surgery be painful?

You will have discomfort following surgery, but we keep you comfortable with appropriate medication. Most patients will receive oral pain medication with some additional IV medication for "breakthrough" pain. It is very important to follow your surgeon's medication timeline once home to stay ahead of the pain.

How long and where will my scar be?

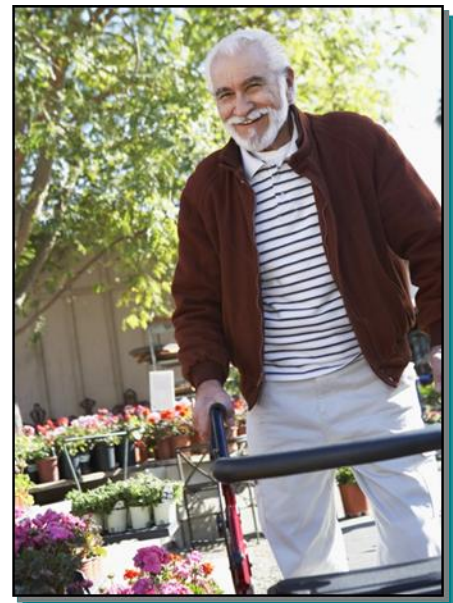
Surgical scars will vary in length, but most surgeons make the incision as small as possible. It will be straight down center of your knee, unless you have previous scars, in which case your surgeon may use an existing scar. There may be lasting numbness around the scar.

Will I need a walker, crutches, or a cane?

Patients progress at their own rate. We recommend you use a walker and progress to a cane for four to six weeks. The Orthopedic Care Coordinator can arrange for equipment as needed.

Where will I go after discharge from the hospital?

Most patients are able to go home directly after discharge. Some patients may transfer to a rehabilitation facility if necessary. The Orthopedic Care Coordinator, physical therapist and surgeon will help with this decision and make necessary arrangements. Check with your insurance company if it will be covered.



Your Guide to Hip Replacement Surgery

Section Three: At Home After Surgery

Caring for Yourself at Home

Things you need to know for safety, recovery, and comfort.

Try not to nap during the day so you will sleep at night.

Be Comfortable

- Take pain medicine at least 30 minutes before physical therapy.
- Wean off prescription medication to non-prescription pain reliever. Take two Extra-strength Tylenol[®] tablets up to four times per day.
- Change position frequently (every 45 minutes – 1 hour) to prevent stiffness.
- Use ice for pain control at least 30 minutes each hour. Do not place ice directly on the skin. Use before and after exercise program.

Body Changes

- Appetite may be poor, but your desire for solid food will return.
- Drink plenty of fluids.
- May have difficulty sleeping.
- Energy level will be low; this may last for up to the next four weeks.
- Pain medication that contains narcotics promotes constipation. Use stool softeners or laxatives, if necessary.

Blood Clots

Aspirin or another blood thinner will be prescribed by your surgeon to avoid blood clots in your legs. This should be discussed with your surgeon prior to surgery.

Swelling/Compression Stockings

Swelling is normal and expected following your surgery.

- If swelling in operative leg is bothersome, elevate leg for short periods. Lie down and raise leg above heart level.

Your surgeon may require that you wear special stockings to compress veins in your legs. This helps keep swelling down and reduces chance for blood clots.

- Wear stockings continuously, removing to shower and wash.
- Notify the surgeon if pain or swelling increases in either leg not relieved with rest and elevation.
- Wear stockings for six weeks after surgery; ask surgeon when you can discontinue.

Your Guide to Hip Replacement Surgery

Incision Care

- Keep incision dry and follow the instructions given by your surgeon and at discharge.
- Do not remove the dressing or Steristrips unless instructed by your surgeon. If you have an OnQ pump, you may have an extra dressing over the Steristrips until the pump is removed.
- You may shower once you are home, unless otherwise instructed by your surgeon.
- After showering, pat the area dry with a clean towel.
- Notify surgeon if there is increased drainage, redness, pain, odor, or heat around the incision.
- Take temperature if feeling warm or sick. Call surgeon if temperature/fever exceeds 100.4 degrees.

Recognizing and Preventing Potential Complications

Infection

Signs of infection include:

- Increased rather than reduced swelling, warmth, pain, and redness at incision site.
- Change in color, amount, and odor of drainage.
- Fever greater than 100.4 degrees.

Prevention

- Take proper care of incision.
- Notify doctor and dentist you have a joint replacement.
- Notify dentist or surgeon before having dental work or other invasive procedures done—prophylactic antibiotics may be prescribed.

Blood Clots

Surgery may cause the blood to slow and coagulate in veins of legs, creating a blood clot. If a clot occurs, you may need to be admitted to the hospital to receive intravenous blood thinners.

Signs of blood clots include:

- Swelling in thigh, calf, or ankle that does not go down with elevation.
- Pain, heat, and tenderness in calf, back of knee, or groin area.
- Blood clots can form in either leg.

Prevention

- Perform ankle pumps.
- Walk several times a day.
- Wear compression stockings if prescribed.
- Take blood thinners as directed.

Your Guide to Hip Replacement Surgery

Pulmonary Embolism

An unrecognized blood clot could break away from the vein and travel to the lungs. This is an emergency — **CALL 911**.

Signs of a pulmonary embolism include:

- Sudden chest pain.
- Difficult and/or rapid breathing.
- Shortness of breath.
- Sweating.
- Confusion.

Prevention

Follow guidelines to prevent blood clot in legs.

Post-operative Goals

Weeks One to Two

Our goal is to discharge you from the hospital the day following surgery. Most patients go directly home, but some may go to a rehabilitation center.

- Continue with walker unless otherwise instructed.
- Walk at least 300 feet with walker or support.
- If you have stairs, climb and descend flight of stairs (12-14 steps) with rail once a day.
- Straighten knee completely.
- Gradually resume homemaking tasks.
- Do 20 minutes of home exercises twice a day.

Weeks Two to Four

Our goal is to help you gain more independence and return you to an active lifestyle. Follow home exercise program to achieve the best results.

- Achieve one- to two-week goals.
- Begin weaning from narcotics as able.
- Move to cane or single crutch, as instructed by physical therapy.
- Increase walking distance gradually up to a quarter of a mile. Use pain and swelling as your guide on increasing distance.
- Climb and descend flight of stairs (12-14 steps) more than once daily.
- Bend your knee more than 90 degrees.
- Straighten knee completely.
- Shower and dress.

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- Resume homemaking tasks.
- Do 20 minutes of home exercises twice a day.
- Begin driving at two weeks if your operative extremity was your left and no longer taking narcotics or medication that affects your ability to operate a vehicle. Resume driving if right extremity was the operative extremity when you can safely and effectively operate a vehicle and are no longer taking narcotics or medication that affects your ability to operate a vehicle. Your physical therapist can help you determine when you are ready.

Weeks Four to Six

Our goal is your recovery to full independence. Home exercise program is important as you receive less supervised therapy.

- Achieve one- to four-week goals.
- Walk with cane or no assistive device.
- Walk one-quarter to one-half mile.
- Progress on a stair from one foot to regular stair climbing (foot over foot).
- Actively bend knee 110 degrees.
- Straighten knee completely.
- Drive a car (regardless of which knee had surgery), if no longer taking pain medications that affect the ability to safely operate a vehicle. Use good judgment.
- Home exercise program twice a day.

Weeks Six to 12




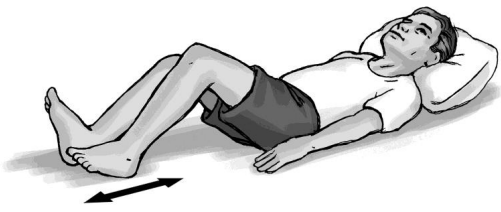


Our goal is to have you resume all of your activities.

- Achieve one- to six-week goals.
- Walk without cane and without a limp.
- Climb and descend stairs in normal fashion (foot over foot).
- Walk one-half to one mile.
- Bend knee to 120 degrees.
- Improve strength to 80%.
- Resume activities including dancing, bowling and golf.

Post-operative Exercises







Exercise is important to achieve the best results from hip surgery. Consult your doctor before starting an exercise program. Receive exercises from a physical therapist, at an outpatient facility, or participate in a home exercise program. Remember to maintain all hip precautions as you do these exercises. Do not do any exercise that is too painful.

Your Guide to Hip Replacement Surgery

<h3>1. Ankle Pumps</h3>	<h3>2. Gluteal Sets</h3>
	
<p>Gently point toes up towards your nose and down towards the surface. Do both ankles at the same time or alternating feet. Perform slowly.</p>	<p>Squeeze the buttocks together as tightly as possible. Hold for 10 count. <i>Coach's Note: Patient can place hands on right and left gluteal (buttocks) area and feel for equal muscle contractions. Be sure patients are not holding their breath during this and all other exercises.</i></p>
<h3>3. Outward Heel Slides</h3>	<h3>4. Hip Flexion Heel Slides</h3>
	
<p>Lie on your back with toes pointing toward the ceiling and knees straight. Tighten quad muscles and slide leg out to side and back to starting position.</p>	<p>Lie on your back and slide heel up a flat surface bending knee. Your therapist may have you use a strap around foot to assist gaining knee bend. <i>Coach's Note: Patient should actively pull the heel up as far as possible. Once they have gone as far as they can, use a strap to assist with more knee bend.</i></p>
<h3>5. Short Arc Quad</h3>	<h3>6. Straight Leg Raise Knees</h3>
	
<p>Place a large can or rolled towel (about 8" diameter) under the leg. Straighten knee and leg. Hold straight for 5 count. <i>Coach's Note: Work for full extension (straightening) of the knee. Assist with band or hand if needed to the terminal extension.</i></p>	<p>Lie on your back with unaffected knee bent and foot flat, tighten quad on affected leg and lift leg 12 inches from surface. Keep knee straight and toes pointed toward your head.</p>

Your Guide to Hip Replacement Surgery

At Home Exercises

<h3>7. Long Arc Quads</h3>	<h3>8. Standing Hip Flexion</h3>
	
<p>Start with your knee bent with your foot flat on the floor. Use the muscles (quadriceps) on the top of the thigh to straighten your knee until your knee is as straight as possible. Hold for a count of 5 and then slowly return to starting position. Keep the back of your thigh on the chair and do not bend forward at the waist.</p>	<p>Stand holding onto a stable object, such as a countertop, with feet about hip width apart. Slowly lift the affected leg up towards your chest by bending the hip and the knee then slowly return to the starting position. This is like marching but only with the affected leg. DO NOT GO PAST 90 DEGREES HIP FLEXION.</p>
<h3>9. Heel Raises</h3>	<h3>10. Standing Hip Abduction</h3>
	
<p>Instructions: Holding on to an immovable surface. Rise up on toes slowly for a 5 count. Come back to foot flat and lift toes from floor. <i>Coach's Note: When lifting up, do not lean backward.</i></p>	<p>Holding onto an immovable surface, step non-affected leg forward. Rock weight back and forth over the affected leg keeping the knee straight. <i>Coach's Note: The tendency is for the affected knee to bend. Encourage a straight knee on the affected leg and equal weight bearing through both legs.</i></p>
<h3>11. Standing Hip Extension</h3>	<h3>12. Standing Knee Flexion (Bends)</h3>
	

Your Guide to Hip Replacement Surgery

Stand holding onto a stable object, such as a countertop, with feet about hip width apart. With your knee as straight as possible, slowly lift your affected leg backwards from the hip and then slowly return to the starting position. Try to keep your back straight and do not bend forward.

Instructions Holding on to an immovable surface, bend the involved leg up behind you. Straighten to a full stand, with weight on both legs. *Coach's Note: The tendency is for the hip to come forward as the knee is bent. Encourage a straight line from the shoulder to knee.*

Your Guide to Hip Replacement Surgery

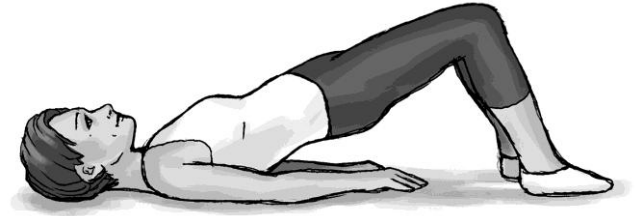
Advanced Exercises

To be added by the therapist after surgery. Do not do any exercise that is too painful.

Bridge Exercise

Lie on your back with knees bent and feet flat on surface; push down on feet as you tighten buttocks and hamstring muscles and lift hips from surface. Concentrate on pushing equally through both feet. Hold for 5 count then return to start position

Perform 20 times.



Side Lying Abduction

Lie on your non operative side with unaffected knee straight. Place a pillow between your knees. Lift your operative leg off of your bottom leg as high as possible without rotation of your pelvis. Return to the starting position.

Perform 20 times.



Straight Leg Raise Hips Prone

Lie on your stomach and lift your surgical leg toward the ceiling then slowing lower your leg to the starting position. **Perform 20 times.**

Coach's Note: Be sure the patient is aware of any hip precautions. If able, the patient can add a small ankle weight to their leg to progressively increase their strength.



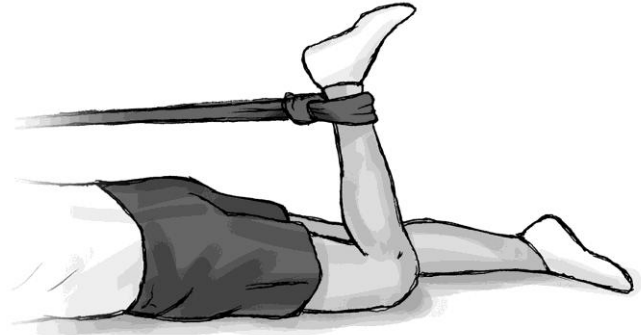
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Quad Stretch

Lie on your stomach. Bend up surgical knee, raising your foot from the bed as far up toward your buttocks as you can. If able, place a folded bed sheet or exercise band around your ankle and pull your foot toward your bottom until you feel a stretch. Hold for 20- 30 seconds. Lower foot back down to the bed.

Repeat 5 times.

Coach's Note: *Be sure the thigh stays flat on the bed or floor during this exercise.*



Mini Squats

Stand, with feet shoulder width apart, and holding on to a stationary object. Keep heels on floor as you bend knees to slight squat. Make sure your knees do not go past your toes. Return to upright position tightening buttocks and quads. Keep body upright, heels on floor and do not squat past 90 degrees hip flexion.

Perform 20 times.

Coach's Note: *Patient's knees should not move past their toes during this exercise.*



Hip Flexor

Stand up straight and hold on to a sturdy chair or countertop/kitchen sink for balance. Step backward with the leg you are stretching. Then lean forward allowing the front knee to bend until you feel a slight stretch in the front of your thigh. Hold for 20-30 seconds.

Repeat 5 times.

Coach's Note: *Feet should remain planted on the floor with toes facing forward.*



Your Guide to Hip Replacement Surgery

Wall Slides

With feet shoulder-width apart and back to wall, slide down wall as far as comfortable. Make sure your knees do not go past your toes. Your therapist will guide you on how far to slide down wall. Make sure you keep equal weight on both legs. Push back up equally through both legs and come to standing.

Perform 20 times.



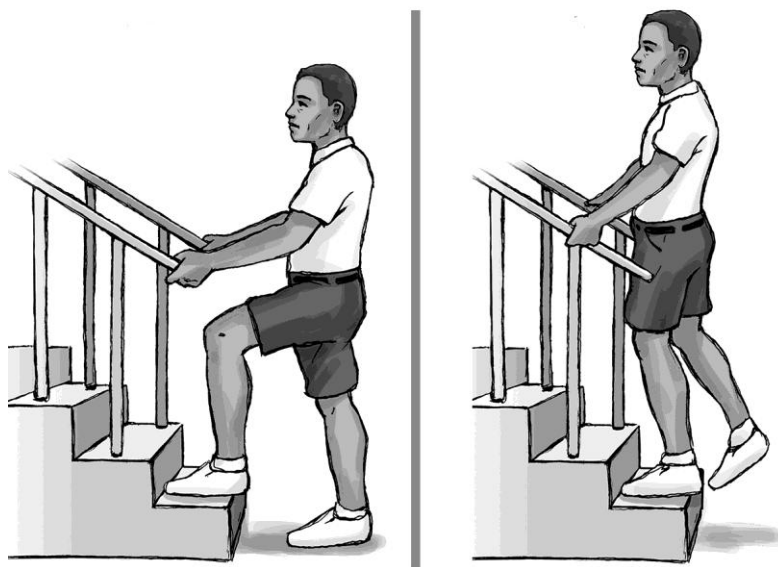
Advanced Stair Exercises

Started 6-24 weeks after surgery, the physical therapist will instruct you on what step height on which to start. Do not do any exercise that is too painful.

Single Leg Forward Stairs

Hold onto stair railing – place affected foot on first step. Step up on stair with affected leg. Return to start position. May need to begin with 2-4” step (book/block) and progress to higher step as tolerated.

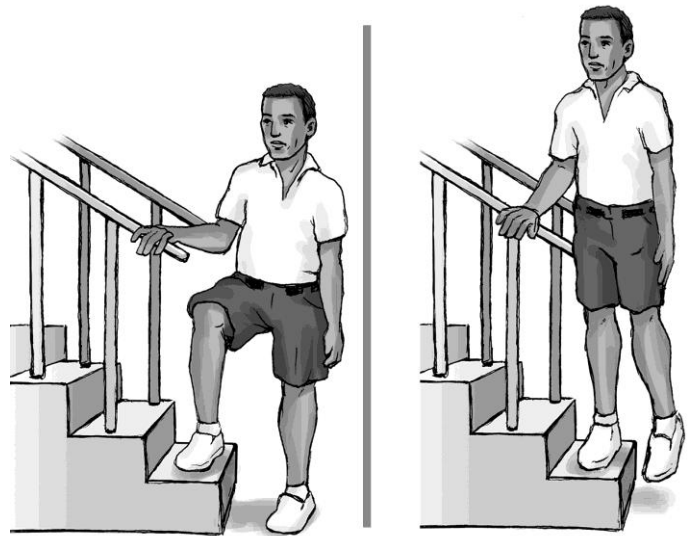
Perform 20 times.



Your Guide to Hip Replacement Surgery

Single Leg Lateral Stairs

Face railing, with affected leg nearest step. Holding onto railing, place foot on step and slowly step up lifting unaffected leg from floor; slowly lower foot to start position. May need to begin with 2-4" step and progress to higher step as tolerated. **Perform 20 times.**



Heel Toe Raise Stairs

Stand, holding onto railing, with toes on stair and over edge. Relax and let heels hang down. Hold for 20 seconds. **Perform 5 times.**



Your Guide to Hip Replacement Surgery

Hip Precautions

Anterior Approach Hip Precautions

Generally, the anterior approach hip replacement does not have any movement or bending restrictions of the new hip as does the more traditional posterior approach hip replacement. Be sure to discuss with your surgeon to find out if you have any movement restrictions.

Posterior Approach Hip Precautions

Care must be taken to prevent the new hip from coming out of socket or dislocating from pelvis. Simple precautions will keep the risk at a minimum.

1. **DO NOT cross your legs.**
 2. **DO NOT bend your hip past 90 degrees.**
 3. **DO NOT turn/point your toes or knees inward.**
- Do not bend at waist beyond 90 degrees.
 - Do not lift knees higher than hips.
 - Do not twist over surgical leg – pick feet up and do step turns.
 - When lying down, do not bend forward to pull blankets from around feet.
 - Avoid low toilets or chairs that would cause bend at waist beyond 90 degrees.
 - Do not bend over to pick things up – use a reacher.

Your Guide to Hip Replacement Surgery

Activities of Daily Living

Standing With Walker

Do NOT pull up on walker to stand! Sit in chair with armrests.

1. Extend surgical leg so knee is lower than hips.
2. Scoot hips to edge of chair.
3. Push up with both hands on armrests. If a chair doesn't have an armrest, place one hand on walker while pushing off side of chair with other. Balance before grabbing for walker.



Sitting With Walker

1. Back up to center of chair until you feel chair on back of legs.
2. Slide out foot of surgical hip, keeping strong leg close to chair for sitting.
3. Reach back for armrest one at a time.
4. Slowly lower body to chair, keeping surgical leg forward as you sit.



Your Guide to Hip Replacement Surgery

Bed Transfers

Getting Into Bed

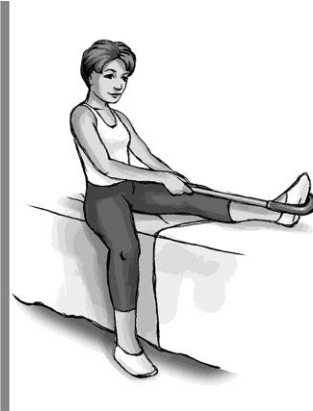
1. Back up to bed until you feel it on back of legs (need to be midway between foot and head of bed).
2. Reaching back with both hands, sit down on edge of bed and scoot back toward center of mattress. (Silk pajama bottoms, satin sheets, or sitting on plastic bag may make it easier.)
3. Move walker out of way, but keep it within reach.
4. Scoot hips around so you are facing foot of bed.
5. Lift leg into bed while scooting around (if this is surgical leg, you may use a cane, rolled bed sheet, belt, or elastic band to assist with lifting leg into bed).
6. Keep scooting and lift other leg into bed using assistive device. Do not use other leg to help as this breaks hip precautions.
7. Scoot hips toward center of bed.



Back up until you feel leg on bed.



Sit keeping knee lower than hip.



Scoot back on bed lifting leg onto bed.

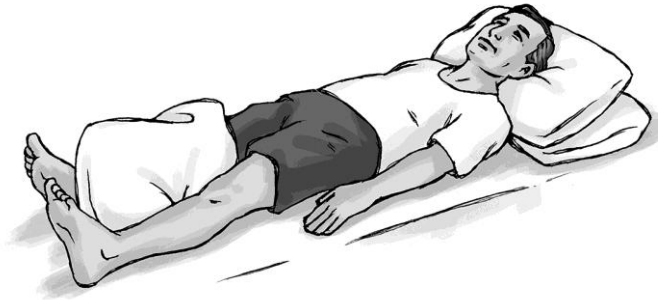
Getting Out of Bed

1. Scoot hips to edge of bed.
2. Sit up while lowering non-surgical leg to floor.
3. If necessary, use leg-lifter to lower surgical leg to floor.
4. Scoot to edge of bed.
5. Use both hands to push off bed. If bed is low, place one hand in center of walker while pushing off bed with other.
6. Balance before grabbing walker.



Your Guide to Hip Replacement Surgery

Lying in Bed



Keep pillow between legs when lying on back. Position leg so toes are pointing to ceiling – not inward or outward.



To roll from back to side, bend knees slightly, place pillow between legs so surgical leg does not cross midline. Roll onto side.

Walking

1. Push rolling walker forward.
2. Step forward placing foot of surgical leg in middle of walker area.
3. Step forward the non-surgical leg. Do NOT step past front wheels of walker.



- Note:
- Take small steps. Keep walker in contact with floor, pushing it forward like shopping cart.
 - If using a rolling walker, advance from basic technique to normal walking pattern. Holding onto walker, step forward with surgical leg, pushing walker as you go; try to alternate with equal step forward using non-surgical leg. Continue to push walker forward. When you first start, this *may not* be possible, but you will find this gets easier. Make sure your foot does not go past the front of the walker when taking a step. Ideally, the foot should land in the center of the walker.

Your Guide to Hip Replacement Surgery

Stair Climbing

1. Begin climb (ascend) with non-surgical leg first (up with good).
2. Go down (descend) with surgical leg first (down with bad).
3. Always hold on to railing!

Tub Transfers

Getting Into the Tub Using Bath Seat

1. Select bath seat that is tall enough to ensure hip precautions can be followed.
2. Place bath seat in tub facing faucet.
3. Back up to tub until you feel it at back of knees. Be sure you are in line with bath seat.
4. Reach back with one hand for bath seat. Keep other hand in center of walker.
5. Slowly lower onto bath seat, keeping surgical leg out straight.
6. Move walker out of way, but within reach.
7. Lift legs over edge of tub, using leg lifter for surgical leg, if necessary. Hold onto shower seat or railing.

Getting Out of the Tub Using Bath Seat

1. Lift legs over outside of tub.
2. Scoot to edge of bath seat.
3. Push up with one hand on back of bath seat while holding on to center of walker with other hand.
4. Balance before grabbing walker.



Note:

- Although bath seats, grab bars, long-handled bath brushes, and hand-held showers make bathing easier and safer, they are typically not covered by insurance.
- Use rubber mat or non-skid adhesive on bottom of tub or shower.
- To keep soap within reach, make soap-on-a-rope by placing bar of soap in toe of old

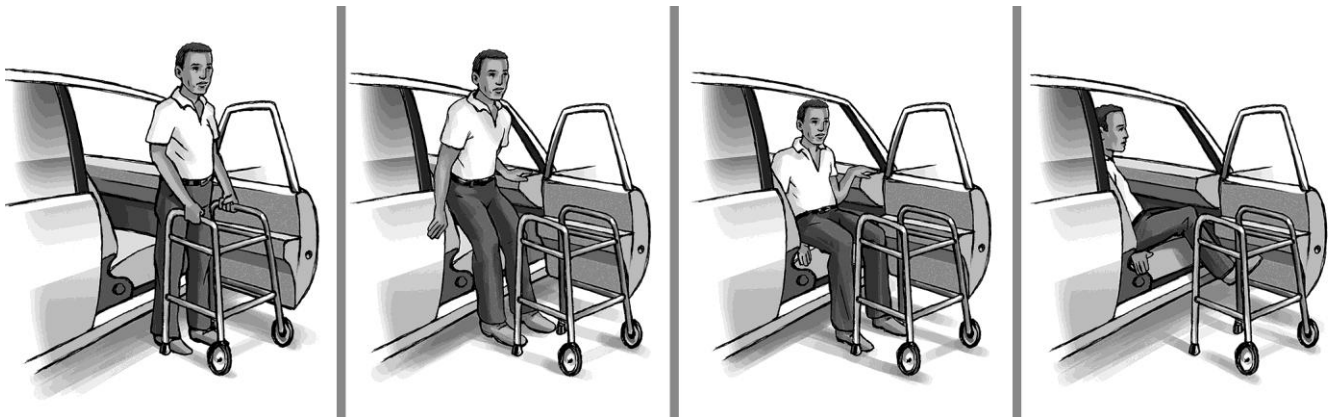
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pair of pantyhose and attach it to bath seat.

Car Transfers

Getting Into the Car

1. Push car seat all the way back; recline seat back to allow for adequate room to get in and out, but always have it upright for travel.
2. Place plastic bag on seat to help you slide.
3. Back up to car until you feel it touch back of leg.
4. Hold on to immovable object – car seat or dashboard – and slide surgical foot out straight. Watch your head as you sit down. Slowly lower yourself to car seat.
5. Lean back as you lift surgical leg into car. Use your cane, leg lifter, or other device to assist.



Getting Out of the Car

Bring your legs out one at a time. Lead with your hips and shoulders and do not twist your back. Place your right hand on back of the seat and the left hand on the frame or dashboard. Push up to stand. Reach for the walker when you are stable.



Your Guide to Hip Replacement Surgery

Getting Dressed

A reacher or dressing stick can help remove pants from foot and off floor.

Putting on Pants and Underwear

1. Sit down. Put surgical leg in first and then non-surgical leg. Use reacher or dressing stick to guide waistband over foot.
2. Pull pants up over knees.
3. Stand with walker in front to pull pants up.

Taking off Pants and Underwear

1. Back up to chair or bed.
2. Unfasten pants and let them drop to floor. Push underwear down to knees.
3. Lower yourself down, keeping surgical leg out straight. Take non-surgical leg out first and then surgical leg.



Using Sock Aid

1. Slide sock onto sock aid.
2. Hold cord and drop sock aid in front of foot. Easier to do if knee is bent.
3. Slip foot into sock aid.
4. Straighten knee, point toe, and pull sock on.
5. Keep pulling until sock aid pulls out.



Using Long-handled Shoehorn

1. Use reacher, dressing stick, or long-handled shoehorn to slide shoe in front of foot.
2. Place shoehorn inside shoe against back of heel.
3. Lean back as you lift leg and place toes in shoe.
4. Step down into shoe, sliding heel down shoehorn.

This can be performed sitting or standing. Wear sturdy slip-on shoes or shoes with Velcro closures or elastic shoelaces. Do NOT wear high-heeled shoes or shoes without backs.

Your Guide to Hip Replacement Surgery

Around the House: Saving Energy and Protecting Your Joints

Kitchen

- Do NOT get on knees to scrub floors. Use a mop and long-handled brushes.
- Plan ahead! Gather all cooking supplies at one time. Sit to prepare meal.
- Place frequently-used cooking supplies and utensils where they can be reached without much bending or stretching.
- To provide better working height, use a high stool or put cushions on a chair when preparing meals.



Bathroom

Do NOT get on knees to scrub bathtub. Use a mop or other long-handled brushes.

Safety Tips and Avoiding Falls

- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or have non-skid backs.
- Be aware of floor hazards such as pets, small objects, or uneven surfaces.
- Provide good lighting throughout. Install nightlights in bathrooms, bedrooms, and hallways.
- Keep extension cords and telephone cords out of pathways. Do NOT run wires under rugs — this is a fire hazard.
- Do NOT wear open-toe slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
- Sit in chairs with arms to make it easier to get up.
- Rise slowly from either sitting or lying position to avoid getting light-headed.
- Do not lift heavy objects for first three months and then only with surgeon's permission.

Your Guide to Hip Replacement Surgery

Dos and Don'ts for Rest of Your Life

What to Do

- Notify your dentist or other doctor/surgeon in advance if you are having dental work or other invasive procedures. Generally, antibiotics are taken prior to procedure.
- Although risks are low for post-operative infections, the risk remains. A prosthetic joint could possibly attract bacteria from an infection located in another part of your body.
- If you develop a fever of more than 100.4 degrees or sustain an injury such as a deep cut or puncture wound, you should clean it as best you can, put a dressing or adhesive bandage on it, and notify your doctor. The closer the injury is to your prosthesis, the greater the concern. Occasionally, antibiotics may be needed. Superficial scratches may be treated with topical antibiotic ointment. Notify your doctor if area is painful or reddened.
- When traveling, stop and change positions hourly to prevent your joint from tightening.

Exercise

With permission from your orthopedic surgeon and primary care doctor, you should be on a regular exercise program three to four times per week, lasting 20 to 30 minutes.

- Impact activities such as running and singles tennis may put too much load on the joint and are generally not recommended.
- High-risk activities such as downhill skiing are discouraged because of risk of fractures around the prosthesis and damage to prosthesis itself.

Exercise – Do

- Choose low impact activity.
- Recommended exercise classes (below).
- Home program outlined in Guidebook.
- Regular one- to three-mile walks.
- Home treadmill (for walking).
- Stationary bike.
- Aquatic exercises.
- Regular exercise at fitness center.
- Low-impact sports such as golf, bowling, gardening, dancing, swimming, etc.
- Consult surgeon or physical therapist about specific sport activities.



Exercise – Don't

- Do not run or engage in high-impact activities or activities that require a lot of starts, stops, turns, and twisting motions.
- Do not participate in high-risk activities such as contact sports.
- Do not take up sports requiring strength and agility until you discuss it with surgeon or PT.

Your Guide to Hip Replacement Surgery

Recommended Exercise Classes

Joints in Motion

Program designed for individuals before and after joint replacement surgery and those experiencing joint, muscular, cardiovascular, or neuromuscular limitations. Program emphasizes increased flexibility, muscular strength, and cardiovascular endurance to promote balance and improved functional capacity. Participants have option to remain seated throughout class. Your doctor's permission is required.

Aquatic

Participants are led by certified aquatic fitness professionals through a series of designed exercises that, with the aid of the water's buoyancy and resistance, can improve joint flexibility and muscular strength. Warm water and gentle movements can help relieve pain and stiffness. Doctor's permission is required.

Arthritis Foundation Exercise Program (AFEP)

Developed by Arthritis Foundation, but not limited to individuals with arthritis. AFEP uses gentle activities to promote increased joint flexibility, range-of-motion, and maintain muscle strength. Advanced version helps increase overall stamina. Participants must be walking (ambulatory) and have a doctor's permission.

You need a regular exercise program to maintain the fitness and health of muscles around your joints.

Your Guide to Hip Replacement Surgery

Importance of Lifetime Follow-up Visits

When should you follow-up with your surgeon?

- Every year, unless instructed differently.
- Anytime you have mild pain for more than a week.
- Anytime you have moderate or severe pain.

There are reasons for routine follow-up visits with your orthopedic surgeon.

If you have a cemented hip, the integrity of cement needs to be evaluated. With time and stress, cement may crack. A crack in cement does not necessarily mean you need another surgery, but it means things need to be followed more closely.

Your hip could become loose and this might lead to pain. Alternatively, the cracked cement could cause a reaction in the bone called osteolysis, which may cause the bone to thin out and cause loosening.

Second reason for follow-up is bearing surfaces in hip prosthesis may wear. Tiny wear particles combine with white blood cells and may get in the bone and cause osteolysis (similar to what can happen with cement).

X-rays taken at follow-up visits can detect problems. New x-rays can be compared with previous films to make these determinations. This will be done in your doctor's office.

If you are unsure how long it has been or when your next visit should be scheduled, call your doctor.



Your Guide to Hip Replacement Surgery

Frequently Asked Questions (FAQs)

Will I need help at home?

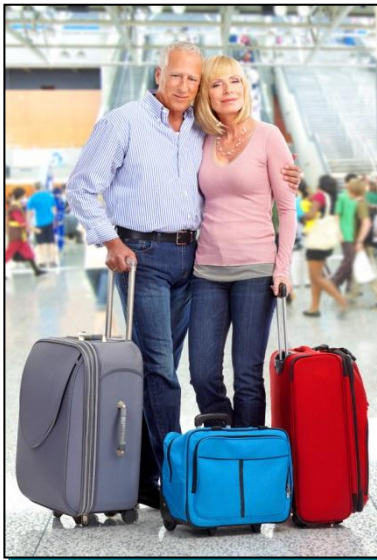
For the first few days or weeks, depending on your progress, you will need someone to assist you with meal preparation, etc. Family or friends need to be available to help. Preparing before surgery can minimize the amount of help needed. Having laundry done, house cleaned, yard work completed, clean linens, and single portion frozen meals will reduce the need for help



Will I need physical therapy when I go home?

Yes, you will have either outpatient or in-home physical therapy. Patients are encouraged to utilize outpatient therapy. Your OCC will help arrange for these appointments. If you need home physical therapy, we will arrange for a physical therapist in your home. Following this, you may go to an outpatient facility several times a week to assist in your rehabilitation. Length of time for this type of therapy varies with each patient.

Will my new hip set off security sensors when traveling?



Your joint replacement is made of metal alloy and may or may not be detected when going through some security devices. Inform the security agent you have a metal implant. The agent will direct you on the security screening procedure. You should carry a medic alert card indicating you have an artificial joint. Check with your surgeon on how to obtain one.

Your Guide to Hip Replacement Surgery

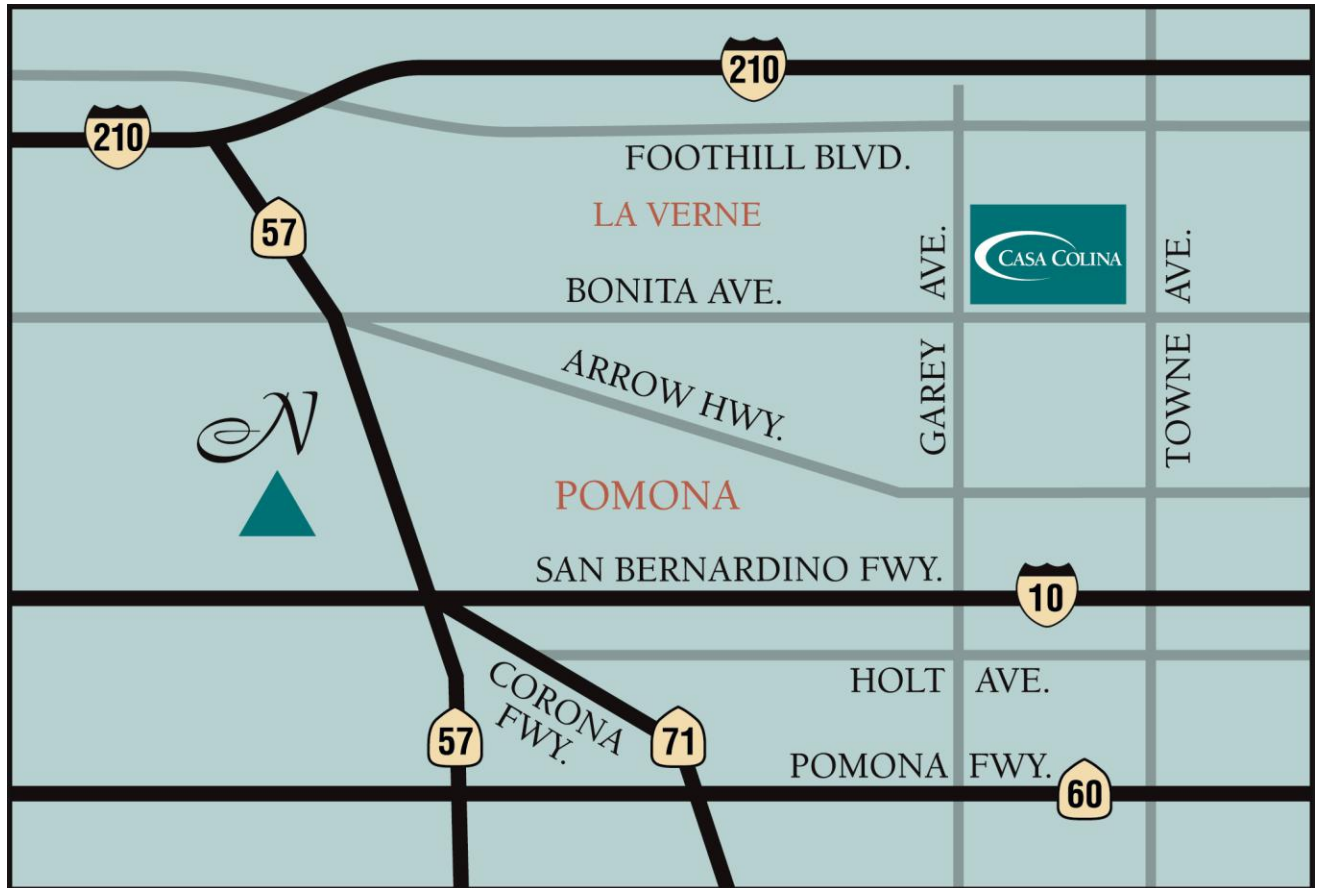
Section Four: Appendix

Glossary

- **Abdomen:** Part of body commonly thought of as the stomach; it's situated between hips and ribs.
- **Ambulating:** Walking.
- **Assistive Devices:** Walker, crutches, cane or other device to help you walk.
- **Compression Stockings:** Special stockings that encourage circulation, i.e., TEDS™.
- **Dorsiflexion:** Bending back foot or toes.
- **Dressings:** Bandages.
- **Embolus:** Blood clot that becomes lodged in a blood vessel and blocks it.
- **Incentive Spirometer:** Breathing tool to help exercise lungs.
- **Incision:** Wound from surgery.
- **IV:** Intravenous.
- **Osteolysis:** Condition in which bone thins and breaks down.
- **OT:** Occupational therapy.
- **Prothrombin:** Protein component in blood that changes during clotting process.
- **PT:** Physical therapy.

Your Guide to Hip Replacement Surgery

Map to Casa Colina Hospital



Your Guide to Hip Replacement Surgery

Campus Map

