Your Guide to Total Hip Replacement

Baylor Scott & White
ORTHOPEDIC AND SPINE HOSPITAL
ARLINGTON

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Welcome

The team at Baylor Scott & White Orthopedic and Spine Hospital - Arlington looks forward to assisting you in your journey toward an improved level of activity and higher quality of life following your joint replacement surgery.

Each year, over 500,000 people in the U.S. undergo total joint replacement surgery. Typically, candidates for this surgery are individuals with chronic joint pain from arthritis that severely diminishes their ability to perform normal daily activities. This often leads to a loss of independence and self esteem. A replacement joint can make a big difference in your ability to return to work or other activities that you enjoy.

Total joint replacement patients usually recover quickly. The hospital stay is typically two to three days. New surgical techniques and improved analgesic methods have allowed us to quicken the recovery process. In fact, most patients will be expected to walk on the day of surgery.

Quick recovery usually allows the return to most activities in six to eight weeks for motivated individuals. This includes driving, walking distances, swimming and golfing. How quickly you return to normal activity is highly dependent on your preoperative physical conditioning. The better your physical condition is prior to surgery, the quicker your recovery to more normal activity will be.

Patients who take an active role in their recovery experience the most positive results. This patient Orthopedic Guide is designed to give you the information needed to inform and guide you to a safe and successful surgical outcome.

It's a joint effort at Baylor Scott & White - Arlington, and we appreciate the opportunity to assist you on your road to recovery, to a better tomorrow.

IMPORTANT: Bring this Orthopedic Guide with you to every appointment and to the hospital.

Schedule of Appointments

Patient Name:		
Surgeon's Name:		
SURGERY	Date:	Time:
PRE-OP CLASS	Date:	Time:
PHYSICIAN CLEARANCE		
PRE-OP SURGEON VISIT	Date:	Time:
POST-OP VISIT WITH SURGEON	Date:	Time:
POST-DISCHARGE THERAPY	Name:	Phone #:

Please bring with you:

- Physician's orders if they have not already sent them to the hospital
- Insurance/Medicare cards and photo ID (driver's license)
- List of all previous surgeries
- All current medications or a list with names and doses
- Emergency contact information, names with phone numbers

Table of Contents

The Orthopedic Team

Features of the team approach to joint replacement

- A dedicated team of physicians on the medical staff, physician assistants, nurses, patient care technicians, case managers and physical therapists who specialize in the care of joint replacement patients.
- Comprehensive patient education prior to surgery.
- A comprehensive patient Orthopedic Guide for you to follow from two to three weeks before surgery until several weeks after surgery.
- Emphasis on physical therapy as well as individualized care.

Goals of the team approach to joint replacement

- Improve patient's quality of life.
- Increase quality of patient care.
- Increase patient satisfaction.
- Improve outcomes/minimize problems.
- Increase patient knowledge of events to come.
- Reduce length of hospital stay.
- Increase public awareness of program.

Value and Purpose of a Coach

Every patient can benefit from the assistance and motivation of a coach. Your coach can be your spouse, family member or close friend.

The value of enlisting a coach is to speed your recovery. A coach can help build your confidence, offer support, improve your results and ultimately get you home earlier.

Your coach should be reliable and someone who is available to attend education sessions with you, be actively involved with your care, help with your therapy, and even drive you home from the hospital and help you once you return home.

Purpose of the Orthopedic Guide

This Orthopedic Guide is designed to educate you so that you know:

- What to expect every step of the way
- What you need to do
- How to care for your new joint

Remember, this is just a guide. Your orthopedic team may add to this or change many of the recommendations. Always use their recommendations first, and ask questions if you are unsure of any information. Keep your Orthopedic Guide as a handy reference for at least the first year after your surgery.

Bring this Orthopedic Guide with you to every appointment and to the hospital!

Frequently Asked Questions About Total Hip Replacement Surgery

What is arthritis and why does my hip hurt?

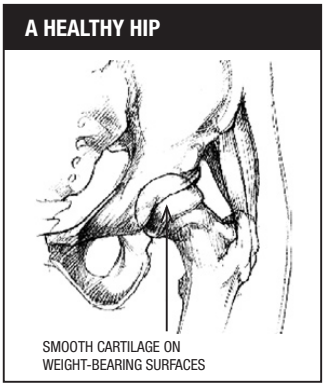
In the hip joint there is a layer of smooth cartilage on the end of the thighbone (femur) and another layer within your hip socket. This cartilage serves as a cushion and allows for smooth motion of the hip. Arthritis is a wearing away of this cartilage. Eventually it wears down to bone. Rubbing of bone against bone causes discomfort, swelling and stiffness.

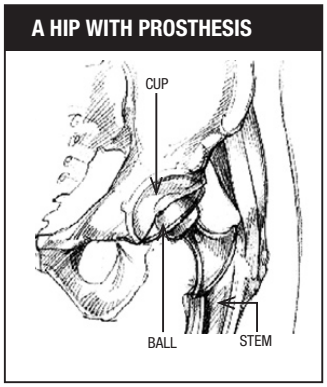
What is total hip replacement?

Your replacement hip joint will be made of various materials (including metal, plastic and ceramic) depending on your particular needs. The new joint, called a prosthesis, consists of a stem, a ball and a socket.

Your surgeon will make an incision (cut) on the outside of your thigh. The stem of the prosthesis will be inserted into your femur (thighbone), and the attached ball will be fitted into the prosthetic socket in your pelvis.

The surgery takes about two hours, but a successful hip replacement begins long before you enter the hospital.





Should I exercise before the surgery?

Yes. You will be directed to a physical therapist for instruction or you can follow the exercises listed in your Orthopedic Guide. Exercises should begin as soon as possible.

Am I too old for this surgery?

Age is not a problem if you are in reasonable health and have the desire to continue living a productive and active life. You may be asked to see your personal physician for their opinion about your general health and readiness for surgery.

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

All implants have a limited life expectancy depending on an individual's age, weight, activity level and medical condition(s). We expect most hips to last more than 15-20 years. However, there is no guarantee, and 10-15 percent may not last that long. A second replacement or revision may be necessary.

Why might I require a revision?

Just as your original joint wears out, a joint replacement will wear out over time as well. The most common reason for revision is loosening of the artificial surface from the bone. Wearing of the plastic spacer may also result in the need for a new spacer. Dislocation of the hip after surgery is a risk. Persistent instability of the hip may require revision. Your surgeon will explain the possible complications associated with total hip replacements.

What are the major risks?

Your surgeon will discuss the risks of surgery with you. Infections and blood clots are two risks. To minimize these risks, we use antibiotics and blood thinners. We also take special precautions in the operating room to reduce the risk of infections. The chance of infection is very small, but it can occur even many years after surgery. In addition, there is the possibility of dislocation, leg length discrepancy, persistent limp, permanent nerve and artery injury and significant blood loss. Although rare, stroke, heart attack and death have occurred with this surgery.

Will I need blood?

You may need blood during or after surgery. It has been shown that if you have a low blood count prior to surgery, you will probably need donated blood after surgery.

How long will I be in the hospital?

Most hip patients are hospitalized for three to four days.

How long and where will my scar be?

It is our belief that smaller incisions cause less pain. We will try to make the smallest incision possible that still allows us to do a satisfactory procedure. Usually the scar will be approximately 3-6 inches long and located along the backside of your hip.

How long will I be in recovery right after surgery?

We anticipate that you will be walking the day of surgery, usually with a walker. Typical activity is resumed within four to six weeks.

Will I need help at home?

Most patients that have done their pre-op physical therapy are able to function well at home without great assistance. For the first several days or weeks, depending on your progress, you will benefit from someone to assist you with meal preparation. The case manager will arrange for outpatient therapy or, if appropriate, home healthcare. Preparing ahead of time, before your surgery, can minimize the amount of help needed. Having the laundry done, house cleaned, yard work completed, clean linens on the bed, and single-portion frozen meals will reduce the need for extra help.

What if I live alone?

Most patients leave the hospital independent enough to function at home without great assistance. If you are frail or ill, two options are available to you.

Option 1: You may stay at a sub-acute facility following your hospital stay provided your insurer will cover you for this stay.

Option 2: A home health nurse and/or a home physical therapist may be arranged to assist you at home. You should make all attempts to arrange for a relative or friend to stay with you for at least the first week after discharge because the home health nurse and physical therapist are with you for only a short period of the day.

Will I need any other equipment?

After hip replacement surgery, you will need a high toilet seat for about three months. We can arrange to have one delivered to you, or you may rent or borrow one. You will also be taught to use assistive devices to help you with lower body dressing and bathing. You may also benefit from a bath seat or grab bars in the bathroom, which can be discussed with your physical therapist.

When can I take a shower?

You will be allowed to shower shortly after surgery if your wound is dry. You may not go into a pool, bath or hot tub until you have been advised to do so by your surgeon.

How long until I can drive and resume normal activities?

You need to be off of all narcotic medications and no longer require a walker to legally be permitted to drive a motor vehicle. Most patients attain this goal within four weeks. Getting “back to normal” will depend greatly on your preoperative physical condition and what you consider to be normal activity. Consult with your surgeon or therapist for their advice on your activity.

When will I be able to get back to work?

We recommend that most people take at least one month off from work, unless their jobs are quite sedentary. A therapist can make recommendations for joint protection and energy conservation on the job.

Do you recommend any restrictions following this surgery?

Yes. High-impact activities, such as running, singles tennis and basketball are not recommended. Risky contact sports such as downhill skiing are also dangerous for the new joint. Common sense applies here.

What physical/recreational activities may I participate in after my recovery?

You are encouraged to participate in low-impact activities such as walking, dancing, golfing, hiking, swimming, bowling and gardening.

When can I have sexual intercourse?

The time to resume sexual intercourse should be discussed with your partner when cleared by your physician.

Preoperative To-Do List

☐ Contact your insurance company

Before surgery, we will be contacting your insurance carrier to inquire whether authorization, precertification, a second opinion or a referral form is required.

☐ Preregister

You will need to preregister in the admitting department of the hospital prior to your surgery day.

Please bring the following information with you when you preregister:

- Current medication list
- Your insurance card
- Advance directives and living will if you have one
- Photo ID

☐ Medications

- Discontinue the use of aspirin, aspirin-like products, herbal medication and non-steroidal anti-inflammatory medications one week prior to your surgery. This will be discussed at your presurgical consultation.
- If you are on a blood thinner, such as Coumadin, please let the preadmission nurse know so appropriate arrangements can be made prior to surgery.
- Please do not take your usual morning prescription medications on the morning of your surgery unless instructed by your primary care physician, and then only take the medication with a small sip of water.

☐ If your surgeon has told you to donate your own blood

Call your local blood bank to arrange for this. You may start donating blood three weeks before your surgery.

Note: *The blood bank may charge a fee for this service, depending on your insurance coverage.*

☐ If you need any dental work

Ask your orthopedic surgeon, who may recommend the dental work be completed before surgery to reduce the chance of infection after your surgery.

☐ Eat a healthy diet

A balanced diet is important for your general health and healing.

☐ Quit smoking

Speak with your doctor about quitting smoking, or call 1-800-NO-BUTTS (1-800-662-8887).

☐ Medical clearance

Your surgeon's office will schedule you for a medical clearance with your primary care physician. This appointment is extremely important and must not be canceled. Without preoperative medical clearance, your surgeon will not perform the surgery.

Please remember to check with your primary care physician for special instructions on medications that you take routinely, such as heart medications, insulin, Coumadin, etc.

Preoperative Exercises

Many patients with arthritis favor their joints and thus become weaker. This interferes with their recovery. It is important to be as fit as possible before undergoing a total joint replacement. This will make your recovery much faster.

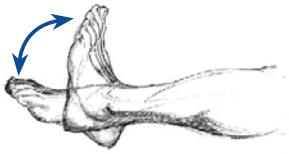
You will be scheduled to see a physical therapist prior to your surgery to review our program. You will be instructed on an exercise program specifically designed for you. It is important that you begin an exercise program before surgery.

Eight exercises are shown here that you should start doing now and continue until your surgery. You should be able to do them in 15-20 minutes, and it is recommended that you do all of them twice a day. It is not harmful for you to do more. Consider this a minimum amount of exercise prior to your surgery.

Also, remember that you need to strengthen your entire body, not just your legs. It is very important that you strengthen your arms by doing chair push-ups, because you will be relying on your arms to help you walk, get in and out of bed, and in and out of a chair.

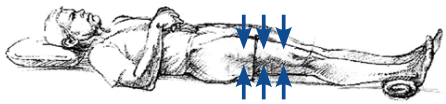
Note: *Do 10 sets of each of the following exercises twice a day, unless your doctor tells you otherwise.*

Exercising is very important. It brings back your strength to walk and helps you get well faster. You may exercise anytime you want, but do so at least two to three times a day.



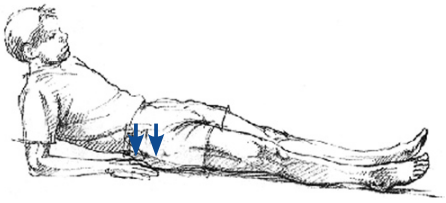
1. Ankle Pumps

Bend ankles to move feet up and down, alternating feet.



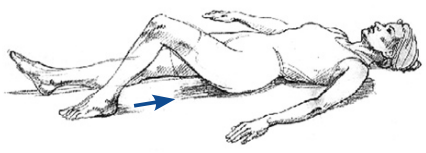
2. Quad Sets

Slowly tighten muscles on thigh of one leg while counting out loud to 10. Repeat with other leg to complete set.



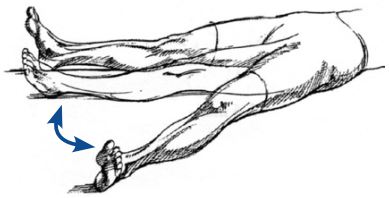
3. Gluteal Squeezes

Squeeze buttocks muscles as tightly as possible while counting out loud to 10.



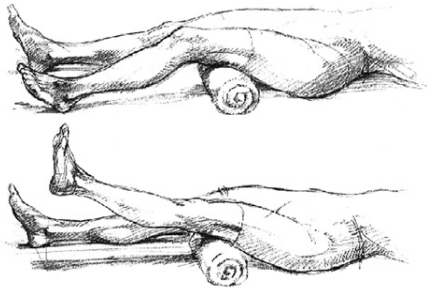
4. Heel Slides

Make sure bed is flat. Bend knee and pull heel toward buttocks. Hold for 10 seconds. Return. Repeat with other knee to complete set.



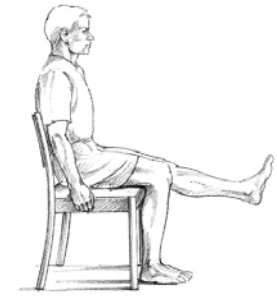
5. Hip Abduction

Keep your toes pointed toward the ceiling. Move your leg out to the side as far as possible. Slowly return to the starting position and relax.



6. Short Arc Quads

Place a rolled towel under your knee. Raise the lower part of your leg until your knee is straight. Hold for 10 seconds.

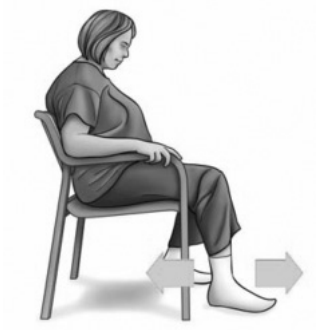


7. Long Arc Quads

Straighten one leg and hold it for 10 seconds. Repeat with other leg.

8. Straight Leg Raises

Bend one leg. Keep other leg as straight as possible and tighten muscles on top of thigh. Slowly lift straight leg 10 inches from bed and hold for 10 seconds. Lower it, keeping muscles tight for 10 seconds. Relax. Repeat with other leg.



9. Knee Slides

Slowly slide your foot forward in front of you until a stretch is felt in the knee and hold for 10 seconds. Then slide your foot back as far as you can and hold for 10 seconds.

Before Your Surgery

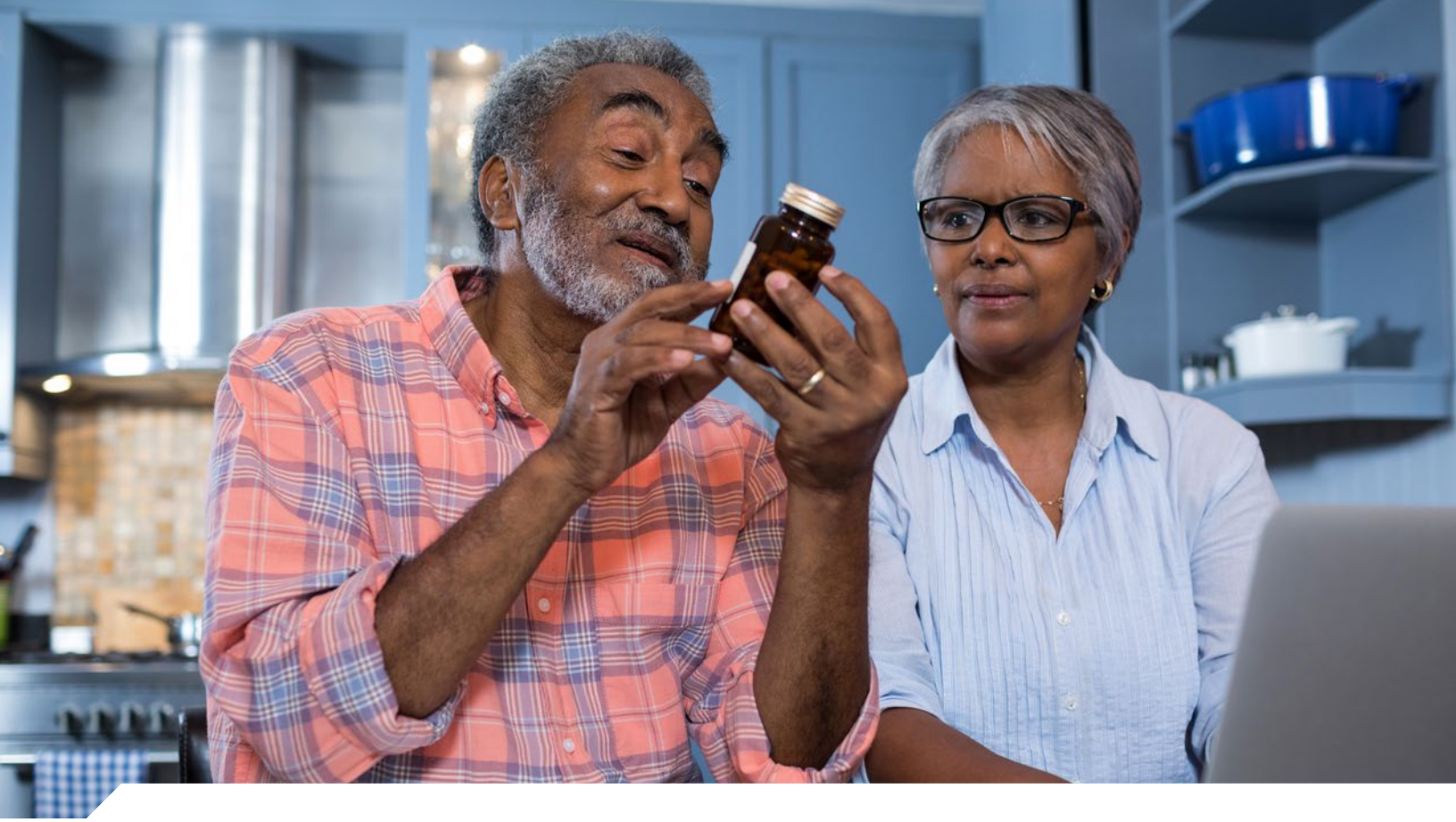
A little planning before you leave home will help you while you're in the hospital and when you get back home.

Plan for your return home

1. Plan easy meals in advance. Do your grocery shopping, prepare and freeze meals, and put cooking utensils where they are easy to reach. Make simple meals that will be ready for you when you get home.
2. Organize your kitchen so that supplies are at shoulder or waist level to avoid excessive lifting, bending or reaching.
3. If you have stairs at home, count your stairs. When you come to the hospital, tell your physical therapist how many stairs you have and if you have a railing, or prepare a room downstairs if you live in a two-story house to reduce the amount of stair climbing.
4. Clear your house of obstacles and remove any throw rugs for safe walking. Many patients use a walker after leaving the hospital. This means you need more room to move around your home.
5. Have a firm chair that has armrests available to use after surgery. You should not sit in a chair that rocks, rolls or swivels.
6. Place a nonskid bath mat in your tub or shower.
7. For convenience, you can place items that you use every day at arm level (between your waist and shoulders).
8. Small pets can be an obstacle for your walker.
9. Arrange for help from a friend or family member to assist with housekeeping, shopping or driving.

What to bring to the hospital

- Personal hygiene items (toothbrush, deodorant, battery-operated razor, denture care products, hearing aids and battery, and contact lenses, cases and solution) that you may need should be brought from home.
- You must bring LOOSE-fitting clothing. Shorts with either elastic or tie waistbands are required. Long pants won't work well here.
- You will be having physical therapy twice a day. You will be dressed in these clothes for the major part of your hospital stay.
- A well-fitting pair of tennis shoes or walking shoes (nonskid) for discharge.



The Night Before Surgery

You must also do the following – check off when completed:

- ☐ Bring your patient Orthopedic Guide to the hospital.
- ☐ Bring a copy of your advance directives if you have them.*
- ☐ Bring a list of your medications, including dosages.
- ☐ Bring your insurance card and driver's license or photo ID.
- ☐ Bring any copayment required by your insurance company.
- ☐ Please leave jewelry, valuables and large amounts of money at home.
- ☐ Do not wear any makeup.
- ☐ You may eat your regular diet until the night before your surgery.
  REMEMBER: *DO NOT eat or drink anything after midnight unless you have been specifically told to do so by your physician or preadmission nurse. Your surgery will be canceled if you do not follow this very important instruction.*
- ☐ Ask your primary care physician if you need to stop taking any of your regular medicines. Your surgeon or primary care physician may ask you to bring all of your medicines in the original containers to the hospital. Please give all medicines from home to the nurse. Your medicine will be returned to you when you are ready to go home.

**The law requires that everyone being admitted to a medical facility have the opportunity to make advance directives concerning future decisions regarding their medical care. Although you are not required to do so, you may make the directives you desire. If you have advance directives, please bring copies to the hospital on the day of surgery.*

Having Orthopedic Surgery

As a patient undergoing orthopedic surgery at Baylor Scott & White – Arlington, we want your experience to be as stress-free as possible. This section will explain the procedures, the equipment and the operation, as well as the pre- and postoperative care. When you know what to expect and when to expect it, you are less likely to feel anxious.

We individually plan your care, and then adjust it according to your needs. Further, by the time you leave the hospital, you will know how to better help yourself during your recovery process at home.

Straight Talk with MDs and RNs

You are not a statistic or a number while you are at Baylor Scott & White – Arlington. You will benefit from interaction with many different hospital employees–physicians, specialists (like anesthesiologists), nurses, physical therapists and other members of the healthcare team whose job it is to care for you.

Please do not be shy about asking questions, and tell someone if you are feeling anxious at any time. Certainly, many people will be asking you questions and talking to you about a variety of topics. Your feedback helps us plan your operation and follow-up care. Please be thorough when you answer a question from anyone caring for you. All information is strictly confidential.

Your doctor already knows a great deal about your medical history. However, to learn even more about you, preoperative tests may be ordered. The following tests are common: blood, urine, electrocardiogram (ECG) and X-rays.

Prior to your operation, hospital protocol requires that each patient sign consent forms for anesthesia and surgery. Please try to have questions about your surgery and anesthesia answered before it is time to sign the consent forms.

Postoperative Requirement–Simple Physical Activities

You will be asked to perform these simple activities after your surgery. Exercising will help work off the effects of anesthesia, stimulate blood circulation and keep your muscles strong. Granted, much of your care will be handled by doctors and nurses; however, it is your job to do these exercises. If you do, you will recover faster, so be familiar with the following before your surgery:

Deep Breathing

Some anesthesia gases remain in the lungs after surgery. Deep breathing is crucial for expanding and clearing the lungs. To practice, lie on your back, set a tissue box on the middle of your chest and slowly inhale through your nose. Observe how the box rises, and make sure to breathe deeply enough so that your whole chest expands. Let all the air out through your mouth and watch the box descend. You can begin deep breathing anytime after surgery.

Coughing

Fluid or mucus may collect in the lungs during surgery, and coughing is the best way to get rid of it. After taking three deep breaths, cough several times as hard as you can. Do not be discouraged if it is difficult at first.

Hand and Foot Exercises

Even the smallest movements with your hands and feet help improve your circulation.

Do the following simple movements several times a day:

1. Point your toes away from your body.
2. Roll your ankle.
3. Point your toes toward your head.
4. Clench your fists.
5. Straighten your fingers.
6. Wiggle your fingers.

Walking

Walking is very important to your recovery. You will begin walking with our physical therapists, sometimes even the day of your surgery.

You may think the last thing you will want to do after surgery is exercise; however, these simple activities are critical to your recovery. We understand that you may feel some discomfort when doing them, but please remember the benefits are well worth the effort. Studies have proven that people who exercise heal faster and better than those who do not.

Surgery Day

- Enter through the hospital's front doors and proceed to the front desk for check-in.
- The registration staff will check you in and escort you to the private preoperative area when ready.
- You will be given a hospital gown to be worn during surgery. No other clothing is allowed. Your privacy and modesty will be respected and protected at all times.
- All personal items must be removed, including hair accessories, jewelry, glasses, contact lenses, hearing aids and prostheses (such as artificial limbs or eyes).
- Remove any artificial dental work unless otherwise instructed by your doctor.
- We recommend that you let family or friends hold your valuables.
- About an hour before surgery, you may be given medication to help you relax. Just before receiving this medicine you will be asked to empty your bladder. The medication may cause drowsiness or light-headedness. Your mouth may become dry and your eyesight may seemed blurred. For your safety, the side rails on your bed will be raised. Please do not get out of bed without asking the nurse for help.

What to expect:

In the preoperative area you will be prepared for surgery. This includes starting an IV, confirming the planned procedure, marking your operative site and reviewing your medical history. You will meet your surgical team, which includes your orthopedic surgeon, OR nurse and anesthesiologist. Following surgery you will be taken to the recovery room where you will typically remain for one to two hours. During this time, pain control will be established and your vital signs will be monitored.

You will then be taken to the second floor of the hospital where the orthopedic team will care for you. Only one or two very close family members or friends should visit you on this day.

Generally, you should expect to walk the day of surgery unless you receive a nerve block. This will help prevent blood clots from forming in your legs. Also, you will be wearing massaging sleeves on your lower legs for the same purpose. The physical therapist will assist you in walking shortly after surgery. You will be instructed by your nurses on the use of the incentive spirometer, and should perform coughing and deep breathing exercises that you were taught in your preoperative education class.

Anesthesia and You

Decisions regarding your anesthesia are tailored to your personal needs.

You will meet your anesthesiologist immediately before your surgery. Your anesthesiologist will review all information needed to evaluate your general health. This will include your medical history, laboratory test results, allergies and current medications. With this information, together you will determine the type of anesthesia best suited for you. Your anesthesiologist will also answer any further questions you may have.

You will also meet your surgical nurses. Intravenous (IV) fluids will be started and preoperative medications* may be given, if needed. Once in the operating room, monitoring devices will be attached, such as a blood pressure cuff, EKG and other devices for your safety. At this point you will be ready for anesthesia.

Your anesthesiologist is responsible for your comfort and well-being before, during and immediately after your surgical procedure. In the operating room, the anesthesiologist will manage vital functions, including heart rate and rhythm, blood pressure, body temperature and breathing. The anesthesiologist also is responsible for fluid and blood replacement when necessary.

The types available to you are:

- **General anesthesia** - Provides loss of consciousness.
- **Regional anesthesia** - Involves the injection of a local anesthetic to provide numbness, loss of pain or loss of sensation to a large region of the body. Regional anesthetic techniques include spinal blocks, epidural blocks and leg blocks.

Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options, as well as any complications or side effects that can occur with each type of anesthetic.

Nausea or vomiting may be related to anesthesia or the type of surgical procedure. Although less of a problem today because of improved anesthetic agents and techniques, these side effects continue to occur for some patients. Medications to treat nausea and vomiting will be given if needed. The amount of discomfort you experience will depend on several factors, especially the type of surgery.

Your doctors and nurses can relieve pain with medications. Your discomfort should be tolerable, but do not expect to be totally pain-free. The staff will teach you the pain scale (0-10) to assess your pain level.

***NOTE:** *Medications may be given that make you drowsy and blur your memory.*

After Surgery

Day 1 after surgery, between 6:00 AM and 9:00 AM, you will be assisted with your AM care, dressed in LOOSE clothing that you brought from home, and seated in your recliner for breakfast. Your surgeon and/or his physician assistant will typically visit you early in the day. On surgery days for your surgeon, visitation may be later in the day.

The physical therapist will assess your progress and you will continue ambulating with a walker. Therapy sessions will occur in the morning. Throughout the day, you should continue to practice your "ankle pumps", use your incentive spirometer every hour, and do your cough and deep breathing exercises. Your "massaging sleeves" should be on both legs when you are idle in your bed or while sleeping. Your designated coach is encouraged to be present as much as possible, particularly during therapy sessions.

Your case manager will meet with you to discuss initial discharge needs. He/She will help to coordinate your plan of care and identify barriers to discharge.

Day 2 will start in a similar manner to Day 1. You will be assisted with AM care, dressed and seated in your recliner by breakfast. Your surgeon and/or physician's assistant will visit you.

It would be helpful if your coach participates in therapy. Please remember to walk as much as possible throughout the day without assistance only if your physical therapist has assessed you to be safe and able to walk independently.

Your coach should always accompany you.

Throughout the day, you should continue to practice your ankle pumps, use your incentive spirometer every hour, and do your cough and deep breathing exercises. Your massaging sleeves should be on both legs when you are in your bed idle or sleeping.

Your case manager will finalize discharge plans and/or make referrals to an appropriate level of care. Your case manager will also arrange home medical equipment as identified by the physical therapist.

Day 1 at a Glance

5:00–6:00 AM Blood drawn and vital signs

6:00–7:30 AM Bath, and out of bed to recliner for breakfast

7:30 AM – 12:00 NOON Physical therapy evaluation

12:00 NOON Lunch

1:00–4:00 PM Physical therapy

Don't forget to walk in the PM

Day 2 at a Glance

5:00–6:00 AM Blood drawn and vital signs

6:00–7:30 AM Bath, and out of bed to recliner for breakfast

7:30 AM – 12:00 NOON Walk in hallway and therapy session

12:00 NOON Lunch

1:00–4:00 PM Physical therapy

Don't forget to walk in the PM

NOTES: _____

NOTES: _____

Day 3 will start with ambulating to the bathroom where you will complete your AM care. We encourage your coach to be here at the start of your day, to assist you with your AM care, dressing and ambulation.

If you are going directly home

Someone responsible needs to drive you. You will receive written discharge instructions concerning medications, physical therapy, activity, etc. If you require home health services, your case manager will make arrangements. Take this Orthopedic Guide with you. Arrangements are usually made for a physical therapist to encourage your rapid rehabilitation. The goal during this time is to gain strength walking.

If you are going to an acute rehabilitation facility

The decision to go home or to an acute rehabilitation facility will be influenced collectively by you, your case manager, physical therapist, the surgeon and your insurance company. Every attempt will be made to have this decision finalized in advance, but it may be delayed until the day of discharge.

Please remember that your insurance company must approve the acute stays. A patient's stay in an acute rehabilitation facility must be coordinated in accordance with guidelines established by Medicare and/or your insurance company. Although you may desire to go to an acute rehabilitation facility when you are discharged, your insurance company will monitor your progress while you are in the hospital. Upon evaluation of your progress, you will either meet the criteria to benefit from acute rehabilitation, or your insurance company may recommend that you return home with other care arrangements. Therefore, it is important for you to make alternative plans preoperatively for care at home. Your case manager can assist you with any of these arrangements.

Keep in mind that the majority of our patients do so well that they do not meet the guidelines to qualify for acute rehabilitation. Also keep in mind that insurance companies do not become involved in "social issues" such as a lack of caregiver, animals, etc. These are issues you will need to address before admission.

Postoperative Care—Hip Replacement

Caring for Yourself at Home

This guide provides you with precautions about sitting and moving safely, and illustrations to help you perform your daily exercises.

When you are at home, be sure to exercise your new hip as shown by your therapists.

Surgeon's Name:

Hip Prosthesis: **Right** **Left** **Weight Bearing:**

Physical Therapist (PT):

Telephone Number: ( )

What Is the Focus of Rehabilitation?

The focus of our rehabilitation program at Baylor Scott & White – Arlington is to make you as independent as possible in your daily life activities. The following guidelines have been developed by therapists and your medical team for your successful recovery. It is important to follow these guidelines to experience a successful recovery from your total hip replacement surgery. If you have any questions, do not hesitate to ask the physicians, nurses and therapists caring for you.

Going Home

This information will help you manage your care at home. If you have any additional questions, please ask your doctor, nurse or therapist.

Many patients go home two to four days after their surgery. You and your surgeon will decide what is best for you. Usually, you will be discharged if:

You know the signs of surgical complications

- Increasing pain in your new hip.
- Persistent and/or increasing pain or swelling in your calf or leg.
- Excessive redness, heat or drainage at your surgery site.
- Fever of 101 degrees F or higher.

You know all the medications you are taking, their purpose and their possible side effects

It is important to understand all of your medications, including why you are taking them and their possible side effects.

Your physical therapist has confirmed that you can perform daily activities and exercises:

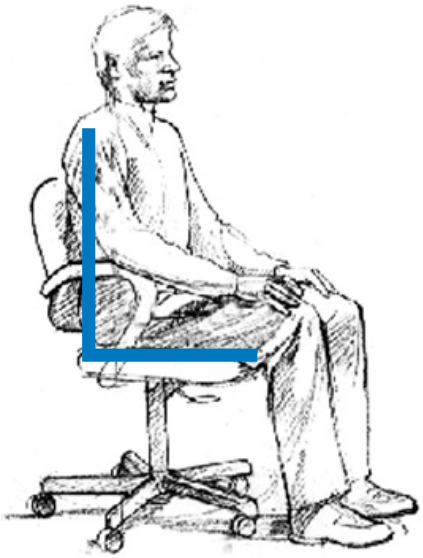
- Get in and out of bed by yourself.
- Walk on your own at least 100 feet with your walking device.
- Bathe and dress yourself using special tools without help.
- Use the toilet or commode without help.
- Stand for 10 minutes at a counter or sink to do simple tasks by yourself.
- Be able to get in and out of the bathtub or shower safely and correctly based on your home bathtub/shower.
- Climb up and down 12 stairs with help standing by (if you have stairs at home).
- Be able to do your home exercise program as instructed by your therapist.

Precautions

To practice safe movement until your hip replacement has fully healed, you will need to take several precautions to avoid dislocating your hip:

1. Do not bend your operated hip beyond a 90-degree angle.
2. Do not turn your operated leg inward in a pigeon-toed position.
3. Do not cross your operated leg or ankle.

This section provides reminders about proper positions when sitting, standing and lying down. Let your therapist or your doctor know if you have questions about these precautions.



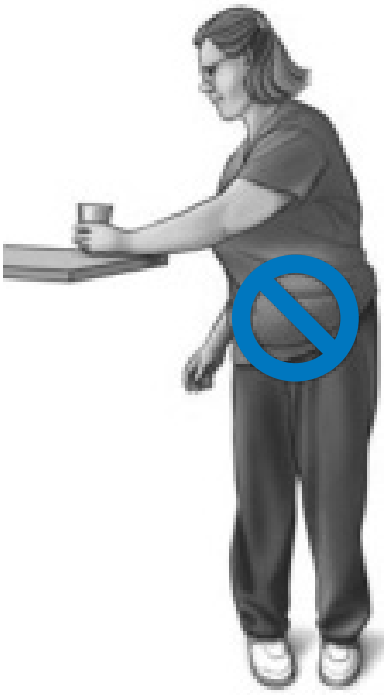
Sitting

- Sit in raised seats (two pillows) or on a raised toilet seat/commode with armrests.
- Reach back for the armrests of the chair with both hands. Bring the operated leg forward and slowly lower into the chair or raised toilet seat/commode.
- Do not lean forward. Your shoulders should stay behind your hips.
- Do not raise your knee higher than your hip while sitting. Sit with the operated leg forward.

Bending

- Do not bend down at the waist to pick items off the floor. Use a long-handled reacher or other adaptive aid to pick items off the floor.

- Do not twist your torso inward when lying, sitting or standing.

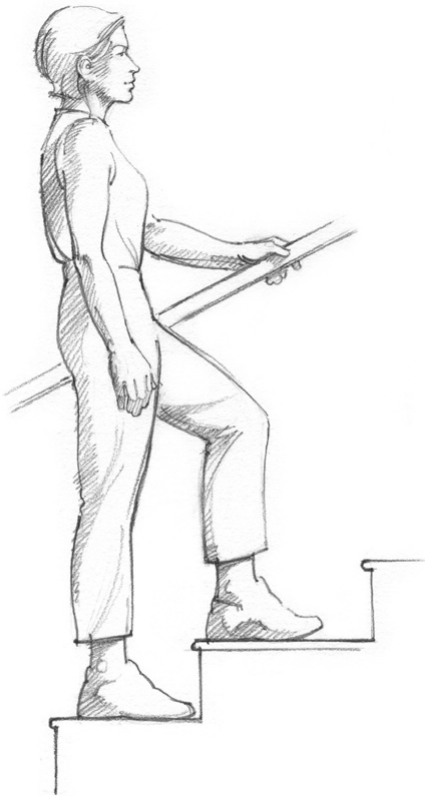


- Do not cross your operated leg or ankle over your non-operated leg. While sleeping or lying in bed, keep a pillow between your legs to prevent hip dislocation.

- Do not turn your operated leg inward in a pigeon-toed stance. Keep this in mind when standing and lying down.

Activities of Daily Living

Before you leave the hospital, you must meet the goals set by your physical therapist. They will prepare you for activities of daily living and instruct you on the best ways to move about.



Climbing Stairs*
Up with the Good, Down with the Bad

Going up stairs:

1. Using the handrail for support, start by placing the non-operated (good) leg on the first step.
2. Bring the operated (bad) leg up to the same stair.
3. Repeat until you reach the top.
4. DO NOT climb the stairs in a normal foot-over-foot fashion until your surgeon or therapist tells you that it is safe to do so.

   **Initially have a family member help you climb up or down the stairs, standing one step below you on your operated (bad) side.*

Going down stairs:

1. Using the handrail for support, place the operated leg on the first step.
2. Bring the non-operated leg down to the same stair.
3. Repeat until you reach the bottom.
4. DO NOT descend the stairs in a normal foot-over-foot fashion until your surgeon or therapist tells you that it is safe to do so.

Getting In and Out of the Car

1. Move the front passenger seat all the way back to allow the most leg room.
2. Recline the back of the seat if possible.
3. If you have fabric seat covers, place a plastic trash bag on the seat cushion to help you slide once you are seated.
4. Using your walker, back up to the front passenger seat.

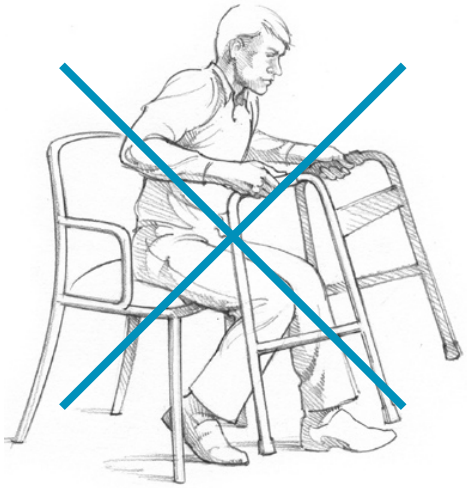
5. Steady yourself using one hand on the walker. With the other hand, reach back for the seat and lower yourself down, keeping your operated leg straight out in front of you. Be careful not to hit your head when getting in.
6. Turn frontward, leaning back as you lift your operated leg into the car.
7. Return the seat back to a sitting position. Avoid bending the knee more than 90 degrees.
8. When getting out of the car, reverse these instructions.

Getting In and Out of a Chair:

For the next 12 weeks, it is best to use a chair that has arms.

Getting into a chair:

1. Take small steps; turn until your back is toward the chair. DO NOT pivot.
2. Slowly back up to the chair until you feel the chair against the back of your legs.
3. Slide your operated leg forward.
4. Using the arm of the chair for support with one hand while holding the walker with the other hand, slowly lower your body into the chair.
5. Move the walker out of the way but keep it within reach.



Getting out of a chair:

1. Position yourself near the front edge of the chair.
2. Place one hand on the arm of the chair and the other hand on the walker, then lift yourself off the chair. Be careful not to twist your body.
3. DO NOT try to use the walker with both hands while getting out of the chair.
4. Balance yourself before grabbing for the walker and attempting to walk.

Getting In and Out of the Bathtub

Using a bath seat:

1. Always use a rubber mat or nonskid adhesive strips on the bottom of the bathtub or shower stall.
2. Place the bath seat in the bathtub facing the faucets.
3. Back up to the bathtub until you can feel the bathtub. Be sure you are in front of the bath seat.
4. Reach back with one hand for the bath seat. Keep the other hand on the walker.
5. Slowly lower yourself onto the bath seat, keeping the operated leg out straight.
6. Move the walker out of the way, but keep it within reach.
7. Lift your legs over the edge of the bathtub, using a leg lifter for the operated leg if necessary.
8. Keep your incision dry until the staples are removed.

Getting out of the bathtub using a bath seat:

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

Lying in Bed

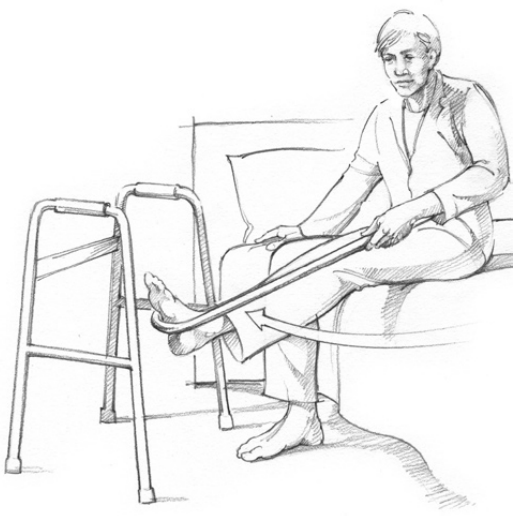
When lying on your back:

1. Position a pillow between your legs when lying on your back.
2. Keep the operated hip/leg positioned in bed so the kneecap and toes are pointed to the ceiling.
3. Avoid letting your foot roll inward or outward. A blanket or towel roll on the outside of your leg may help you maintain this position.

Getting In and Out of Bed

When getting out of bed:

1. If possible, exit the bed from the side that will allow you to lower your non-operated leg first.
2. Move your hips to the edge of the bed.
3. Sit up with your arms supporting you, then lower your non-operated leg to the floor.
4. Lower your operated leg to the floor.
5. If necessary, you may use a cane, a rolled bed sheet, or a belt to assist with lowering your leg.
6. Use both hands to push off the bed. If the bed is low place one hand in the center of the walker while pushing up from the bed with the other.
7. Once you are up and stable, reach for the walker.



When getting into bed:

1. Back up to the bed and position yourself halfway between the foot and the head of the bed. If you have access from either side of the bed, choose the side which will allow you to get your non-operated leg in first.
2. Reaching back with both hands, slowly sit down on the edge of the bed. Move toward the center of the mattress. Silk or nylon bed wear, or sitting on a plastic bag, may make sliding easier.
3. Once you are firmly on the mattress, move your walker out of the way, but keep it within reach.
4. Rotate so that you are facing the foot of the bed.
5. Lift your leg and pivot into the bed. When lifting your operated leg, you may use a cane, a rolled bed sheet or a belt to help with lifting.
6. Lift your other leg into the bed.
7. Move your hips toward the center of the bed and lie back.
8. Make sure you are not bending forward and that your operated knee is not turning in.

Using the Toilet

When sitting down on the toilet:

1. Take small steps and turn until your back is to the toilet. DO NOT pivot.
2. Back up to the toilet until you feel it touch the back of your leg.
3. Slide your operated leg out in front when sitting down.
4. If using a commode with armrests, reach back for both armrests and lower yourself onto the toilet. If using a raised toilet seat without armrests, keep one hand in the center of the walker while reaching back for the toilet seat with the other.

When getting up from the toilet:

1. If using a commode with armrests, use the armrests to push up.
2. If using a raised toilet seat without armrests, place one hand on the walker and push off the toilet seat with the other.
3. Slide operated hip/leg out in front of you when standing up.
4. Balance yourself before grabbing the walker and attempting to walk.

Putting On and Taking Off Pants

Use a "reacher" or "dressing stick" to pull on pants and underwear:

1. Sit down.
2. Attach the garment to the reacher. Position the garment by your feet. DO NOT bend the hip joint more than 90 degrees.
3. Put your operated leg/foot in first, followed by your other leg.
4. Bring the reacher toward you, guiding the waistband over your feet and up your legs.
5. Pull your pants up over your knees, within easy reach. DO NOT bend the hip joint more than 90 degrees.
6. Stand with the walker in front of you to pull your pants up the rest of the way.

Taking off pants and underwear:

1. Back up to the chair or bed where you will be undressing. Unfasten your pants and let them drop to the floor.
2. Push your underwear down to your knees. DO NOT bend the hip joint more than 90 degrees.
3. Lower yourself down onto the bed, keeping your operated hip/leg straight.
4. With the help of the reacher, take your non-operated leg/foot out first and then the other.
5. Using the reacher can help you remove your pants from your foot and off the floor to prevent a possible trip and fall.

Putting On Socks

Use a sock aid to put on socks:

1. Sit on a chair or bed. Slide the sock onto the sock aid.
2. Hold the cord and drop the sock aid in front of your foot. It is easier to do this if your knee is bent.
3. Slip your foot into the sock aid.
4. Straighten your knee, point your toe and pull the sock on.
5. Keep pulling until the sock aid pulls out.

Note: DO NOT bend the hip joint more than 90 degrees.

Putting On Shoes

Use a long-handled shoehorn to put your shoes on:

1. Sit on a chair or bed. DO NOT bend the hip joint more than 90 degrees.
2. Wear sturdy slip-on shoes or shoes with Velcro closures or elastic shoelaces. DO NOT wear high-heeled shoes or shoes without backs.
3. Use the long-handled shoehorn to slide your shoes in front of your feet.
4. Place the shoehorn inside the shoe against the back of the heel. The curve of the shoehorn should line up with the inside curve of the shoe heel.
5. Lean back, if necessary, as you lift your leg and place your toes in your shoe.
6. Step down into your shoe, sliding your heel down the shoehorn.

Tips for Your Recovery

Caring for Your Hip When in Bed

- Pump your ankles up and down 10 times every two hours to maintain good blood flow (circulation) to your lower legs.

Caring for Your Hip During the Day

- Avoid sitting and/or standing for long periods (no more than 30 minutes in one place). Changing position frequently will increase blood flow, decrease joint stiffness and decrease postoperative leg swelling.
- To decrease pain, inflammation and swelling, ice can be placed on your hip for 15-20 minutes every hour or as tolerated.
- You must follow hip precautions during sexual activity.

Caring for Your Hip at Home

Ask your doctor when:

- You can take a shower.
- You may start to drive.
- Your staples will be removed.

Note: Check with your doctor to see how long you should follow your hip precautions.

Beginning Your Home Exercise Program

An important part of your recovery is following a home exercise program. When muscles are not used, they become weak and do not work as well in supporting and moving the body. Surgery can correct the hip problem, but the muscles will remain weak unless you strengthen them with regular exercise. To start the home exercise program, your therapist will teach you how to perform these exercises.

Exercise

Exercising is very important. It brings back your strength to walk and get well faster. You may exercise any time you want, but do it at least two to three times per day.

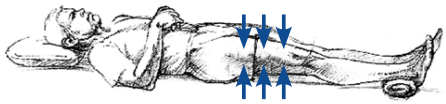
ANKLE PUMPS

Lie on your back or sit in a chair. Gently point and flex your ankles. Repeat 20–30 times.

Special Instructions: _____

_____

_____



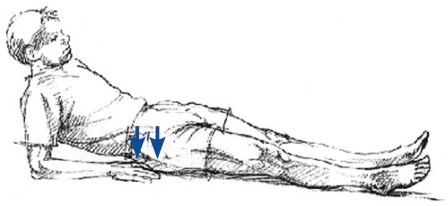
QUAD SETS

Tighten the muscles on top of both thighs, pushing the back of your knee into the bed. Hold five seconds. Relax. Repeat 20–30 times.

Special Instructions: _____

_____

_____



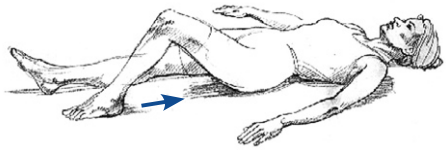
GLUTEAL SQUEEZES

Lie on your back. Tighten your hip muscles by pinching your buttocks together as tightly as possible. Hold five seconds. Relax slowly. Repeat 20–30 times.

Special Instructions: _____

_____

_____



HEEL SLIDES

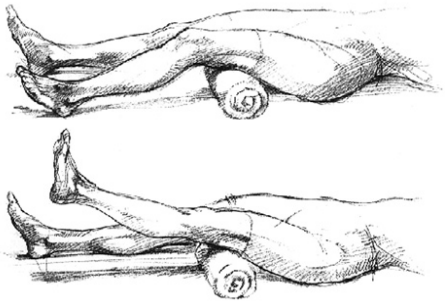
Bend your operated hip and knee by sliding your foot along the bed. DO NOT BEND YOUR HIP MORE THAN 90 degrees.

Remember to raise and lower your leg slowly. Repeat 20–30 times.

Special Instructions: _____

_____

_____



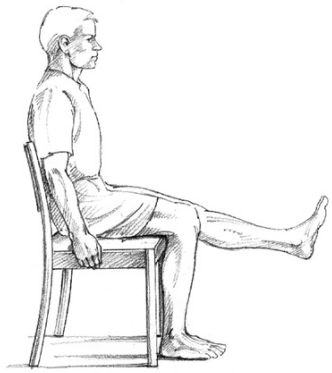
SHORT ARC QUADS

Place a towel roll under your operated knee. Raise your foot until your leg is straight. Hold five seconds. Repeat 20–30 times.

Special Instructions: _____

_____

_____



KNEE EXTENSION

Sit with back against the chair. Straighten operated leg. Hold five seconds. Repeat 20–30 times.

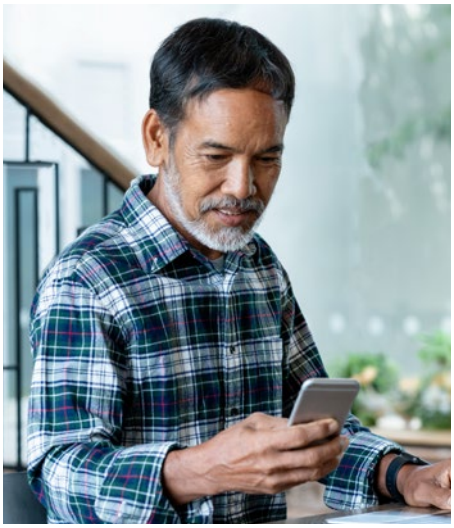
Special Instructions: _____

_____

_____

Notes

What to Watch for After Hip Replacement



Infection Control

Infection in your total joint replacement is one of the most feared complications in this operation. Although the risks are low for post-op infections, it is important to realize that the risk remains. Efforts are taken by your surgical team to prevent an infection in surgery and immediately post-op, but infections still occur at a rate of about 1% for all first-time joint replacements (there is still a higher risk in revision joint surgery).

In addition, a prosthetic joint could possibly attract the bacteria from an infection located in another part of your body. If you should develop a fever of 101.5 degrees F or more, or sustain an injury such as a deep cut or puncture wound, you should clean it as best you can, put a sterile dressing or bandage on it and notify your primary care 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 primary care doctor if the injured area becomes painful or reddened.

Signs of infection

- Increased swelling, redness at incision site
- Change in color, amount or odor of drainage
- Increased pain at surgical site
- Fever greater than 101.5 degrees F

Prevention of infection

- Take proper care of your incision as explained.
- Notify all physicians and dentist that you have had a total joint replacement.
- When having dental work or other potentially contaminating procedures such as colonoscopy or endoscopy, prophylactic antibiotics are required for a minimum of two years, but your surgeon may request longer.

Blood Clots in the Legs

Surgery may cause the blood to slow and coagulate in the veins of your legs, creating a blood clot or what we call a “deep vein thrombosis” (DVT). This is why you take blood thinners after surgery, to prevent DVTs. If a clot occurs despite these measures, you may need to be admitted to the hospital to receive intravenous blood thinners. Prompt treatment usually prevents the more serious complication of a pulmonary embolus.

In general, extended travel by car or airplane within the first six weeks of surgery is considered more risky in the development of a blood clot. If you must travel, stop and change position hourly to prevent your joint from tightening. Drink plenty of water, perform frequent ankle pumps and plan frequent bathroom breaks. If you are traveling by air, drink plenty of water to keep hydrated, which will result in a need to use the bathroom and force you to get up and walk. Pressurized airplanes, cramped seats and immobility are a setup for a DVT.

Signs of blood clots in legs

Blood clots are hard to diagnose by physical exam. When suspected, an ultrasound test is performed.

- Swelling in thigh, calf or ankle that does not go down with elevation
- Pain, tenderness in calf

NOTE: Blood clots can form in either leg.

Prevention of blood clots

- Foot and ankle pumps
- Walking
- Blood thinners such as Coumadin or Lovenox

Pulmonary Embolus

This is a serious (but rare) complication where a blood clot in a leg vein grows big enough to a point where a piece breaks off, floats in the vein and travels to the heart and lungs.

This is an emergency and you should CALL 911 if any of the following symptoms are noticed or suspected:

Signs of a pulmonary embolus

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

Prevention of pulmonary embolus

The best prevention of a pulmonary embolus is preventing blood clots in the legs. If you have symptoms of a blood clot in either leg, call your physician immediately.

“Dos” and “Don’ts” for the Rest of Your Life

Whether they have reached all the recommended goals in three months or not, all joint patients need to have a regular exercise program to maintain their fitness and the health of the muscles around their joints.

With both your orthopedic surgeon's and primary care physician’s permission, you should be on a regular exercise program three to four times per week lasting 20-30 minutes.

Impact activities such as running and singles tennis may cause too much load on the joint, and are not recommended. High-risk activities such as downhill skiing are likewise discouraged because of the risk of fractures around the prosthesis. Infections are always a potential problem and you may need antibiotics for prevention.

What You Should Know About Prescription and Non-Prescription Drugs

DO NOT TAKE any of the drugs listed below for seven (7) days prior to your procedure. If you are taking Coumadin or Heparin, contact your doctor before discontinuing! There may be other drugs, prescription or non-prescription, that are not on the list. Please check with the doctor that prescribed the medication in question.

-A-

Advil Tablets/Suspension

Aggrastat

Agrylin

Aleve

Alka Seltzer Cold Medicine Tablets

Alka Seltzer Effervescent Tablets

Anaprox

Anodynos

Ansaid

Argesic Tablets

Arthralgen Tablets

Arthritis Pain Formula Tabs

Arthritis Strength Bufferin Tablets

Arthropan Liquid

Arthrotec

A.S.A. Enseals

A.S.A. Tablets

Ascriptin A/D Tablets

Ascriptin Extra-Strength Tablets

Ascriptin w/ Codeine Tabs

Asperbuf Tablets

Aspergum

Axotal Tablets

Azdone

-B-

Bayer Aspirin Caplets

Bayer Aspirin Tablets

Bayer Children's Aspirin

Bayer Children's Cold Tabs

Bayer Time-Release Aspirin Tablets

BC Powder

Biochemical Tissue Salts

Buff-A-Comp Caps

Buff-A-Comp Tabs

Buff-A-Comp #3 Tablets (w/ Codeine)

Buffaprin Tablets

Bufferin Tablets

Buffets II Tablets

Buffinol Tablets

Butalbital Capsules

But-Tabs

Butazolidin

-C-

Cama Arthritis Pain

Carisoprodol & Aspirin Tabs

Cataflam

Celebrex

Clinoril

Clopidogrel Bisulfate

Co-Advil

Congesprin Chewable Tabs

Cope Tablets

Cosprin Tablets

Coumadin CP-2 Tablets

-D-

Damason-P

Darvon Compound - 65

Darvon w/ ASA Pulvules

Darvon Compound Pulvules

Darvon N w/ ASA

Dasin Capsules

Dipyridamole

Doan's Pills

Dolobid

Duoprin Capsules

Duoprin-S Syrup

Duradyne Tablets

Durasal Tablets

Dynosal Tablets

-E-

Easprin

Ecotrin Tablets

Efficin Tablets

Emagrin Tablets

Empirin Tablets

Empirin w/ Codeine Tablets

Endodan Tabs

Equagesic Tablets

Excedrin Tabs or Caps

-F-

Feldene

Fenoprofen

Fiogesic

Fiorinal Tablets

Fiorinal w/ Codeine

Fiortal Capsules

Fiortal w/ Codeine

Flolan Injection

Four-Way Cold Tablets

Fragmin Injection

-G-

Gaysal-S Tablets

Gelprin-M Tablets

Gelpirin Tablets

Goody's Powder

-H-

Halfprin Tabs

Heparin

-I-

Ibuprofen

Indocin

Indo-Lemmon Capsules

Indomethacin

Integrilin Injection

-K-

Ketoprofen

-L-

Lanorinal Tablets

Lodine

Lortab ASA

Lovenox Injection

-M-

Measurin Tablets

Meclofenamate

Meclomen

Medipren

Mefenamic

Methocarbamol w/ Aspirin Tablets

Micrainin Tablets

Midol Caplets

Mobidin Tablets

Momentum Muscular Backache Formula Tabs

Mono-gesic Tablets

Motrin

-N-

Nalfon

Naprosyn

Naproxen

Neocylate Tablets

Norgesic Forte Tablets

Normiflo Injection

Nuprin

-O-

Orgaran Injection

Orudis

Os-Cal Gesic Tablets

Oxycodone and Aspirin Tabs

-P-

Pabalate-SF

Pedia Care Fever Liquid

Pepto-Bismol Suspension

Pepto-Bismol Tablets

Percodan Tablets

Persantine

Persistin Tablets

Piroxicam

Plavix

Ponstel

Propoxyphene Compound

-R-

Relafen

ReoPro

Robaxisal Tablets

Roxiprin Tablets

Rufen

-S-

S-A-C Tablets

Saleto Tablets

Salflex

Salocol Tablets

Sine-Off Sinus Medicine Tablets Aspirin Form

SK-65 Compound Capsules

Soma

Soma Compound

Stanback Powder

Stanback Tabs

St. Joseph's Aspirin for Children

St. Joseph's Cold Tablets for Children

Supac

Synalgos Capsules

Synalgos-DC Capsules

-T-

Talwin Compound Tabs

Ticlid

Tolectin

Tolmetin

Trendar

Trental

Triaminicin Tablets

Trigesic

Trilisate Liquid

Trilisate Tabs

-U-

Uracel

Ursinus

-V-

Vanquish Caplets

Verin

Vioxx

Voltaren

-Y-

YSP Aspirin Capsules

-Z-

Zileuton

Zorprin

Resources and References

Resources

Physical Therapist
817.583.7250

Pre-Admit Testing
817.583.7053

Case Manager
817.583.7036
817.583.7257

References

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