

Your guide to total hip replacement.



Baylor Scott & White
ORTHOPEDIC AND SPINE HOSPITAL
ARLINGTON



Welcome

Our team 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 1 million 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 one to two 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 upon 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 you will need to inform and guide you to a safe and successful surgical outcome.

It's a joint effort, and we appreciate the opportunity to assist you on your road to recovery and to a better tomorrow.



Congratulations!



You've chosen to have your joint replacement at a world-class hospital. Baylor Scott & White Orthopedic and Spine Hospital is the premier facility in Dallas-Fort Worth for high-quality orthopedic care. Our hospital has been recognized for delivering compassionate, patient-centered care since its inception in 2010. As an example, we have received the additional distinction of Disease-Specific Care Certification for Total Hip and Knee Replacement from The Joint Commission. We look forward to getting you back on your feet and enjoying life again.

Cheers to your new lease on life!

Jason K. Lowry, MD, FAAOS

Director, Total Joint Division

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
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Pre-op class	Date	Time
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Physician clearance

Pre-op surgeon visit	Date	Time	Location
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Post-op visit with surgeon	Date	Time	Location
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Post-discharge therapy	Name	Phone #	Location
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Please bring with you:

- Physician's orders if we've sent them with you from the office
- Insurance/Medicare cards and photo ID (driver's license)
- List of all previous surgeries
- All current prescription medications in their original containers
- Emergency contact information, names with phone numbers

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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.
- 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

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 up your recovery. A coach can help to build your confidence, offer support, improve your results and ultimately get you home earlier.

It would be best if your coach is able to attend the preoperative education with you, be actively involved in your care, drive you home from the hospital and able to help you after discharge. Keep in mind this can be several individuals if you need to break up your support needs.

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 actions you need to take
- How to care for your new joint

Remember, this is just a guide.

Your orthopedic team may add to this or change some 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?

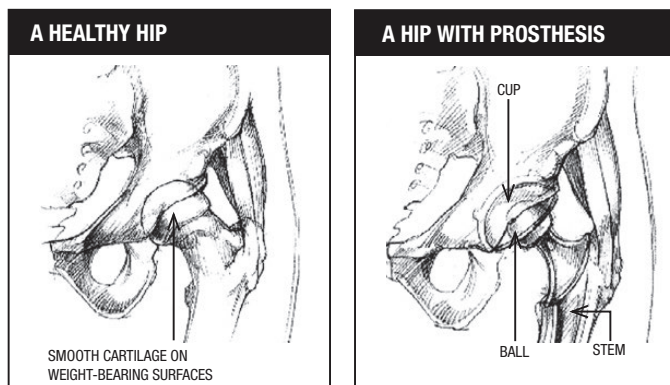
In the hip joint, there is a layer of smooth cartilage on the end of the thighbone (femur) and another layer within your hip socket. This cartilage serves as a cushion and allows for smooth motion of the hip. Arthritis is a wearing away of this cartilage. Eventually, it wears down to bone. Rubbing of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

How long will I be in the hospital?

Most hip patients are hospitalized for one to two 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 side of your hip or frontside for anterior hip replacement.



How long will I be in the recovery phase 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 who 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, physical therapy 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.

Will I need a walker?

Most patients will use a walker for about two to three weeks.



What if I live alone?

Most patients leave the hospital independent enough to function at home without great assistance.

A home health 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 physical therapist is with you for only a short period of the day.

Will I need any other equipment?

You will 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. Please discuss any specifics with your surgeon as your healing progresses.

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. It is important to keep moving, so do it several times per week.

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

Pre-register

You will need to pre-register in the admitting department of the hospital prior to your surgery day.

Please bring the following information with you when you pre-register:

- Current medication list
 - Your insurance card
 - Advance Directives and Living Will if you have one
 - Photo ID
-

Medications

- Per your doctor's instructions, 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 pre-surgical consultation.
 - If you are on a blood thinner, please let the pre-admission 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 preoperative testing nurse or surgeon and then only take the medication with a small sip of water.
-

If you need any dental work

Ask your orthopedic surgeon about any oral care issues you may have. We recommend getting all dental work done at least 30 days prior to surgery.

Eat a healthy diet

A balanced diet is important for your general health and healing. Start making healthier choices as early as possible prior to your procedure.

Quit smoking

Speak with your physician about quitting smoking, or call 1.800.NO.BUTTS (1.800.662.8887). Cigarette smoke hinders healing. Smokers in your household should try to cut back as well or only smoke outside the home/not around you.

Medical clearance

If needed, 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 less painful side, thus making their surgical side weaker. This can interfere with recovery. It is important to be as fit as possible before undergoing a total joint replacement. This will make your recovery much faster. It is important that you begin an exercise program before surgery.

Six 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 pushups because you will be relying on your arms to help you walk, get in and out of bed, and get in and out of a chair.

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

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



Ankle pumps

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



Quad sets

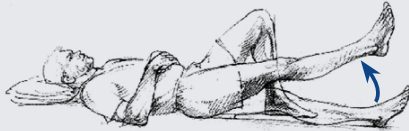
Make sure the bed is flat. Bend your knee and pull your heel toward your buttocks.

Hold for 10 seconds. Return. Repeat with the other knee to complete set.



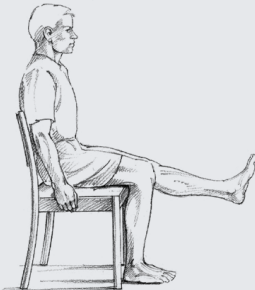
**Heel slides
in chair**

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.



**Straight leg
raises**

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



**Long arc
quads**

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

Before your surgery

A little planning before you leave home will help you while you are 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. Have a plan to contain your pets.
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, electric razor, denture care products, hearing aids and battery, 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

Gather/do the following:

- Bring your patient orthopedic guide to the hospital.
- Bring a copy of your advance directives if you have them.*
- Bring your prescription medications in their original containers. Do not bring any pain or narcotic medicine.
- 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.
- Double check your arrival time.
- Bring CPAP/BiPAP if needed.
- 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 pre-admission 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. You will be asked 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.



Having orthopedic surgery

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 physicians and RNs

You are not a statistic or a number while you are at our hospital. 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 physician 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 let us know if you have any questions about these forms before you sign them.



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 physicians 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 something light like 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 any time 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.

Incentive spirometer use

An incentive spirometer is a simple, plastic device that helps to exercise your lungs after surgery and when you have decreased mobility. You'll start using an incentive spirometer in the recovery room and use it often for the next week after your surgery to prevent pneumonia.



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, typically on the day of 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. Bring your ID, insurance and medications in at this time. Leave all other items for later.
- 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 physician.
- We recommend that you let family or friends hold your valuables while in surgery.
- Just before surgery, you may be given medication to help you relax. The medication may cause drowsiness or light-headedness. Your mouth may become dry, and your eyesight may seem 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 entails 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 inpatient 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. This will help prevent blood clots from forming in your legs. 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 nurse in pre-op. 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 or decrease of pain or sensation to a large region of the body. Regional anesthetic techniques include spinal blocks, epidural blocks and leg blocks.

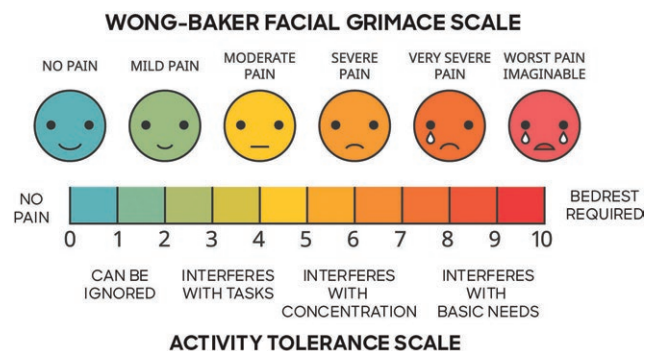
Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options, as well as any complications or side effects that can occur with each type of anesthetic.



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 physicians 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.

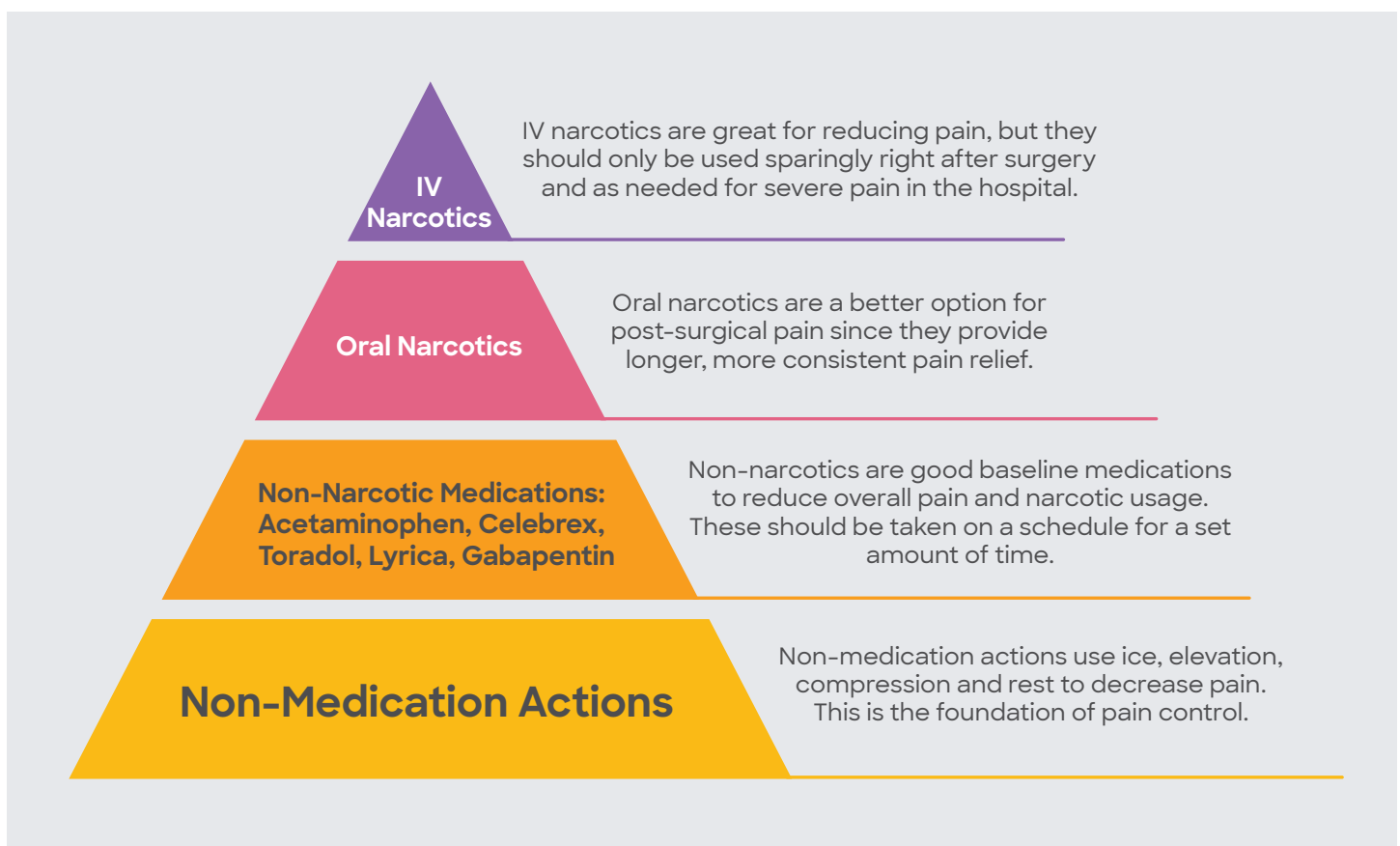
***NOTE:** Medications may be given that make you drowsy and blur your memory.



Perioperative pain management protocol and the pain control pyramid

Surgical pain management occurs by using multiple approaches to pain control. The foundation of the pain protocol is non-medication actions. These include applying cold therapy, elevating the surgical site, adding compression when possible, and resting to decrease swelling and pain. The next level of pain control is non-narcotic medications that may be used consistently for the first few days to weeks. These may include acetaminophen, Celebrex, Toradol, Lyrica and Gabapentin. When

additional methods are required to decrease pain, oral narcotics are prescribed for short-term use in the days to weeks following your procedure. Oral narcotics should be used less as you heal and your pain level decreases. Finally, IV narcotics are used during your procedure and right afterward to help control the acute post-surgical pain. IV narcotics may also be used sparingly while still in the hospital for “breakthrough pain” or pain that is not well controlled by other methods.



After surgery

Day 1 after surgery, between 6:00 AM and 9:00 AM, you will be assisted with your AM care and seated in your recliner for breakfast. Your surgeon and/or the 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 to walk with a walker. 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 designated coach is encouraged to be present as much as possible, particularly during physical therapy sessions.

Your case manager will meet with you to discuss initial discharge needs. Case management helps 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 by staff, dressed and seated in your recliner by breakfast. Your surgeon and/or physician assistant will visit you.

It would be helpful for your coach to observe during your physical therapy. Try to be out of bed as much as possible throughout the day. It is very important you ask for assistance when getting out of bed and walking with our staff—never by yourself.

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 or sleeping.

Your case manager will finalize discharge plans and/or make referrals to an appropriate level of care. The PT staff will instruct you on any home equipment you might need to order.

Day 1 at a glance

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

6:00 – 7:30 AM Out of bed to recliner for breakfast

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

12:00 PM Lunch

1:00 – 4:00 PM Physical therapy

Don't forget to walk in the PM with staff assistance

Day 2 at a glance

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

6:00 – 7:30 AM Out of bed to recliner for breakfast

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

12:00 PM Lunch

1:00 – 4:00 PM Physical therapy

Don't forget to walk in the PM with staff assistance

NOTES:

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, your 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 rehabilitation stay. 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 rehabilitation 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.



What is the focus of rehabilitation?

The focus of our rehabilitation program 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 physician, nurse or therapist.

Many patients go home one to two days after their surgery. You and your surgeon will decide what is best for you. Your discharge instructions will include:

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.

Education on 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.

Physical therapy instructions

- Get in and out of bed by yourself.
- Walk on your own at least 150 feet with your assistive device.
- Bathe and dress yourself using special tools with minimal or no 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.

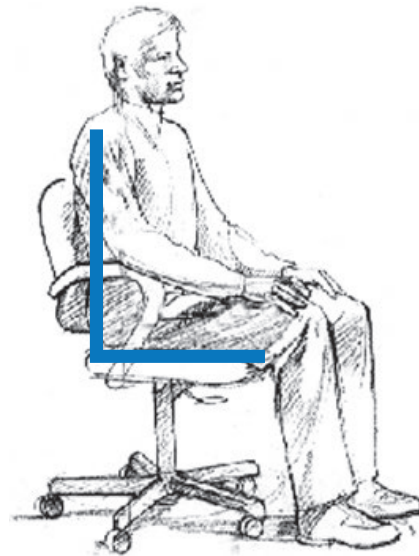


Precautions

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 physician 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.

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.



Bending/standing

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.

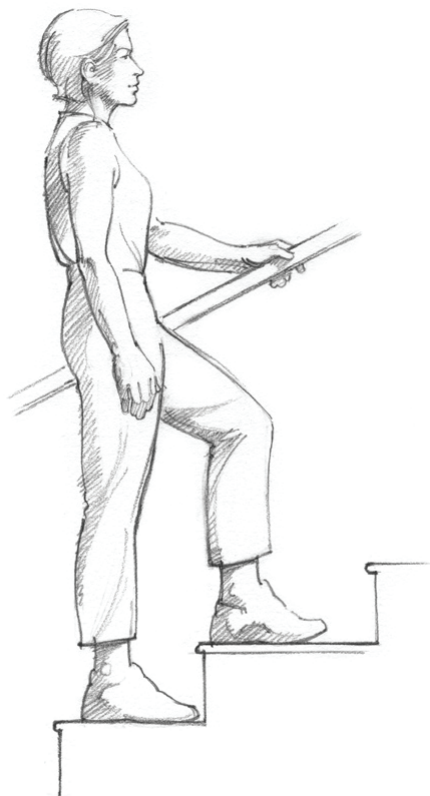
Do not twist your torso inward when lying, sitting or standing.

Do not 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.

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.

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

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. Using your walker, back up to the front passenger seat.
4. 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.
5. Turn frontward, leaning back as you lift your operated leg into the car.
6. Return the seat back to a sitting position.
7. When getting out of the car, reverse these instructions.

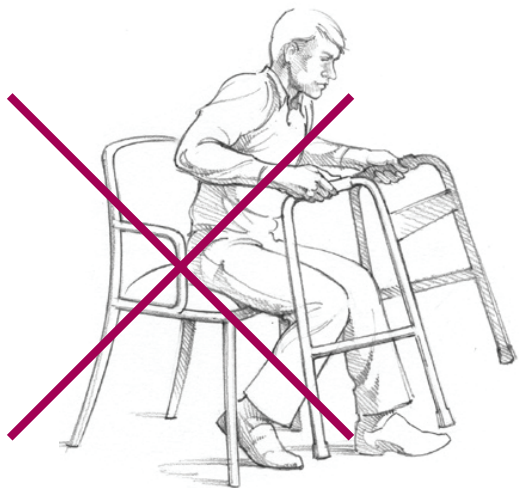


Getting in and out of a chair:

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

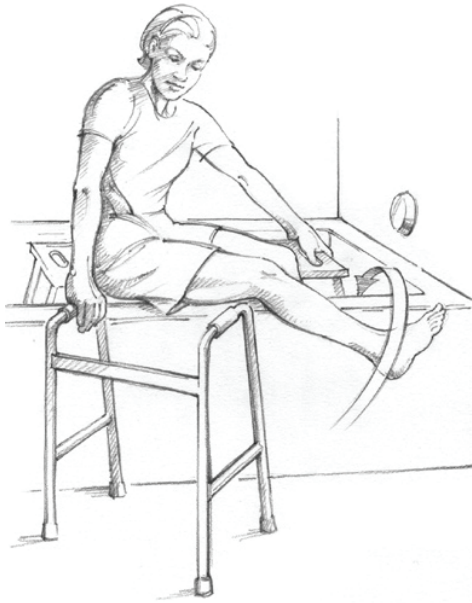
Getting into a chair:

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 and 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 and 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 that 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 the knee of your operated leg 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 your 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 physician when:

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

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



What to watch for after hip replacement surgery

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% of all first-time joint replacements. (There is 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 develop a fever of 101.5 degrees 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 adhesive bandage on it, and notify your primary care physician. 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 physician if the injured area becomes painful or reddened.

Possible signs of infection

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

Prevention of infection

- Take proper care of your incision as explained.
- Notify all your physicians and your 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 is called 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 and is necessary. Seek medical help right away.



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 your 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 of the leg
- 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, Lovenox or even aspirin

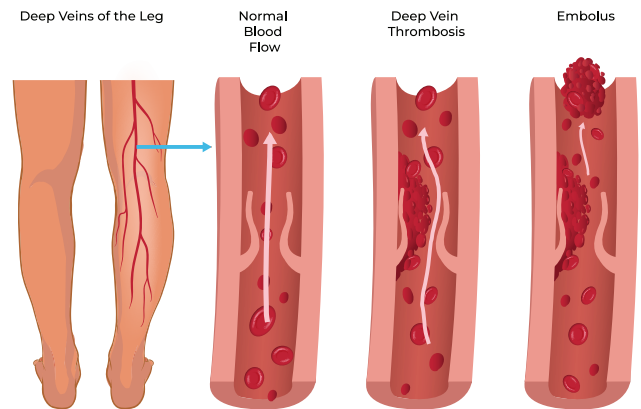
Pulmonary embolus

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.

Do's 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 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 be 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 will always be a potential problem, and you may need prophylactic antibiotics for certain other procedures going forward.

Resources and references

Resources

Preoperative nurse 817.583.7033

Hospital 817.583.7100

Pre-admission testing 817.583.7053

Post-surgical unit 817.583.7251

AOA Orthopedic Specialists 817.375.5200, ArlingtonOrtho.com

References

Allina Patient Education, Total Knee Replacement, third edition, ortho-ahc-90140

Rooks, D. *Arthritis & Rheumatism*, Oct. 15, 2006; vol 55: pp700-708.

Total Knee Replacement: A Patient Guide; University of Iowa Department of Orthopedics, Orthopedic Nursing Division; Peer Review Status: Internally Peer Reviewed

Harris, W.H., Sledge, C.B. *Total Hip and Total Knee replacement* (2). *NEJM* 1990; 323: 725-31

Callaghan, J.: *Mobile Bearing Knee Replacement: Clinical Results. A Review of the Literature.* *Clin. Orthop.* 392: 221-226, November 2001

Ranawat, C.S.; Flynn, W.F., Jr.; Saddler, S.; Hansraj, K.K.; and Maynard, M.M.: Long-term results of the total condylar knee arthroplasty. A 15-year survivorship study. *Clin OrthopRelat Res*, (286): 94-102, 1993.

Baylor Medical Center at Irving *Orthopedic Playbook*. 2008.

For family and friends

Waiting areas

For your comfort and convenience, we have two waiting areas:

- First floor waiting area and Bistro
- Second floor waiting area and complimentary coffee bar

The Bistro

Located in the first floor waiting area, the Bistro serves breakfast and lunch every day from a rotating menu of daily specials. Snacks, coffee and other beverages may be purchased there as well.

Breakfast is available from 7:00 – 10:00 AM, Monday – Friday.

Lunch is available from 11:00 AM – 2:30 PM, Monday – Friday.

Dinner is available to guests and visitors nightly.

Orders may be placed at the second floor nurses station.

Free Wi-Fi

For your convenience and entertainment, we provide all of our guests with free Wi-Fi.

Network: Surgical Public

No password required

Smoke-free facility

Smoking is prohibited in or around entry doors of our facility. This includes vaping.

Arlington Highlands

Located across Matlock Road, the Arlington Highlands Shopping and Entertainment Center offers over 30 restaurants and over 50 stores. More information can be found here: ArlingtonHighlands.com

Thank you for choosing us for your healthcare needs!

We know that family is an integral part of the care of the patient, and our desire is to make this a positive experience. Please feel free to ask questions at any time and/or make suggestions on how we may improve our processes.

Nationally recognized for excellence in orthopedic and knee care



We continually strive to provide the best care and experience for our orthopedic and spine patients and their families. This focus on excellence has allowed us to receive some recognition from leading government and industry groups:

- 99% Patient Satisfaction for our Post-Surgical Care Unit from Press Ganey
- Press Ganey’s Guardian of Excellence Award
- The Joint Commission’s Gold Seal of Approval™ for our facility
- The Joint Commission’s Gold Seal of Approval™ for our laboratory
- The Joint Commission’s Gold Seal of Approval™ for our Hip and Knee Replacement Programs
- The Joint Commission’s Gold Seal of Approval™ for Spine Care
- The Joint Commission Top Performing Hospital 2014™
- Becker’s Hospital Review’s 100 Hospitals with Great Orthopedic Programs
- *U.S. News & World Report* High Performing Hospital in Knee Replacement
- *U.S. News & World Report* High Performing Hospital in Hip Replacement

Notes

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