



**Wyoming**  
Medical Center

# **Total Hip Arthroplasty Posterior Approach**

Patient and Caregiver Manual

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# Introduction

As a joint pain sufferer, you're undoubtedly used to your physical limitations dictating your decisions. Arthritis and other debilitating joint conditions cause ongoing cartilage erosion and damage to bone surfaces that can interfere with just about every aspect of life, from walking, exercising, working and enjoying time with family and friends to getting a full night of sleep.

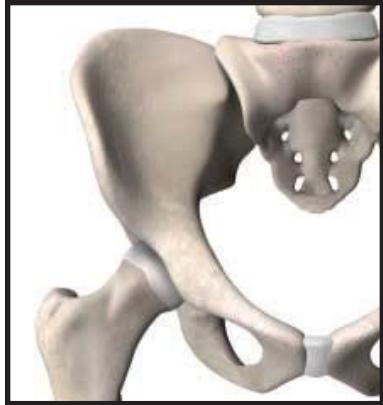
We are excited that you've decided to undergo total joint arthroplasty (replacement) to regain your quality of life. However, any surgery is a big step, and we expect you to have questions, concerns and hopes. In response, we offer you this guide, which covers what to expect before, during and after your procedure so you have the information you need to proceed with confidence.

Please read this material carefully as you prepare for surgery. You may find it helpful to check off pre-surgery tasks as you complete them and jot down any questions you may have. Make sure to go over pertinent information with your care team, as well. The more you know, the better prepared you'll be to take charge of your comfort and mobility again.

# How Joints Work and the Need for Replacement

When a joint has become so worn that it no longer functions properly, an artificial joint, or prosthesis, made of metal, ceramics and plastics can take its place.

## The Hip



Your hip joint is like a ball and socket: The “ball” at the upper end of your thighbone (femoral head) fits into a rounded “socket” in the pelvis (acetabulum). The ends of the bone are covered with smooth cartilage for frictionless movement.

A thin, smooth tissue lining called the synovium surrounds the joint space. The synovium produces fluid that acts as a lubricant to reduce friction and wear in the joint. When all parts of the joint work together, the hip moves easily without pain. But when the joint becomes diseased or injured, the cartilage can break down and cause escalating pain that severely limits the ability to move and work.

During total hip replacement, your surgeon will remove parts of your damaged hip joint and replace them with an implant designed to function like a normal, healthy hip. Specifically, the surgery involves replacing the head of your thighbone and your hip socket.

# Special Procedures

Some patients require even more complex procedures beyond standard joint replacement. Below are descriptions of some of these surgeries.

## Adult Reconstruction Surgery

Patients with extensive joint damage due to conditions such as rheumatoid arthritis, avascular necrosis or severe trauma may require more complex surgery for joint reconstruction.

## Complex Revision Surgery

Just like a natural joint, even the most advanced artificial joint components may loosen and wear over time and with heavy use, especially in younger, heavier and more active individuals. In such cases, revision surgery – much more complicated than the first procedure – usually is required. After the original prosthesis and damaged bone are removed, the surgeon may use metal wedges and bone grafts to replace lost bone and fill in bone cavities. The surgeon may need to cut the top of the thighbone into segments, remove old cement from the segments, and then wire them back together around a new component.

# Potential Complications

The complication rate for joint replacement surgery is very low. Serious complications such as joint infection occur in less than 2 percent of patients. Most can be avoided or treated when addressed early. These include:

## Anesthesia Complications

Among a very small number of patients, anesthesia can cause reactions and problems related to other medical complications. Be sure to discuss the risks and your concerns with your anesthesiologist.

## Infection

Post-surgery infection can occur in the hospital, after you return home or years later. While healthcare providers take many steps to minimize the risk of infection, it can't be completely avoided.

In the hospital, you will receive antibiotics starting with surgery and for 24 to 48 hours afterward to help prevent infection. The operating room is a filtered, clean-air environment, and your surgeon and surgical assistants will wear masks, sterilized gowns and two pairs each of sterilized gloves that they will change frequently. Just before surgery, your team will wash your limb, prepare it with antiseptic solution and cover it with sterilized drapes.

For years to come after your surgery, you will need to tell your doctors and dentist about your joint replacement and take antibiotics before undergoing even minor procedures to reduce the chance of infection in another part of your body spreading to the artificial joint. If an infection does occur, your healthcare provider will have a plan to manage it.

## Pneumonia

Pneumonia is always a risk after major surgery. You will be assigned a series of deep-breathing exercises to keep your lungs clear.

## Hematoma

Fluid may drain out of your hip incision after surgery. This is a common occurrence, and you should not be alarmed. A build-up of fluid under your incision may cause swelling. If this happens notify your doctor.

## Blood Clots

A number of factors can cause blood clots, including decreased mobility after surgery, which slows the movement of the blood. Symptoms include a red, swollen leg, especially in the calf area, and shortness of breath. You can prevent blood clots with:

- Blood-thinning medications (anticoagulants).
- Elastic support stockings to improve blood circulation.
- Plastic boots or sleeves that inflate to promote blood flow in the legs.
- Elevating the feet and legs to keep blood from pooling.
- Moving toes and legs immediately after surgery.
- Walking within 12 to 24 hours of surgery, and then hourly.

## Nerve and Vessel Injury

The sciatic nerve, located next to the hip, is vulnerable to injury during hip replacement, and, on rare occasions, this may cause weakness or loss of feeling around the foot.

## Dislocations and Instability

Your natural hip is held in place with strong ligaments. It will come out of joint (dislocate) only as the result of major force such as a car accident. In the case of an artificial hip, muscles hold the device in place. Stability depends, in part, on the post-surgery precautions your surgeon gives you and whether you properly follow them. Although uncommon (less than two per 100 hips) artificial hip dislocation generally occurs with extremes in motion. Therefore, you must take precautions while sleeping, washing, bending and toileting. The risks decrease with time, but you should continue to follow your precautions for a minimum of 12 weeks. After that, always be aware of the positions you get into.

An artificial hip that comes out of joint can be put back into place. This usually requires a very brief general anesthesia during which the leg is firmly pulled until the hip drops back into place.

## **Leg Length Alteration**

In general, leg length is maintained within 10 millimeters of ideal with hip replacement. On some occasions, particularly when a hip deformity exists, significant leg length differences occur, requiring surgeons to compromise between leg length alteration and stability of the hip joint. You may not notice a minor leg length alteration of 5 millimeters or less. A simple heel raise may balance an alteration of 10 millimeters or more.

## **Loosening**

Great advances have extended the life spans of artificial joints, with many patients reporting excellent function for many years. However, the main reason artificial joints eventually fail is loosening where metal or cement meets bone. If the pain of a loose joint becomes unbearable, another operation may be required to revise the joint.

# Physical and Psychological Preparation

Getting physically and psychologically ready for joint replacement surgery can be an intense process. Those who are better prepared tend to achieve better results. Below are several tips for achieving optimal results:<sup>\*</sup>

- **Total Joint Class.** Your first step to success is attending the Total Joint Class. The class is held regularly in order to inform and prepare you for your upcoming surgery.
- **Get to know your surgeon.** Your orthopedic surgeon will become an important person in your life for years to come. Make sure you are comfortable with your doctor's approach, level of experience and personality.
- **Educate yourself about your surgery.** Use this guide and other resources to learn as much as possible about pre-operation preparations, the procedure, post-operation care, precautions and possible complications. Ask your doctor to review your surgical plan, outcomes and long-term care in detail.
- **Plan ahead.** Schedule surgery when you can afford to take time off from work and when it least disrupts your family, or those who you are expecting to help you once you get home.
- **Weigh risks versus benefits.** Keep the big picture in mind so you avoid going into surgery dwelling on risks and potential complications.
- **Have a positive attitude.** Be encouraged and focus on the high rate of success for total joint procedures.
- **Talk with past patients.** Hearing about others' successes can help you gain perspective and ease your mind.
- **Visualize getting your life back.** The pain and deterioration of your joint has severely diminished your quality of life. Focus on how much things will improve after surgery.
- **Realize feeling tense or anxious is normal.** Don't fight it!
- **Actively participate.** Commit to doing your part to ensure a positive outcome and assume responsibility for your own care (i.e., follow precautions, do exercises daily, etc.). Share your questions and concerns with your orthopedic surgeon.
- **Practice on crutches and/or a walker.** If you have spent time on crutches and/or a walker before, re-acquaint yourself with them so their awkwardness won't be overwhelming after surgery.
- **Don't view the recovery process as time lost.** This is a period for rest and recuperation. Time invested in rehabilitation is necessary for better health and to be able to return to normal activities.
- **Prioritize physical therapy.** Realize your physical therapy and post-operative exercise regimens are critical for a successful outcome. Think of each physical therapy session as a stepping stone toward improved strength, range of motion and function.
- **Prepare for downtime.** Remember that you will be laid up for about six weeks. Organize, schedule appointments and take care of as much business as possible before surgery.
- **Take multi-vitamins and eat well-balanced meals.** Be particularly health conscious during the weeks and months leading up to surgery to promote better healing.
- **Be conscious of infection.** If you notice any sign of any kind of infection anywhere in your body, you must postpone surgery.
- **Ask a relative or friend to act as your "coach."** This individual can help you with exercises, ambulation and other tasks that may be challenging after surgery. You will appreciate having your own personal cheerleader to provide you with inspiration and confidence during your recovery.

**The surgeon and surgical team will do their work in the operating room. The therapists will instruct you in proper bed mobility, transfers, walking and dressing techniques. The rest is up to you. With inspiration and hard work, you will achieve great success throughout your rehabilitation, recovery and beyond.**

\* Adapted from an excerpt of "Arthritis of the Hip & Knee," by Allen, Brander M.D., and Stulberg M.D., as it appeared on <http://arthritis.about.com/od/surgicaltreatments/a/tipsforsurgery.htm>".

# Pre-surgery Tasks

Once you have made a personal commitment to undergoing joint replacement surgery at Wyoming Medical Center, you should arrange a pre-operative visit with members of your care team to discuss your personal hospital care plan, including anesthesia, preventing complications, pain control and diet. Your team will outline several tasks for you to complete during the weeks before your procedure. In general, you may be required to:

- **Complete forms.** You will need to fill out a consent form for your surgeon confirming that you agree to have the operation and that you know the risks involved, as well as hospital forms about your past history, medications, previous operations, insurance and billing information.
- **Review medications.** Discuss your medication list with your doctor to determine the medications, supplements that you should avoid taking before surgery, when to stop them and when you can restart them.
- **Exercise under your doctor's supervision.** It's important to be in the best possible overall health to promote the best possible surgical experience. Increasing upper-body strength is important to help you maneuver a walker or crutches after surgery. Strengthening the lower body to increase leg strength before surgery can reduce recovery time.
- **Lose weight.** For overweight patients, losing weight helps reduce stress on a new joint.
- **Have a general physical examination.** Your primary healthcare provider should evaluate you to assess your overall health and identify any medical conditions that could interfere with surgery or recovery.
- **Have a dental examination.** Although infections after joint replacement are not common, an infection can occur if bacteria enter the bloodstream. Therefore, dental procedures such as extractions and periodontal work should be completed before joint replacement surgery. Consult your surgeon for a time frame for when you should no longer have these procedures done before your surgery. After your replacement let your dentist know that you had a joint replacement. As they may want to place you on an antibiotic prophylactically.

- **Stop smoking.** Breaking the habit is particularly important before major surgery to improve healing and reduce the risk of post-operative lung problems.
- **Get laboratory tests.** Your surgeon may prescribe blood tests, urine tests, an EKG or cardiogram, and a chest X-ray to determine whether you are fit for surgery. These tests should be performed within 14 days before the scheduled procedure.
- **Confer with physical therapist.** The physical therapist will record a baseline of information, including measurements of current pain levels, functional abilities, the presence of swelling and available movement and strength. You also will practice post-operative exercises using either a walker or crutches.
- **Fast the night before your procedure.** Do not eat or drink after midnight before surgery. As directed by your physician you may brush your teeth and have a few sips of water if you need to take medications. Discuss with your physician which medications you should take that morning.
- **Bathe before your procedure.** You should bathe with an antibacterial soap to clean the surgical area the night before and morning of your procedure to reduce the risk of infection. Do not use any after-bath lotions or perfumes. Tell the nurse if you are allergic to iodine or soap. Remove all nail polish and make-up. If possible, shampoo your hair. Do not shave your legs within three to four days of surgery.

Once you've scheduled your total joint replacement, you will meet with or receive a call from a pre-admission nurse (577-2259). The nurse will ask you questions about your medical history and any allergies you may have.

# Advance Preparations for Your Homecoming

Beyond physically and mentally preparing for your surgery and completing tasks directly related to your procedure, you should also make preparations for your homecoming. You should:

- Arrange for someone to care for your pets.
- Equip your house with reachers and other adaptive devices (please see the section on mobility in this guide for a list of such items).
- Install rails along stairs.
- Obtain a walker bag or apron with pockets to carry small items such as glasses, books, silverware, etc.
- Attach a cup holder to your walker to carry drinks in covered cups.
- Prevent falls by moving or remembering to watch for long phone or electrical cords lying across the floor; loose rugs or carpet; furniture you might trip over in stairs and hallways; piles of books, magazines and mail; pets that may run in your path; water spills on bare floors; bare bathroom tile or slippery floors; and ice or mildew on outdoor surfaces.
- Prepare meals in advance and freeze them so they're ready when you return.
- Leave frequently used dishes in the dish rack and frequently used foods in your most accessible cabinets. Also place these items on easy-to-reach shelves.
- Obtain a rolling cart to take food from the refrigerator to the counter and from the counter to the table.
- Have a chair or stool handy in the kitchen to sit on while preparing and cooking food.

With a posterior hip replacement, you must follow some safety rules to help you heal faster and keep your new joint from dislocating. One of these rules is to always sit with your knees lower than your hips. So before surgery, you should sit:

- On the side of your bed.
- In your favorite chair.
- On the sofa.
- On the toilet.
- In the seat of your car.

If your knees are not lower than your hips in any of these situations, you must make adjustments to achieve ideal positioning such as using pillows or installing a raised toilet seat (please see the section on mobility in this guide).

# Packing for Your Stay

Please remember the following recommendations as you pack for your stay:

- Do not bring jewelry, money, keys or other valuables to the hospital. Bring only enough money for items such as newspapers, magazines, etc. You and your family are responsible for any items you bring. WMC is not responsible for lost or damaged items.
- You may wear your eyeglasses (but not contact lenses) on the day of surgery. Please bring a case for them.
- Bring a knee-length robe that opens in the front, loose-fitting shorts or sweats, a T-shirt or other comfortable shirt, short gowns, pajamas, under-wear, socks/stockings, and slip-on non-skid shoes and slippers with closed backs.
- Bring two to three sets of loose-fitting street clothes to wear home.
- You may bring personal hygiene items such as a hairbrush, toothbrush and toothpaste. However, the surgical unit can provide these items.
- You may bring assistive devices you may already own such as walker, leg lifter, reacher or incentive spirometer. Your physical therapist can check these for suitability to your current circumstances.
- Bring educational materials you received in pre-admission classes, including this guide.
- Bring a list of medications you are currently taking at home, including the name, dosage and how often you take each one.
- Bring a list of allergies (to food, clothing, medicine, etc.) that includes descriptions of how you react to each one.
- If you have donated your own blood, bring documentation from the blood bank.
- Bring a copy of your insurance card.
- Bring copies of your living will and durable power of attorney. Hospital personnel are required by law to ask for these when you are admitted. They will make a copy for your medical record and return the original.

# What to Expect on Surgery Day

After you arrive at the hospital at the appointed time, you will complete the admission process and undergo a final pre-surgery assessment of your vital signs and general health.

You will be required to remove all personal belongings – dentures, hearing aids, hairpins, wigs, jewelry, glasses, contact lenses and all clothing and leave them with your family or friends during surgery. You will wear a hospital gown and nothing else.

Your care team will perform several checks to ensure replacement of the correct joint. Your surgeon will review your X-ray and mark the surgical site, and nursing staff will check the consent form you signed to make sure it agrees with the procedure on the operating room list.

Just before your transportation to the operating room, an intravenous tube (IV) will be inserted into your arm for administration of fluids, antibiotics and other medications.

The anesthesiologist and surgeon speak to you before surgery. The anesthesiologist determines the type of anesthesia that will be used based on your medical history.

## Surgery

Surgery usually lasts two to four hours but varies with each person. During the procedure, your family can wait in the surgery waiting room.

Many people will be with you in the operating room, including:

- **Your orthopedic surgeon.** This is the doctor who will perform your surgery.
- **An anesthesiologist.** This is the doctor or nurse who will give you anesthesia.
- **A scrub nurse.** This is the nurse who hands the doctors the tools they need during surgery.
- **A circulating nurse.** This is a nurse who brings items to the surgical team.

Your surgeon and the anesthesiologist will help you choose the best anesthesia for your situation. No matter what type of anesthesia you have, be assured you will not feel the surgery. Options include:

- **General anesthesia.** You are put to sleep. Minor complications such as nausea and vomiting are common but usually can be controlled and settled within one to two days.
- **An epidural.** Medicine injected into your back numbs you from the waist down. (This is also used for women giving birth.)
- **A spinal.** Much like an epidural, medicine injected into your back numbs you from the waist down.

After surgery, the doctor will inform your family of your condition, and you will spend about an hour in the recovery room, where staff will monitor your blood pressure, breathing and other vital signs. Pain and nausea medications will be available if needed.

Your family may see you once you have been transferred from the recovery room to your room in the surgical unit.

# Your Post-surgery Healthcare Team

It's important for you to know that your post-surgery rehabilitation will require a team effort. With your participation, a healthcare team consisting of your surgeon, hospitalist physician, nursing staff, a physical therapist, an occupational therapist and case management will help you return to your previous level of independence.

## **The Role of the Physician**

The physician is responsible for ordering specific medications and therapies. The physician will approve any change or progression in therapy and changes in your medication regimen. Your doctor will write and approve prescriptions for home equipment, which case management can assist with. You may have a hospitalist managing your medical care. They will work in close conjunction with your surgeon.

## **The Role of the Nursing Staff**

The nursing staff is responsible for your acute physical care during your hospitalization. Duties include administering medications, assisting with bathing and toileting, wound and skin care, monitoring vital signs and assisting with proper bed transfers. As your program progresses, you will begin to take more responsibility for your physical care and proper transfers.

## **The Role of the Physical Therapist**

The physical therapist (P.T.) is responsible for evaluating and helping you improve joint range of motion, muscle strength, transfers, walking and positioning and the development of your home exercise program. During therapy, your P.T. will continually emphasize total joint precautions that will promote proper healing. They will also recommend appropriate assistive devices such as walkers, canes and crutches and will help you order and learn to use this equipment.

## **The Role of the Occupational Therapist**

The occupational therapist (O.T.) is responsible for evaluating your functional status and training you in activities of daily living such as toileting, bathing, dressing and homemaking. O.T. also may conduct a brief physical evaluation of your upper extremity strength, joint range of motion, coordination and perceptual/cognitive status to identify limitations unrelated to surgery that could impair your functional independence. In conjunction with the P.T., the O.T. will teach you proper positioning and transfers, total joint precautions and appropriate use of home adaptive equipment and devices.

## **The Role of Case Management**

They are responsible for ensuring that you are properly discharged to your home or an appropriate post acute living situation or a facility. Their thorough knowledge of community resources will help you obtain appropriate home equipment and services to meet your needs. They are also available to assist with the many facets of your discharge needs.

## **The Role of the Patient**

You ultimately are responsible for regaining your previous level of function. You will be expected to assist in your own self-care, including bathing, toileting, hygiene and grooming. You will be responsible for following total joint precautions and positioning at all times. You will be expected to demonstrate independence in a home exercise program, joint precautions, transfers, walking, climbing stairs and use of adaptive equipment.

# What to Expect After Surgery

After surgery, you'll spend a great deal of time exercising your new joint and doing deep-breathing exercises to prevent lung congestion. You may be surprised at how soon after surgery joint replacement patients are encouraged to get up and start moving – often as early as the day of surgery. The more quickly you start moving again, the sooner you will be able to regain your independence. With time, your pain medication will be reduced, your IV will be removed, your diet will progress to solids and you will become increasingly mobile.

Once you return to the surgical floor, your physical therapist may help you move from your hospital bed to a chair. You will do exercises to tone and strengthen your thigh and hip muscles, as well as ankle and knee movements to pump swelling out of the leg. Occupational therapy will assess your home situation, needs and ability to complete daily living tasks. By the second day, you'll begin walking longer distances using your crutches or walker. Most patients are safe to bear their weight comfortably when standing or walking. However, if your surgeon used a non-cemented prosthesis, you may be instructed to limit the weight you bear during these activities.

Whether you are sent directly home or to a facility for rehabilitation will depend on your physician's and therapists' assessment of your abilities. In general, if you live with someone who can assist you, you will probably be discharged home. Your Case Manager will make your arrangements for home or outpatient physical therapy.

If you live alone or in an environment where your safety is in question because you have not achieved your discharge goals, you may be recommended for placement in a rehabilitation center. These facilities are usually available for a short-term stay, with emphasis on returning the patient home in a short period after aggressively addressing any problems with independence. If you live alone or are not progressing rapidly enough in therapy sessions, and you are unlikely to be able to do so in an inpatient rehab setting, a sub-acute/extended care facility may be

recommended for a longer period of recuperation. Insurance coverage for these post-hospital stays varies according to condition and plan. You, Social Services / Case Manager and your insurance company will need to discuss your circumstances as warranted.

Before your discharge, you will learn to consistently remember to use precautions to prevent your new joint from dislocating. You also will learn to safely get in and out of bed, get in and out of a chair, walk up to 100 feet with crutches or a walker, travel up and down stairs, access the bathroom, get in and out of the shower, dress with adaptive equipment, and get in and out of a car. You should be able to complete these tasks with adaptive equipment or minimal assistance.

Below is a more detailed description of how the first few days after surgery typically go.

## The First 24 Hours After Surgery

- A nurse will change your body position and check your breathing, pulse and blood pressure frequently.
- For the first few days after surgery, you will be asked frequently to cough, breathe deeply and perform other lung exercises to prevent fluid from collecting in your lungs.
- You may need supplemental oxygen for one to two days after surgery.
- Pressurized stockings called Sequential Compression Devices (SCDs) will be placed on your legs to help prevent blood clots. You also will begin receiving a blood-thinning medication to help prevent blood clots. You may be discharged on this medication or switch to another blood thinner before discharge.
- If ordered by your physician, a Continuous Passive Motion (CPM) machine will be placed on your legs. This device gently bends and extends each leg repeatedly for a set period as you lie in bed.
- A catheter (tube) may be inserted into your bladder to drain urine. This device usually will be removed one to two days after surgery.

## The First 24 Hours After Surgery

- You most likely will receive Patient Controlled Analgesia (PCA) for pain management. This machine allows you to push a button to deliver a small amount of pain medication through your IV to increase your comfort. Only you can push this button, no family member is allowed to push the button.
  - A regular meal will be served a few hours after surgery if you and your nurse determine that you can tolerate eating without becoming nauseated. You will be ordering your own meals.
  - Once you are able to tolerate food, your nurse can supplement the PCA with oral pain pills.
  - P.T. may see you the afternoon of surgery for initiation of the Total Joint Protocol.
- If you have not gotten up with therapies the evening of your surgery, it is expected that nursing will help you sit up in bed, dangle your feet and if tolerated, stand beside the bed.
- Gas and constipation commonly occur after surgery. Increasing your physical activity, eating a high-fiber diet and drinking plenty of fluids help prevent these problems. If you need a laxative, please tell your nurse. You will also be receiving stool softeners to help with the above.
  - Your family may help with your personal hygiene needs.

## Day 1 Post-Operation

- Your blood will be drawn for testing early in the morning.
- A member of your care team will help you with bathing (anticipate a bed bath until your dressings have been changed or removed) and transferring you to a chair in preparation for breakfast and therapy.
- Your nurse will monitor the effectiveness of your pain medication and will encourage you to use oral medication and rely on PCA only for breakthrough pain. Your PCA may be turned off if you are doing well with your oral pain medication.
- Your dressings may be changed or reinforced as needed.

- Therapy will continue helping you walk and will instruct you on proper weight-bearing status as ordered by your physician. You may use a walker or crutches, and your coach is invited to participate.
- PT will assist with ambulation twice daily. The nursing staff and your coach also can assist you with ambulation.
- You will review this manual with therapy and start your exercises, which you should complete one to two times per day. You will especially need the support of your coach during this process.
- If ordered by your surgeon, the goal for CPM use will be to use the machine for at least eight hours a day.
- O.T. will help you with dressing and provide adaptive equipment as needed to encourage your independence.
- Your case manager and therapists will review your discharge plan. From here, this will occur daily.
- You and your family should discuss concerns about pain, mobility and overall care with your care team.

## Day 2 Post-Operation

- Your blood will be drawn for testing early in the morning.
- Your plan of care will continue much the same as Day 1 with therapy, ambulation with nursing, total joint exercises and continued CPM use. Your family and coach are encouraged to assist you with your activity as much as they feel comfortable. If you have a urinary catheter, it may be removed.
- You can expect to shower.
- O.T. will continue to assist you with dressing in your own clothing.
- You will be encouraged to take oral pain medication before therapy. Let your nurse know if the medication fails to decrease your pain to a tolerable level.

### **Day 3 Post-Operation**

- Your blood will be drawn for testing early in the morning.
- Your plan of care will continue.
- Mobility/activity will be the main focus. With therapy's approval, you can walk to and from the bathroom and elsewhere independently. Otherwise, nursing will continue to assist you.
- Your nurse will continue to monitor your pain medication and help you with any other needs.
- Therapy will evaluate your mobility before discharge.
- Final plans will be in place for home equipment needs.
- You can expect to be discharged home. If you need more continued assistance or therapy, you may be transferred to inpatient rehabilitation or you may be transferred to an extended-care facility.

## **A Note About Pain**

Everyone experiences pain, which commonly occurs after surgery, differently. Your healthcare team will take treating your pain seriously and will strive to make you as comfortable as possible. These efforts can make a big difference in your recovery.

Specifically, your doctor may prescribe pain medication administered by mouth, injection through your IV, through a tube placed in your back (epidural) or a femoral (iliofascial) block. Medication will not completely eliminate your pain but will reduce it to a slight to moderate level. Pain is best controlled if you take medication before your discomfort becomes severe. Be sure to tell your nurse when you are in pain.

You can use the following scale to estimate the intensity of your pain, which will help your doctor and nurse determine the correct type and amount of pain medication to administer to you.

### **Pain Rating Scale**

- |    |   |
|----|---|
| 0  | Pain free.  |
| 1  | Very minor annoyance – occasional minor twinges.  |
| 2  | Minor annoyance – occasional strong twinges.  |
| 3  | Annoying enough to be distracting.  |
| 4  | Can be ignored if you are really involved in your work, but still distracting.  |
| 5  | Can't be ignored for more than 30 minutes.  |
| 6  | Can't be ignored for any length of time, but you still can go to work and participate in social activities.                   |
| 7  | Makes it difficult to concentrate, interferes with sleep. You still can function with effort.                                 |
| 8  | Physical activity severely limited. You can read and converse with effort.<br>Nausea and dizziness set in as factors of pain. |
| 9  | Unable to speak. Crying out or moaning uncontrollably. Near delirium.   |
| 10 | Completely distressed. Pain makes you pass out.   |

# Lower-body Exercises

The following lower-body exercises will help you strengthen the muscles surrounding your new joint to help stabilize it. You and your therapist will determine the appropriate number of exercises to perform at the hospital and at home. After you leave the hospital, your doctor will require you to attend outpatient therapy, which will help you with the more advanced exercises to maximize your potential. A worksheet is included in the back of this book to help you track your exercises.

## Ankle Pumps

Move your ankles in an up-and-down motion toward and away from your head as though you are pushing on a gas pedal.



## Ankle Circles

Move your ankles in clockwise and counterclockwise circular motions.



## **Gluteal Sets**

As you lie on your back in bed or sit in a chair, squeeze your buttocks together and hold for at least six seconds. Relax and repeat, do three sets of 10 repetitions.



## **Quad Sets**

As you lie on your back in bed, push the backs of your knees onto the mattress. Make sure the skin on the tops of your knees wrinkles. This motion is similar to the one you would use to lift your heels off the bed, but during this exercise you will not lift your heels. Hold for at least six seconds. Relax and repeat, do three sets of 10 repetitions.



### **Hamstring Sets**

As you lie on your back in bed, dig your heels into the mattress as though you are going to kick yourself in the buttocks. When sitting in a chair place a exercise band around your heels. Ask someone to hold the loose end. Pull your legs back as far as possible without straining toward the base of the chair. Allow your feet to come forward slowly and repeat, do three sets of 10 repetitions.



### **Heel Slides**

As you lie on your back in bed, pull the heel of your recuperating leg toward your buttocks. Make sure to keep your heel on the bed and your knee and toes pointed toward the ceiling. Then push your heel toward the foot of the bed, straightening your leg. Repeat, do three sets of 10 repetitions.



### **Short Arc Quads**

Lie on your back in bed with a rolled towel or a coffee can (approximately 6 inches in diameter) under your recuperating leg. Push the back of your knee into the towel or can, bringing your heel up off the bed. Slowly lower your heel until it touches the bed. Repeat, do three sets of 10 repetitions.



### **Long Arc Quads**

As you sit in a straight-back chair, kick the foot of your recuperating leg up as high as possible and then slowly lower it to the count of three. Repeat, do three sets of 10 repetitions.



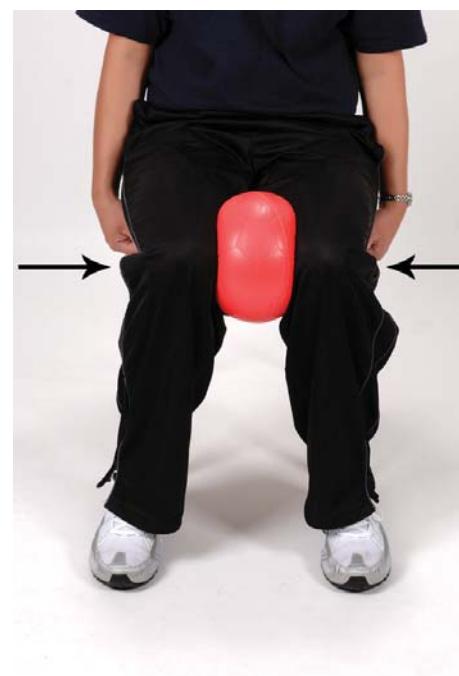
### **Seated Hip Abduction**

Sit in straight-back chair with your feet flat on the floor. Put the exercise band around your knees and push your knees apart. Push your healthy leg with the same intensity as your recuperating leg. Repeat, do three sets of 10 repetitions.



### **Hip Adduction**

As you lie in bed or sit in a chair, put a pillow or ball between your knees. Squeeze your knees together. Squeeze your healthy leg with the same intensity as your recuperating leg. Repeat, do three sets of 10 repetitions.



## Bridging

Lie in bed with your legs bent no farther than 90 degrees and your feet flat on the mattress. Lift your buttocks off the bed as high as possible without straining. Do not use your hands.

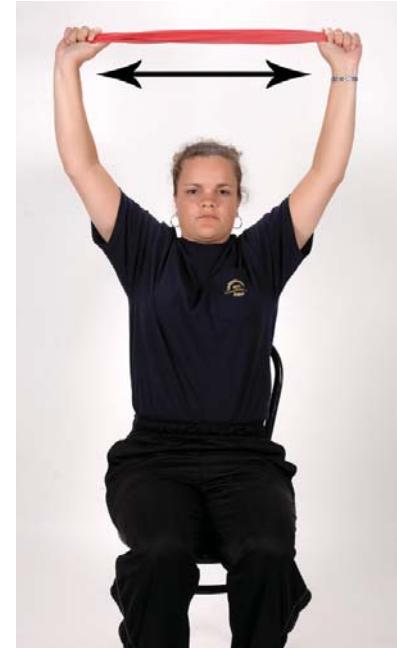
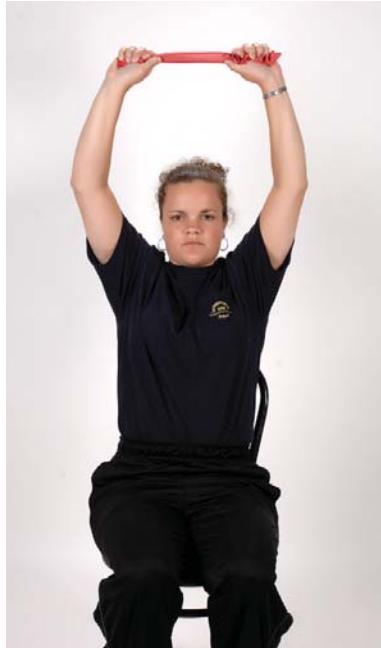


# Upper-body Exercises

The following exercises would be greatly beneficial for you to do prior to your surgery. Each day do two sets of 15 repetitions of the following upper-body exercises, which will help increase your endurance to ease mobility as you use your walker or crutches.

## Adduction, Overhead with Elastic (Sunshine)

Sit with your back supported or stand. Raise both arms overhead, holding onto the exercise band. Pull your arms apart and downwards, keeping your elbows straight and stretching the theraband. Keep your arms out to the sides, not forward.



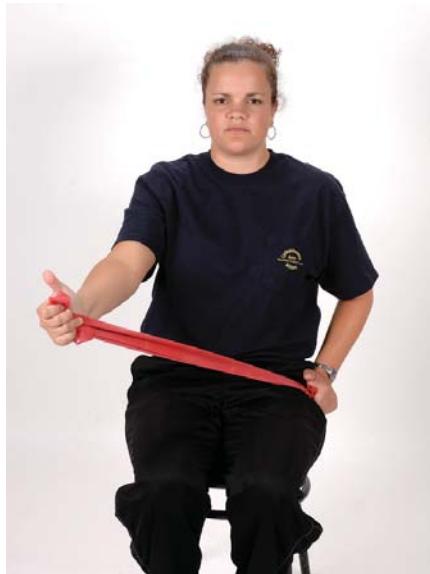
## Back Pull Down with Band (Taffy Pull)

Sit or stand with your feet shoulder-width apart. Loop the exercise band around each palm. Start with your arms stretched overhead and your elbows slightly bent. Lower your arms in front of your body to shoulder height, hold and return to the starting position.



### **Shoulder Flexion with Band**

Sit or stand on a firm surface, holding one end of the exercise band in each hand at hip or waist height. Point the thumb of one hand toward ceiling. With your elbow straight, raise that hand in front of you toward the ceiling, hold and return to the starting position. (Alternate arms.)



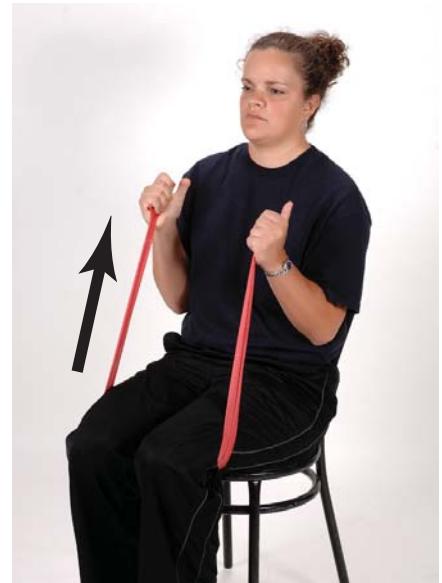
### **Rising from Chair (Chair Pushups)**

Sit on the edge of a chair with your hands on the chair seat or armrests. Position your feet apart and use your arms to push yourself up out of the chair. Slowly return to the starting position.



### **Elbow Flexion with Band (Chin Ups)**

Sit in a straight-back chair. Loop the exercise band around a knee-level portion of the chair and slide your forearm through the loop. Bend your elbow, facing your palm toward the ceiling. Curl your lower arm toward your shoulder, hold and return to starting position.



### **Shoulder Diagonal, Elas- tic Resistance**

Sit with good posture and feet firmly on floor. Hold one end of the exercise band on the knee opposite the exercising arm. Hold the other end of the band in the hand of the exercising arm. Pull the band up and out at an angle. Slowly return to the starting position. Adjust resistance by lengthening or shortening the exercise band.



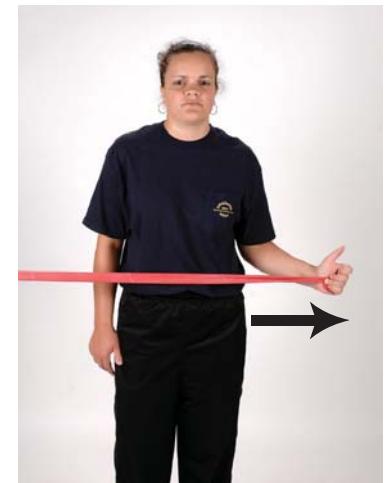
### **Extension, Elastic Resistance**

Loop the exercise band around the doorknob of a closed door. Facing the door, grab the loop with one hand and pull back, keeping your elbow straight. Slowly return to the starting position.



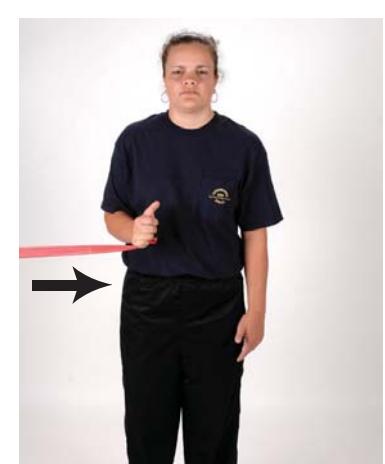
### **External Rotation, Unilateral, Elastic Resistance**

Loop the exercise band around the doorknob of a closed door. Stand with one side of your body next to the door. Hold the exercise band in the opposite hand. Keeping the arm by your side and your elbow bent, pull the exercise band away from your body. Slowly return to the starting position.



### **Internal Rotation, Elastic Resistance**

Loop the exercise band around the doorknob of a closed door. Stand with one side of your body next to the door. Hold the exercise band in the hand closest to the door. With your palm down and elbow at your side, stretch the elastic across your body. Slowly return to the starting position.



# Mobility

For your own safety and the success of your recovery, you must approach movement in an entirely different way after your surgery. As you recover, carefully follow instructions from your doctor about how much weight you can put on your recuperating/weaker leg. He or she may advise:

- **No weight bearing.** Do not allow your foot to touch the ground.
- **Touch down weight bearing.** Touch your foot to the ground for balance only.
- **Partial weight bearing.** Place only one-fourth to one-half of your body weight on your leg.
- **Weight bearing as tolerated.** Place as much of your body weight on your leg as is comfortable.

## Assistive/Adaptive Devices and Equipment

The following devices and equipment will help you regain your independence without risking dislocation of your new joint.

- Leg lifters make lifting your legs into and out of bed, the bathtub and vehicles easier.
- A walker, cane or crutches steady you as you walk. You will use one of these devices until your physician determines you can bear your full weight on your own. Your therapist will recommend the appropriate device for you.
- A raised toilet seat or bedside commode increases the height of the toilet to properly position to maintain proper hip precautions. Toilet seats must be purchased rather than rented for hygienic reasons.
- Bathtub handrails improve safety during bathing.
- A bathtub transfer bench or shower chair of lightweight, washable materials facilitates sitting in the bathtub and shower to be able to maintain your THA precautions.
- An extender for razors helps women shave their legs safely.
- Long-handled sponges and brushes help you wash your back, lower legs and feet without stretching inappropriately.
- A hand-held shower with a flexible hose makes rinsing during seated showering easier.

- Trigger-operated reachers, stocking/sock aids, long shoehorns and elastic shoelaces are among the lightweight equipment you can use to dress.

Insurance companies vary in their willingness to pay for assistive devices. It is necessary to submit your physician's prescription and the bill for such equipment to your insurance company. Medicare will not cover bathroom equipment. The dressing equipment, reacher, sock aid, long handled sponge/shoehorn and elastic shoelaces are now carried in the WMC Gift Shop for purchase at a reduced rate.

## Positioning

Maintaining proper positioning after surgery is essential to proper healing. Your physician will set precautions and guidelines appropriate for your surgery.

### *Hip Precautions*

- When you sit, choose a firm, sturdy chair with armrests. Make sure the chair is high enough and firm enough to avoid sinking.
- Don't bend your hip past 90 degrees.
- Don't cross your legs (knees over knees), and keep your knees 12 to 18 inches apart.
- Don't lean forward while sitting in a chair or in bed.
- Don't sit more than 60 minutes at a time; get up and walk frequently.
- Don't sit on a toilet or commode that does not have handles or is elevated.
- Don't let your knee move inward past your midline.
- Don't turn your feet too far inward.
- When you lie on your back, do not cross your legs or rotate your toes inward or outward. Pillows between your legs will help you avoid moving into these positions.
- Keep pillows between your knees and ankles when you lie on your side to prevent your knees from crossing. You should lie on the side of your body on which the surgery was performed.

## **Transfers**

During transfers or any other physical activity, make sure your walker is close at hand to use for support once you are standing. **Do not use the walker to pull up your body from a seated position.** If you do, the device will fall backward, increasing your risk for injury.

### *Bed Transfers*

- Use a firm, elevated bed. Increase the height of a low bed by placing blocks under its frame.
- If possible, approach the side of the bed that requires you to lift your recuperating/weaker leg first. You will use your healthy leg to support your body during the transfer.
- Sit on the edge of the bed, keeping your recuperating/weaker leg extended in front of you.
- Scoot back so the backs of your knees are against the edge of the bed. Lie down on your side and lift your recuperating/weaker leg onto the bed and then your healthy leg. Use a leg lifter if needed. Avoid lifting your legs onto the bed together.
- Reverse the order to get out of bed. Roll to your side, place a pillow between your legs to prevent them from coming together. This will keep your body properly aligned. If possible, get out of bed on the healthy side of your body to provide support for your recuperating/weaker leg. Straighten and extend your recuperating leg in front of you before standing. Use both hands to push up from the edge of the bed. Once you are standing, reach for your walker.

### *Chair Transfers*

- Use a firm, sturdy chair with armrests. Make sure the chair is high enough and firm enough to avoid sinking and hip flexion greater than 90 degrees. You may need to stack several pillows on the chair to increase your sitting height.
- Use the walker to back up to the chair. Stop when you feel the chair against the backs of your legs.
- Extend your recuperating/weaker leg in front of you as you reach back for the armrests of the chair. Once you have a firm grip on the armrests, slowly lower yourself.

**DO NOT PLOP DOWN ON THE CHAIR.**

- To get up, scoot forward, keeping your recuperating/weaker leg in front of you and positioned at 60 degrees. Use both arms to push up from the armrests and stand. Once you are standing, reach for your walker.

### *Toilet Transfers*

- Your hospital toilet will be equipped with a bedside commode over the toilet. Use the walker to back up to the toilet. Stop when you feel the toilet against the backs of your legs.
  - Extend your recuperating/weaker leg in front of you as you reach back for the handrails (if available) of the toilet and slowly lower yourself onto the seat.
- DO NOT PLOP DOWN ON THE TOILET.**
- Reverse the procedure to get up from the toilet, using both arms to push up from the handrails (if available) or the edge of the seat. Once you are standing, reach for your walker.

### *Car Transfers*

- If possible, enter the side of the car that will allow you to lift your recuperating/weaker leg into the car first. Keep your leg extended in front of you. Many times getting in the front seat of the car will be the easiest.
- Use the walker to back up to the car. Make sure the seat is pushed back as far as possible and the seatback is reclined.
- Reach back for the dashboard and the edge of the seat. Slowly lower yourself onto the seat.
- Scoot onto the seat in a semi-reclining position and then lift your feet into the car. Use a leg lifter if needed.
- Place your feet flat on the floor and incline the seatback.

## **Ambulation**

Therapy will instruct you on the proper way to walk with an assistive device during your hospital stay. Upon discharge, continue walking with this assistive device as instructed.

In general, as you move about, remember to:

- Always push off from the chair or bed when standing.
- Always place your walker or crutches flat on the floor before taking a step.
- Avoid rotating your recuperating hip. If possible try to turn toward your healthy hip.

You will be instructed in stair training best suited to your situation. For safety, walk with a family member for support. If possible, always use handrails along your stairs for support. You can remember the following sequence easily with the saying, "Up with the good leg, down with the bad leg."

As you walk upstairs:

1. Step up with your healthy leg.
2. Then step up with your recuperating/weaker leg.
3. Then bring up your walker, crutches or cane.

As you walk downstairs:

1. Place your walker, crutches or cane on the step first.
2. Then step down with your recuperating/weaker leg.
3. Then step down with your healthy leg.

# Hip Precautions



**DO NOT** cross your legs at the knees.



**DO NOT** lift both of you legs off of the floor at the same time while sitting.



**DO NOT** sit/lay with your knees and toes turned excessively inward.



**DO NOT** lean forward more than 90 degrees at your hip.



**DO NOT** stand with your ankles crossed and knees together.



**DO** stand with knees and feet shoulder width apart, toes pointed forward.



**DO NOT** rotate leg/foot excessively inward when turning



**DO NOT** lean forward, rather use the reacher to dress or pick up objects.



When sitting, **DO** extend the affected leg out in front to sit/stand.

# Guidelines for Your Return Home

Each member of your healthcare team will help you work toward a smooth, safe return to your home or a temporary facility. Proper care and exercise are vital in continuing your physical progress after you leave the hospital. Follow the guidelines below to facilitate your full recovery.

## Transportation

Arrange for family or friends to take you home after your discharge from the hospital. Make sure they bring extra pillows for you to sit on in the vehicle; the front seat will be the most comfortable place for you.

Do not drive for a minimum of six to eight weeks after surgery unless your doctor authorizes you to do so. Whenever you travel in a vehicle during this period, follow the guidelines for transfers outlined in the section on mobility in this manual.

## Physical Care

Patients who have undergone joint replacement surgery are at increased risk for fractures. Avoid activities that might put you in danger. Always think before you move to avoid injuring yourself. Maintain your optimal weight to avoid prematurely loosening or wearing out your joint replacement.

Check your incision daily and keep it clean and dry. Your staples or stitches will be removed about 10 to 14 days after surgery. Your incision will heal, and the swelling and bruising will decrease over the next few weeks. In the meantime, however, notify your physician if you experience any of the following complications:

- A marked increase in pain around the incision.
- Drainage and/or redness around the incision.
- Calf tenderness and/or swelling.
- Chills and fever that last longer than 24 hours.
- Chest pain or heaviness in your chest.
- A productive cough that results in red-tinted sputum.

## Medication

Your doctor may recommend taking a multi-vitamin with iron daily for a month as well as prescribe a number of medications. These may include drugs that prevent blood clots, some of which require monitoring through blood draws two times per week. Check with your doctor about special precautions while taking blood-thinning medications such as Coumadin, Lovenox, Arixtra or Xarelto. Unless you are on these medications, your doctor also may advise you to take one to two enteric-coated aspirin daily for six weeks and non-steroid anti-inflammatory drugs for pain and swelling. Preventing pain is easier than chasing it, so make sure to take pain medication 30 minutes before exercises.

## Exercise

Keep up the exercise program you learned in the hospital. Use the section on exercise in this manual as a guide. Expect to regain strength and endurance as you begin to take on more of your normal daily routine.

## Outpatient Therapy

As previously mentioned, you will be expected to continue therapy through an outpatient facility after your discharge from the hospital to maximize your recovery. If you are unable to enroll in an outpatient program, a therapist may be able to visit you in your home. Case management can help you find a home health agency that best fits your needs. (See related handout.)

## Activities of Daily Living

### Toileting

As in the hospital, you must use an elevated toilet seat or bedside commode at home to allow for better positioning during toileting. This device easily fits on/over the toilet and is readily removed. Your therapist can recommend a raised toilet seat best suited for your needs.

### Bathing

Showering is the recommended post-surgery means of bathing. If your home is equipped with a combined bathtub and shower, you should obtain a hand-held shower and a tub transfer bench. You can adjust the height of the bench, which straddles the side of the tub. In addition, you should obtain a long-handled sponge, which will allow you to wash your lower legs and feet without bending.

Use the following transfer method when bathing in a tub:

- Using the walker, walk to the side of the tub. Turn and back up to the tub transfer bench.
- Reach back for the bench, extending your recuperating leg in front of you.
- Once you are seated, slide back onto the bench far enough to turn and lift your legs in the tub, beginning with the recuperating leg, if possible.
- Reverse the procedure to get out of the tub.

### Dressing

In the case of posterior total hip replacement, your movement of your leg at the hip will be restricted. As a result, you will be unable to dress in the usual way. O.T. will provide in-depth coverage of adaptive equipment previously mentioned in this manual and will teach you how to dress under these circumstances using the following procedures:

#### Slacks and Underwear

- Sit on the side of the bed or in an armchair. Use the adaptive equipment your therapist has recommended, which most likely will include a reacher.
- Use the reacher to catch the waistband of your underwear/slacks and then lower them to the floor. Slip them up your recuperating/weaker leg first and then your healthy leg.
- Pull your slacks up over your knees. Then stand with the walker in front of you and pull them up to your waist.
- Reverse the procedure to undress.

#### Socks and Stockings

- Slide your sock/stocking onto the stocking aid. Make sure the heel is at the back of the plastic and the toe is tight against the end.
- Use the cord to drop the stocking aid out in front of the foot of your recuperating leg. Slip your foot into the sock and pull it up the rest of the way. You may put the sock on the foot of your healthy leg in the usual manner.
- You also can use the reacher to hook the heels of your socks/stockings to push them off.

#### Shoes

- Wear slip-on or Velcro shoes or use elastic shoelaces to prevent unnecessary bending.
- Use the reacher or a long-handled shoe-horn to put on and take off your shoes.

### *Homemaking*

You should not attempt chores such as heavy cleaning or vacuuming during the first six to 12 weeks after surgery. If possible, arrange for other people to complete these tasks. Take the following precautions when you cook or undertake other kitchen activities:

- Use alternatives to carrying objects.
  - Slide items along the counter.
  - Place items in a cart.
  - Place small, light objects in a walker, crutch bag or basket.
  - Wear an apron with large pockets that will accommodate items.
- Hold on to the counter when reaching into high cupboards or low cabinets. Avoid bending down to access low cabinets and use a reacher to grab items.

- Use alternatives to bending to pick up objects off the floor.
  - Use a reacher.
  - Move a chair closer to the object and then sit and use a reacher. then sit and use a reacher.
- Use the following cleaning methods:
  - Lean against a wall when sweeping or vacuuming.
  - Use a long-handled sponge or mop to clean up spills.
- Stand to the side of the oven to open the door.
- If you feel unsteady, use a stool or chair to sit by the stove, refrigerator and sink as you use them.
- Organize your kitchen and plan ahead to minimize your movement across the room.

## **Expectations for Life After Joint Replacement**

### **At First**

Give yourself at least six weeks after surgery to heal and recover from muscle stiffness, swelling and other discomfort. Some people continue to experience discomfort for up to 12 weeks after joint replacement.

Your physical therapist may use heat, ice or electrical stimulation to reduce any remaining swelling or pain. You should continue to use your walker or crutches as instructed.

Your physical therapist also may use hands-on stretches for improving range of motion; strength exercises to address key muscle groups, including the buttock, hip, thigh and calf muscles; and stationary biking, lap swimming and an upper-body ergometer (cycle) to improve endurance. Some physical therapists prefer to treat their patients in a swimming pool, since exercising in water puts less stress on joints.

Once you can safely bear your full weight on your recovering leg, you can do several types of balance exercises to help you further stabilize and control your new joint. Another group of exercises simulate day-to-day activities, such as going up and down stairs, squatting, rising up on your toes, bending down and

walking on uneven terrain. You also may learn specific exercises to simulate the physical demands of your particular work or hobbies.

By six weeks, you may be able to return to many normal activities such as driving, bicycling and golf. When you see your surgeon for follow up two to six weeks after surgery, he or she can advise you on both short-term and long-term goals.

As a rule, all joint replacement recipients should heed the following limitations during the first weeks after surgery:

- Expect to use a cane or walker for several weeks.
- Avoid kneeling, bending or jumping for the first month.
- Don't drive until your doctor says you can.
- Don't mix alcohol with pain medication.
- Don't smoke, since it slows healing.

In general, physical activities should:

- Not cause pain, either during activity or later.
- Not jar the joint.
- Not place the joint in extreme ranges of motion.
- Be pleasurable.

Additional tips for adjusting to life with your new joint:

- **Don't take unnecessary risks.** Ask for help. While your goal is to eventually do things for yourself, avoid trying to do too much too soon.
- **Use ice for swelling and discomfort.** Ice your hip for 15 to 20 minutes after each exercise session to reduce pain.
- **Watch for infection.** Your new joint is a foreign substance to your body. As a result, germs from other infections can move to the area of your new joint and cause infection. Call your family doctor immediately if you develop any signs of infection, such as skin infection, urinary tract infection, abscessed teeth, etc. Early treatment is crucial.
- **Alert your regular healthcare providers.** Tell your dentist about your joint replacement before any dental work and your family doctor before any procedure such as a cardiac catheterization, bladder exam or surgery. You may need to take antibiotics beforehand to prevent infection.
- **Carry a special identification card.** Your new joint may set off metal detectors in airports and other secured buildings. Your doctor can provide you with this documentation to show officials.

### **Long Term**

Most people experience reduction in joint pain, better mobility and improvement in their quality of life after joint replacement surgery. While joint replacement surgery may allow you to resume many daily activities, you should avoid pushing your implant to do more than your own joint could before your problem developed.

Monitoring healing and function on a regular basis is important. You may need to check in with your doctor two to three times during the first two years and at intervals of two to three years thereafter. During those visits, your surgeon will take X-rays and monitor wear.

Your physical therapist will work with you to help keep your new joint healthy for as long as possible. This may mean adjusting your activity choices to avoid putting too much strain on your joint. You may need to consider alternate work activities to avoid the demands of lifting, crawling and climbing.

Sports that require running, jumping, quickly stopping or starting, and cutting are discouraged. Low-impact exercises such as cycling, swimming, golfing, bowling and level walking are ideal.

Under optimal conditions, your artificial joint may last for many active years. However, you should always consult your surgeon if you begin to have pain in your artificial joint or if you suspect something is not working correctly.

# Frequently Asked Questions

## **What is total joint replacement?**

When a joint has worn to the point it no longer does its job, an artificial joint, or prosthesis, made of metal, ceramics and plastics can take its place. Total joint replacement surgery recreates the normal function of the joint, relieving discomfort and significantly increasing activity and mobility.

## **Why do hips need replacement?**

The hip joint is a “ball and socket” in which the upper end of the thighbone rotates inside a rounded area of the pelvis. The joint is lined with cartilage, a layer of smooth, tough tissue that cushions the bones where they meet each other. With age and stress, the cartilage wears away, and the bones rub against each other, causing friction, swelling, stiffness, pain and sometimes deformity.

When this happens, hip replacements may relieve pain and restore mobility and quality of life.

## **Is joint replacement surgery safe?**

Joint replacement is a safe and common procedure. Each year, nearly 150,000 people have hips replaced and nearly 250,000 have knees replaced with positive results. However, any surgical procedure involves risks. Hospital staff will review these with you and explain how your post-surgical program can reduce risk and aid in more rapid recovery.

## **What kinds of tests will I need before surgery?**

All patients are required to have routine blood work and urinalysis at least 14 days before surgery. You must also have a physical examination within 30 days of your surgery.

Patients over 50 and those with a cardiac or respiratory history must also have an EKG within 3 months and a chest X-ray within 30 days prior to surgery. Most pre-admission testing can be performed either by your personal physician or at the hospital where the procedure will be performed.

## **Do I need to take any medications before surgery?**

This will be based on your physician recommendations.

## **Will I need to donate blood before surgery?**

Total joint surgeries are mostly benign when it comes to blood loss. Only if your physician specifically requests that you donate blood, would you need to do so. During your pre-hospital admission/testing you will be type and screened for blood. If necessary you may receive blood from the hospital blood bank. This department follows strict universal guidelines in screening blood and blood products to ensure safety.

## **Do I need to stop taking any medications before surgery?**

You can take most medications up until the day of surgery. Don't take anti-inflammatory medications containing aspirin, which can act as blood thinners, within two weeks of surgery unless your physician instructs otherwise. With any questions contact your physician having your medication list in hand, to clarify the medications that need to be stopped.

## **What should I bring to the hospital?**

Bring all of your personal toiletries, comfortable and loose-fitting clothing, slip-on non-skid shoes or slippers with closed backs, a list of current medications including dosages, assistive walking devices you already own, and any paperwork the hospital has requested.

Do not bring radios, televisions, large amounts of cash or other valuables.

## **When should I arrive at the hospital for surgery?**

You should arrive two hours before surgery to go through admission, change into hospital clothing, meet the anesthesiologist and nursing personnel and address any questions about your procedure.

Remember: Do not eat or drink after midnight on the day of your surgery. You may be allowed to take pre-approved medication with the least amount of water necessary. Report any medication taken, along with dosage, to your admitting nurse.

### **Can my family stay with me?**

Your family may stay with you until you are taken to the operating room. Once you are in your room after surgery your family can visit you during normal hospital visiting hours (7 a.m. to 10 p.m.).

### **Do I need to be “put to sleep” for this surgery?**

You may have a general anesthetic, which most people call being “put to sleep.” Some patients prefer a spinal or epidural anesthetic, which numb your legs without requiring you to sleep. You can discuss options with your anesthesiologist.

### **Will the operation hurt?**

As with any surgery, individual patient results and experiences vary. Many patients only experience mild discomfort in the days and weeks after joint replacement. However, after years of living with joint pain, most find this a welcome relief. Make sure to talk with your doctor before surgery about your pain-management options. You may receive pain medicine through your IV, through an epidural or in shots or pills. Most likely, you will become mobile within hours of surgery.

### **How long will the surgery take?**

Depending upon the complexity of your case, surgery can take anywhere from one to three hours with an additional one to two hours in the recovery room.

### **Who will perform the surgery?**

Your orthopedic surgeon will perform the surgery.

### **Will the surgeon see my family immediately after surgery?**

Whenever possible, the surgeon or an assisting surgeon will meet with family members immediately after surgery. If, for any reason, this is not possible, you may contact the doctor’s office to arrange a time to discuss the surgery’s success.

### **What will my hospital stay be like?**

You will most likely be groggy at first from the medications you receive in surgery. You will be transported from the recovery room to your hospital room once your surgeon and medical team deem your transfer safe.

Once you are fully awake, you will be able to drink and eat as tolerated. Nurses will closely monitor your vital signs, urinary output and any drainage.

Your healthcare team may monitor your pain medication closely. Make sure to talk with your doctor before surgery about your pain-management options. You may receive pain medicine through your IV, through an epidural or in shots or pills. It may also be administered intravenously by “pain pump” for the first 24 hours, allowing you to control your own pain level up to a predetermined dosage.

Starting on the day of surgery you will work one to two times a day with physical and occupational therapists, who will go over bed mobility, transfers and exercises to help you adapt daily activities to your post-operative limitations.

### **How long will I be in the hospital?**

Most patients are hospitalized for about three to five days, including the day of surgery. This may be extended to include treatment at a rehabilitation center or sub-acute facility. You should contact your health insurance provider to find out what, exactly, is covered and obtain these provisions in writing.

### **Do I need someone to stay full time with me when I go home?**

It is best for someone to be with you the first 24 to 72 hours after discharge. If you live alone, and a friend or relative offers to stay with you, accept the offer! If you can’t arrange a full-time helper, perhaps a friend of neighbor can call daily to check on your progress. Home care also can be arranged through social services / case management.

### **When can I go up and down stairs?**

Many patients can climb stairs before leaving the hospital.

### **Will I need pain medicine after I’m discharged?**

Most patients do benefit from a short-term course of pain medication. Expect to take some kind of pain medication for several weeks after discharge, especially at night or before therapy sessions. You can call your doctor’s office for prescription renewals.

### **How long will I need to use my walker or crutches?**

Your surgeon will work with your physical therapist to develop your specific ambulation plan. Generally, patients use a walker or crutches for the first six weeks after surgery. Then they can graduate to a cane for about six weeks before walking on their own.

### **When can I go outside?**

Once home, you may go outside at any time. Start with short trips at first – therapy, church – and increase the number and length of outside activities as you feel more comfortable.

### **When can I drive?**

Most patients must wait for six weeks before driving. You are not allowed to drive while you are on pain medications. However, some physicians may allow patients to drive earlier if they believe the patients can do so safely. The type of surgery, location of the surgery (left leg vs. right leg), and the patient's overall general condition play a part in that decision. If you wish to drive before six weeks have passed, consult with your surgeon for further details.

### **When can I return to work?**

Most patients wait until at least six weeks after surgery

to return to work. Some may return earlier if they can do so safely. You should discuss your own situation with your surgeon during a follow-up visit.

### **How often will I need to see my surgeon?**

You will need to schedule your first post-operative visit two to three weeks after discharge. The frequency of additional visits will depend on your progress. Many patients are seen again at six weeks, 12 weeks and then yearly.

### **When can I resume sports activities?**

You may be able to try swimming, distance walking, hiking, bicycling, golfing and other low-impact sports activities after a few weeks of rehabilitation and recovery.

Discuss your activity level and abilities with your surgeon.

### **When will I be able to have sexual intercourse after surgery?**

In most cases, you may resume sexual activity when you feel comfortable enough to do so. Make sure to heed any position restrictions recommended by your caregivers. In general, most patients resume normal sexual activities within four to six weeks after surgery.

## **Resources**

1. Lentino J., "Prosthetic Joint Infections: Bane of Orthopedists, Challenge for Infectious Disease Specialists," Clinical Infectious Diseases, Volume 36, 2003, pp. 1157-1161
2. Hozack W.J., Booth, R.E. Jr., "Clinical and Radiographic Results with the Trilock femoral component – a wedge fit porous ingrowth stem design," Seminar on Arthroplasty, 1990; 1:64-69
3. Purtill, J.J., Rothman, R.H., Hozak, W.J., Sharkey, P.F., "Total hip Arthroplasty using two different cementless tapered stems," Clinical Orthopaedics, 2001; 393:121-127
4. Telcken, M.A., Bissett, G., Hozack, W.J., et al., "Ten to Fifteen-Year Follow-Up After Total Hip Arthroplasty with a Tapered Cobalt-Chromium Femoral Component (tri-lock) Inserted Without Cement," Journal Bone Joint Surgery Am., 2002; 84-A(12): 2140-2144
5. Rapuri, V.R., Klein, G.R., Hozack, W.J., "Postsurgical Management of Total Hip Arthroplasty – Wound Care, Precautions, and Rehabilitation," Women's Health in Primary Care, Volume 7, No. 1, Jan.- Feb. 2004

## Total Joint Hip Exercises

# Questions for the Team

As you come up with questions we encourage you to write them down to help you remember pressing issues. This page is provided for you to write down questions you may have for the physicians, case managers, therapists, etc.

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