



Total Hip Replacement

BRING THIS INSTRUCTIONAL GUIDE WITH YOU ON SURGERY DAY

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Rev 2/2019

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Welcome

*Thank you for choosing the Kaleida Health “Joint Ventures” Program
for your total hip replacement surgery.*

Our orthopedic team is proud to serve you and we are all focused on helping you achieve the best possible outcome with quality medical treatment, attentive bedside care and the latest rehabilitation therapies.

We are honored to be your preferred orthopedic service provider.

Section I Pre-Admission

Class Objectives

1. *Answer questions you may have about your surgery.*
2. *Prepare you for what to expect during your hospital stay.*
3. *Preparing for home after discharge.*
4. *Explain the roles of your multi-disciplinary team: physician, nurse manager, nurse practitioner, nurse, physical therapist, occupational therapist, discharge planner, social worker and personal care aid (PCA).*

General Information

The Kaleida Health Orthopaedic Units:

Buffalo General Medical Center 16th floor

The floor is divided into two units (North and South) and there is a physical therapy gym located on the floor.

Orthopedic Pre-Op Teaching Instructors: 716-859-1986
 Fax 716-859-1999

Marylou P. Jarmusz, RN, BSN

Kathy Pilat RN

- North side rooms 1601 – 1621
- North side Nursing Station Phone Number 859-1620
- South side rooms 1651 – 1672
- South side Nursing Station Phone Number: 859-1692

Millard Fillmore Suburban Hospital 2 South East

The floor is divided into two hallways, and there is a physical therapy gym located at the end of the unit between the hallways.

Room Numbers: Front hallway 2222-2233
 Back hallway 2234-2246B

- Nursing Station Phone Number: 568-6220

Visiting Hours: 11:30 a.m. – 8:30 p.m.

Children under the age of 14 are not allowed to visit unless the nurse manager gives special permission.

Health Insurance

- It is always good to check with your insurance company to see if you have any copay or deductibles:
 - a. Copay for hospital stay (operation)
 - b. Copay for in home physical therapy
 - c. Copay for any equipment needed at home such as durable medical equipment (walker, cane, etc.) DME
 - d. Copay for outpatient physical therapy once discharged to home

General Information

Important to Remember

- You are **NOT** allowed to eat or drink anything after midnight the night before surgery
- Check with your primary care provider if any medications are to be taken the morning of surgery with a small amount of water
- **No** alcohol 24 hours prior to surgery
- **No** recreational drugs prior to surgery as per physicians instructions
- Kaleida Health is a smoke free facility

What to Bring to the Hospital

- **This Hip Instruction Book**
- You may bring personal hygiene products
- Picture ID
- Healthcare proxy, living will or advance directives (Please ask staff if assistance is needed regarding these forms)
- Comfortable walking shoes, no backless shoes or slip on footwear
- If applicable any workman's Compensation numbers and information

What *Not* to bring to the hospital

- Please remove make-up, contact lenses, nail polish and jewelry including body piercings before day of surgery
- Valuables, such as credit cards, wallets, money, jewelry, cell phones or personal electronic devices and chargers. The hospital is not responsible for any personal belongings lost.
- Personal medications, unless specifically advised to do so

The Hospital Discharge Planning Process

All patients should prepare for their discharge from the hospital, prior to their scheduled procedure. Having a plan in place prior to admission provides the patient with the peace of mind knowing where they will go after surgery, who will be assisting during recovery, and assure there is a safe environment to return home to.

You will have a brief hospital stay following your procedure, usually 8-48 hours, depending on the type of surgery you have and your ability to function after the surgery.

Ambulatory Surgery Unit (ASU) – depending on your surgeon's assessment, you may be a candidate for direct discharge to home from the hospital recovery room. If this is the case, you will be discharged from the hospital with home care services scheduled to follow up with you.

Home with Home Care Services: (physician preferred)

After a short hospital stay, you will be evaluated and once it is determined that you are well enough and have sufficient mobility to be leave the hospital, you will be discharged home. Based on your clinical needs, home care services will be coordinated and nursing and/or therapy services will begin the following day to begin your rehabilitation at home. The Visiting Nursing Association of Western New York has consistently been recognized by the federal government for their high quality and patient satisfaction and is part of Kaleida Health. As part of the care continuum, the VNA of WNY works very closely with all of the physicians in the hospital with respect to their protocols and expectations to achieve the highest outcomes. If you prefer another agency please advise your discharge planner.

Home with Outpatient Physical Therapy:

If you are doing well enough that your mobility is minimally impaired and you do not meet the criteria for home health services, you will be discharged home with a prescription to begin outpatient physical therapy at a facility of your choice.

Subacute Rehabilitation Facility:

If it is determined that your ability to function is too limited and you do not have sufficient support at home, you may be discharged to a subacute rehabilitation facility. This is a nursing home that has set aside beds for patients who will need additional nursing and therapy usually for 3-5 days.

Instruction will be provided in the pre-surgery class regarding the "pre-apply" process. Insurance carriers will require that you meet the medical criteria to be approved for subacute care.

The discharge planner from the hospital may contact you at home prior to your surgery date to inquire about the plan your surgeon believes is most appropriate for you. Recognizing that things can change, the planner will meet with you to review your plan and will contact the home care agency or subacute facility to coordinate your next level of care.

Total Hip Replacement

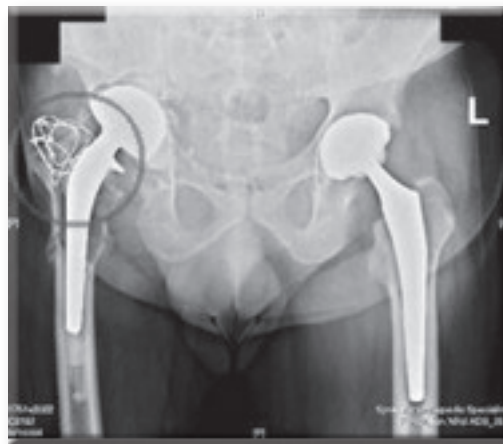
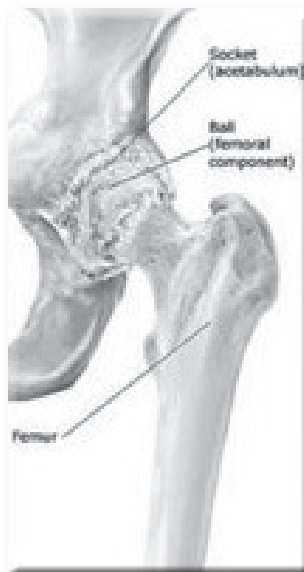
A total hip replacement surgery (arthroplasty) is done to replace the badly damaged hip joint with artificial (man made) parts.

The joint is usually made up of a combination of metal and plastic or metal and ceramic.

Total hip replacement surgery provides improvement in pain, functional status and overall quality of life.

THE GOALS ARE:

- Decrease in your pain.
- Improvement in hip motion.
- Improvement in hip strength.



Medication Form

Pharmacy Name/Phone: _____

Allergies: _____

Please complete the list below:

All medications prescribed by a physician

Name	Dose	Time of Day	Reason/diagnosis
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Please list all Over the Counter medications – examples: aspirin, Motrin, Metamucil, laxatives.

Name	Dose	Time of Day	Reason/diagnosis
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Please list all herbal supplements and vitamins:

Name	Dose	Time of Day	Reason/diagnosis
1.			
2.			
3.			

Vitamins and Herbal Supplements

Tell your doctor about any medications, vitamins, supplements or herbal remedies you are taking.

Certain medications, vitamins and supplements can cause your blood to become thin or interfere with its ability to clot (stop bleeding), and some herbal supplements may cause a negative reaction to anesthesia.

The following herbal supplements must be stopped 7 days prior to surgery: (unless otherwise instructed by your physician)

- Multivitamin
- Vitamin E
- St. John's Wort
- Omega 3 Fatty Acids
- Glucosamine and chondroitin
- Ginseng
- Ginkgo Biloba
- Garlic tablets
- Echinacea
- Flaxseed
- Green tea
- Herbal Tea
- St. John's Wort

Please avoid energy drinks with herbal supplements, as well as enhanced bottled waters and high energy sodas for 7 days prior to your surgery. ALWAYS READ INGREDIENT LABELS if you are not sure. Some examples include but are not limited to: Pepsi Max, Mountain Dew Voltage, Sobe Life Vitamin Water, Red Bull, 24 hour Energy.

Suggested Medications to Avoid 7 days Before Surgery

The following medication list may be helpful to determine which of your medications, if any, need to be stopped before your surgery. This is not a complete list, so be sure to check with your primary care doctor if you have questions.

If you are taking a blood thinner prescribed by your doctor, please ask that prescriber when you should stop prior to surgery.

Tylenol (Acetaminophen) is allowed prior to surgery.

Advil	Duexis (Ibuprofen/Pepcid)	Motrin
Aggrenox	Ecotrin	Nalfon
Aleve	Eliquis	Naprosyn (Naproxen)
Alka seltzer	Empirin	Norgesic
Anacin	Equiagesic	Orudis (Ketoprofen)
Anaprox	Excedrin	Percodan
Arthrotec	Evista (Ravoxifene)	Persantine
Asaid	Feldene (Piroxicam)	Plavix
Ascription	Fiorinal	Ponstel
Aspirin	Fosomax	Pradaxa
Aspirin suppositories	Ibuprofen	Ticlid
Bufferin	Indocin	Voltaren (Diclofenac)
Butalbital	Methotrexate	Xarelto
Coenzyme Q 10	Midol	Zomac
Coumadin/warfarin	Mobic (Meloxicam)	
Duragesic	Monacet with codeine	



Pre-operative Exercises

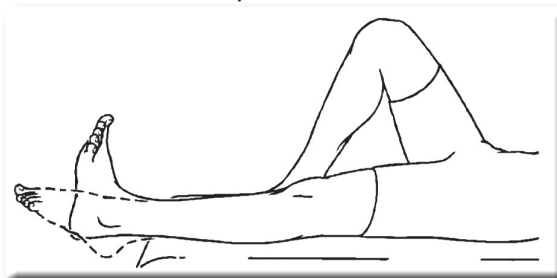
Start exercises one week before surgery to prevent post-op complications such as blood clots.

Exercises:

- Repeat each exercise 10 times, 2-3 times per day.
- Perform the following exercises slowly, as outlined.
- Complete exercises while lying down or reclined with legs straight.
- Perform on both legs.
- Remember to take slow, deep breaths as you do each exercise. This will help circulation and provide oxygen to your muscle tissue.

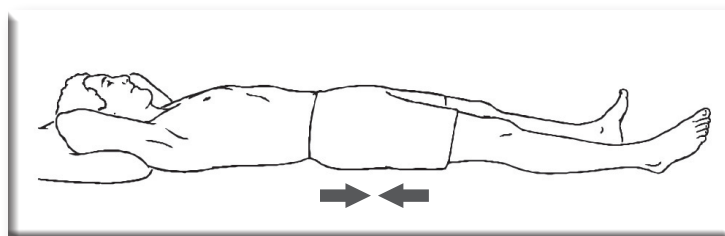
1. Ankle Pumps/circles:

- Slowly pull ankle up, hold five seconds.
- Slowly push ankle down, hold five seconds.
- Slowly turn your ankles in a circular motion, reverse direction.



2. Gluteal Sets:

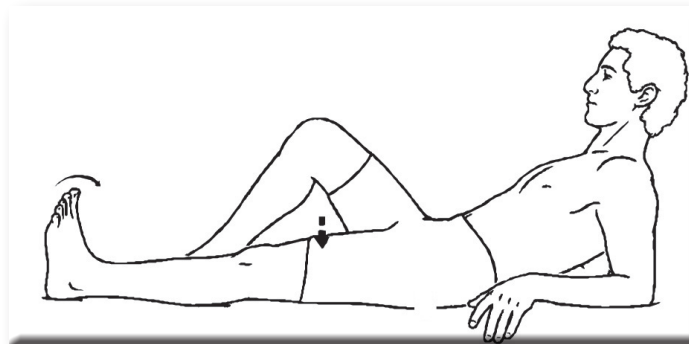
- Slowly squeeze your buttocks together.
- Hold for five seconds and relax.



Pre-operative Exercises cont'd

3. *Quad Sets*:

- With legs straight, tighten the thigh muscle by pushing the knee down into the bed.
- Hold for five seconds.



Deep Breathing

Deep Breathing is important to do. The following exercises help prevent the accumulation of congestion in your lungs. You should start 1 week BEFORE surgery, three times a day.

1. *Incentive Spirometer* (breathing exercise device made up of a clear cylinder and a flexible tube with a mouthpiece for you to inhale slowly):

- Hold or stand the cylinder in an upright position.
- Exhale normally, then place your lips tightly around the mouthpiece.
- Inhale slowly to raise the blue cylinder in the chamber to the calculated goal.
- Remove lips from the mouthpiece, hold for 3-5 seconds, and exhale.
- Repeat the exercise 10 times, every hour while awake.



2. *Diaphragmatic Breathing*:

- Place a hand on either side of your lower rib cage.
- Slowly take a deep breath in through your nose. You should feel your ribs pushing into your hands.
- Hold 3-5 seconds, exhale through your mouth.

3. *Coughing*: An important method of clearing your lungs.

- Take a deep breath in.
- Cough from your abdomen as you breathe out.
- If this causes discomfort, try hugging a pillow against your abdomen to lessen pain.

These activities are all very important to minimize the risks of pneumonia after surgery. They will also help get your body better prepared for surgery, which will ultimately help your recovery process.

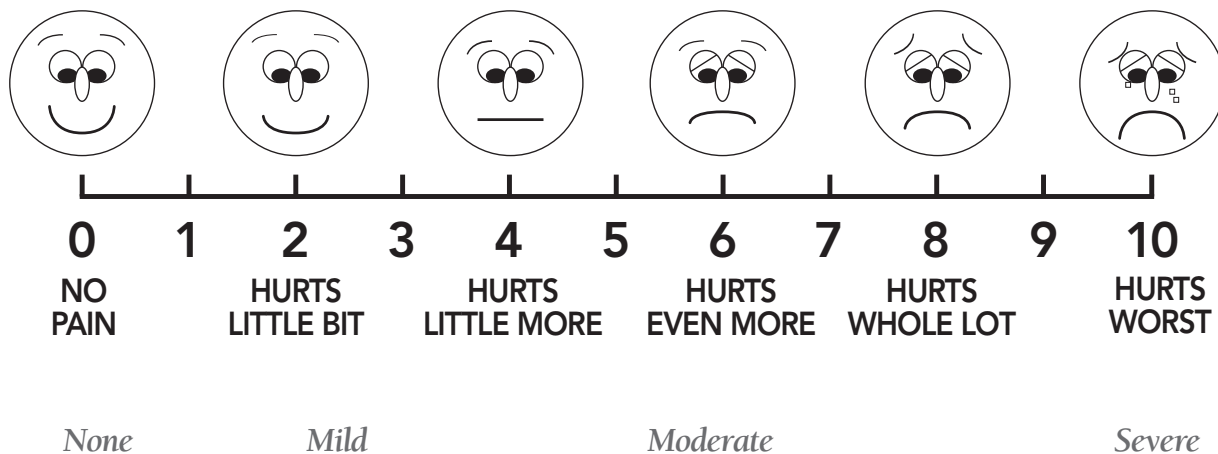
The above exercises should be done after your surgery, as well.

Section II
Hospital Course

Pain Management Program

At Kaleida Health, pain is evaluated on a numeric scale. While everyone experiences pain differently, the descriptions below will help you communicate where your level of pain is so your nurse can help you. Pain medications are ordered as needed. Please communicate with your nurse if you are having an increase in pain so medications can be given and adjusted as needed.

You will be asked to rate your pain, using the scale below. You may also be asked if the pain is acute (new) or chronic (old and familiar).



0 = no pain

2 = discomfort or mild pain

5 = pain that interrupts your ability to relax and rest

7 = pain that wakes you up from a sound sleep

10 = excruciating pain

0 – 4 is generally considered the reasonable range for post operative pain

* Remember, you just had major surgery, so some level of pain is expected.

Medications in the Hospital

The nurses will dispense all medications that your doctor prescribes. Do not bring any medications from home unless directed to do so.

Occasionally, the hospital may not carry a specific medication you were on at home. If this is the case, we will ask you to have a family/friend bring in that particular medication.

If you have any allergy to medications, the pharmacist and physician will order an alternative drug

Medications You May Be on After Surgery

MEDICATION	USE (Indication)	POSSIBLE SIDE AFFECTS
Ancef fever	IV antibiotic to prevent infection	Loss of appetite, diarrhea, rash,
Protonix or pepcid	Gastric intestinal prophylaxis	Headache, diarrhea, rash, shortness of breath
Lovenox, heparin, or arixtra	Injectable anticoagulants, (blood thinners)	Bleeding, bruising, headache
Coumadin, aspirin, Xarelto or Eliquis	Oral anticoagulants	Bleeding, bruising, nausea, rash
Senacot, peri-colace Miralax	Stool softeners to prevent constipation	Stomach pain, nausea, rash, diarrhea
Ducolax suppositories, Miralax, milk of magnesia, fleets enema	Constipation	Diarrhea, nausea
Reglan or zofran	Nausea medication	Headache, drowsiness
Tylenol	Fever, headache or pain	Rash, nausea
Throat lozenges	Throat discomfort	Numbness in throat
Dilaudid (hydromorphone) morphine	IV medication for pain control	Fatigue, nausea, itching
Lortab, Percocet, oxycontin, oxycodone Norco, Tylenol with codeine, Ultram	Oral pain medications	Constipation, dizziness, nausea, fatigue, rash, loss of appetite
Vistaril	Pain	Dry mouth, drowsiness, headache
Toradol	IV anti-inflammatory to decrease pain	Bleeding, nausea
Benadryl	IV or oral medication for itching or sleep	Drowsiness, rash
Celebrex	Pain	Bleeding

Day of Surgery

What to Expect After Checking in at Information Desk:

- You and your family will go directly to the Same-Day Surgery Admission Unit where the admitting staff will complete the admission process.
- You will change into a hospital gown. All clothes and personal items will be put into a labeled bag for your family to take.
- The nursing staff will review your final preparations before surgery. When you are ready for surgery, you will be transported to the operating room holding area on the third floor.
- During the surgery, your family may wait in the surgical waiting area.
- In the operating room holding area, you will be introduced to your surgical team:
 1. An intravenous infusion (IV) will be started. Your IV line is a tube that is inserted into your vein so we can give you fluids, medications and antibiotics.
 2. Special white support stockings (TEDS) will be put on your legs. They support and promote blood circulation in your legs during and after the surgery.
 3. The anesthesiologist will discuss the anesthesia and pain management method appropriate for you.

Partners In Patient Safety (PIPS)

Empower Yourself During Your Hospital Stay

It's a fact. Patients who are involved in their own care and who ask questions while in the hospital generally tend to do better than those who are not involved. Health care is a team effort, and you are the most important player. By being a partner in patient safety (PIPS), you can make your hospital stay a positive experience for you and your family.

We welcome your questions because you have the right to know about every aspect of your care. Below are important topics related to your safety and hospital stay, as well as suggested questions for each that you can ask to ensure you receive very good care:

Stop The Spread of Germs

Excuse me, but did you wash your hands before you came into my room?

- Hand washing is the best way to prevent the spread of germs. Do not hesitate to remind our staff to wash their hands and wear gloves before examining you or giving you your medicines.
- An acceptable form of hand sanitation is our foam hand sanitizers, located in all patient rooms and patient care areas.
- Ask friends and relatives who have colds, respiratory symptoms, or other contagious diseases not to visit you in the hospital.
- Ask your nurse for the flu and pneumonia vaccines to help you fight any germs you might have been exposed to.

Identify Yourself

Could you double check my I.D. band to be sure this is for me?

- Check the information on your hospital I.D. band to make sure that your name and date of birth are correct.
- Ask staff members to check your I.D. band before any procedures, tests or medications are given to you.
- Wear your hospital I.D. band at all times. If your band comes off, ask someone to get you a new one.

Know Your Medicines

Why do I need this medicine?

- Ask your nurse about the medicines you are taking, what they are, what they look like, what they do, when they are given, what side effects they might have, and how long you'll be taking them.

Partners In Patient Safety (PIPS) cont'd

- Ask if the medicines are safe to take with other medicines or dietary supplements that you may be taking and if there are any food, drink or activities you should avoid while taking the medicines.
- If you do not recognize a medicine, ask the nurse to check that it is for you.
- Let your doctor or nurse know if you have any allergies or have had previous reactions to any drugs, foods, or latex.
- Please tell your healthcare team about all medicines you are taking, including vitamins, herbal remedies, and over-the-counter medicines.

Protect Yourself From Falls

How do I call for help?

Most falls occur when patients try to get out of bed on their own.

- Ask for help when getting out of bed, especially at night and the first time after a procedure or surgery. If possible, call for help before the need to go to the bathroom becomes urgent.
- Ask the nurse how the call-button on your bed works, and let your nurse know if you will have trouble reaching it.
- Make sure the brakes on a wheelchair are locked when you get into and out of it.

Prepare For Home

Is there anything I should know about my medicines or care before I leave?

- Ask what medicines, if any, you'll be taking and when you should have a follow-up visit with your doctor.
- Ask if the nurse has given you all of your written and verbal discharge instructions so you can share them with your primary care doctor.
- Ask for a number to call if you have questions.

Avoid Pressure Ulcers

Can you check my skin, please?

A pressure ulcer, often called a bed sore, usually occurs when your skin or muscles are being pressed between the bones in your body and an outside surface (such as a bed or chair) for too long. You are at-risk for a pressure ulcer if you are bedridden or unable to change your position. While you are in the hospital, your nurse will help you prevent pressure ulcers by:

- Inspecting your skin daily for signs that sores may be forming, especially in areas where they usually develop (tailbone, hips, heels, ankles, elbows, back of the head, etc.).

Partners In Patient Safety (PIPS) cont'd

- Keeping your skin clean and dry.
- Moisturizing your overly dry skin.
- Changing your position in bed or chair every 1 to 2 hours if you are not able to move yourself without help.
- Protecting your bony areas with pillows.
- Keeping your heels off the bed surface with pillows placed under your lower legs.
- Helping you get from bed to the chair or toilet and using protective cream to protect your skin from urine or stool.
- Helping you get a well-balanced diet and plenty of fluids (water, juice, etc.).
- Informing your doctor if signs of skin breakdown are noticed.

When you are admitted to the hospital, please tell your nurse immediately if you have any cuts, scratches, rashes or injuries to your skin – no matter how small.

Control Your Pain

Can I have something for pain?

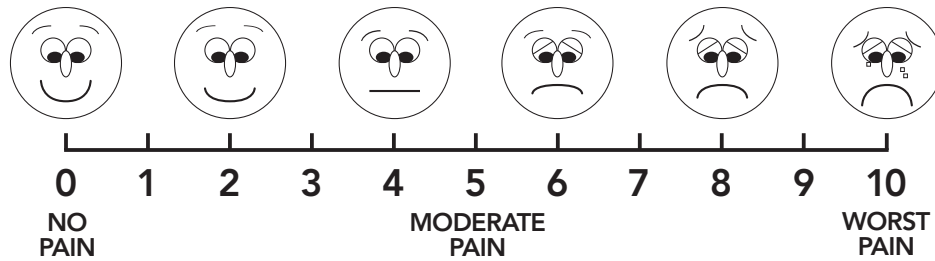
Pain causes stress and often delays the recovery process, so don't be afraid to ask for help when you're hurting.

- Ask the nurse for pain medicine when your pain starts. This will avoid medicine delays that make pain harder to manage.
- Do not assume that pain medicine is included with your other pills.
- Tell the nurse or staff member if the medication does not help.
- If you have concerns, please discuss them with your doctor.

Rate Your Pain

Rate your pain on a scale of 0 to 10, with 0 being no pain and 10 being pain as bad as you can imagine (see scale below). This rating will help determine which pain medicine is needed, or if the pain medicine given was effective. You should discuss your goal for pain relief with your physician/caregiver.

Partners In Patient Safety (PIPS) cont'd



Methods of Pain Control

The methods listed below may be used alone or with others. When given pain medicine, ask when to expect pain relief and how long the medicine is expected to last.

Oral: pills or liquids taken by mouth.

Topical: placed on the skin.

Intravenous (IV): fluid passed directly into the vein by way of a tube.

Subcutaneous: injection into fatty tissue below the skin.

Intramuscular: injection into the muscle.

Patch: placed on the skin.

Patient Controlled Analgesia: medicine is given through a tube. This allows the patient to control the amount of pain medicine. Only the patient should press the button that delivers pain medicine.

Epidural Analgesia: a small tube placed into the back. It may be used for stomach, chest, hip, or knee surgeries.

Be Safe – Communicate

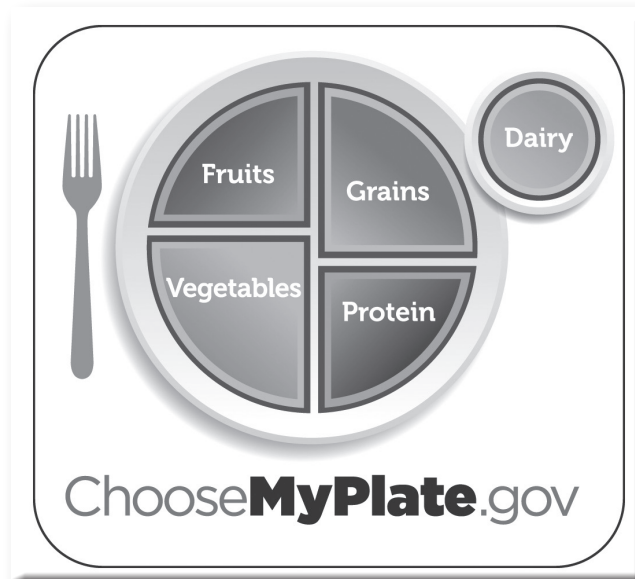
It is our goal to provide very good care and service to you and your family. If we have not met your needs, please tell us. Ask to speak with the nurse manager, or a nursing supervisor, so we can address the issues that you may have. It is our goal to take care of any issues before you go home. You will also have an opportunity to complete a survey after you go home to tell us what we did well or where we need to improve.

- Language assistance services are available free of charge for anyone who has a need for an interpreter.
- Tenemos servicios de ayuda en Español, para cualquiera que necesita un intérprete.

Nutrition

Nutrition is important in the preparation for and recovery after your surgery. Having a well-balanced diet and increasing your fluid intake will help with the healing process.

- We recommended that you increase daily fiber and fluids to maintain regular bowel movements. You may take over-the-counter laxatives and /or stool softeners (if needed) to stay regular both before and after surgery.
- Drink 6-8 full glasses of water each day for 3 days prior to and after surgery. This will get your body well hydrated for surgery and will help flush out the anesthetic agents.
- Limit your daily caffeine intake for one week prior to surgery, since caffeine is a natural diuretic (water pill).
- Remember the importance of a well balanced diet.
- Some medications may affect the way foods taste.



Your Anesthesiologist and Anesthesia

What is an anesthesiologist?

An anesthesiologist is a doctor who is specially trained to administer pain-killing gas or injections during operations and other procedures. The anesthesiologist also watches over your breathing, heart rate and reactions to anesthesia during the operation, after your operation and can assist with acute pain control.

You will meet your anesthesiologist before surgery to discuss the best anesthetic options for you, which will be based on an evaluation of your specific needs.

Anesthesia is the medicine that your anesthesiologist uses to make you comfortable during surgery. Types of anesthesia include:

Spinal Anesthesia

Numbing medication is delivered through an injection in your back. You will be awake during surgery but numb below the waist. Feeling returns between one and four hours after surgery.

Epidural Anesthesia

Numbing medication is delivered through a tiny tube inserted into your back. The tube is left in place to give you more numbing medicine later, if needed. You are awake during surgery but numb below the waist. Feeling returns to your legs when the medicine wears off, after the tube is removed (up to 12 hours).

General Anesthesia

A mask that covers your nose and mouth or a tube inserted into your mouth and throat is used to deliver the anesthesia. The tube is called an endotracheal tube or "ET tube." You are asleep before the tube is inserted and it is usually removed before you wake up. You will be completely asleep during surgery.

Initial Recovery After surgery in the Post Anesthesia Care Unit (PACU)

After surgery, you will need monitoring while you recover from anesthesia and gradually awaken. You will be moved directly from the operating room to a recovery room, which we call PACU, while your anesthesia wears off.

Beginning your Pain Management Program

You may begin to feel postoperative pain in the PACU. This is normal. Your doctor will order medications to manage your pain while in the PACU, where you will remain until your recovery is stabilized.

Visitation while in the PACU

Visitation while in the PACU is limited in order to promote privacy for all patients, decrease the risk of infection, and to enhance the healing process. However, parents/guardians of patients under the age of 18 and patients with special needs (language barrier) will be allowed in the PACU on a controlled basis.

When your surgery is complete, either the surgeon or a member of the surgical team will come to the surgical waiting room to talk to your family. Together they will go to a private area where they will learn about your status and be encouraged to ask questions.

Things to Know

Abductor Pillow:

A triangular foam pillow wedged between the legs to keep the legs apart and prevent hip dislocation from rolling

Blood Tests:

You will have blood taken for tests. The blood can be taken from a vein in your hand, arm or from the bend in your elbow. Your blood will be tested to see how your body is handling your surgery. You may need to have blood drawn more than once during your hospital stay.

Call button:

Per hospital policy you must have assistance with ambulation.

Call . . . Do Not Fall!

You may be at risk for fall due to:

1. Femoral block
2. Anesthesia
3. Pain Medication

Our fall Protocol!

Yellow Socks



Yellow arm band



Bed or Chair alarm



This alarm will help remind you to call for assistance when getting out of the bed.



Foley Catheter:

A Foley catheter is a thin, sterile tube inserted into your bladder to drain urine. It is held in place with a balloon at the end, which is filled with sterile water, to keep it from sliding out. This device is NOT used in all surgeries. The urine drains from the catheter into a sterile bag that will be emptied by your nursing team. The catheter is usually inserted after you are sedated. Below are some helpful tips to be aware of after a catheter is inserted:

- The catheter may make you feel like you have to urinate, but relaxing will allow the catheter to drain the urine for you. When the catheter is taken out, you can urinate on your own.
- Don't pull on the catheter because it will hurt and can make you bleed. The catheter will be secured to your thigh to keep it in place.
- Don't bend the catheter because the urine will not be able to drain.
- Don't lift the bag of urine above the bladder. If you do this, the urine will flow back into your bladder. This may cause an infection.

Foot Pumps:

These are boots we put on your feet. They are connected to an air pump machine that simulates walking to help improve your circulation. They should be worn while in bed and removed when out of bed.

Things to Know cont'd

Hemovac or blood conservation system:

This is a drain inserted during surgery next to your incision to help unnecessary fluids from collecting in your joint. It is usually removed the first day after surgery. This system is NOT used with all surgeries.

Intake/Output:

Your caregivers may need to know the amount of fluid you are getting. They may also need to know how much you are urinating. Caregivers call this "I & O."

Polar or Ice Packs:

Ice bags may be ordered and placed over your surgical site. This helps to reduce inflammation (swelling) and decrease pain. Please remember to take these home with you.

Pressure stockings: (TEDS)

These tight elastic stockings help prevent blood clots.

Pulse Oximeter (Masimo):

This is a machine that tells us how much oxygen is in your blood and what your heart rate is. A narrow, thin elastic wrap with a long cord will be placed on your fingertip. The Masimo sends this information to the pulse oximeter. It is completely painless.

Vital Signs:

This includes taking your temperature, blood pressure, pulse (counting your heartbeat), respirations (counting your breaths) and pain level.

Post-Operative Journey

We treat each patient as an individual, but we find most patients fit into the plan outlined below after joint replacement surgery:

- You will be moved to a room on the orthopedic unit from the post anesthesia care unit (PACU) and may be able to start drinking and eating shortly after, depending on your progress.
- Continue to do the anti-thrombotic exercises of ankle pumps/circles, quad sets, and gluteal sets. Complete up to 30 repetitions every 1-2 hours.
- Continue your deep breathing, coughing and use of your incentive spirometer hourly.
- Continue to wear your elastic stockings to keep the blood from pooling in your legs and lessen the chance of blood clots.
- A foot pump device will be strapped onto your feet. These boots are connected to an air pump that causes the boots to tighten and loosen, which pushes blood back up to the heart to help prevent blood clots. This exercise imitates walking.
- You will need to ask the nurse for pain medication.
- You will be asked to rate your pain regularly using the pain scale.
- A bladder catheter (Foley) may be in place to drain your urine. It is usually removed on the first day after surgery. This catheter is NOT used with all surgeries.
- Hip drainage tube (hemovac) may be in place. It is usually removed by physician on post op day 1. This tube is NOT used with all surgeries.
- You will have a dry dressing on your hip.
- Your temperature, blood pressure and pulse will be taken upon arrival to your room
- You should be turning side to side while in bed to avoid pressure sores that develop when you stay in one position for too long.
- Keep heels elevated off the mattress to avoid pressure sores that develop when you stay in one position for too long.
- Polar care or ice may be used to reduce swelling if ordered by your doctor.

Post-Operative Journey cont'd

- **Morning blood draws are done at 4 a.m. daily and as ordered by your doctor.** We understand this early time can be an inconvenience for you, but taking blood early allows our labs to get the results into your charts faster. Our goal is to have them ready for your doctor to read before he/she visits you to determine if you are ready to go home or if you need additional tests, medications, etc. This only applies if staying more than 6 hours.
- You will be getting out of bed with staff assistance. Our goal is to get everyone out of bed the day of surgery, depending upon the time of arrival to your post-op room and your doctor's orders, to help reduce potential post-op complications.

Post Surgical Exercise Program

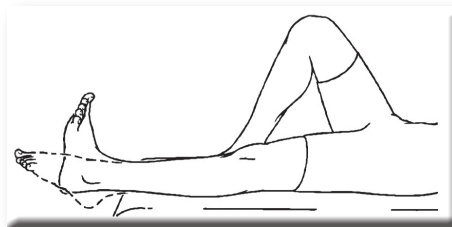
Exercise is very important after total hip surgery. You will need to complete the indicated exercises, three times per day for 7-8 weeks after discharge and then once a day.

Exercises while lying on back:

_____Ankle Pumps/Circles

- Slowly pump your ankles up and down.
- Slowly turn your ankles in a circular motion.

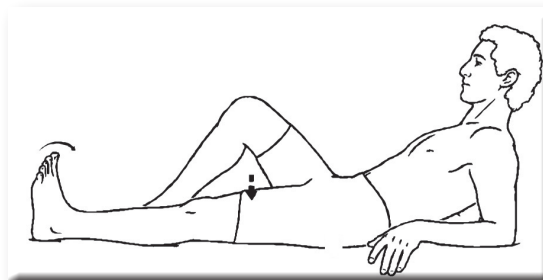
Repeat each exercise _____times, do_____sets.



_____Quad Sets

- With your leg straight, tighten your thigh muscle by pushing your knees down into the bed.
- Hold for five seconds and relax.

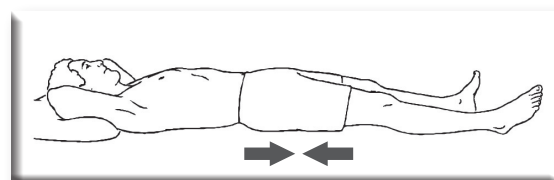
Repeat each exercise _____times, do_____sets.



_____Glut Sets

- With both legs straight, squeeze your buttocks together.
- Hold for five seconds and relax.

Repeat each exercise _____times, do_____sets.

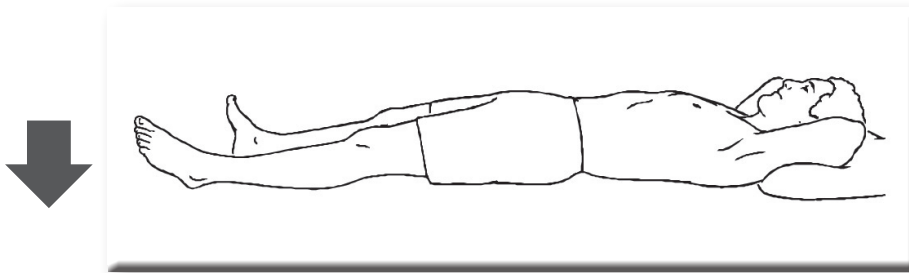


Post Surgical Exercise Program cont'd

_____Hamstring Sets

- With your legs straight, push your heel down into the bed, without letting your knee bend.
- Hold for five seconds and relax.

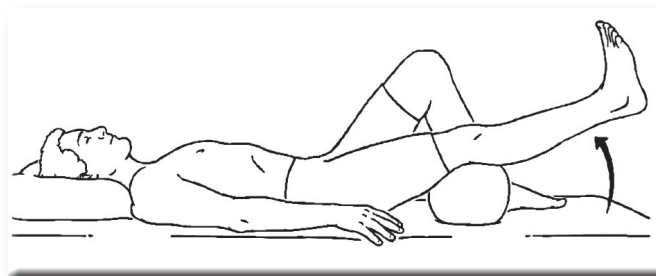
Repeat each exercise _____times, do _____sets.



_____ **Short Arc Quads:** (you can make a towel roll by covering a small coffee can or 2 liter bottle with a towel.)

- Place towel under knee.
- Slowly straighten knee without lifting thigh off roll.
- Hold for count of five and slowly lower foot down.

Repeat each exercise _____times, do _____sets.



Post Surgical Exercise Program cont'd

_____ Hip Abduction:

**** SURGEON SPECIFIC: DO NOT DO UNLESS INSTRUCTED BY THERAPIST ****

- Have someone slowly slide your operated leg out to the side, be sure to keep your knee straight and toes pointed toward the ceiling. Have them bring your leg back to the midline, making sure NOT to cross the middle of your body.

Repeat exercises _____ times, do _____ sets.



Exercises in a Sitting Position:

_____ Knee Flexion/Extension:

- Sitting on a solid chair with good back support, make sure your hips are planted firmly on the chair, and you are not leaning backward.
- Slowly straighten your knee, hold the position for five seconds, then slowly bend the knee back as far as you can. Again, hold the position for five seconds and relax.

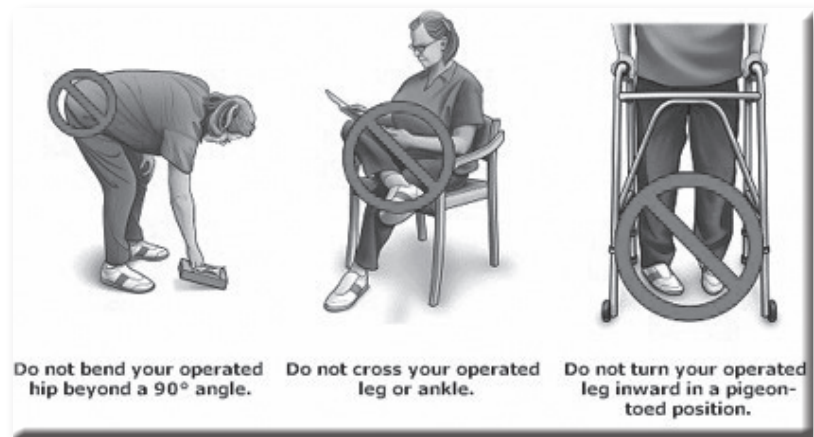
Repeat each exercise _____ times, do _____ sets.



General Hip Precautions

If you are **following** TOTAL HIP PRECAUTIONS: (approx. 12 weeks or as directed by your surgeon)

- Do not bend your hips past 90 degrees (right angle)
- Do not cross your legs at the knee or ankles
- Do not turn your operated leg inward or outward.



- Do not sit in low chairs or sofas. Sit on a firm, higher chair or on a pillow to keep your knees below your hips.
- Do not get down into the bathtub.
- Do not increase your weight bearing status until instructed by your surgeon.
- Use handicapped restrooms when in public, as handicapped toilets are higher.
- Do not lean forward from a seated position.
- Do not lift your knee higher than your hip on the operated side.
- When coming to stand from a seated position you should lean backward to slide your buttocks forward to the edge of the chair.
- Make sure your bed is higher than 28 inches in order to keep your hips above your knee when on the edge of the bed.
- Use a reacher to pick up small objects from the floor; do not bend to pick up the item.
- You will need help with certain household chores like: making the bed, changing the sheets, carrying laundry, vacuuming, grass cutting and snow shoveling.

*****Hip precautions should limit your activity – you must move frequently to prevent blood clots and pneumonia.***

Guidelines for use of Assistive Devices

The appropriate assistive device you will need to walk with will be determined by your therapist. The following is an overview to reinforce what you have been taught.

Walker:

- Allows the greatest support.
- Move the walker forward making sure all 4 points are flat on the floor. Do not reach, keep the walker a comfortable distance away, generally an arms length.
- Take a step with the operated leg first, followed by the non-operated leg.
- Be sure to lean through the walker in order to maintain any weight bearing restriction you may have.

Rolling Walker:

- Same as the walker, but has wheels on the front legs.
- Generally used when there are no weight bearing restrictions to allow for a more fluent walk.
- Push the walker a comfortable distance ahead, without leaning forward. Begin walk, by advancing the operated leg first. As you are comfortable, push the walker and walk with it, like pushing a shopping cart.

Crutches:

- Held under the arms but NOT in the armpits.
- Crutches are kept slightly forward and to the side.
- Move the crutches forward, step with the operated leg first and then the non-operated leg.
- Push through your hands to limit weight and maintain any weight bearing restrictions.

Cane:

- There are several different types of canes; the appropriate type for you will be determined by your therapist.
- Hold the cane, in the hand opposite the operated side.
- Advance the cane, step with the operated leg first. The cane should be moving with the leg opposite of it.

Stairs

Ascending stairs:

1. Using 2 handrails:

- Hold firmly onto the rail
- Step up with the non-operated leg first
- Follow with the operated leg

2. Using 1 handrail and an assistive device

- Hold onto the rail with the handrail, keep the crutch or cane on the step
- Step up with the non-operated leg first
- Follow with the operated leg
- Bring up the crutch or cane

Descending Stairs:

1. Using 2 handrails:

- Hold firmly onto the rail
- Step down with the operated leg first
- Follow with the non-operated leg

2. Using 1 handrail and device

- Hold onto the rail with one hand and place the crutch or cane down onto the next step
- Step down with the operated leg first
- Follow with the non-operated leg

If you need help with stairs:

- When going up the stairs, the person helping should BE BEHIND, holding onto your hips and helping only as needed to prevent a fall.
- When coming down the stairs, the person helping should stay IN FRONT, usually with one hand on the shoulder and the other on the hip, helping only as needed to prevent a fall.

Car transfers following a Total Hip Replacement

Two door car transfer:

- Sit in front seat.
- Move seat back as far as possible and reclined slightly if possible.
- Have one or two pillows on the seat, so that when you sit down your hips are higher than your knees.
- Using your walker or crutches, back up and line yourself up with the car seat.
- Reach back for the seat and slowly sit down, letting your operative leg slide forward.
- Gradually and gently lift your legs into the car while **LEANING BACK**, one at a time so that your feet are on the floor of the car.
- Reverse to get out of the car.

Four door car transfer:

- If you prefer to sit in the back seat, follow these steps.
- Using your walker or crutches, back up and line yourself up with the car seat.
- If you had a left hip replacement, get in on the driver's side, for a right hip replacement get in on the passenger side.
- Sit down, making sure that you slide your operated leg forward, and that you reach back with your hands for the seat.
- Using your arms for support, shift your body weight from side to side, so that your buttocks move along the seat. Your legs will follow with you.
- Slide back into the car, leaving your operated leg straight up on the seat. You can use your non-operated leg to assist you in moving along the car seat.
- Keep moving until you feel the rear door or car pillow behind your back.
- **DO NOT TURN YOUR BODY SO THAT YOU FACE FOWARD.**
- Make sure the door you are leaning on is locked behind you.
- To get out, slide forward until your feet reach the ground.
- Then stand up.

Section III Discharge Instructions

Discharge Instructions for a Hip Replacement Patient:

Activities:

- Perform your exercises as per the hip program instructed to you by your therapist.
- Do not engage in any activity that will cause stress on your hip joint, e.g; running, jumping or excessive bending.
- Use stairs only when necessary and not as an exercise.
- Sit in a chair with arms to assist with standing. Do not use your walker for support when going from sitting to standing, as the walker may tip. Avoid soft or low surfaces, such as sofas.
- Do not sit for more than one to two hours at a time.
- Take short, frequent walks.
- You may resume sexual activity. See pages 45-46 for more guidelines.
- See specific discharge instructions for driving from your physician. NO driving until your physicians approval.
- You may shower. **No tub baths** until approved by your physician. Keep safety in mind, i.e. rubber mats, shower chair or tub bench, if needed.
- Continue with the weight bearing instructions, as provided by your doctor.

Incision Care:

- Keep your incision clean and dry. Dressing care per specific discharge instructions.
- No soaking in bathtubs, hot tubs, or swimming pools until the incision is healed and it is approved by your doctor.
- No creams, lotions or cocoa butter until the incision is totally healed.

Medications:

- Take your pain medications prior to physical therapy or exercise.
- Please review your individualized discharge medication reconciliation list and take this list with you to your next doctor's appointment

Discharge Instructions for a Hip Replacement Patient cont'd

Diet:

- A well-balanced diet with increased amounts of meat, fish, poultry, eggs and milk is suggested to promote bone healing.

Elimination:

- Be aware that decreased activity, pain medicine and vitamin supplements can cause constipation. If needed, you may use over-the-counter laxatives or stool softeners to help resume your normal bowel routine. Increasing fluids and fiber in your diet may help, too.

Special Instructions:

- Use assistive devices, such as walker or crutches, if prescribed by your surgeon.
- Wear elastic stockings during the day. Put them on in the morning, and take them off at night until full activities are resumed (usually two-six weeks).
- Wear solid, supportive shoes with rubber soles. No clogs or slip-on shoes.
- Remove any loose rugs in your home that could cause you to trip or fall.
- Drinking alcohol is strongly discouraged, as this may cause uncoordinated movements and may negatively interact with your medications.
- If you sleep on your side, put a pillow between your knees.
- Do not cross your legs at the knee or ankle in order to maintain healthy circulation.
- If you notice swelling in your leg, you should elevate your leg on a pillow.
- A follow up appointment with your surgeon should be made as soon as possible. Please keep this follow up appointment.

Lying down:

- Sleep on your back, with a pillow between your knees.
- You may sleep on your operated side, but keep a pillow between your legs.
- If you sleep on your non-operated side, place a large pillow between your legs.

Discharge Instructions for a Hip Replacement Patient cont'd

Infection:

The most common cause of infection after joint replacement surgery is bacteria entering the blood stream. Bacteria from dental procedures, urinary tract infections, and skin infections can lodge around your artificial joint and cause serious harm.

- You should take an oral antibiotic one hour before dental work or any other procedure that could allow bacteria to enter your blood stream. See back side of your card.
- You should not have any dental work for six months after your joint replacement.
- No professional manicures or pedicures for six months AFTER surgery.

Blood Clots:

Follow your surgeon's instructions carefully to reduce the risk of developing a DVT (deep vein thrombosis) or PE (pulmonary emboli), which can occur during the first several weeks of your recovery.

- This usually involves the use of anticoagulation medication that your doctor will prescribe at discharge.
- Wear the elastic stocking, as directed.
- Perform the home exercises, as instructed.

Warning signs of possible blood clot in your leg (DVT) include:

- Increased pain in your calf or thigh.
- Tenderness or redness above or below the incision area or calf.
- Increased swelling in your calf, ankle or foot.

Warning signs of possible blood clot in your lung (PE) include:

- Sudden increased shortness of breath.
- Sudden onset of chest pain.
- Localized chest pain with coughing.
- Increased heart rate.

Danger Signs To Look For After Hip Surgery

Report any of the following symptoms to your doctor:

- Increase pain that is unrelieved by medication.
- Numbness or tingling in the operated leg.
- Drainage or redness at the incision site.
- Increase difficulty in walking.
- Fever greater than 101° F (38.8°C) x 24 hours.
- Shortened operative leg.
- Operative leg rotated outward.
- Loss of motion control of the operative leg.
- Extreme swelling of the joint.
- Calf pain.

**If you experience chest pain or shortness of breath, seek
IMMEDIATE MEDICAL ATTENTION.**

Sex after Joint Replacement Surgery

You may have to make some short-term adjustments in your sex life to protect your new joint replacement. Be patient during the healing process. Make sexual relations with your partner something positive, keep a sense of humor, and learn to laugh if it doesn't work out the way you expected. What does not work today might work right the next time. Healing takes time, so use this opportunity to communicate with your partner, explore new avenues of intimacy and share your wants and needs.

Good sexual relationships must have good communication, especially when sexual activity becomes difficult because of a physical problem. Talking about sex with your partner is very important; it can prevent misunderstandings and hurt feelings.

It is common to have a low desire for sex after surgery. Making sure both parties understand what they can and cannot do eases tensions and can make your time together more enjoyable. If you or your partner has questions or fears, even if you are embarrassed, do not hesitate to talk with your doctor, physical therapist or nurse.

When to resume sex after your joint replacement;

Prior to your joint surgery, pain and stiffness in the hip or knee may have kept you from enjoying sexual activity. In addition, your partner might have avoided sex with you for fear of causing you pain. Now that you have had a joint replacement, your pain and stiffness are better and you may want to start having sex again. You can, but **you need to understand the precautions that you must follow to protect your new joint.**

Each patient recovers from surgery at a different pace. How fast you recover may depend on your age and the physical condition you were in prior to surgery. Many people can resume sexual activity within four to eight weeks after surgery, but we encourage the following:

- Wait until you are ready, both mentally and physically.
- Wait until you understand all the precautions you must take to protect the joint.

-It is strongly recommended that you assume a more passive role when you engage in sex, and that is the "bottom position". The safest and most comfortable position for you initially is to keep your legs spread apart and slightly bent. Remember, avoid any movement of the leg with excessive bending or that would have the leg move toward the midline or with any internal rotation. As your hip heals, you may assume a more active role. After hip precautions have been lifted by your physician, you can resume sexual activity in any comfortable position.

- **Wait until your doctor says it is OK.**

Listen to your body. Don't try too much, too soon.

Sex after Joint Replacement Surgery cont'd

Sexual activity Total Hip Precautions:

As referred to earlier in the book, total hip precautions include:

1. Do NOT bend the affected hip more than 90 degrees.
2. When lying on your back, do NOT roll or turn your affected leg toward the other leg, or turn your toes inward.
3. When lying on your side, keep your affected leg outside the midline of the body. Do NOT allow the leg to cross midline.

Sudden onset of pain.

In the event you have sudden onset of pain in the groin, or with any problems moving the affected hip, STOP. You may have dislocated your hip joint.

Immediately reposition yourself on your back and place some ice over the hip area. If the pain continues, you or your partner should call your surgeon.

If you have dislocated your hip, it means the ball of the new hip has popped out of the socket. You may feel:

- Pain
- A "pop"
- See your affected leg get shorter and turn inward, causing pain in your thigh or knee.

DO NOT TRY TO GET UP AND WALK. Your doctor may advise you to go to the emergency room and for your safety, you will have to call an ambulance to transport you there safely.

Some medicines can cause side effects that interfere with sexual pleasure, especially pain meds or cortisones. You may feel decreased sexual desire, vaginal dryness, trouble having an erection and delayed orgasms. If you think your performance or desire is being affected, plan ahead. Try having sex in the morning before your first medicine dose or in the evening before your last dose. If that does not help, speak with your doctor about changing your medicine to reduce the unwanted side effects.

Activities of Daily Living

Precautions: If you have been told to follow hip precautions:

1. Hip flexion is not to exceed 90 degrees in a sitting position. Do not bend at the waist more than 90 degrees **DO NOT BEND FORWARD.**
2. Do not cross your legs at the knee or ankle.
3. Sleep on your back with a pillow between your legs. Do not rotate the hip internally or externally. (Do not turn your foot inward or outward.)
4. Follow the weight-bearing status that has been determined by your physician.

These precautions are to be used for approximately three months. This is just an average time table the doctor will discharge the precautions after your examination, on your follow up visit.

The following adaptive equipment is to be used after total hip replacement to make it easy to reach your feet **Without Bending.**

- Sock aide
- Long handled shoehorn
- Reacher
- Dressing Stick
- Elastic Shoelaces
- Long handled sponge

Dressing:

Remember when dressing the lower extremities, dress your operated side first. Reverse this process when undressing.

1. Socks can be put on with the use of the sock aide. The sock aide may be used with the TEDs stockings or a family member can assist you.
2. Suggested shoes should have a rubber sole and should have a back to them. Sneakers are ideal.

Activities of Daily Living

Lace up shoes can be converted with elastic shoe laces, requiring no tying after the initial adjustments are made.

3. A long-handled shoehorn and reacher can be used to put on your shoes. The reacher will hold the tongue of the shoe while the shoehorn is slipped around to the back. Slide your foot down the shoehorn and remove the tools.
4. A dressing stick will aide in the process of removing your shoes, pants and/or socks , since you are restricted in crossing your legs or bending down to your foot.
5. The distance you can reach to put on your underpants, pants, or shorts will be limited. The use of the reacher or dressing stick will provide you with an extended reach and prevent further hip flexion.

Toileting:

You will need a 3-in-1 commode at home for toileting. Obtaining a commode can be arranged thru the recommendation of your OT and with the assistance of your discharge planner. Remember, the standard toilet is too low for a transfer at this time (unless your height is 5 feet or under). This would compromise the 90 degree hip flexion precaution, if you have been instructed to follow these precautions. The commode can be used in any room in the house, or can be placed over the toilet to make it higher.

Bathing:

Most patients need a shower-chair with a back, if you plan on taking tub showers at home. Again, obtaining this shower chair can be arranged thru the recommendation of your OT with the assistance of your discharge planner.

Here are the steps for your safe tub transfer:

- Walk up to the tub and turn so the back of your legs touch the tub.
- Reach back with your hand and hold onto the back of the shower chair. Your other hand will move to the middle of the center bar of the walker.
- Kick out your operated leg and sit down on the shower chair.
- Slowly turn toward the tub and lift one leg at a time into the tub.
- Remember to bring the operated leg in as straight as possible.
- Have someone turn on the shower for you. Bending over to adjust the water will compromise that 90 degree precaution.
- Sit back, relax, and enjoy your shower. Reverse these steps when exiting the tub.

How Did We Do?

It is our goal to provide very good care and service to you and your family while you are at Kaleida Health. You may receive a survey once you are home to tell us what we did well and where we need to improve.

We hope you will fill it out and return it because we value your thoughts and feelings.

If we have not met your needs to the degree that you can say we gave you very good care, please tell us before you go home. Ask to speak with the nurse manager, so we can address the issues you may have immediately.

We would be honored if you recommended us to your family and friends.

*Our entire team on the orthopedic unit wish you the best in your recovery,
and we hope you will consider Kaleida Health for your future
healthcare needs.*



Kaleida Health

Notes: