

Guidebook for Hips



MEMORIALCARE®
JOINT REPLACEMENT CENTER

Long Beach Memorial

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Section One:

General Information

What you will learn in this section:

- **Welcome**
- **Overview of the Joint Replacement Center**
- **Your Joint Replacement Team**

Welcome

We are pleased that you have chosen MemorialCare Joint Replacement Center at Long Beach Memorial. Your decision to have elective joint replacement surgery is the first step towards a healthier lifestyle.

Each year, more than 700,000 people make the decision to undergo joint replacement surgery. The surgery aims to relieve your pain, restore your independence, and return you to work and other daily activities.



The program is designed to return you to an active lifestyle as quickly as possible. Most patients will be able to walk the first day after surgery, and move towards normal activity in six to twelve weeks.

The Joint Center has planned a comprehensive course of treatment. We believe that you play a key role in promoting a successful recovery. Our goal is to involve you in your treatment through each step of the program. This guide will give you the necessary information to promote a more successful surgical outcome.

Your team includes physicians, physician assistants, patient care assistants, nurses, orthopedic technicians, physical and occupational therapists specializing in total joint care. Every detail, from peri-operative teaching to postoperative exercising, is considered and reviewed with you. The Joint Care Coordinator will plan your individual treatment program and act as your guide.

Purpose of the Guidebook

Preparation, education, continuity of care, and a pre-planned discharge are essential for optimum results in joint surgery. Communication is essential to this process. The Guidebook is a communication tool for patients, physicians, physical and occupational therapists, and nurses. It is designed to educate you so that you know:

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

Remember, this is just a guide. Your physician, physician assistant, nurses, or therapist may add to or change any of the recommendations. Always use their recommendations first and ask questions if you are unsure of any information. Keep your Guidebook as a handy reference for at least the first year after your surgery. The information in the Guidebook covers a lot of information so it may look overwhelming. Since it will assist you with your surgery, we recommend reading the entire guide, at a pace that suits you.

Overview of the Center for Joint Replacement

We offer a unique program. Each step is designed to encourage the best results leading to a discharge from the hospital three days after surgery. Features of the program include:

- Dedicated nurses and therapists trained to work with joint patients
- Casual clothes (no drafty gowns)
- Private rooms
- Emphasis on group activities
- Family and friends participating as “coaches” in the recovery process
- Group lunches with your coach and staff
- A Joint Care Coordinator who coordinates preoperative care and discharge planning
- A comprehensive patient guide for you to follow from six weeks before surgery until three months after surgery and beyond
- Quarterly luncheons for former patients and coaches
- Monthly education seminars about hip and knee pain



Your Joint Replacement Team

Orthopedic Surgeon

The Orthopedic Surgeon is the skilled physician who will perform the procedure to repair your damaged joint.

Registered Nurse (RN)

Much of your care will be provided by a nurse responsible for your daily care. Your nurse will assure orders given by your physician are completed including medications and monitoring your vital signs.

Physical Therapist (PT)

The physical therapist will work on your functional mobility skills and teach exercises designed for strength and motion. They will instruct you in safe transfer techniques, walking with assistive device and stair training.

Occupational Therapist (OT)

The occupational therapist will guide you in performing daily tasks such as bathing and dressing with your new joint. They may demonstrate special equipment used in your home after you receive your replacement; including shower benches, grab bars and raised toilets.

Joint Care Coordinator (JCC)

The Joint Care Coordinator will be responsible for your care needs from your surgeon's office, to the hospital, and home. The Joint Care Coordinator will:

- Obtain health database
- Review what you'll need at home after your surgery,
- Assess and plan for your specific care needs such as anesthesia and medical clearance for surgery
- Coordinate your discharge plan to home or a facility with additional support
- Act as your advocate throughout the course of treatment from surgery to discharge
- Answer questions and coordinate your hospital care with Center for Joint Replacement team members

Section Two:

Before Surgery

What you will learn in this section:

- **Signing up for Joint Class**
- **Making appointments for medical tests and labs**
- **Getting cleared for surgery by your medical doctor**
- **Stop smoking**
- **Consider writing an Advanced Directive**
- **Stopping medications that may increase bleeding**

YOUR JOINT REPLACEMENT CALENDAR				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Week 6				
Week 5				
Week 4				
Week 3				
Week 2				
Week 1				

What to do Six Weeks Before Surgery

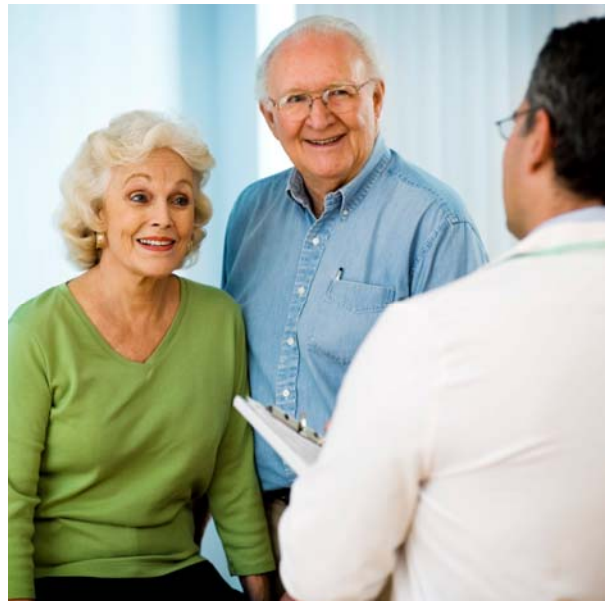
Planning for Leaving the Hospital

Understanding the plan for discharge from the Joint Center is an important task in the recovery process. You can expect help from your Joint Care Coordinator to develop a plan that meets your particular needs. Many patients should expect to be able to go directly home, as it is usually best to recover in the privacy and comfort of your own surroundings.

After your surgeon's office has scheduled you for joint surgery, you will be contacted by a member of the Joint Care Team to:

- Verify your schedule for pre-operative joint class, appointments for medical testing, and pre admission.
- Act as a liaison for coordination of your preoperative care between your surgeon's office, the hospital, and the testing facilities, if necessary
- Verify that you have made an appointment, if necessary, with your medical doctor and have obtained the preoperative tests your doctor has ordered
- Answer questions and direct you to specific resources within the hospital

You may call the Joint Care Coordinator at **(562) 933-4014** to ask questions or raise concerns about your pending surgery.



Obtain Medical Clearance

When you were scheduled for surgery, you should have received a medical clearance letter from your surgeon, to provide to your primary care doctor or specialist such as cardiologist.

Please follow the instructions in the letter. If you need to see your primary care doctor, it will be for preoperative medical clearance. (This is in addition to seeing your surgeon preoperatively.)

Obtain Laboratory Tests

When you were scheduled for surgery, you should have received a laboratory-testing letter from your surgeon. Follow the instructions in this letter.

Stop Medications That Increase Bleeding

Discontinue all anti-inflammatory medications such as aspirin, Motrin, Naproxen, Vitamin E, etc. These medications may cause increased bleeding. If you are taking a blood thinner, you will need special instructions for stopping the medication from the doctor who prescribes this medication for you.

Stop Taking Herbal Medicine

There are herbal medicines that can interfere with other medicines. Check with your doctor to see if you need to stop taking any of your herbal medicines before surgery.

Examples of herbal medicines include, but are not limited to: Echinacea, ginkgo, ginseng, ginger, licorice, garlic, valerian, St. John's wort, ephedra, goldenseal, feverfew, saw palmetto, and kava-kava.

Put Your Health Care Decisions in Writing

It is our policy to place patient's wishes and individual considerations at the forefront of their care and to respect and uphold those wishes.

What are Advance Medical Directives?

Advance Directives are a means of communicating to all caregivers the patient's wishes regarding health care. If a patient has a Living Will or has appointed a Health Care Agent and is no longer able to express his or her wishes to the physician, family, or hospital staff, the Medical Center is committed to honoring the wishes of the patient as they are documented at the time the patient was able to make that determination.

There are different types of Advance Directives and you may wish to consult your attorney concerning the legal implications of each.

- LIVING WILLS are written instructions that explain your wishes for health care if you have a terminal condition or irreversible coma and are unable to communicate.
- APPOINTMENT OF A HEALTH CARE AGENT (sometimes called a Medical Power of Attorney) is a document that lets you name a person (your agent) to make medical decisions for you, if you become unable to do so.
- HEALTH CARE INSTRUCTIONS are your specific choices regarding use of life sustaining equipment, hydration and nutrition, and use of pain medications.

During your pre admission appointment to the hospital, you will be asked if you have an Advance Directive. If you do, please provide copies of the documents to the hospital so they can become a part of your Medical Record. Advance Directives are not a requirement for hospital admission. In your admissions packet you will find “The Five Wishes” which is an advanced directive form for your convenience.

Stop Smoking

It is essential to stop smoking before surgery. Smoking impairs oxygen circulation to your healing joint. Oxygen circulation is vital to the healing process.

Smoking Cessation

Smoking delays your healing process. Smoking reduces the size of your blood vessels and decreases the amount of oxygen circulated in your blood. Smoking can also increase clotting which can cause problems with your heart. Smoking increases your blood pressure and heart rate. If you quit smoking before you have surgery, you will increase your ability to heal. If you need help quitting, ask about hospital resources.

Tips to aid in quitting.

- Decide to quit
- Choose the date
- Cut down the amount you smoke by limiting the area where you can smoke
- Give yourself a reward for each day without cigarettes

When you are ready...

- Throw away all your cigarettes
- Throw away all ashtrays
- Don't smoke in your home
- Don't put yourself in situations where others smoke such as bars and parties
- Remind yourself that this can be done – be positive
- Take it one day at a time – if you slip – just get right back to your decision to quit
- If you need to, consider aids to quit, such as over the counter chewing gum, or prescription aids such as patches – check with your doctor.



Section Three:

Getting Ready for Surgery

What you will learn in this section:

- **Exercising to strengthen before surgery**
- **Pre-op Class**
- **Having a “Coach”**
- **Getting your home ready for your return**
- **Breathing exercises**
- **Things to bring to the hospital**
- **Your personal medication list**
- **Things to accomplish 4 weeks before surgery**
- **What to do ten days before surgery**
- **What to do two days before surgery**
- **What to do the day before your surgery**
- **What to do the night before surgery**

Start Preoperative Exercises

Many patients with arthritis favor their joints and as a result, the muscles become weaker. This can make recovery slower and more difficult. For this reason, it is important that you begin an exercise program before surgery.

Preoperative Exercises, Goals, and Activity Guidelines

Exercising Before Surgery

It is important to be as fit as possible before undergoing a total hip replacement. You should start doing the exercises listed here now, and continue until your surgery. You should be able to do them in 15 to 20 minutes and it is typically recommended that you do all of them twice a day. Consider this a minimum amount of exercise prior to your surgery.

Also, remember that you need to strengthen your entire body, not just your legs. It is very important that you strengthen your arms by doing chair push-ups (exercise #12) because after surgery you will be relying on your arms to support you when walking with the walker or crutches. You will also rely on your arms to help you get in and out of bed, and chairs, as well as on and off the toilet. You should also exercise your heart and lungs by performing light endurance activities – for example, walking for 10 to 15 minutes each day.

Do NOT do any exercise that is too painful for you to tolerate.

Preoperative Hip Exercises *(See Exercise Section for instructions)*

1. Ankle pumps
2. Quad sets
3. Gluteal sets
4. Abduction and adduction
5. Heel slides
6. Short arc quads
7. Long arc quads
8. Standing heel toe raises
9. Standing rock over the affected leg
10. Standing mini squats
11. Standing knee flexion
12. Armchair push-ups

Register for Preoperative Class

A special class is held weekly for patients scheduled for joint surgery. You should be scheduled to attend a class 2 weeks prior to your surgery. You will only need to attend one class. Members of the team will be there to answer your questions. It is strongly suggested that you bring a family member or friend to act as your "coach," (someone who will be with you at the hospital and/or home). The outline of the class is as follows:

- Joint Disease
- Role of your "Coach"/Caregiver
- Meet some members of the Joint Replacement Team
- Tour the Center for Joint Replacement
- Learn Your Breathing Exercises
- Reviewing Your Preoperative Exercises
- Learn About Assistive Devices and Joint Protection
- Discharge Planning/Insurance/Obtaining Equipment
- Complete Preoperative Forms

Prepare Your Home for Your Return from the Hospital

It is important to have your house ready for your arrival back home. Use this checklist as your guide. Put things that you use often (like an iron or coffee pot) on a shelf or surface that is easy to reach

- Check or install hand railings on stairs inside and outside.
- Clean, do the laundry, and put it away.
- Put clean linens on the bed.
- Prepare meals and freeze them in single serving containers.
- Cut the grass, tend to the garden, and finish any other yard work.
- Pick up throw rugs and tack down loose carpeting.
- Remove electrical cords and other obstructions from walkways.
- Install night-lights in bathrooms, bedrooms, and hallways.
- Install grab bars in the shower/bathtub. Put adhesive slip strips in the bottom of the tub.
- Arrange to have someone collect your mail and take care of pets.



Breathing Exercises

To prevent potential problems such as pneumonia, it is important to understand and practice breathing exercises.

Deep Breathing

- To deep breathe, you must use the muscles of your abdomen and chest.
- Breathe in through your nose as deep as you can, fully expanding your chest
- Let your breath out slowly through your mouth. As you breathe out, do it slowly and completely. Breathe out as if you were blowing out a candle (this is called “pursed lip breathing”). When you do this correctly, you should notice your stomach going in.
- Take a break and then repeat the exercise 10 times.

Coughing

To help you cough:

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

What to Bring to the Hospital

Bring personal hygiene items (toothbrush, powder, deodorant, razor, etc.); casual clothing (shorts, and tops); well-fitted slippers with non-slip soles; and flat shoes or tennis shoes. If you have adaptive equipment such as a walker, reacher, etc., have them brought to you after your surgery.

You must bring the following to the hospital:

- Your patient Guidebook
- A copy of your advance directives
- Any co-payment required by your insurance company

Special Instructions

You will be given specific instructions from your surgeons regarding medications, skin care, and showering.

- **DO NOT take oral medication for diabetes on the day of surgery**
- **Please leave jewelry, valuables, and large amounts of money at home**
- **Makeup must be removed before your procedure**
- **Nail polish may be left on**

Personal Medicine List

Name:		Family Physician:	
Medication Name/Dosage	Instructions	Reason for Therapy	Duration
What is the name of your medication? What is the dosage?	What time(s) do you usually take this medication?	Why are you taking this medication?	How long have you been taking this medication?

Name:		Family Physician:	
Medication Name/Dosage	Instructions	Reason for Therapy	Duration
What is the name of your medication? What is the dosage?	What time(s) do you usually take this medication?	Why are you taking this medication?	How long have you been taking this medication?

Four Weeks Before Surgery

Start Iron, Vitamins

Prior to your surgery, you may be instructed by your surgeon to take multivitamins as well as iron. Iron helps build your blood, which is especially important if you plan to pre-donate your own blood.

Read “Understanding Anesthesia” (Section 6)

Total Joint Surgery does require the use of either general anesthesia or regional anesthesia. Please review “Understanding Anesthesia” (see section 6). If you have questions or want to request a particular anesthesiologist, please contact your surgeon's office.

Importance of Your Coach

In the process of a joint replacement, the involvement of a family friend or relative acting as your coach is very important. Your coach will be with you from the pre-operative process through your stay in the hospital and to your discharge to home. They will attend pre-op class, give support during exercise classes, and keep you focused on healing. They will assure you continue exercising when you return home and see that your home remains safe during your recovery.



Ten Days Before Surgery

Preoperative Visit to Surgeon

You should have an appointment in your surgeon's office 7 to 10 days before surgery.

Two Days Before Surgery

Do not shave below the neck.

Shower Prep Prior to Surgery

You will be given pre- packaged skin prep wipes and written instructions for their use at the hospital during your pre admit appointment. Please follow the instructions.

Day Before Surgery

Find Out Your Arrival Time at Hospital

Call your surgeon's office the day before the surgery (or on Friday if your surgery is on Monday) to find out what time your procedure is scheduled. You will be asked to come to the hospital two hours before the scheduled surgery to give the nursing staff sufficient time to start IV's, prep, and answer questions. It is important that you arrive on time to the hospital.

Night Before Surgery

Do Not Eat or Drink. Do not eat or drink anything after midnight, EVEN WATER, unless otherwise instructed to do so.

Section Four:

In the Hospital

What you will learn in this Section:

- **What to expect on the day of surgery**
- **Understanding pain and how to manage it**
- **What happens during your three-day stay in the hospital**
- **Preparing for discharge**

Hospital Care

Day of Surgery - What to Expect

- Patients are prepared for surgery including starting an IV and scrubbing your operative site. Your operating room nurse as well as your anesthesiologist may interview you. You will be escorted to the operating room where you will see your surgeon or anesthesiologist.
- Following surgery, you will be taken to a recovery area where you will remain for approximately two to four hours. During this time, pain control is established, your vital signs monitored, and an X-ray may be taken of your new joint. Dependent on the type of anesthesia used, you may experience blurred vision, dry mouth, and chills. The team will work to make you as comfortable as possible.
- You will then be taken to the Joint Center where a joint nurse will care for you. Only one or two very close family members or friends should visit you on this day. You may be evaluated by Physical Therapy or sit at the edge of the bed with assist from nursing. It is very important that you begin ankle pumps on this first day. This will help prevent blood clots from forming in your legs. You should also begin using your Incentive Spirometer and doing the deep breathing exercises that you learned in class. Each day you will receive "*Hip Hints*," a daily newsletter outlining the day's activities.

Understanding Pain

All patients have a right to have their pain managed. Pain will change through the recovery process. If you need more help with your pain management, talk to your nurse, the JCC, or your doctor.



Pain Scale

Using a number to rate your pain can help the Joint Team understand the severity of your pain and help them make the best decision to help manage it.



Your Role in Pain Management

Using a pain scale to describe your pain will help the team understand your pain level. If “0” means you have no pain and “10” means you are in the worst pain possible, how would you rate your pain? With good communication about your pain, the team can make adjustments to make you more comfortable. Try to relax; when you are relaxed medication works better.

After Surgery - Day One

On Day One after surgery, you can expect to be bathed and helped out of bed by 7:00 a.m. and seated in a recliner in your room. Your surgeon and physician's assistant (if applicable) will visit you. The physical therapist will assess your progress and get you walking with either crutches or a walker. Group therapy typically begins in the afternoon. Occupational therapy may begin, if needed. Your coach is encouraged to be present as much as possible. Visitors are welcome, preferably late afternoons or evenings.

After Surgery - Day Two

On Day Two after surgery, you will be helped out of bed early and dressed in the loose clothing you brought to the hospital. Shorts and tops are usually best. Group therapy will start at 10:00 a.m. It would be helpful if your coach participates in group therapy. At 11:30 a. m., Wednesday and Saturday, you will eat lunch with the other patients, your coach, and some of the Joint Center staff. At about 1:30 p.m. you will have a second group therapy session. You may begin walking stairs on this day. Evenings are free for friends to visit.

Day Three - Discharge Day

Day Three is similar to day two in the morning and you should walk on stairs. You most likely will be discharged a short time after the morning group exercise and discharge class.

If You are Going Directly Home

Please have someone arranged to pick you up. You will receive written discharge instructions concerning medications, follow up with your doctor and wound care. We will arrange for equipment. Take this Guidebook with you. Most patients going home will begin therapy at an outpatient physical therapy facility. If the discharge planner determines that home health services are needed, the hospital will arrange for this.



If You are Going to a Skilled Nursing Facility

The decision to go home or to a skilled nursing facility will be made collectively by you, the Joint Care Coordinator, your surgeon, physical therapist, and your insurance company. Every attempt will be made to have this decision finalized in advance but it may be delayed until the day of discharge.

Transportation is by private auto, wheelchair van or ambulance. Your transfer papers will be completed by the nursing staff. Either your primary care physician or a physician from the skilled nursing facility will be caring for you in consultation with your surgeon. Upon discharge home, the skilled nursing facility staff will give further instructions to you. Take this Guidebook with you.

Please remember that skilled nursing facility stays must be approved by your insurance company prior to payment. A patient's stay in a skilled nursing facility must be done in accordance with the guidelines established by Medicare. Although you may desire to go to a skilled nursing facility when you are discharged, your progress will be monitored by your insurance company while you are in the hospital. Upon evaluation of your progress, either you will meet the criteria for admission to a skilled nursing facility or your insurance company may recommend that you return

home with other care arrangements. Therefore, it is important for you to make alternative plans preoperatively for care at home.

In the event a skilled nursing facility is not approved by your insurance company, you can choose to go and pay privately. Please keep in mind that the majority of our patients do so well that they do not meet the guidelines to qualify for skilled nursing facility. ***Also, keep in mind that insurance companies do not become involved in social issues, such as lack of caregiver, animals, etc. These are issues you will have to address before admission.***

Section Five:

Living with Your Joint Replacement

What you will learn in this section:

- **Caring for yourself at home**
- **Recognizing and preventing potential complications**
- **Post op exercises and goals**
- **Precautions and home safety tips**
- **Dos and don'ts for the Rest of Your Life**

Postoperative Care

Caring for Yourself at Home

When you go home, there are a variety of things you need to know for your safety, your recovery, and your comfort.

Be Comfortable

- Take your pain medicine at least 30 minutes before physical therapy.
- Gradually wean yourself from prescription medication to a non-prescription pain reliever. You may take two Extra-strength Tylenol® Analgesic in place of your prescription medication up to four times per day.
- Change your position every 45 minutes.
- Use ice for pain control. Applying ice to your affected joint will decrease discomfort, but don't use for more than 15 minutes at a time. You can use it before and after your exercise program. A bag of frozen peas wrapped in a kitchen towel works well because the bag will easily mold to the shape of your hip. Mark the bag of peas and return them to the freezer so they can be used again later.

Body Changes

- Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return.
- You may have difficulty sleeping, which is normal. Do not sleep or nap too much during the day.
- Your energy level may be decreased for at least the first month.
- Pain medication that contains narcotics promotes constipation. Use stool softeners or laxatives, if necessary.



Blood Clots and Anticoagulants (Blood thinners)

You may be given a blood thinner to help avoid blood clots in your legs. Be sure to take as directed by your surgeon. See discharge blood thinner information in Section 6.

Compression Stockings

You will be asked to wear special stockings called T.E.D. hose. These stockings are used to help compress the veins in your legs. This helps to keep swelling down and helps reduce the chance for blood clots.

- If swelling in the operative leg is bothersome, elevate the leg for short periods throughout the day. It is best to lie down and raise the leg above heart level.
- Wear the stockings continuously, removing for one to two hours twice a day.
- Notify your physician if you notice increased pain or swelling in either leg.
- Ask your surgeon when you can discontinue the stockings.



Caring For Your Incision

- Keep your incision dry.
- Keep your incision covered with a light dry dressing until your staples are removed, usually in about 10 to 14 days.
- You may shower when directed by your surgeon.
- Notify your surgeon if there is increased drainage, redness, pain, or odor, around the incision.
- Take your temperature if you feel warm or have chills. Call your surgeon if it exceeds 101° F.

Dressing Change Procedure

1. Wash your hands.
2. Open all dressing change materials.
3. Remove stocking and old dressing.
4. Inspect incision for the following:
 5. increased redness
 6. increase in clear drainage
 7. yellow/green drainage
 8. odor
 9. surrounding skin is hot to touch
10. Pick up the dressing material by one corner and lay over your incision. Be careful not to touch the inside of the dressing that will lie over the incision.
11. Tape dressing in place.

Recognizing & Preventing Potential Complications

Infection

Signs of Infection

- Increased swelling and redness at incision site
- Change in color, amount, odor of drainage
- Increased pain in hip
- Fever greater than 101° F

Prevention of Infection

- Take proper care of your incision as explained.
- Take prophylactic antibiotics when having dental work or other potentially invasive procedures.
- Notify your physician and dentist that you have a joint replacement.

Blood Clots in Legs

Surgery may cause the blood to slow and coagulate in the veins of your legs, creating a blood clot. This is why you take blood thinners after surgery. If a clot occurs despite these measures, you may need to be admitted to the hospital for further treatment.

Signs of Blood Clots in Legs

- Swelling in thigh, calf, or ankle **that does not go down with elevation.**
- Pain, heat, and tenderness in calf, back of knee, or groin area.

NOTE: blood clots can form in either leg.



To Help Prevent Blood Clots

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

Pulmonary Embolus

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

Signs of a Pulmonary Embolus

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

Prevention of Pulmonary Embolus

- Prevent blood clot in legs
- Recognize if a blood clot forms in your leg and call your physician promptly

Total Hip Replacement Postoperative Exercises & Goals

Activity Guidelines

Exercising is important to obtain the best results from total hip surgery. You need to participate in an ongoing home exercise program. After each therapy session, ask your therapist to recommend changes to your program that will keep you moving towards the goals listed on the next few pages.

Weeks One and Two

After three to four days, you should be ready for discharge from the hospital. Most joint patients go directly home, but you may be advised to go to a skilled nursing facility, depending on your progress. During weeks one and two of your recovery, typical goals are to:

- Continue with walker or two crutches unless otherwise instructed.
- Walk at least 300 feet with support of an assistive device.
- If you have them, go up and down a flight of stairs (12-14 steps) with a rail once a day.
- Independently sponge bathe or shower (after staples are removed) and dress using adaptive equipment (ie: reacher)
- Gradually resume household tasks.
- Do 20 minutes of home exercises twice a day, with or without the therapist, from the program given to you.

Postoperative Exercise Plan (*instructions in Section 6*)

1. Ankle pumps
2. Quad sets
3. Gluteal sets
4. Abduction
5. Heel slides
6. Short and long arc quads
7. Standing heel- toe raises
8. Standing rock over the affected leg
9. Standing mini squats
10. Standing knee flexion

Advanced exercises are listed in Section 6 of your Guide book. Your physical therapist will give you additional exercises at the appropriate time.

Weeks Two to Four

Weeks two to four will see you gain more independence. Even if you are receiving outpatient therapy, you will need to be very faithful to your home exercise program to be able to achieve the best outcome. Your goals for the period are to:

- Achieve week one to two goals.
- Move from full support to a cane or single crutch as instructed.
- Walk at least one-quarter mile.
- If you have them, go up and down a flight of stairs (12-14 steps) more than once daily.
- Independently shower and dress.
- Resume household tasks.
- Do 20 minutes of home exercises twice a day, with or without the therapist.
- If your surgical side was **Left**, begin driving with your surgeon's permission.



Weeks Four to Six:

Weeks four to six will see much more recovery to full independence. Your home exercise program will be even more important as you receive less supervised therapy. Your goals are to:

- Achieve week one to four goals.
- Walk with a cane or single crutch.
- Walk one quarter to one half mile.
- Begin progressing on stair from one foot at a time to regular stair climbing (foot over foot).
- Drive a car with your surgeon's permission.
- Continue with home exercise program twice a day.

Weeks Six to Twelve

During weeks six to twelve you should be able to begin resuming all of your activities. Your goals for this time period are to:

- Achieve goals from weeks one to six
- Walk with no cane or crutch and without a limp.
- Climb and descend stairs in normal fashion (foot over foot).
- Walk one-half to one mile.
- Improve strength to 80%.
- Resume activities including dancing, bowling, and golf, as directed by your surgeon.



Activities of Daily Living - Precautions and Home Safety Tips

Posterior Hip Precautions (your incision located back toward buttocks):

Care must be taken to prevent your new hip from coming out of the socket, or dislocating from the pelvis. Following some simple hip precautions will help keep the risk of a dislocation at a minimum. Your doctor will advise you on how long you may need to follow these precautions

- Do not cross your legs
- When lying down, do not bend forward to pull the blankets from around your feet, use reacher.
- Do not bend at the waist beyond 90°
- Do not lift your knees higher than your hips
- Do not twist over the surgical leg – pick your feet up and do step turns.
- Do not turn your feet inward or outward – or stand “pigeon toed”
- Avoid low toilets or chairs that would cause you to bend at the waist beyond 90°, use elevated toilet seat.
- Use cushions or pillows in low chairs to elevate height of the seat.
- Do not bend way over to pick up things on the floor – use your reacher

Anterior Hip Precautions (your incision is located to front of hip):

- Avoid extending surgical leg backward and turning outward at the same time.

Standing up from chair

Do NOT pull up on the walker to stand!

Sit in a chair with arm rests when possible.

1. Extend your surgical leg so the knee is lower than your hips.
2. Push up with both hands on the armrests. If sitting in a chair without armrest, place one hand on the center of the walker while pushing off the side of the chair with the other.
3. Balance yourself before grabbing for the walker.

Transfer – Bed

When getting into bed:

1. Back up to the bed until you feel it on the back of your legs (you need to be midway between the foot and the head of the bed).
2. Reaching back with both hands, sit down on the edge of the bed keeping surgical leg slightly in front of the other and then scoot back toward the center of the mattress. (Silk pajama bottoms, satin sheets, or sitting on a plastic bag may make it easier.)
3. Move your walker out of the way, but keep it within reach.
4. Move your hips around so that you are facing the foot of the bed.
5. Lift your leg onto the bed while scooting around (if this is your surgical leg, you may use a cane, a rolled bed sheet, a belt, or your elastic band to assist with lifting that leg into bed).
6. Keep scooting and lift your other leg onto the bed.
7. Scoot your hips towards the center of the bed.

When getting out of bed:

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

Transfer - Tub

Getting into the tub using a bath seat:

1. Place the bath seat in the tub facing the faucets.
2. Back up to the tub until you can feel it at the back of your knees. Be sure you are in front of the bath seat.
3. Reach back with one hand for the bath seat. Keep the other hand in the center of the walker.
4. Slowly lower yourself onto the bath seat, keeping the surgical leg out straight.
5. Move the walker out of the way, but keep it within reach.
6. Lift your legs over the edge of the tub, using a leg lifter or cane for the surgical leg, if necessary. **Hold onto back of shower seat.**

NOTE:

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

Getting out of the tub using a bath seat:

1. Lift your legs over the outside of the tub.
2. Scoot to the edge of the bath seat.
3. Keeping surgical leg slightly in front of other, push up with one hand on the back of the bath seat while holding on to the center of the walker with the other hand.
4. Balance yourself before grabbing the walker.

Walking

1. Move the walker forward.
2. With all four walker legs firmly on the ground, step forward with surgical leg. Place the foot in the middle of the walker area. Do not move it past the front wheels of the walker. Take even steps.
3. Step forward with the non-surgical leg.

NOTE: Take small steps. DO NOT take a step until all four walker legs are flat on the floor.

If using a rolling walker, you can advance from this basic technique to a normal walking pattern.

Holding onto the walker, step forward with the surgical leg, pushing the walker as you go; then try to alternate with an equal step forward using the non-surgical leg. Continue to push the walker forward as you would a shopping cart. When you first start, this may not be possible, but as you "loosen up" you will find this gets easier. Do not walk forward past the walker center or way behind the walker's rear legs.

Stair climbing

1. Ascend with non-surgical leg first (Up with the good).
2. Descend with the surgical leg first (Down with the bad).
3. Always hold on to railing or your walker as instructed by your therapist.

Personal Care - Using a "reacher" or "dressing stick."

Putting on pants and underwear:

1. Sit down.
2. Put your surgical leg in first and then your non-surgical leg. Use a reacher or dressing stick to guide the waistband over your foot.
3. Pull your pants up over your knees, within easy reach.
4. Stand with the walker in front of you to pull your pants up the rest of the way.

Taking off pants and underwear:

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

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

How to use a sock aid:

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

If using a long-handled shoehorn:

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

NOTE: Wear sturdy slip-on shoes, or shoes with Velcro closures or elastic shoelaces.

DO NOT wear high-heeled shoes or shoes without backs.

Around the House

Saving energy and protecting your joints

Kitchen

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



Bathroom

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

Safety and Avoiding Fall

- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or that have non-skid backs.
- Be aware of all floor hazards such as pets, small objects, or uneven surfaces.
- Provide good lighting throughout. Install nightlights in the bathrooms, bedrooms, and hallways.
- Keep extension cords and telephone cords out of pathways. Do NOT run wires under rugs, this is a fire hazard.
- Do NOT wear open-toe slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
- Sit in chairs with arms. It makes it easier to get up.

- Rise slowly from either a sitting or lying position to avoid getting light-headed. Stand for 15 to 20 seconds before walking.
- Do not lift heavy objects for the first three months and then only with your surgeon's permission.

Dos and Don'ts for the Rest of Your Life

Whether you have reached all the recommended goals in three months or not, you need to have a regular exercise program to maintain the fitness and the health of the muscles around your joints. You should be on a regular exercise program three to four times per week lasting 20 to 30 minutes. Impact activities such as running and singles tennis may put too much load on the joint and are not recommended. High-risk activities such as downhill skiing are likewise discouraged because of the risk of fractures around the prosthesis and damage to the prosthesis itself. Infections are always a potential problem and you may need antibiotics for prevention.



What to Do in General

- Take antibiotics one hour before you have dental work or other invasive procedures.
- Although the risks are very low for postoperative infections, it is important to realize that the risk remains. A prosthetic joint could possibly attract the bacteria from an infection located in another part of your body. If you should develop a fever of more than 100.5° F or sustain an injury such as a deep cut or puncture wound, you should clean it as best you can, put a sterile dressing or an adhesive bandage on it and notify your doctor. The closer the injury is to your prosthesis, the greater the concern. Occasionally, antibiotics may be needed. Superficial scratches may be treated with topical antibiotic ointment. Notify your doctor if the area is painful or reddened.
- When traveling, stop and change positions hourly to prevent your joint from tightening.
- See your surgeon yearly unless otherwise recommended.

What to Do for Exercise

Choose a Low Impact Activity

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



What Not to Do

- Do not run or engage in high-impact activities
- Do not participate in high-risk activities such as downhill skiing, etc.

Section Six:

Helpful Resources

What you will learn in this section:

- **Understanding Anesthesia**
- **Blood Thinners**
- **Daily Schedule of Physical Therapy during your hospital stay**
- **View of a Healthy Hip**
- **Importance of Lifetime Follow up with your doctor**
- **Exercise instructions; Pre-op and advanced**
- **Frequently asked questions**

Understanding Anesthesia

Who are the anesthesiologists?

The hospital is staffed by Board Certified and Board Eligible physician anesthesiologists. Each member of the service is an individual practitioner with privileges to practice at this hospital.

What types of anesthesia are available?

Decisions regarding your anesthesia are tailored to your personal needs. The types available are:

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

Will I have any side effects?

Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options as well as any complications or side effects that can occur with each type of anesthetic. Nausea or vomiting may be a side effect related to anesthesia, and medications to treat nausea and vomiting will be given, if needed..

What will happen before my surgery?

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

You will also meet your surgical nurses. Intravenous (IV) fluids will be started and preoperative medications may be given, if needed. Once in the operating room, monitoring devices will be attached such as a blood pressure cuff, EKG, and other devices for your safety. At this point, you will be ready for anesthesia. If you would like to speak to your anesthesiologist before you are admitted to the hospital, this can be arranged through your surgeon's office.



During surgery, what does my anesthesiologist do?

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

What can I expect after the operation?

After surgery, you will be taken to the Post Anesthesia Care Unit (PACU) where specially trained nurses will watch you closely. During this period, you may be given extra oxygen and your breathing and heart functions will be observed closely.

May I choose an anesthesiologist?

Although most patients are assigned an anesthesiologist, you may choose one based on personal preference or insurance considerations. If you have questions about your insurance coverage or medical plan participation by the anesthesiologist, please contact your insurance company for guidance.

Requests for specific anesthesiologists should be submitted in advance through your surgeon's office for coordination with the surgeon's availability.

Blood Thinners

HOME – You will be on blood thinners when you leave the hospital. The type, frequency and duration will be determined by your surgeon. Some medications are injectables, others require periodic blood test monitoring. The nursing staff will provide you with specific instructions prior to discharge.

Skilled Nursing Facility - If you are transferred to a skilled nursing facility, blood thinners as ordered by your surgeon, will continue there. The doctor at the skilled nursing facility may adjust these medications as necessary.

Therapy Daily Schedule

Please note: times are approximate. The physical therapist will advise patients and family members if the times change.

Day of Surgery:

Evaluation by physical therapy, or sit at edge of bed assisted by nursing.

Post op Day # 1:

Patients who were not evaluated on the day of surgery, are evaluated in the morning between 7:00 a.m. and 12:00 noon by PT and OT. Coaches should be at the hospital in the morning of post op day #1 by 10:00 a.m.

The first group therapy session will be at 10:00 a.m. on POD #1. Coaches are encouraged to attend as many group therapy sessions as possible. We understand some coaches cannot be here for all the sessions because of work schedules, but they must attend at least one group session.

Post op Day #2:

Patients will have two group therapy sessions 10:00 a.m. and 1:30 p.m. Coaches are encouraged to attend. Group lunch is 11:30 a.m.-12:30 p.m. (Wednesday's and Saturday's.)

Post op Day #3:

All patients and all coaches: Group therapy starts at 9:30 a.m. Patients and coaches will attend discharge class and discuss items in the Guidebooks. Exercises will follow at 10:00 a.m. It is recommended that all coaches attend this session for instructions about important items to know before taking the patient home. Patients are usually discharged after morning group therapy session.

Post op day #4:

For patients who are still here, group therapy is scheduled for 10:00 a.m. and 1:30 p.m.

View of the Healthy Hip

The Importance of Lifetime Follow-up Visits

Over the past several years, orthopedic surgeons have discovered that many people are not following up with their surgeons on a regular basis. The reason for this may be that they do not realize they are supposed to, or they do not understand why it is important.

So, when should you follow up with your surgeon?

These are some general rules:

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

There are two good reasons for routine follow-up visits with your orthopedic surgeon:

If you have a cemented hip, we need to evaluate the integrity of the cement. With time and stress, cement may crack. You probably would be unaware of this happening because it usually happens slowly over time. Seeing a crack in cement does not necessarily mean you need another surgery, but it does mean we need to follow things more closely.

Why? Two things could happen. Your hip could become loose and this might lead to pain. Alternatively, the cracked cement could cause a reaction in the bone called osteolysis, which may cause the bone to thin out and cause loosening. In both cases, you might not know this for years. Orthopedists are continually learning more about how to deal with both of these problems. The sooner we know about potential problems, the better chance we have of avoiding problems that are more serious.



The second reason for follow-up is that the weight bearing surfaces in your hip prosthesis may wear. Tiny wear particles combine with white blood cells and may get in the bone and cause osteolysis, similar to what can happen with cement. Replacing a worn liner early can keep this from worsening.

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

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

Exercise Instructions-Practice Before Surgery

Range of Motion and Strengthening Exercises

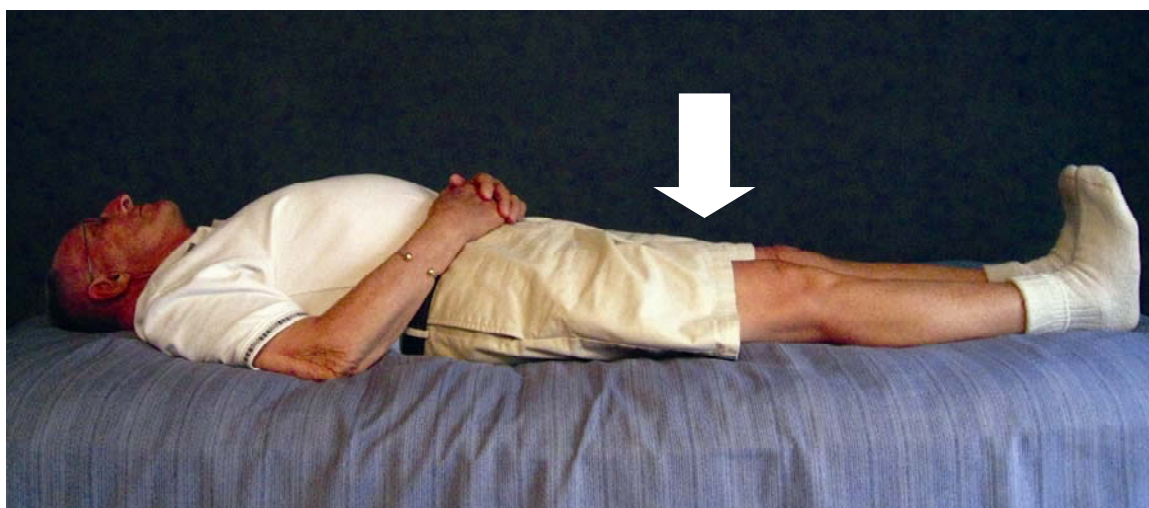
(1) Ankle Pumps

Flex and point your feet. **Perform 30 reps.**



(2) Quad Sets - (Knee Push-Downs)

Back lying, press knees into the mat by tightening the muscles on the front of the thigh (quadriceps). Do NOT hold breath. **Perform 30 reps. Hold for 5 seconds.**



(3) Gluteal Sets - (Bottom Squeezes)

Squeeze bottom together. Hold for 5 seconds. Do NOT hold breath.

Perform 30 reps.



(4) Hip Abduction and Adduction - (Slide Heels Out and In)

Back lying, with toes pointed to ceiling and knees straight. Tighten the thigh muscles and slide leg out to side and back to the starting position. **DO NOT CROSS MIDLINE!** After surgery, your therapist will advise you on how and when to start this exercise. **Perform 30 reps.**



(5) Heel Slides - (Slide Heels Up and Down)

Back lying; slide your heel up the surface bending your knee, maintaining Hip precautions. (use a strap if necessary)

Perform 30 reps.



(6) Short Arc Quads

Back lying, place a 6 to 8 inch roll under the knee. Lift the foot from the surface, straightening the knee as far as possible. Do not raise thigh off roll, use a strap if necessary to assist.

Perform 30 reps.



(7) Knee Extension - Long Arc

Sit with back against chair and thighs fully supported. Lift the surgical foot up, straightening the knee. **Do not raise thigh off of chair.** Hold for a 5 count.

Perform 30 reps.



(8) Standing Heel / Toe Raises

Stand, with a firm hold on the kitchen sink. Rise up on toes then back on heels. Stand as straight as possible! **Perform 30 reps.**



(9)



Standing Mini Squat

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

Perform 30 reps.

(10) Standing Knee Flexion – Hamstring Curls

Stand, with feet shoulder width apart, toes pointing forward and holding onto the kitchen sink. Tighten your gluteal muscles, and bend the surgical knee lifting your foot off the floor. Do not bend forward, or let your hip bend. Try to keep a straight line from the ear through the shoulder to the hip and knee.

Perform 2 sets of 10 reps.



(11) Armchair Push-ups

Sitting in a sturdy armchair with feet on the floor, scoot to the front of the seat and place your hands on the armrests. Straighten your arms raising your bottom up from seat as far as possible. Use your legs as needed to help you lift. As you get stronger, progress to using only your arms and the “non-surgical” leg to perform the push-up. This will be how you will get up from a chair after surgery. Do not hold your breath or strain too hard. Making your arms stronger now will make your post op mobility easier.

Perform 2 sets of 10.



Advanced Exercises

To be added by the therapist after surgery.

Stomach Lying – Hamstring Curls

Lie on your stomach with legs extended and strap on the foot. Keeping your thigh on the bed, bend your knee until you feel a slight stretch in the front of the thigh. As tolerated, gently pull the foot further. Hold for 30 seconds.



Abduction (Clamshell)

Lie on the non-surgical side, with a pillow in between the legs to keep the surgical leg from crossing the midline. Knees should be slightly bent. Keeping the feet on the surface, open and close the knees like a clam opens and closes the shell.



Abduction with Knee Straight

Lying on the non-surgical side, with a pillow in between the legs to keep the surgical top leg from crossing the midline. Keeping your toes pointing forward, tighten the hip and thigh muscles and lift the leg 8 to 10 inches straight up from the pillow.



Bridges

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



Wall Slides

Position self with back to wall, feet shoulder width apart and approx 12 " from wall, slide down wall. Return to upright position. **Do not go past 90 degrees of hip flexion. Your therapist will guide you on how far to slide down the wall.**



Standing Marches – Balance Practice

Stand with feet shoulder width apart, toes pointing forward and holding onto kitchen sink. Lift the surgical leg forward off the floor. Do not bend forward at the hip or rock back and forth

Perform 30 reps



Standing Terminal Knee Extension

Standing against the wall, with feet about 4 to 6 inches from the wall, place a 6-8" ball or towel roll behind your knee. Push the ball or towel into the wall by tightening the hip and quadriceps muscle.



Advanced Stair Exercises

To be started 6 to 24 weeks after surgery and performed with your physical therapist who will instruct you the step height on which to start.

Single Leg Forward Step-up

Hold onto the stair railing – place the surgical foot on the first step. Step up on the stair with the surgical leg. Return to the start position. You may need to begin with a 2 to 4 inch step (book/block) and progress to higher step as tolerated.



Single Leg Lateral Step up

Face the railing, with the surgical leg nearest the step; holding onto the railing, place the foot on the step and slowly step up lifting the non-surgical leg from the floor; slowly lower the foot to the start position. You may need to begin with a 2 to 4 inch step and progress to the higher step as tolerated.



Retro Leg Step-Up

Stand, with your back to the steps and holding the railing. Place the surgical foot on the step and step up backwards until the other foot is on the step. Return to the start position by lowering the non-surgical leg back down to the floor. You may need to begin with a 2 to 4 inch step and progress to the higher step as tolerated.



Frequently Asked Questions About Total Hip Replacement Surgery

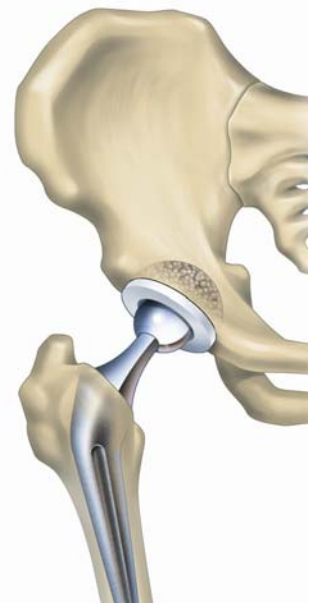
We are glad you have chosen MemorialCare Joint Replacement Center@ Long Beach to care for your hip. People facing joint surgery often have the same questions. If there are any other questions that you need answered, please ask your surgeon, the Joint Care Coordinator, or any member of your joint care team. We are here to help.

What is osteoarthritis and why does my hip hurt?

Joint cartilage is a tough, smooth tissue that covers the ends of bones where joints are located. It helps cushion the bones during movement, and because it is smooth and slippery, it allows for motion with minimal friction. Osteoarthritis, the most common form of arthritis, is a wear and tear condition that destroys joint cartilage. Sometimes, as the result of trauma, repetitive movement, or for no apparent reason, the cartilage wears down, exposing the bone ends. Over time, cartilage destruction can result in painful bone-on-bone contact, along with swelling and loss of motion. Osteoarthritis usually occurs later in life and may affect a single joint or many joints.

What is total hip replacement?

The term total hip replacement is somewhat misleading. The hip itself is not replaced, as is commonly thought, but rather an implant is used to re-cap the worn bone ends. The head of the femur is removed, a metal stem is inserted into the femur and topped with a metal or ceramic ball. The worn socket (acetabulum) is smoothed and lined with a metal cup and either a plastic, metal, or ceramic liner. No longer does bone rub on bone, causing pain and stiffness.



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

All implants have a limited life expectancy depending on an individual's age, weight, activity level, and medical condition(s). A total joint implant's longevity will vary in every patient. It is important to remember that an implant is a medical device subject to wear that may lead to mechanical

failure. While it is important to follow all of your surgeon's recommendations after surgery, there is no guarantee that your particular implant will last for any specified length of time.

What are the major risks?

Most surgeries go well, without any complications. Infection and blood clots are two serious complications. To avoid these complications, your surgeon may use antibiotics and blood thinners. Surgeons also take special precautions in the operating room to reduce the risk of infection.

How long will I be in the hospital?

Most hip patients will be hospitalized for three days after surgery. There are several goals that must be achieved before discharge.

What if I live alone?

You may return home and receive help from your coach, a relative or friend. You may need to stay in a skilled nursing facility following your hospital stay, depending on your progress or lack thereof.

How do I make arrangements for surgery?

After your surgeon has scheduled surgery, the Joint Center Coordinator will contact you. The JCC will guide you through the program. The coordinator's role is described in the Guidebook along with a telephone number.

What happens during the surgery?

The hospital reserves approximately one to two hours for surgery. Some of this time will be taken by the operating room staff to prepare for surgery. You may have a general anesthetic, which most people call "being put to sleep." Some patients prefer to have a spinal or epidural anesthetic, which numbs the legs and does not require you to be asleep. The choice is between you, your surgeon, and the anesthesiologists. For more information, read "Anesthesia" in your Guidebook appendix.

Will the surgery be painful?

You will have discomfort following the surgery, but your discomfort should be manageable. The staff will teach you the pain scale to better assess your pain level and give you appropriate pain medication. For more information, read “Understanding Anesthesia” in this Guidebook.

How long and where will my scar be?

There are a number of different techniques used for hip replacement surgery. The type of technique will determine the exact location and length of the scar. The traditional approach is to make an incision lengthwise over the side of the hip. Your surgeon will discuss which type of approach is best for you.

Please note that there may be some numbness around the scar after it is healed. This is perfectly normal and should not cause any concern. The numbness usually disappears with time.

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

Patients progress at their own rate. Normally we recommend that you use a walker, crutches, or a cane from four to six weeks.

Where will I go after discharge from the hospital?

Most patients are able to go home directly after discharge. Some patients may transfer to a skilled nursing facility. The Joint Care Coordinator will help you with this decision and help make the necessary arrangements. You should check with your insurance company to see if you have skilled nursing facility benefits.

Will I need help at home?

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

Will I need physical therapy when I go home?

Yes, you will have either outpatient or in-home physical therapy. Patients are encouraged to utilize outpatient physical therapy. We will help you arrange for an outpatient physical therapy appointment. If you need home physical therapy, we will arrange for a physical therapist to provide therapy in your home. Following this, you may go to an outpatient facility three times a week to assist in your rehabilitation. The length of time for this type of therapy varies with each patient.

Will my new hip set off security sensors when travelling?

Your joint replacement is made of a metal alloy and may or may not be detected when going through some security devices. You can carry a medic alert card indicating that you have an artificial joint, but security at check points usually don't heed the cards, they will need to use their wand devices to check you. Check with your surgeon on how to obtain a medic alert card.

