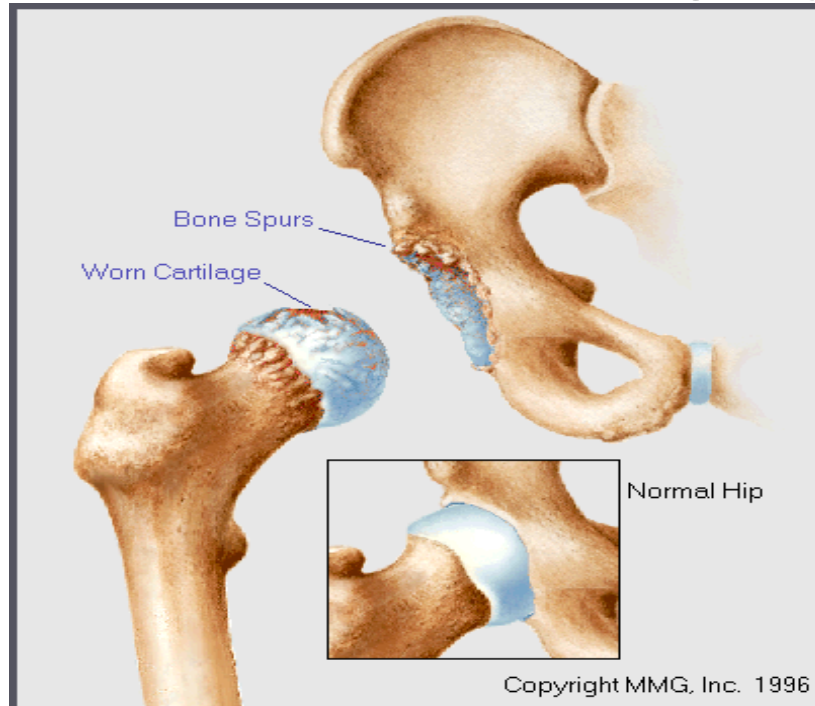


Your Total Hip Replacement Surgery



GET BACK TO LIFE

The Hip Replacement Program D. Gordon Newbern, M.D.

600 S. McKinley Street, Little Rock, AR 72205
1525 Country Club Road, Sherwood, AR 72120
(501) 666-2824
1-800-550-5755

Dear Patient:

We're pleased you have chosen Arkansas Specialty Orthopaedics for your Total Hip Replacement. This booklet has been written especially for you to help you prepare for your surgery and recovery.

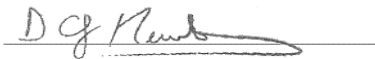
You won't go through surgery alone; it will be a team effort. **You** are part of a team of health care professionals whose goal is to help you.

This team is made up of:

You
Your family and friends
The orthopedic surgeon
The anesthesiologist
The internal medicine specialist
The nurse practitioner or physician assistant
The nurse or medical assistant
The physical therapist
The social worker

Our goal is to help you improve the quality of your life. It is up to you to learn about your hip replacement and to follow the advice of your surgeon and other health care professionals. We care about you and want to follow your progress for the rest of your life.

Sincerely,



D. Gordon Newbern, MD

P.S. Please visit my website (below) to learn more about problems of the hip and knee and their treatment. I've chosen other useful websites for additional information. You can view animations of many procedures for better understanding.

www.JointReplacementArkansas.com

Table of Contents

Chapter 1: Your Hip and How it Works.....	6
The “Normal” Hip.....	6
The “Problem” Hip	7
Chapter 2: Total Hip Replacement Surgery	8
Your New Hip	8
The “Cemented” Hip	8
The “Ingrowth” Hip	9
Chapter 3: Identification of Risks	10
Pre-Admission Screening	10
Preparing for Surgery at Home	11
Tooth and Gum Problems.....	11
Smoking	11
Nutrition	11
Exercise.....	12
Complications Associated with Total Hip Replacement	13
Chapter 4: Consent Forms	17
Chapter 5: Blood Donations	18
Chapter 6: Pre-Admission Screening Day.....	19
Chapter 7: Admission Day	20
How to Prepare	20
Checking In.....	21
Nursing Assessment/Teaching.....	21
Meals	22
Social Work Visit	22

Chapter 8: The Day of Surgery.....	23
Surgery Preparations.....	23
Post Anesthesia Care Unit (PACU)	23
Pain Control	25
Chapter 9: The Nursing Unit.....	26
Chapter 10: Physical Therapy.....	27
Chapter 11: Discharge Information.....	29
Chapter 12: Home Instructions.....	31
First twelve weeks after Surgery	31
Bathing.....	31
Toileting.....	32
Dressing	32
Reaching	33
Sitting.....	33
Walking.....	34
Climbing Stairs	34
Sleeping/Resting	35
Daily Exercises.....	35
Meals	35
Recreational Activities.....	35
Sexual Activity	36
Riding in an Automobile	37
Driving	38
Chapter 13: Movement Restrictions	39
Restrictions for the first twelve weeks after surgery.....	39
LIFETIME Restrictions	39
Chapter 14: Returning to Work.....	41
Chapter 15: Common Problems	42
Appetite	42
Depression	42
Incision Care.....	42
Leg and Ankle Swelling	42
Pain and Numbness.....	42

Chapter 16: When to Call a Doctor.....44

Chapter 17: Home Safety Precautions45

Chapter 18: Your Two week Hip Evaluation.....46
Walking With a Cane 46
Post-Surgery Follow-up Evaluations 47

Chapter 19: Your Future Dental and Medical Care48

Dislocation Instructions are in a section at the end of the book

Special Note:

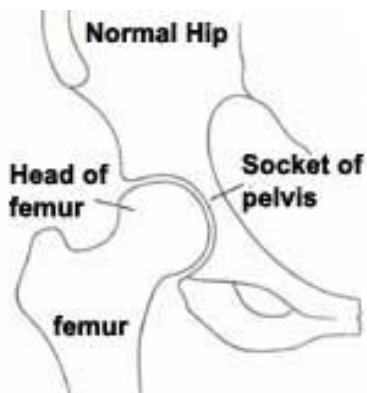
A large portion of this material is borrowed from Dr. Merrill Ritter, my fellowship training mentor, with his permission. It is intended for information purposes for our joint replacement patients only. Please do not copy or mass distribute this booklet without permission. Thank you!

Chapter 1:

Your Hip and How It Works

When a hip becomes diseased or injured, simple movements can be painful and take the joy out of life. Most people want relief from the pain and disability caused by severe arthritis. Your reasons for having surgery are very personal. Only **you** can finish this sentence: "If I didn't have pain I would" You and your doctor have decided that total hip replacement surgery may help relieve much of your pain.

The main benefit you may expect from total hip replacement is pain relief, which can be quite dramatic. Most patients will notice some soreness for several weeks or months after surgery. In most cases, however, pain free motion of the hip joint will follow.



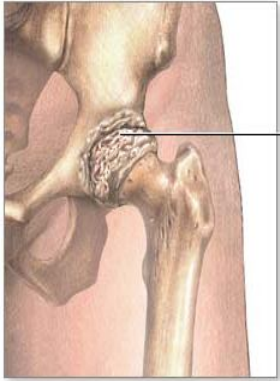
The "Normal" Hip

A joint is a special structure in the body where the ends of two or more bones meet. The hip is a "ball-and-socket" joint. The upper end of the thigh bone (femur) is the ball. It fits into the socket (acetabulum) in the pelvis. The joint lining (synovium) makes fluid that lubricates the joint. Cartilage covers the ends of the bones. This cartilage "cushions" the hip joint for smooth, easy movement. The hip, your body's largest weight bearing joint, is held together by muscles and ligaments that allow your leg to bend and straighten so you can walk and climb stairs.

The “Problem” Hip

When a hip is diseased, such as with arthritis, the cartilage wears away. The bones become rough and grind together, causing pain.

There are many different types of arthritis. One major type is osteoarthritis, which is also called degenerative joint disease, or “aging arthritis.” Another form, rheumatoid arthritis, is a chronic disease that affects many parts of the body. There can also be joint destruction due to loss of blood supply (osteonecrosis) or from injuries (traumatic arthritis). After your condition has been diagnosed, and if other medical treatments have failed to help you, the orthopaedic surgeon can replace your diseased joint and soon relieve your pain. Total hip replacement is **not** done for minor arthritis pain.



Diseased
hip joint

ADAM.

Chapter 2:

Total Hip Replacement Surgery



Your New Hip

Total hip replacement surgery involves removing the diseased portion of the hip joint. An artificial hip, known as a prosthesis, replaces it. The worn hip socket is replaced by a cup and the worn portion of the thigh bone (femur) is replaced by a ball on a stem that is inserted into the thigh bone. These parts are made up of metal and plastic and come in various sizes and designs.

There are two methods of securing the new prosthesis in place. One method uses bone cement and is called the “cemented” method. The other type is secured in place by the body’s own bone growth and is called the “cementless” or “ingrowth” method. Your surgeon will help you decide which is best for you and will discuss this with you before surgery. There are times, however, when the decision can be made only at the time of the operation.

The “Cemented” Hip

The cement used to hold the cup and stem in place does not work like glue. Instead, it works by filling in spaces between the bone and the surface of the prosthesis. After a few minutes, the cement hardens and fixes the prosthesis to the bone.

The “Ingrowth” Hip

An ingrowth hip uses no cement, so the new prosthesis needs to fit very tightly in the bone. The patient’s bone will eventually grow into a porous surface on the prosthesis. Because this requires good healthy bone, not every patient is a suitable candidate for this type of hip.

The ingrowth prosthesis is sometimes held in place with screws to aid in fixation until the bone grows into the cup. Because it takes time for the bone to grow into the prosthesis, your hip will need more protection at first. It may be necessary for you to use crutches or a walker for two or more months. Your therapists and surgeon will decide when it is safe for you to stop using your crutches or walker.

Chapter 3:

Identification of Risks



An internal medicine specialist will examine you on pre-admission screening day to help us identify your health risks.

Pre-Admission Screening

The key to our program is the identification of risks and the prevention of complications. As with any major surgery, there are certain risks. If your family care physician takes care of patients in the hospital, he or she will perform your pre-operative evaluation and follow you along with your orthopaedic surgeon while you are in the hospital.

Otherwise, the hospital based internal medicine physician will be requested to assess you one to two weeks before your surgery and then that physician will follow you along during your days of hospitalization after surgery. If your risks for surgery are high, the decision to have or not to have surgery will be discussed with you. We may recommend:

- You have additional special testing which may or may not delay your surgery.
- You don't have surgery at all until the risks are brought under reasonable control.

Examples of increased risks are obesity, heart and lung disease, tooth and gum disease, infection, or other health problems. However, you can reduce your risks before surgery!



You should STOP smoking!



You increase your chances of having a surgical complication if you are overweight.

Preparing for Surgery at Home

Before entering the hospital, you must be aware of several factors that can affect the success of your hip replacement.

Tooth and Gum Problems

Tooth and gum problems, a frequent source of infection, can allow bacteria to enter the blood stream. If you haven't had a dental checkup for the past six months, you should see a dentist before going into the hospital. Continue to brush regularly to keep your teeth and mouth clean.

Smoking

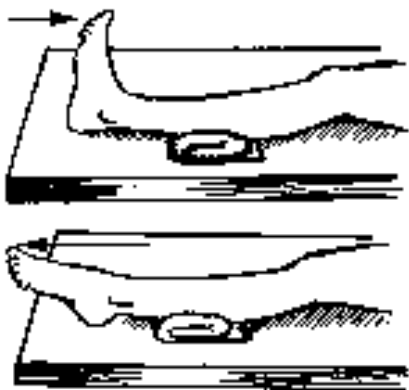
We recommend that you STOP smoking to decrease the chances of lung complications and wound healing during and after surgery. Also, local area hospitals are smoke-free and there is no smoking allowed in the patient hospital rooms or buildings.

Nutrition

Being overweight increases your chance of having complications such as infection, poor healing, and blood clots. You may have been told to lose weight; however, crash dieting will not reduce your risk. We recommend a nutritionally sound diet including the four major food groups: dairy products, meats and fish, grains and cereals, and fruits and vegetables.

Exercise

Physical activity is good for everyone. Daily exercise helps you control your weight by burning calories. It improves your overall health, and makes you feel both physically and emotionally better. Physical activity can also reduce daily tension and stress. You can begin doing the following exercises at home before surgery to stretch and strengthen your muscles. We recommend that you begin with ten repetitions for each leg, four to five times a day.



Ankle Pumps

1. Ankle Pumps

- A. Lie on your back or sit in a chair.
- B. Slowly move your foot up and down and around in circles.

2. Quadriceps Set

- A. Lie on your back with your legs straight.
- B. Tighten your thigh by pushing the back of your knee into the bed.
- C. Hold the muscle contraction for a slow count of five.

3. Gluteal Set

- A. Lie on your back.
- B. Tighten your buttocks together.
- C. Hold the muscle contraction for a slow count of five.

4. Heel Slide

- A. Lie on your back.
- B. Slide your foot up toward the buttocks so your knee bends until you feel a pull in your hip.

5. Hip Abduction

- A. Lie on your back.
- B. Keeping your knee straight, slide your leg out away from your body (you may need help doing this). Slide your leg back in by yourself.



Heel Slide

Complications Associated with Total Hip Replacement

As with all surgical procedures, there can be complications. Infection, pneumonia, and blood clots are some of the possible, although unlikely, complications that can occur.

INFECTION occurs in 5 out of 1000 patients (0.5%).

Prevention:

1. Use of a special sterile operating room environment (laminar flow).
2. Using pre-operative antibiotics.
3. Pre-operative nasal swabs to identify carriers of *Staphylococcus aureus* (both sensitive and resistant strains)
4. Pre-operative Sage wipes for all patients to cleanse the operative site the night before surgery.
5. Using antibiotics when undergoing future dental work or surgical procedures.

Treatment:

1. Bactroban (mupirocin) nasal ointment and Hibiclense (chlorhexidine) soap to use 5 days prior to surgery for all positive nasal swab patients.
2. Oral or IV antibiotics for early or superficial wound infections.
3. Additional surgery and possible removal of the prosthesis for deep infection.



The laminar flow operating room and special hoods helps prevent infections.



Medication (Aspirin, Xarelto, Coumadin or Heparin) and/or compression devices after surgery help prevent blood clots.

BLOOD CLOTS in the deep veins of the leg (thrombophlebitis) occur in less than 5 out of 100 patients (5%).

Prevention:

1. Walking as soon as possible after surgery
2. Using anticoagulation (oral or injectable) during the first 2-6 weeks after surgery.
3. Using a compression calf sleeve/pump for the first 10-14 days after surgery.
4. Ankle pump exercises.
5. Riding in a car no longer than 45 minutes without stopping to walk and stretch.

Treatment:

1. Observation.
2. Blood thinning medicine.
3. Elevation of legs in bed.

BLOOD CLOTS that occur in the thigh or pelvis may break loose and travel to the lungs where they can cause breathing difficulty or death.

Treatment:

1. Requires hospitalization.



Frequent circulation checks can help prevent nerve damage.

NERVE DAMAGE may occur in 25 out of 10,000 patients (0.25%). This is observed as a complaint of numbness or weakness in the foot.

Prevention:

1. Frequent neurologic function and circulation checks nurses.
2. Frequent changes in position.

Treatment:

With time, these nerves will usually function normally again.

BONE FRACTURE (broken bone): This rarely occurs.

Treatment:

1. Reduced weightbearing or surgical fixation
2. Proper splinting.

LOOSENING OF THE PROSTHESIS occurs in 5 – 10% of patients over a 15 year period of time.

Prevention:

1. Maintain ideal body weight.
2. Follow restrictions listed in Chapter 13.

Treatment:

Will probably require surgery at some time

DISLOCATION occurs when the ball comes out of the socket. The risk is highest in the first two months after surgery.

Prevention:

Follow the restrictions listed in Chapter 13.

Treatment:

The orthopaedic surgeon puts the ball back in the socket. This may require anesthesia, but no incision is necessary. Frequent dislocations may require a brace, casting, or even surgery.

LEG LENGTH DIFFERENCES Because your surgery is performed while you are lying on your side, there is the possibility that your operated leg will be shorter or longer than the un-operated leg. The surgeon is usually able to make the legs the same length; however, there is a 1 – 3% possibility that your leg may be shorter or longer by as much as ½ inch. X-rays are taken during the surgery to aid the surgeon in achieving equal leg lengths before the final prosthesis is inserted.

REVISION SURGERY (replacement of a loose total hip replacement). When you have surgery to replace a loose total hip replacement, your chances of experiencing a complication are increased. With revision surgery, the complication rates are increased as follow: infection 2 – 5%; blood clots 10 – 15%; nerve damage 2%, bone fractures 1 – 2%; dislocation 15 – 20%; loosening over 10 years 10 – 25%.

Chapter 4:

Consent Forms



You will be asked to sign the following consent forms to show that you have been given and understand the information you need to decide to have surgery. We want you to be informed before you sign these forms. If you have any questions, please ask.

1. **Informed Surgical Consent.** This is for the hospital record giving informed consent to have the surgery.
2. **Informed Consent for Blood Product Transfusion.** This is your consent for you to be given a blood transfusion should one become necessary.
3. **Authorization of Medical Care.** This is a general permission to care for you while you are a patient in the hospital.

Chapter 5:

Blood Donations

Autologous Donations

Blood donations are used much less frequently than in the past because the need for transfusions after hip replacement is much less than in the past. If the surgery is a complex revision hip replacement, a transfusion might be required. You may plan to pre-donate your own blood for use after surgery for such cases.

Modern surgical and anesthesia techniques, as well as medications given during surgery, have decreased blood loss and the need for transfusions after surgery.

Directed Donations

A directed donation can be done by someone else for your use, if needed, but it must be done 4 weeks before your surgery.

The blood type of the patient and the person donating **must match**.

Your surgeon must order all blood donations. We will provide you with information and answer any questions you may have about blood donations, but you must make the appointment for donations yourself at your nearest chapter of the Red Cross.

Chapter 6:

Pre-Operative Evaluation Day



You will participate in the Joint Academy education class

This half-day program is designed to prepare you physically and emotionally for surgery and recovery. Included in this program are:

- A physical exam by the hospital practicing medical specialist, who will document your medical history and help us follow you in the hospital
- Laboratory tests, chest x-ray, and EKG (heart test)
- Discussion/explanation of discharge plans
- An education program (Joint Academy) explaining total knee replacement and what to expect from your surgery

How to Prepare

- Fill out and bring current list of any prescription medications, with doses, and any supplements that you take
- You may eat breakfast and take your medications before you arrive. You may want to bring your pain medicine
- Wear comfortable, easy to change clothing for your physical exam and EKG (avoid back zippers and panty hose).
- Write down any questions and bring the list with you
- Bring a list of all of your allergies
- Bring a family member or friend who will be your "Coach". This will help them help you!
- Arrive promptly at your designated time for preoperative testing and for your medical evaluation
- You should expect this process to take 3-4 hours before completion.

Chapter 7:

Admission Day

How to Prepare

- Bring this booklet to the hospital with you.
- While in the hospital, the physical therapy department will provide a walker or crutches for you. Do not bring your own to the hospital.
- You may bring your own sleepwear. Some nice but not mandatory items are a knee-length robe, low-heel shoes and loose-fitting clothes that are easy to put on.
- Bring personal care items: a toothbrush and toothpaste, shaving equipment, deodorant, and a comb. (All electrical appliances must be checked with our maintenance department prior to use.) Do not bring valuables such as credit cards, cash or jewelry. Lock boxes are available upon request at no charge. DO NOT bring your medication unless it is eye drops, inhalers, or nasal spray.
- Notify family and friends that you may be reached through the hospital switchboard (from 7:00 a.m. to 9:00 p.m. at St. Vincent Infirmary (501) 552-3000.

The hospital address is:

St. Vincent Infirmary
#2 St. Vincent Circle
Little Rock, AR 72205

At St. Vincent, private rooms are provided for total joint replacement patients. A chair will fold out to allow one family member or caretaker to stay with you overnight, if you desire.

Checking In

Please arrive promptly at the scheduled time at the **registration** desk located in the 1st floor lobby. This will be two to three hours prior to your scheduled surgery time to allow adequate time to prepare you for surgery. You will receive an identification bracelet and will be escorted to the preparation area.

The operating room staff, anesthesia staff, and other hospital personnel will visit you and confirm the planned surgery, prepare you for surgery, and answer questions.

Nursing Assessment/Teaching



A nurse will measure your vital signs.

Once you are in your room, a member of the nursing staff will orient you to your room. A brief history and physical exam will be done by a nurse to permit the hospital staff to better care for you. This will include measuring your height, weight, and vital signs (blood pressure, respiration, pulse rate, and temperature). You will be shown how to use a breathing machine (incentive spirometer). The incentive spirometer is an exercise tool for your lungs to help maximize airflow and prevent pneumonia after surgery. You will have a 3-chamber compression calf sleeve placed on the non-operative leg. The nurses will also review with you the information you taught on Pre-operative evaluation day.

You will have an intravenous catheter started in the preparation area. Through this IV, you will be given an antibiotic before surgery. Everyone will have an IV after surgery, through which fluids, antibiotics, and pain medicine will be given.

Meals

On the evening before your surgery, you should eat a regular meal. You should not eat or drink anything, even water after 12:00 midnight the day before your surgery.

On the morning of your surgery, **DO NOT EAT** and **DO NOT DRINK**. You may have a sip of water with any medication you have been instructed to take, but otherwise, **no morning coffee, no candy, no chewing gum, no water-NOTHING by mouth.**

While in the hospital, your meals will be prepared to order by you choices from the "room service" menu. You and your family member will phone in your order each day.

Helpful Note

Providing your insurance company phone numbers, the name of case managers and any other benefit information will assist us should you need post-hospital services.

Social Work Visit

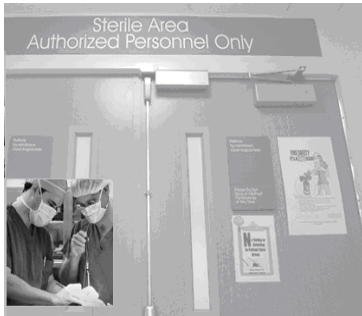
While you are in the hospital, you will be visited at least once by a social worker that will assist you in understanding and participating in your rehabilitation program. You may request a visit from a social worker at any point in your stay. The social worker can assist you in obtaining anything you need during your recovery period.

A part of your rehabilitation will be dealing with the variety of emotions you may experience by the change in your physical health. A social worker can provide objective listening and support contacts for you after you leave the hospital.

Chaplain services are also available upon request.

Chapter 8:

The Day of Surgery



Operating Room
entrance

Surgery Preparations

A shower may be taken the evening before surgery.

On the morning of surgery, do not use deodorants, perfumes, shaving lotions, or skin lotions. You should remove all hairpins, nail polish (finger and toe) or artificial nails, and jewelry. Wedding rings may be left on, but must be taped. Please give all your valuables to your family; we cannot be responsible for them.

About one hour before surgery you will be asked to empty your bladder, you will then return to bed. You will remain in bed until surgery personnel arrive to take you to the operating room. Dentures, hearing aids, and glasses should be removed at this time. Your family may go with you as far as the surgery hallway. They will then be directed to the surgery waiting area where they should stay until your operation is over so your surgeon can talk with them. Please notify the waiting area receptionist if you leave the area.

Post Anesthesia Care Unit (PACU)

After your surgery, you will be removed from the operating table to your bed and you will be wheeled to the PACU. In the PACU, the patient must be "settled in" by the specially trained nurses. Your blood pressure, heart rhythm, and dressings will be checked frequently. There will be other patients in PACU. It may be one or two hours from the time the surgeon talks to your family before a nurse from PACU will call the waiting area and allow your family to visit, depending on your condition.



Your family can check on you during recovery by calling the PACU.

Your family can call PACU at St. Vincent Infirmary at (501) 552-2495 anytime and talk to the nurse taking care of you. If your family is large, one or two members should do the calling and share the information with the rest of the family. This allows the nurses to give all of their attention to the care of their patients. You will spend approximately one and a half to two hours in PACU so that you can be closely observed and received immediate attention when needed.

When you wake up from your surgery you can expect to feel tired and groggy. Your hip will be covered with bulky dressings and an ice pack. This helps control the bleeding and swelling. You will now have the compression sleeves on both legs helping to prevent blood clots. Your operated leg will be placed in a “de-rotation boot” or supported with pillows. This helps hold your leg in the proper position and helps prevent pressure sores on your heels. This boot will be removed when you are comfortable without it. However, if at any time your heel begins to burn, or if you have difficulty moving or lose feeling in your toes, you should tell the nurse **immediately**.

In most cases, urinary catheters are no longer needed. If you’ve had an epidural anesthesia, when you wake up in PACU, you will notice that a catheter (a flexible tube) was placed in your bladder. This is to drain urine and will be in place for less than 24 hours.

Pain Control

Postoperative pain control continues to improve. This year (2013), we have adopted the use of an ultra long-acting local anesthetic (Exparel), which is infiltrated all around the joint tissues at the time of surgery, dramatically reducing pain and the need for narcotic pain medications! Patients are more alert and feel better without the side effects of strong narcotic usage. Often only supplemental pain pills are needed. This has dramatically removed the early postoperative pain to the extent that patients are comfortable and ready to go home after their physical therapy session the day after the surgery! We will also use intravenous Toradol (a non-steroidal pain reliever), intravenous acetaminophen (Tylenol), and intravenous narcotics to supplement pain relief as needed. The ultra long-acting local anesthetic (Exparel) is so effective that we rarely use older modalities of epidural, spine catheter, or intravenous pain-controlled analgesic (PCA narcotics).

Chapter 9:

The Nursing Unit

When your condition in the PACU is stable, you will return to your hospital room on the nursing unit. The nurse will check your vital signs.

On the morning following surgery, the hip dressing will be changed to a waterproof dressing that will allow you to shower. This dressing will stay in place for 7 days, and then you will change to a fresh, waterproof dressing given to you before you discharge home. This second dressing will stay in place for another 7 days.

Following your surgery, if it becomes necessary for your surgeon to be out of town, his able physician associates will always be present to take personal care of you. Your specific needs will always be discussed between your surgeon and the medical team seeing you on a daily basis.

Each day, your surgeon, physical therapist, social worker, nurse, and nurse practitioner or physician assistant (PA) will visit to review your progress and plan your ongoing care. Use this time to ask questions.

Chapter 10:

Physical Therapy



Physical therapy begins on the first day after surgery.

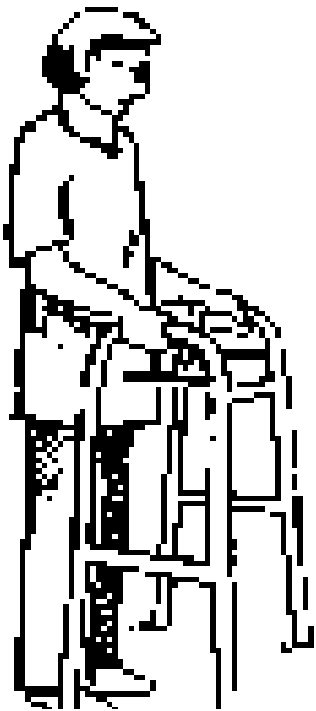
Physical therapy will begin on the nursing unit later on the afternoon or evening of your surgery day to help strengthen the muscles of your hip and to help you regain your hip's range of motion. Your physical therapy is never done **for** you but along **with** you. The physical therapist will treat you and be responsible for guiding your rehabilitation efforts. The physical therapist will explain the home exercise program that you will follow. A list of these exercises with explanations will be provided.

You will be instructed to perform your exercises five times per day.

During your first treatment, you will be assisted to sitting on the side of the bed. If you are able to sit comfortably without dizziness or nausea, you will be taught how to stand with a walker. A walker is always used on the first day to provide more support. A walker will be provided for your use. As soon as you can stand, you will be allowed to take your first steps. The physical therapist will tell you how much weight you can put on your leg depending on what type of prosthesis was used in surgery.

Exercise helps you stretch and strengthen your muscles and also helps you become confident in your ability to use your new hip joint.

On the day after surgery, you will probably be able to sit, stand, and walk with assistance. These activities will always be to your tolerance and you will never be forced to do something you are unable to do. If possible, you will walk to the bathroom. Your sitting time should increase on a daily basis. You will be encouraged to sit up for meals and at other times during the day, but you should never sit longer than 45-60 minutes at a time without standing to change positions.



The physical therapist will show you the proper way to use a walker.

You're Making Progress!

Your recovery will continue to progress and you should be gaining a bit more independence each day. Your gait (the way you walk) will improve, and when your balance is good on the walker, you may try crutches. It is usually your choice whether to use a walker or to try crutches. Patients who have severe visual problems or a history of falls will probably not use crutches.

The therapist will adjust your crutches and/or walker to fit you. These will be provided for you. If you already have a walker or crutches to use, we ask that you bring them in one time for the therapist to adjust them for you. These assistive devices are sometimes covered by your insurance carrier.

Chapter 11:

Discharge Information



Before discharge, you should be able to transfer in and out of chairs without help.

Short Term Goals for Hospital Discharge

1. You should have relief from joint pain. You may still experience some discomfort from the incision and the swelling, but this will improve with time.
2. You should be able to bend your hip without help 60 to 70 degrees while lying on your back.
3. You should be able to bend your hip with help 70 to 80 degrees while lying on your back.
4. You should be able to transfer, without help in and out of bed, in and out of chairs, and on and off the toilet.
5. You should be able to walk while using your crutches or walker on level surfaces (without help) and on steps (with help).
6. You understand the movement restrictions listed in chapter 13.

If you have difficulty with any of these areas, the therapist will instruct the person who will be helping you at home in ways to assist you. Your surgeon may recommend that you have live-in assistances for at least one to two weeks after hospital discharge. Often, family members can provide the needed assistance.

**Discharge Day:**

Your surgeon, therapist, and the rest of the hospital team will make sure that you will have made expected progress to be ready for discharge.

You will be given a prescription for pain medication and any other medicine your doctor has prescribed. You may take pain medicine before you leave the hospital to make the trip home as comfortable as possible.

You should have the following equipment:

1. Crutches and or walker
2. An elevated toilet seat
3. Compression calf sleeve/pumps
4. Long reacher (optional)
5. Shoe horn (optional)

Insurance and or Medicare will normally pay for 80% of their approved cost of either a walker or crutches, but not both. They do not reimburse for toilet seats and long reachers. Suppliers for these items will file a claim with your insurance and send you a bill for the remaining amount. However, because of the ongoing changes in reimbursement it is recommended that you verify this with your insurance carrier. This bill is separate from your hospital bill. Of course, if you already have these items you will not need to buy them again.

Chapter 12:

Home Instructions



Simple meal preparation is a good activity to ease into after surgery.

With advances in rapid recovery and long-acting local anesthetic blocks, most patients leave the hospital in the afternoon on the day following surgery.

The recovery period after surgery depends on you, your health, and the hip that has been replaced. You may see and feel immediate benefits; however, you must continue to follow your rehabilitation program for several months to get the total benefit of your new hip joint.

Activities of Daily Living for the First Twelve Weeks After Surgery

Your activity level should **gradually** increase on a daily basis over the next twelve weeks, beginning at the same level as in the hospital. Be careful not to over tire or over do. Good activities to ease into are simple meal preparation, dusting, or washing the dishes.

DO have someone help you with grocery shopping, family meal preparation, and laundry.

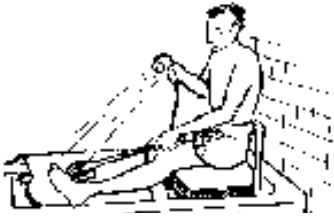
DO NOT vacuum, make your bed, mop your floors, or lift heavy laundry.

DO NOT do strenuous yard work, such as lawn mowing, raking, or bending and stooping in the garden.

Bathing

Because bending your hip is restricted, use care when bathing for this twelve week period.

DO shower daily with the Mepilex or Slivasorb waterproof dressing in place. It will keep the incision dry.



Sponge bathe daily until the staples are removed and steri-strips are placed over your incision.

DO watch balance. Have someone with you first time you shower, if possible.

DO have someone help you bathe below the knees.

DO NOT sit in the bath tub.

Toileting

DO use an elevated toilet seat (to be provided by a vendor arranged by the social worker) for the first twelve weeks. You may use it after the restricted time to make transfer more comfortable.

DO NOT use a standard toilet seat; it is too low and therefore unsafe until instructed differently. In public restrooms always use the handicapped toilet because of the raised toilet seat and grab bars.

Dressing

Because bending down is restricted, special precautions must be followed when dressing.

DO sit to dress.

DO use a reacher to bring your slacks up past your knees.

DO NOT put on your elastic hose, shoes or socks without assistance.

DO NOT twist your foot when putting your shoe on.

DO NOT use one foot to push a shoe off the other foot.

DO NOT wear high heels until it's approved at your follow up visit

Reaching

Picking up items in front of you or at your side can bend your hip too much. This includes objects on the floor, on a table out of reach, or even at the foot of your bed.

DO use a reacher; you may purchase one through the medical goods vendor. This is not covered by your insurance or Medicare.

DO ask someone to help.

DO NOT turn and reach behind you.

DO NOT reach for anything that is not within close distance.

DO NOT bend forward.

Sitting

When sitting, your hips should be higher than your knees.

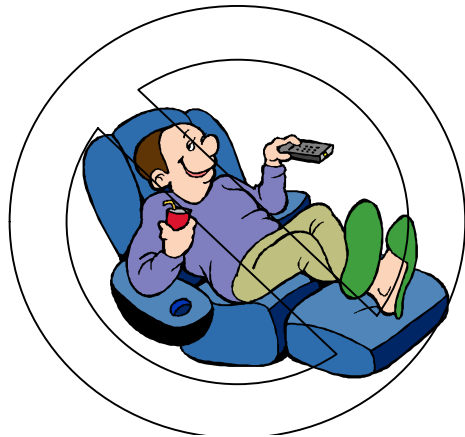
DO sit in a firm straight back chair with an armrest. You may sit in a recliner, but you may not recline because you have to bend forward to return the recliner in its upright position.

DO sit so your hips are higher than your knees. The number of pillows needed may vary within the type of chair you are sitting in. Buttocks should be all the way to the back of the chair, and your feet should be flat on the floor. If your feet don't touch the floor or if you keep sliding off of the pillows then you are too high.

DO sit with your feet six inches apart.

DO NOT cross your legs.

DO NOT sit on low chairs, sofa, stools, ottomans, regular toilet seats, low beds or water beds. Remember your hips need to be higher than your knees when sitting. Avoid swivel and or rocking chairs and chairs on rollers.



DO NOT recline!



Be sure to stand and stretch after sitting 45-60 minutes.

DO NOT bend forward or squat to pick up objects on the floor, use your reacher.

DO NOT sit for longer than 45 to 60 minutes at a time without standing and stretching.

DO NOT sit in bucket seats.

Walking

In order to protect your hip joint and to allow for healing during this twelve week period, you must walk with crutches and/or a walker as you are instructed. You may need to use crutches or walker for more than twelve weeks depending on the pain.

DO stand tall with good posture. Walk with your head up, your feet pointing straight ahead and with as little limp as possible. Your knee should bend when swinging the leg through and straighten when your heel hits the floor.

DO sit up for meals during the day

DO walk frequently during the day. This is more important than walking long distances.

DO weightbear on the operative leg per doctor's orders.

DO NOT walk without crutches or a walker.

DO NOT stand or walk with your toes turned in.

The therapist will show you how to go up and down stairs with your crutches or walker.

DO NOT go up long flights of stairs during the first eight-week period of your recovery.

DO have someone with you the first time you go up a long flight of stairs after the first eight weeks.



Lie down for short rest periods during the day

Sleeping/Resting

DO lie flat on your back 5 times a day for short rest periods to prevent fatigue and to do your bed exercises.

DO use two pillows between your legs when you lie on your side, otherwise this position will cause pain or even a dislocation. One pillow should be between your thighs, and one should be between your lower legs.

DO sleep on a bed as tall or taller than your knee. A second mattress or blocks under each leg of the bed can raise your bed at home.

DO sleep on your back or side. You may lie on your operated hip but this may be uncomfortable. A partial side-lying position or "half roll" might be more comfortable. The therapists can show you this position.

DO NOT sleep on a waterbed.

DO NOT use a bed that is lower than your knee height.

Daily Exercises

The exercises the physical therapist taught you should be continued as instructed until you return for your two and twelve week evaluation. To get the total benefit of hip replacement and to regain the quality of life that was once yours, you need to make a serious commitment to exercise and you must stay active. Consistent exercise is the key. You should continue your exercise program even on those days when it may seem difficult.

DO use an ice pack on your hip for soreness or pain for 20 minutes, several times a day.



We encourage you to participate in recreational activities.

Meals

DO eat a well-balanced diet so that your body has proper nutrition to help it heal and to restore strength. It is not unusual to have a decreased appetite following surgery. If you do notice a change in your appetite, you might find food more appealing by eating five small meals spaced throughout the day.

Recreational Activities

We encourage you to go out to eat, visit friends, go to church, and do those things that are part of your normal daily life as long as you are comfortable and not having pain. We ask that you wait until after your two and twelve week evaluation and your doctor's "ok" before you return to such activities as golfing, swimming, riding a bicycle, bowling, dancing, boating, or horseback riding.

DO NOT participate in any sports that require any jumping, jerking, pulling, twisting, or running.

Sexual Activity

Sexuality is an important part of life. Illness, surgery, medications, and stress can temporarily alter sexual function. We strongly advise against intercourse for four to six weeks after surgery to allow your joint capsule and muscles to heal. Usually the most comfortable position following total hip replacement is the bottom position with one or two pillows under the effected thigh.

Riding in an Automobile

When getting into a car:

DO enter from street level rather than from a curb.

DO have the front seat moved back as far as possible.

DO sit on at least two pillows so your hips are higher than your knees.

DO walk toward the seat then turn around so that your back is to the seat and your knee is touching the seat. Turn your body as someone helps you lift your legs into the car, with your operated leg straightened out in front of you. Keep your knees moderately apart.

When riding in a car:

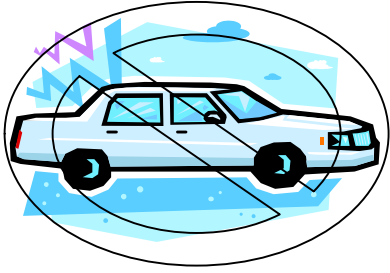
DO stop and rest. Stand up after 30-45 minutes of riding during the first car ride home.

DO take your pain medication before your first ride home.

DO NOT ride in a car for longer than 45 minutes without stopping and stretching.

When getting out of a car:

DO turn your body as someone helps you lift your legs out of the car. Scoot, do not lean, forward toward door. Stand up to get your walker or crutches.



DO NOT drive during the first 4 weeks after surgery.

Driving

We recommend not driving during the first four (4) weeks of your recovery period. Although the motions involved in driving are not harmful, twisting while getting into the car, as well as the risk of getting in an accident with sudden stopping, could have harmful results.

Chapter 13:

Movement Restrictions

Restrictions for the First Twelve Weeks after Surgery

You must follow these movement restrictions during the next twelve weeks:

DO NOT bring your chest toward your thigh or bring your thigh toward your chest farther than a right angle (90 degrees).

DO NOT cross the center mid-line of your body with your operated leg. This includes sitting with your legs crossed.

DO NOT twist the operated leg inward.

LIFETIME Restrictions

The following restrictions should be followed for the twelve-week recovery period and for the rest of your life.

DO NOT twist the operated leg inward with quick or exaggerated movements.

DO NOT pivot when standing. Instead, take small steps to turn around. Also, avoid planting your feet in one spot and turning against your hip in either direction.

DO NOT turn and reach behind you.

DO NOT jerk the operated leg. For example, if your foot is stuck in the mud, do not forcefully pull it out. Take your foot out of the shoe and let someone else pull the shoe out of the mud.



Lifting heavy object may cause injury to your new hip joint.

DO NOT lift and carry anything that weighs more than 50 pounds on a regular basis. Once you are recovered, you may lift heavier objects as needed but remember that the more weight the body has to support, the faster the joint can wear out or even loosen. For example, if you lift 50 pounds, the amount of weight your hips are supporting is approximately 150 pounds. This is too much stress for an artificial hip joint. Some objects that might be too heavy to lift early on include: groceries, laundry, garbage, toolboxes, children, pets, luggage, golf bags, and bowling balls. This idea includes your own body weight. Keep within your normal weight limit.

DO NOT participate in sports that require any jumping, jerking, pulling, twisting, or running.

It is foolish to take chances with your activities because you could put your artificial hip joint at risk. While there is no guarantee for any type of artificial joint, following these rules will certainly increase your chance for a more successful result. Remember, you are the one who will benefit from a good result!

Chapter 14:

Returning to Work



You and your surgeon will discuss when you can return to work. This decision will be based on:

1. The type of work you do. An office worker can return to work two to four weeks after surgery; a skilled worker can return to work three months after surgery.
2. Your physical stamina.
3. Other medical information.

We recommend that you avoid making any major changes in your work or retirement plans until your recovery is complete.

Chapter 15:

Common Problems



You may have a loss of appetite after surgery

Appetite

After surgery, you might have less of an appetite. This could be caused by your medicines, or it may be that you are not used to the hospital food and your appetite will improve when you return home. You should call the office if you are vomiting or not able to eat at all. You should also call if after one or two weeks your diet is not back to normal.

Depression

It is not uncommon for you to feel somewhat sad and depressed once you have returned home from the hospital. You may cry easily and be more irritable. Don't worry this will improve with time. It is important for you to talk openly about your feelings with your health care provider, supportive family members, or friends.

Incision Care

Your incision may be warm, itchy, and slightly red for several weeks after surgery. Extensive bruising is usually present; however, excessive redness or soreness and any drainage should be reported to your surgeon, his physician assistant, or nurse.

DO keep the incision dry the first 2 weeks with the special Mepilex or Silvasorb waterproof dressing.

Leg and Ankle Swelling

You will have some swelling in your operated leg, but excessive swelling should be reported to your surgeon. If activity makes the swelling worse, plan to elevate your legs several times during the day. Sometimes we will recommend the use of compression stockings to help manage the swelling.

Pain and Numbness

You may expect to feel numbness, pain, and discomfort in your incision after surgery.

DO take the pain medication that has been prescribed for you. As the pain lessens, alternate the pain medication with regular or extra-strength Tylenol.

DO pay attention to how much Tylenol is taken. Most pain medication also has Tylenol in it. You must not exceed 3000 mg of Tylenol per day.

DO try an ice pack on your incision for 15-20minutes, several times a day.

DO report to your surgeon any numbness or tingling down the back of your operated leg.

Chapter 16:

When to Call a Doctor



Please call us if you have any problems associated with your surgery.

If you are having any problems associated with your surgery, please call your surgeon's office at (501) 666-2824. Call if you have:

7. A temperature above 101 degrees after the first week of surgery.
8. Drainage from your incision.
9. Excessive redness around the incision.
10. An increase in incisional pain.
11. Excessive leg swelling.
12. Pain and swelling in the calf of the leg.
13. Numbness or tingling down the back of the operative leg.

Your family doctor should be called for chronic problems such as heart conditions, thyroid problems, or diabetes. After surgery, it is common for your blood pressure (BP) to be lower than usual. You may not need to take your blood pressure medicine when you first arrive home and we will advise you on this. However, as you recover and become more active, your blood pressure may need to be controlled with medication again. Your family doctor may need to monitor your blood pressure once you return home. Your family doctor may also be the closest source for advice if you develop a cold, flu, nausea, vomiting, diarrhea, or constipation. If you are unsure which doctor to call, contact your surgeon's office to be directed to the proper source.

Chapter 17:

Home Safety Precautions



Be sure to use handrails and non-skid mats in your bathtub or shower.

- DO** use nonskid rugs (no scatter or area rugs).
- DO** use nonskid mats on bathtubs/shower floor.
- DO** use hand rails in shower or bathtub.
- DO** keep stairs, walkways and hallways free of objects and clothes.
- DO** wear shoes or slippers with nonskid soles.
- DO** keep emergency numbers near your phone.
- DO** keep phone and lamp cords short or tucked away so you can't trip over them.
- DO** have someone clean up spills immediately.

Chapter 18:

Your Two Week Hip Evaluation

This evaluation will help you proceed to the next level of your rehabilitation. During this visit your hip will be x-rayed, your x-rays will be reviewed, and you will be seen by the surgeon or physician assistant (PA). You will be interviewed to learn about your residual pain, walking ability, and check for swelling. It is very normal to be swollen at this time. Some swelling may persist for several for weeks to several months. You will be asked questions concerning your activities and about any difficulties you may have encountered. You should also feel free to ask any questions.

Your incision will be inspected and if staples or stitches are present, they will be removed. You may only have steri-strips placed over the incision as any stitches present are buried under the skin for a better cosmetic appearance.

If you are making good progress you should then be able to gradually increase your activities and you will no longer have to follow the temporary restrictions. It may take several months before you incorporate the hip prosthesis as part of yourself. Your next evaluation day will be three (3) months from the day of surgery (unless there is a problem). It is very important to attend each follow-up evaluation so that your surgeon can follow your progress.

Walking with a Cane

Patients are typically able to convert to a cane by 3-4 weeks post-op. If needed, a physical therapy consult can be made to help with the transition.

You should understand that all total hip replacement patients may have periods during the rest of their lives when a cane may be required. For example, you may need a cane when you go on vacation and do an excessive amount of walking or when you take part in an activity that is not part of your



You may use a cane 3-4 weeks into recovery.

normal routine. At these times you may note some soreness in your hip that causes you to limp. Instead of limping, which may put dangerous forces through your hip joint, we prefer that you use a cane until the soreness disappears.

Remember you lifetime restrictions – they are important to the life of your joint! Carelessness only puts you at risk for more surgery.

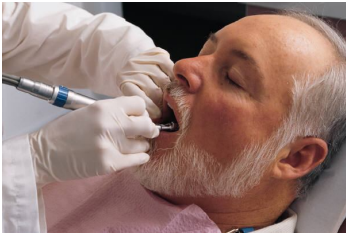
Post-Surgery Follow-up Evaluations

You will be expected to attend regular follow-up visits after your hip replacement surgery. The schedule for these post-surgery visits is as follows: 2 weeks, 3 months, 1 year, 4 years, 8 years, 12 years, 15 years, 17 years, 20 years, and 25 years.

It is important for you to understand the necessity of attending ALL of your post-surgery follow-up evaluations. Even though you may be feeling fine, it is still vital for you to come in for these regular check-ups. Having your hip replacement(s) checked every 3-4 years is necessary for your continued good health and pain-free daily living.

Chapter 19:

Your Future Dental & Medical Care



You will need to take an antibiotic before and after dental and certain medical procedures.

Since you have an artificial hip joint in place, you must take care to protect it from infection. Before having dental work or certain medical procedures performed, it will be necessary for you to take an antibiotic. The antibiotic will help prevent bacteria from getting into the blood stream and thus into your hip.

Amoxicillin is the antibiotic commonly given before and after dental work. You may take Clindamycin if you are allergic to Penicillin. You may also take another antibiotic as recommended by the American Heart Association.

For routine and extensive dental work, such as teeth cleaning, filling, extractions, or root canals, you should take:

- Four Amoxicillin (500 mg) one hour before the procedure

If you are allergic to Penicillin, then you can take Clindamycin

- Two Clindamycin (300 mg) six hours after the initial dose

When making your dental appointment, make sure the dentist knows you now have a joint replacement and that you will need him to phone in an antibiotic prescription before your appointment.

Antibiotics given for other medical procedures may vary. It will also be necessary for you to be treated with a full course of antibiotics if you develop an infection such as an abscessed tooth, pneumonia, bronchitis, skin, or urinary infections. See your family doctor to be placed on the correct antibiotic treatment for medical problems such as these.

Please contact your dentist with further questions.

Dislocation Instructions

DX. _____

Previous dislocation date(s) _____

Date and time of present dislocation _____

Activity during or preceding dislocation _____

- A dislocation causes the soft tissue to stretch, which increase the risk of future dislocations.
- In order for healing to occur, your original movement restrictions must be followed for the next eight weeks.
- Be very careful to observe restrictions, especially when:
 - Getting on or off the toilet
 - Getting in or out of a chair, bed or car

These instructions and restrictions are to be followed:

1. **DO NOT** bend forward or flex your hip beyond a 90-degree angle.
2. **DO** limit hip flexion and keep your back straight when going from a sit-to-stand position.
3. **DO** sit with your hips higher than your knees.
4. **DO NOT** cross your legs at the knees or ankles.
5. **DO** keep your legs apart.
6. **DO NOT** allow leg to roll inward.
7. **DO** keep pillows between your legs when lying on your side.

8. **DO NOT** twist at the hip when sitting.
9. **DO NOT** twist and turn your body while lying down.
10. **DO NOT** twist and turn your body when standing.
11. **DO** use your reacher.
12. **DO** use your elevated toilet seat.
13. **DO** review your hip booklet frequently.
14. **DO** remember your lifetime movement restrictions:
 - **DO NOT** run, jump, jerk, twist or pivot at the hip.
 - **DO NOT** lift over 50 pounds.
 - **DO NOT** gain weight.
15. **DO** use antibiotics with any dental procedures or any bacterial infection.

Active Care + S.F.T. is a safe and highly effective way to improve blood flow in the veins and to help prevent DVT. The system delivers continuous enhanced circulation therapy (C.E.C.T.) to the lower extremities. It works by applying intermittent, sequential compression to the legs in systematic pattern, increasing the speed of blood flow in the veins and reducing the risk of clot formation.



to
a

The Active Care should be worn constantly for 14 days after surgery. It may be removed for 30 minutes two times per day for skin checks and dressing changes.

The unit can be turned in at your first post-op appointment.

UPPER EXTREMITY EXERCISES

Shoulder Flexion

- A. While sitting in chair with back and elbow straight
- B. Raise arm out in front of body
- C. Slowly lower arm back down to side



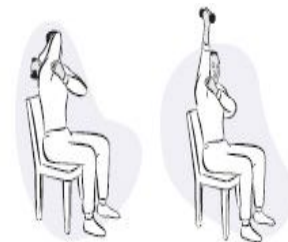
Biceps Strengthening

- A. Sitting in chair with elbow at your side and a small soup can in hand
- B. Slowly bend elbow bringing hand toward shoulder
- C. Slowly lower arm down to straighten elbow



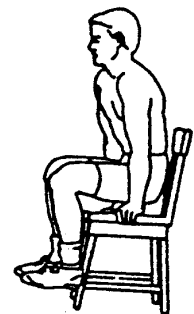
Triceps Strengthening

- A. Lying on your back with elbow pointed toward ceiling and small soup can in hand
- B. Slowly bend and straighten elbow, be sure to keep elbow pointed to ceiling



Sitting Press-Up

- A. Sit in a chair with palms flat on seat or on arms or chair
- B. Lean forward slightly and push up so that buttocks comes up off chair
- C. Slowly lower buttocks back down to chair



***** THESE EXERCISES NEED TO BE PREFORMED ALONG WITH
LEG EXERCISE IN PREPARATION FOR
YOUR SURGERY. *****

Important Phone Numbers

Surgeon's Office _____

Family Doctor _____

Ambulance _____

Pharmacy _____

Other _____

Doctor Appointments

Initial Visit _____

Pre-Admission Screening Day _____

Surgery Date _____

Two Week Evaluation _____

Three Month Evaluation _____

One Year Evaluation _____

Four Year Evaluation _____

Eight Year Evaluation _____

Twelve Year Evaluation _____

Fifteen Year Evaluation _____

Seventeen Year Evaluation _____

Twenty Year Evaluation _____

Twenty-Five Year Evaluation _____

