# Schedule of Appointments for Your Total Joint Replacement

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To cancel or reschedule your surgery, call your Surgeon’s office at 304-487-2297.

## REGISTRATION

Obtain the prepared surgery registration packet from the Orthopaedic Center of the Virginias.

1. **Preoperative Medical Consultation:** (remember to take your green surgery packet in with you to appointment).
   - ____________________________ on _____________@ ______am/pm
   - ____________________________ on _____________@ ______am/pm

2. **Register at the outpatient registration area located at the main entrance of the hospital.**
   - Make sure you take your green surgery packet with you, this will be left with the registration department.
   - **A.** You will meet with the pre-admission nurse and/or the anesthesiologist, on the date of your surgery, prior to the procedure.
   - **B.** If you need any financial arrangements, stop by the Credit Office.

   Pre-operative testing (blood tests/urine specimen/EKG) will be performed during the registration process. This may be accomplished at either the hospital setting or during your medical consultation. Test results will be forwarded to your surgeon’s office for review prior to the surgery date.

3. **Total Joint Class:** (Date)____________________(Time) 2:00 P.M.

Guidebook: Please bring your guidebook with you to your appointment. Take your time to look through the guidebook and provide any applicable information needed for your care during your hospital stay.

Bring a copy of your insurance card/cards, a photo ID, a complete medication list and medication bottles, and a copy of your living will/power of attorney/or other advance directives for healthcare. To cancel or reschedule your class please call 304-487-7896.

- You need to complete these forms found in the front pocket of the guidebook and bring with you to the pre-op class.
- **Pre-operative home evaluation**
- **Pre-operative assessment form**
- **Medication list**
EVENING PRIOR TO SURGERY:

Eat a well-balanced dinner the night before the surgery. You should, however, avoid foods high in fats and proteins – i.e. meats, dairy products, and foods cooked in a lot of oil. It is recommended that the evening meal be a high starch and carbohydrate dinner – i.e. pastas, potatoes, salads, vegetables, breads. No carbonated beverages after dinner. You should not have anything solid after 9:00 p.m. Evening/bedtime snacks are allowed if they are “light” and quickly digestible. Dairy products should be avoided – i.e. ice cream, yogurt, pudding, milk, etc. NOTHING to eat or drink after midnight prior to your surgery. Do not chew gum, suck on mints or cough drops, or swallow any water when you brush your teeth. Because of the danger of anesthesia, if you eat or drink anything after midnight, your surgery will likely be delayed or possibly canceled. The exception to this would be any medications for heart, blood pressure, or thyroid disorders. Take these medications with only a sip of water.

Bring all medications and vitamins/herbs that you are currently taking on the date of your surgery.

**DO NOT USE** powder, lotion, perfume, or hairspray. **DO NOT WEAR** jewelry or makeup. **DO NOT** bring valuables to the hospital. Please do not wear contact lens; glasses are preferred. Be prepared to leave your personal items like glasses, dentures, etc., in your room when you are moved to the surgical area.

DAY OF YOUR SURGERY:

Report to the Parkview Center lobby/Day Surgery nursing station on ________________________________.

**SURGERY EXTENSION – Becky 235 / Joni 201**

The time and date are subject to change, based upon emergencies, cancellations, case types, and operating room schedule. Therefore, you MUST contact this office at 304-425-9563 or 304-487-2297 or 800-553-7019 AFTER 2:30p.m. on the day prior to your surgery to obtain your arrival time (Friday, if your surgery is on the following Monday).

The Surgi-Call volunteer will update family members periodically on the status of your condition throughout surgery. Please ask family members to remain in the Surgi-Call waiting area so that the surgeon may discuss findings of the surgery with your family as soon as possible following the procedure.

Should you have any questions or concerns, please do not hesitate to call at any time. Thank you.
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Section One:

General Information

Important Phone Numbers

Princeton Community Hospital......................................................304-487-7000
Orthopaedic Center of the Virginias............................................304-487-2297
Orthopedic Nurse Director
Marlene Martin.................................................................304-487-7345
Orthopedic Care Coordinator
Helena Griffith.................................................................304-487-7896
Orthopedic Case Manager......................................................304-487-7095
Orthopedic Unit.................................................................304-487-7356

**Emergency Day of Surgery only** 304-487-7291
Monday through Friday, 5:00 a.m. until 8:00 p.m.
Illness, Transportation, and need to cancel only
Princeton Community Hospital
122 Twelfth Street
Princeton, West Virginia 24740

On the day of surgery, you will need to enter into the hospital at the Parkview Center entrance.
Please check in with the receptionist upon your arrival.
Welcome!

We are pleased that you have chosen the Orthopedic Center at Princeton Community Hospital to have your joint replacement surgery.

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 day of surgery and move towards normal activity in six to twelve weeks. Physical Therapy and early mobility are key to our program. The majority of our patients are discharged home within two days.

The Orthopedic 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’s assistants, nurses, certified nursing assistants, and physical and occupational therapists specializing in total joint care. The nursing staff that works on the orthopedic unit has been specially trained in caring for orthopedic patients. Every detail, from pre-operative teaching to post-operative exercising, is considered and reviewed with you.

Using 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 doctor, 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 surgery. The information in the guidebook covers a lot of details, so it may look overwhelming. As it will assist you with your surgery, we recommend reading the entire guide, at a pace that suits you.

Orthopedic Center Overview

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

- Dedicated nurses and therapists trained to work with joint replacements.
- Casual clothes that include pajamas and shorts (No drafty gowns).
- Private rooms.
- Emphasis on group physical therapy.
- Family and friends participating as “coaches” in the recovery process
- Orthopedic Care Coordinator who coordinates pre-operative care and assists Case Managers with discharge planning
- A comprehensive patient guidebook for you to follow from six weeks before surgery until three months after surgery and beyond.
- Quarterly luncheons for former patients and coaches
- Publications, newsletters, and educational seminars about arthritis, joint care, and knee pai

We strive to enable patients to walk the day of surgery and resume normal activity in six to 12 weeks.
Your Joint Replacement Team

**Orthopedic Surgeon** – Is a skilled physician who will perform the procedure to repair your damaged joint.

**Registered Nurse (RN) or Licensed Practical Nurse (LPN)** – Much of your care will be provided by a nurse responsible for your daily care. Your nurse will ensure orders by your doctor are completed including medications and monitoring your vital signs.

**Physical Therapist (PT)** - Will guide you in the important work of returning you to daily activities. They will instruct you on functional daily activities and teach you exercises to regain your strength/motion.

**Orthopedic Care Coordinator (OCC)**

The Orthopedic Care Coordinator, Helena Griffith, R.N. along with your specialized joint team will be responsible for your care needs from the surgeon’s office to the hospital and home. The Orthopedic Care Coordinator will:

- Obtain health database.
- Act as your advocate throughout the course of treatment from surgery to discharge.
- Review your specific needs.
- Answer questions and coordinate your hospital care with orthopedic staff.
Hip Replacement

Healthy Hip

Arthritic Hip

Total Hip Replacement
Section Two:

Get Started - Six Weeks Before Surgery

**Plan for Leaving the Hospital**

Understanding your plan for discharge is an important task in the recovery process. You can expect help from your Orthopedic Care Coordinator (OCC) and Case Manager to develop a discharge plan that meets your needs. Many patients should expect to go directly home to recover in the privacy and comfort of their own surroundings. For those patients who may not be ready to go directly home, or who have special discharge needs, more information will be given in the discharge section.

**Joint Care Team Call**

After surgery has been scheduled, your doctor’s office will:

- Schedule your pre-operative class and verify appointments for medical testing.
- Act as a liaison for coordination of your pre-operative care.
- Verify you have made an appointment, if necessary, with your doctor and have obtained pre-operative tests your doctor ordered.
- Answer questions and direct you to specific resources within the hospital

You may call the Orthopedic Care Coordinator at any time before to ask questions or raise concerns about your pending surgery.

**Medical Clearance**

The first page of your guidebook contains information regarding appointments needed for your Total Hip Surgery. This will assist you in keeping dates and times of these appointments in one place. When you were scheduled for surgery, you should have received a medical evaluation letter from your surgeon, with details of testing needed. This letter will let you know if a medical evaluation is required by your primary care doctor and/or any specialist.

Follow the instructions in the letter. If you need to see your doctor, it will be for pre-operative medical clearance. This is in addition to seeing your surgeon before surgery. Your primary care doctor and/or specialist may order additional tests or consults.

**Laboratory Tests**

You should also receive a laboratory-testing letter from your surgeon or primary care physician. Follow the instructions in this letter

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**Importance of Your Coach**

*Involving a friend or relative as your coach is very important.*

Your coach should plan to come with you to attend the pre-operative class, to visit during your hospital stay, to provide support during exercise classes, and keep you focused on healing.
**Medications That Increase Bleeding**

Your doctor should tell you when to stop any medications before surgery. For example, discontinue all anti-inflammatory medications such as aspirin, Motrin®, Naproxen, Vitamin E, etc. These medications may increase bleeding. If you are taking a blood thinner, you will need instructions for stopping the medication.

**Herbal Medicine**

Herbal medicines and supplements can interfere with other medicines. Check with your doctor to see if you need to stop taking your herbal medicines before surgery.

Examples of herbal medicines: 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.

Advance Medical 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 Healthcare Agent and is no longer able to express his or her wishes to the physician, family, or hospital staff, the hospital is committed to honoring the wishes of the patient as they are documented at the time that the patient was able to make that determination.

There are different directives. Consult your attorney concerning the legal implications of each.

- **A Living Will** explains your wishes if you have a terminal condition, irreversible coma, and are unable to communicate.

- **Appointment of a Healthcare Agent** (sometimes called a Medical Power of Attorney) is a document that lets you name a person (your agent) to make medical decisions if you become unable to do so.

- **Healthcare Instructions** are your choices regarding use of life-sustaining equipment, hydration, nutrition, and use of pain medications.

On admission to the hospital, you will be asked if you have an Advance Directive. If you do, please bring copies of the documents to the hospital with you so they can become a part of your medical record.
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:
- Delays your healing process.
- Reduces the size of blood vessels and decreases the amount of oxygen circulated in your blood.
- Can increase clotting which can cause heart problems.
- Increases blood pressure and heart rate.

If you quit smoking before 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.
- Limit the area where you smoke; don’t smoke at home.
- Throw away all cigarettes and ashtrays.
- Don’t put yourself in situations where others smoke.
- Reward yourself for each day without cigarettes.
- Remind yourself that this can be done – be positive!
- Take it one day at a time – if you slip, get back to your decision to quit.
- Check with your doctor if you need products like chewing gum, patches or prescription aids.

Smoking Threatens Orthopedic Outcomes. Negative effects should prompt orthopedists to address the issue with patients. S. Terry Canale, MD; Frank B. Kelly, MD; and Kaye Daugherty http://www.aaos.org/news/aaosnow/jun12/cover2.asp Motrin is a registered trademark of McNeil-PPC, Inc. All rights reserved by trademark owner.
Section Three: Getting Ready for Surgery

**Start Pre-operative Exercises**

Many patients with arthritis favor the painful leg. As a result, the muscles can become weaker making recovery slower and more difficult.

For this reason, it is very important to begin an exercise program before surgery as you will learn the exercises at the optimal time and initiate the work toward improving strength and flexibility. This can help make recovery faster and easier.

**Exercising before Surgery**

Consult your doctor before starting pre-operative exercises. Twelve exercises are listed below that your doctor may instruct you to start doing 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 “training” prior to your surgery. Perform exercises on both legs.

Remember that you need to strengthen your entire body, not just your leg. Strengthen your arms by doing chair push-ups because you will be relying on your arms when walking with the walker or crutches; getting in/out of bed and chairs; and on/off the toilet. You should also exercise your heart and lungs by performing light endurance activities – for example, walking 10-15 minutes each day.

**DO NOT** do any exercise that is too painful.

*It is important to be as flexible and strong as possible before having hip surgery.*
Pre-operative Hip Exercises
(Remember to maintain all hip precautions as you do these exercises. Do not do any exercise that is too painful.)

1. Ankle Pumps
2. Quad Sets
3. Gluteal Sets
4. Outward Heel Slides
5. Hip Flexion Heel Slides
6. Short Arc Quads
7. Straight Leg Raise
8. Heel Toe Raise Chair
9. Mini Squats
10. Armchair Push-ups

Ankle Pumps
Gently point toes up towards your nose and down towards the surface. Do both ankles at the same time or alternating feet. Perform slowly. Perform 20 times.

Quad Sets
Lie on your back, press knees into mat by tightening muscles on the front of the thigh (quadriceps). Hold for a 5 count. Do NOT hold breath. Perform 20 times.

Coach’s Note: Look and feel for the muscle above the knee to contract. Done correctly, the heel should come slightly off the surface. Be sure patients are not holding their breath during this and all other exercises.
Gluteal Sets
Squeeze bottom together. Hold for a 5 count. Do NOT hold breath. Perform 20 times.

Coach’s Note: Patient can place hands on right and left gluteal (buttocks) area and feel for equal muscle contractions. Be sure patients are not holding their breath during this and all other exercises.

Outward Heel Slides
Lie on your back with toes pointing toward the ceiling and knees straight. Tighten quad muscles and slide leg out to side and back to starting position. Perform 20 times.

Coach’s Note: Some patients are given specific hip precautions after surgery. For example, some patients cannot cross the midline with their surgical leg. Be sure you are aware of what hip precautions you are to follow with this and any exercise.

Hip Flexion Heel Slides
Lie on your back and slide heel up a flat surface bending knee. After surgery, your therapist may have you use a strap around foot to assist gaining knee bend. Perform 20 times.

Coach’s Note: Patient should actively pull the heel up. Some patients are given specific hip precautions after surgery. For example, some patients cannot raise their surgical leg past 90 degrees of hip flexion. Be sure you are aware of what hip precautions you are to follow with this and any exercise. Your physical therapist may instruct you in using a strap to assist with this movement.
Short Arc Quads
Lie on your back and place a 6-8 inch rolled towel under knee. Lift foot from surface, straightening knee as far as possible. Do not raise thigh off rolled towel. **Perform 20 times.**

**Coach’s Note:** Work for full extension (straightening) of the knee. Assist with band or hand if needed to get full terminal extension.

Straight Leg Raise Hips
Lie on your back with unaffected knee bent and foot flat, tighten quad on affected leg and lift leg 12 inches from surface. Keep knee straight and toes pointed toward your head. **Perform 20 times.**

**Coach’s Note:** If able, the patient can add a small ankle weight to their leg to increase their strength prior to surgery.

Heel Toe Raise Chair
Holding on to an immovable surface. Rise up on toes slowly for a 5 count. Come back to foot flat and lift toes from floor.

**Coach’s Note:** When lifting up, do not lean backward.
Mini Squats
Stand, with feet shoulder width apart, and holding on to a stationary object. Keep heels on floor as you bend knees to slight squat. Make sure your knees do not go past your toes. Return to upright position tightening buttocks and quads. Keep body upright, heels on floor and do not squat past 90 degrees hip flexion.
Perform 20 times.
**Coach’s Note:** Patient’s knees should not move past their toes during this exercise.

Armchair Push-ups
Sitting in sturdy armchair with feet flat on floor, scoot to front of seat and place hands on armrests. Straighten arms raising bottom up from seat as far as possible. Use legs as needed to lift. Progress to using only arms and unaffected leg to perform push-up. Do not hold breath or strain too hard.
Perform 20 times.
**Prepare Your Home**

Put things you use often (coffee pot) on a surface that is easy to reach. Check railings to make sure they are not loose. Complete house cleaning, do laundry, and put it away.

- Put clean linens on the bed.
- Prepare meals and freeze them.
- Cut the grass, tend 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 nightlights in bathrooms, bedrooms, and hallways.
- Install grab bars in the shower/bathtub and put adhesive slip strips in 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. Techniques such as deep breathing, coughing, and using an incentive spirometer may also help reduce your risk of post-operative complications.

**Deep Breathing**

- Breathe in through your nose as deep as you can.
- Hold your breath for five to 10 seconds.
- 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. When you do this correctly, you should notice your stomach going in. Breathe out for 10 to 20 seconds.
- Take a break and then repeat the exercise 10 times.

**Coughing**

- Take a slow deep breath. Breathe in through your nose and fill your lungs completely.
- Breathe out through your mouth and concentrate on your chest emptying.
- 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

*Techniques such as deep breathing, coughing, and using an Incentive Spirometer may help prevent respiratory complications after surgery.*
## Section Four - Surgery Timeline

### Four Weeks Before Surgery

**Start Vitamins, Iron**
You may be instructed to take multivitamins, as well as iron. Iron helps build your blood count, which may help prevent the need for a blood transfusion.

### Two to Three Weeks Before Surgery

**Pre-operative Class**
Attend a class for joint surgery patients. Bring your coach. If you cannot attend, inform the OCC.

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### Ten Days Before Surgery

**Pre-operative Visit to Surgeon**
Have an appointment in your surgeon's office seven to 10 days before surgery.

### Two Days Before Surgery

**Shower Prep**
Your doctor will discuss showering with a special soap once a day for two days before surgery.

1. Follow instructions on paper that will be given to you at the class
2. It is not to be used on the head and face. Keep out of eyes, ears, and mouth.
3. **DO NOT** use in the genital area.
4. **DO NOT** use on skin that is not intact (i.e. rash, surgical wound, decubitus, etc.).
5. **DO NOT** use if you are allergic.
# Day Before Surgery

## Find Out Your Arrival Time at the Hospital

The Doctor’s office will call you the day before surgery with your arrival time. If you are scheduled for surgery on Monday, you will be called the Friday before.

Make sure that when you attend the pre-operative class that an accurate phone number is given and that you can reached. You will be asked to come to the hospital earlier than your scheduled time so the nursing staff will have sufficient time to get you ready for surgery and answer any questions.

If you are late, it may cause a significant problem with starting your surgery on time. In some cases, lateness could result in moving your surgery to a much later time or your surgery may have to be rescheduled. We understand unavoidable situations may arise. Please call 304-487-7291 for any delays in your arrival time to the hospital.

## Night Before Surgery

Your surgeon will provide instructions for the night before surgery.

Generally: Do not eat or drink anything after midnight, EVEN WATER, unless otherwise instructed to do so. This includes any tobacco products, gum, mints, or candy.

Perform a check of all items you are to bring to the hospital.

Get plenty of rest. The next few days you will be awakened very early to start working towards discharge from the hospital.

Avoid alcohol products.

## Day of Surgery

Shower with Hibiclens before you arrive at the hospital.

Come to the hospital two hours before surgery to give staff time to start IVs, prep, and answer questions. It is important you arrive on time as occasionally the surgery time is moved up.

Check in with the receptionist at the Parkview Center

Someone from surgery will come and get you when they are ready for you.

You will be in pre-op, surgery, and the recovery room for an average of 4 to 6 hours total.

Your room number will be assigned to you.

You will start receiving newsletters and instructional guidelines after surgery.

Physical therapy may start working with you.

Nursing staff will assist you with getting out of bed and up to bedside commode.
What to Bring to the Hospital

Bring personal hygiene items (toothbrush, deodorant, battery-operated razor, etc.) shorts, tops, and well-fitting shoes with non-slip soles or tennis shoes.

For safety reasons, DO NOT bring electrical items unless instructed at your class.

If you have sleep apnea and use a CPAP or BIPAP, please bring that with you to the hospital.

Please leave all personal belongings medications, and overnight bags in your car. Your family members can retrieve all other items, once you have an actual room assignment.

If you have no family members or others who will be with you the morning of surgery, inform the nurse who will be teaching your pre-operative class. Special arrangements will be made for your personal items.

Please bring the following to the hospital if requested:
A copy of your advance directives, your insurance card, driver’s license or photo I.D., and any copayment required by your insurance company

Special Instructions

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

DO NOT take medication for diabetes on the day of surgery, unless otherwise instructed by your surgeon or anesthesiologist.

- Please leave jewelry, valuables, and large amounts of money at home.
- Makeup must be removed before your procedure.
- Toenail polish and fingernail polish must be removed.
- No body lotion. No deodorant, perfumes, colognes should be worn the day of surgery.
- DO NOT wear contacts, or bring a case and solution to take your contacts off in the pre-op area.
- Bring a case for glasses.
- If partials or dentures are worn day of surgery, they will need to be removed for your actual surgery. A container will be provided and can be left with your family.
Section Five:  
At the Hospital

Anesthesiologists
The Operating Room and Post Anesthesia Care Unit (PACU) at the hospital are staffed by board certified and board eligible doctor anesthesiologists. Each member of the service is an individual practitioner with privileges to practice at this hospital.

Choosing an Anesthesiologist
Although most patients are assigned an anesthesiologist, you may be able to request one based on personal preference or insurance considerations. Requests for specific anesthesiologists should be submitted in advance through your surgeon's office.

Types of Anesthesia
Decisions regarding your anesthesia are tailored to your personal needs.

- **General anesthesia** - produces temporary unconsciousness.
- **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. Medications are given to make you drowsy and blur your memory.

Side Effects
Your anesthesiologist will discuss the risks and benefits associated with each anesthetic option, as well as complications or side effects that can occur.

Nausea or vomiting may be related to anesthesia or the type of surgical procedure. Although less of a problem today because of improved anesthetic agents and techniques, these side effects continue to occur for some patients. Medications to treat nausea and vomiting will be given if needed.

The amount of discomfort you experience will depend on several factors, especially the type of surgery. Your doctors and nurses will do everything possible to relieve pain and keep you safe.
Understanding Pain

All patients have a right to have their pain managed. Pain can be chronic (lasting a long time) or intense (breakthrough) — and pain will change through the recovery process. If you need more help with your pain management, talk to your nurse or surgeon.

**Pain Scale**

Using a number to rate your pain can help the nursing staff understand and help manage it. “0” means no pain and “10” means the worst pain possible.

With good communication, the team can make adjustments to make you more comfortable.

Your discomfort should be minimal, but **do not expect to be totally pain free.**

Try to relax, when you are relaxed medication works better.

Staff will teach you the pain scale to assess your pain level.

![Pain Scale Image](image-url)
### Before Surgery

- Your anesthesiologist will review your information to evaluate your general health to determine the type of anesthesia best suited for you. This includes your medical history, laboratory test results, allergies, and current medications.
- Intravenous (IV) fluids will be started and pre-operative medications may be given.
- Before you receive the anesthesia, monitoring devices will be attached (blood pressure cuff, EKG, and other devices).

### During Surgery

- The anesthesiologist will manage vital signs — heart rate and rhythm; blood pressure; body temperature and breathing; as well as monitor your fluid and need for blood replacement if necessary.

### After Surgery

- You will be taken to the Post Anesthesia Care Unit (PACU). Your pain level will be assessed, vital signs monitored, and an x-ray of your new joint may be taken.
- Depending on the type of anesthesia used, you may experience blurred vision, a dry mouth, and chills.
- You will then be taken to the orthopedic nursing unit.
- Most of the discomfort occurs the first 12 hours following surgery, so you may receive pain medication through your IV.
- **Only one or two very close family members or friends should visit on surgery day.**
- At some point on this day, you will be assisted out of bed to walk or sit in a chair. Mobility helps to relieve discomfort.
- It is important you begin ankle pumps. This will prevent blood clots from forming in your legs.
- Begin using your Incentive Spirometer and doing the deep breathing exercises you learned.
Hospital Care - What to Expect

**Post-op Day One**

| • Expect to be out of bed, bathed, dressed in your own clothes, and seated in a recliner. Shorts/tops are best; long pants are restrictive.  
| • Your surgeon will visit.  
| • The physical therapist will get you walking with crutches or a walker.  
| • Intravenous (IV) pain medication will likely be stopped; you may begin oral pain medication.  
| • Group therapy typically begins; occupational therapy may begin, if needed.  
| • For patients being discharged today, you will walk in the halls and learn to climb stairs.  
| • Your coach is encouraged to be present. Visitors are welcome late afternoon or evening.  
| • If you are doing well, you may be discharged today. |

**Post-op Day Two**

| • Expect to be out of bed, bathed, dressed in your own clothes, and seated in a recliner. Shorts/tops are best; long pants are restrictive.  
| • Day will start with a morning walk.  
| • You will have group therapy twice today; it would be helpful if your coach participates.  
| • Evenings are free for visitors.  
| • There is a good chance you will be discharged home today. |

**Post-op Day Three**

| • Day three morning is similar to day two.  
| • You should walk up/down stairs.  
| • The goal is to discharge you after the afternoon exercise class. |
Discharge Options

**Going Directly Home**
- Have someone pick you up.
- Receive discharge instructions concerning medications, physical therapy, activity, etc.
- Confirm equipment delivery; hospital will make arrangements.
- Take your Guidebook with you.
- Most patients going home will begin therapy at an outpatient PT facility. You will need to start outpatient physical therapy the day after you get discharged.
- If Home Health services are needed, the hospital will arrange.

**Going to a Sub-acute Rehabilitation Facility**
The decision to go home or to sub-acute rehab will be made collectively by you, 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.

- Someone needs to drive you, or ask the hospital to arrange for transportation.
- Transfer papers will be completed by nursing staff.
- Your doctor or a doctor from sub-acute facility will care for you in consultation with your surgeon.
- Sub-acute stays must be approved by your insurance company. In order to transfer to a sub-acute rehabilitation facility, you must meet admission criteria established by the facility in accordance with your insurance company or Medicare.
- If a sub-acute rehabilitation is not approved, you may still choose to go there and pay privately or the hospital will make alternate arrangements for home care.

Please remember, that sub-acute stays must be approved by your insurance company prior to transfer to that facility. A patient’s stay in a rehab facility must be done in accordance with the guidelines established by Medicare. Therefore, it is important for you to make alternative plans pre-operatively for care at home. Please keep in mind that the majority of our patients do so well that they do not meet the guidelines to qualify. Also, keep in mind that insurance agencies 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 Six:  
Living with your Joint Replacement

Caring for Yourself at Home

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

**Be Comfortable**

- Take pain medicine at least 30 minutes before physical therapy.
- Gradually wean yourself from prescription medication to non-prescription pain reliever. You may take two Extra-strength Tylenol® tablets or other non-prescription pain relievers that have been approved by your surgeon, in place of your prescription medication up to four times per day.
- Change position frequently (every 45 minutes – 1 hour) to prevent stiffness.
- Use ice for pain control. Applying ice to your affected joint will decrease pain, but do not use more than 30 minutes each hour. Use before and after exercise program.
- A bag of frozen peas wrapped in a kitchen towel works well because the bag will easily match the shape of your knee.

**Body Changes**

- Appetite may be poor, but your desire for solid food will return.
- Drink plenty of fluids to keep from getting dehydrated.
- You may have difficulty sleeping, which is normal. Do not nap or sleep too much during the day.
- Energy level will be low; this may last for up to the next four weeks.
- Pain medication that contains narcotics promotes constipation. Use stool softeners or laxatives, if necessary.

Try not to nap during the day so you will sleep at night.
**Blood Clots and Anticoagulants**

You may be given a blood thinner to avoid blood clots in your legs.

Use of blood thinners will vary depending on individual risk factors and specific procedure. Be sure to take as directed by your surgeon and follow instructions closely.

The amount you may take may change depending on how your blood thins.

If you were given Coumadin, it will be necessary to do blood tests once or twice weekly to monitor the medication’s effectiveness and adjust the dose.

- If discharged home with home health services, a home health nurse will come out twice a week to draw prothrombin (bleeding time test) time. Results are called to your surgeon who will adjust your dose.

- If you DO NOT utilize home health nursing, you will go to an outpatient medical lab and have the prothrombin time drawn there. Your orthopedic surgeon or your primary care doctor will monitor your lab results and contact you to adjust the dose of blood thinner medication.

- If transferred to a rehabilitation facility, a doctor will monitor your progress and adjust your blood thinner dosage if needed. When discharged, home health or outpatient blood monitoring will be arranged by the rehabilitation staff.

**Caring for Your Incision**

You may shower as soon as okayed by your surgeon.

Your surgeon will instruct the nursing staff on how they want your dressing changed. You will be instructed at discharge with specific instructions related to your surgical procedure. Be sure to only change the dressing as instructed.

Take your temperature if you feel warm or sick. Call your surgeon if it exceeds 101 degrees.
Recognizing and Preventing Potential Complications

**Infection**

**Signs**
- Increased swelling and redness at incision site.
- Change in color, amount, and odor of drainage.
- Increased pain in hip.
- Fever greater than 100.5 degrees.

**Prevention**
- Take proper care of incision.
- Notify doctor and dentist you have a joint replacement.
- Notify dentist or surgeon before having dental work or other invasive procedures done—prophylactic antibiotics may be prescribed.

**Blood Clots**

Surgery may cause the blood to slow and coagulate in veins of legs, creating a blood clot. This is why you take blood thinners after surgery. If a clot occurs, you may need to be admitted to the hospital to receive additional blood thinners. If you suspect a clot, call 911.

**Signs**
- 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.
- Blood clots can form in either leg.

**Prevention**
- Perform ankle pumps.
- Walk several times a day. The more you are up and mobile and performing exercises as instructed, the better chance you have of preventing a clot from forming.
- Take blood thinners as directed.

**Pulmonary Embolism**

An unrecognized blood clot could break away from the vein and travel to the lungs. This is an emergency — CALL 911.

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

**Prevention**
- Follow guidelines to prevent blood clot in legs.
# Post-operative Goals

## Weeks One to Two

Goal is discharge from the hospital within one to three days. Most patients go directly home, but some may go to a rehabilitation center.

- Continue with walker or two crutches unless otherwise instructed.
- Walk at least 300 feet with walker or support.
- If you have stairs, climb and descend flight of stairs (12-14 steps) with rail once a day.
- Sponge bath or shower (after staples / stiches are removed) and dress.
- Gradually resume homemaking tasks.
- Do 20 minutes of home exercises twice a day with or without the therapist, from the program given to you.

## Weeks Two to Four

Goal is to gain more independence.

Even if you are receiving outpatient therapy, you will need to be very faithful to your exercise program to be able to achieve the best outcome.

- Move to cane or single crutch, as instructed by physical therapy.
- Walk at least one-quarter mile.
- Climb and descend flight of stairs (12-14 steps) more than once daily.
- Shower and dress.
- Resume homemaking tasks.
- Do 20 minutes of home exercises twice a day.
- Begin driving if left hip had surgery (need permission from your doctor).
- Resume exercise bicycle.
- Achieve one to two week goals.
**Weeks Four to Six**

Goal is recovery to full independence.
Home exercise program is important as you receive less supervised therapy.

- Achieve one to four week goals.
- Walk with cane or single crutch.
- Walk one-quarter to one-half mile.
- Progress on a stair from one foot to regular stair climbing (foot over foot).
- Drive a car (regardless of which hip had surgery).
- Home exercise program twice a day.

**Weeks Six to 12**

Goal is to resume all of your activities.

- Achieve one to six week goals.
- Walk without 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.
Post-operative Exercises

Exercise is important to achieve the best results from surgery. Consult your doctor before starting an exercise program.

You will receive exercises from a physical therapist or an outpatient facility, or participate in a home exercise program. In either case, you will need to train daily with a home exercise program until your goals are reached. After each therapy session, ask your therapists to outline any changes to your program that will keep you moving toward the goals.

Do not do any exercise that is too painful.

At Home Exercises

Ankle Pumps
Gently point toes up towards your nose and down towards the surface. Do both ankles at the same time or alternating feet. Perform slowly. Perform 20 times.

Quad Sets
Lie on your back, press knees into mat by tightening muscles on the front of the thigh (quadriceps). Hold for a 5 count. Do NOT hold breath. Perform 20 times.

Coach’s Note: Look and feel for the muscle above the knee to contract. Done correctly, the heel should come slightly off the surface. Be sure patients are not holding their breath during this and all other exercises.
Gluteal Sets
Squeeze bottom together. Hold for a 5 count. Do NOT hold breath. **Perform 20 times.**

**Coach’s Note:** Patient can place hands on right and left gluteal (buttocks) area and feel for equal muscle contractions. Be sure patients are not holding their breath during this and all other exercises.

Outward Heel Slides
Lie on your back with toes pointing toward the ceiling and knees straight. Tighten quad muscles and slide leg out to side and back to starting position. **Perform 20 times.**

**Coach’s Note:** Some patients are given specific hip precautions after surgery. For example, some patients cannot cross the midline with their surgical leg. Be sure you are aware of what hip precautions you are to follow with this and any exercise.

Hip Flexion Heel Slides
Lie on your back and slide heel up a flat surface bending knee. Your therapist may have you use a strap around foot to assist gaining knee bend. **Perform 20 times.**

**Coach’s Note:** Patient should actively pull the heel up. Some patients are given specific hip precautions after surgery. For example, some patients cannot raise their surgical leg past 90 degrees of hip flexion. Be sure you are aware of what hip precautions you are to follow with this and any exercise. Your physical therapist may instruct you in using a strap to assist with this movement.
**Short Arc Quads**

Lie on your back and place a 6-8 inch rolled towel under knee. Lift foot from surface, straightening knee as far as possible. Do not raise thigh off rolled towel. **Perform 20 times.**

*Coach’s Note:* Work for full extension (straightening) of the knee. Assist with band or hand if needed to get full terminal extension.

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**Straight Leg Raise**

Lie on your back with unaffected knee bent and foot flat, tighten quad on affected leg and lift leg 12 inches from surface. Keep knee straight and toes pointed toward your head. **Perform 20 times.**

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**Heel Toe Raise Chair**

Holding on to an immovable surface. Rise up on toes slowly for a 5 count. Come back to foot flat and lift toes from floor.

*Coach’s Note:* When lifting up, do not lean backward.
Mini Squat
Stand, with feet shoulder width apart, and holding on to a stationary object. Keep heels on floor as you bend knees to slight squat. Make sure your knees do not go past your toes. Return to upright position tightening buttocks and quads. Keep body upright, heels on floor and do not squat past 90 degrees hip flexion.
Perform 20 times.

Coach’s Note: Patient’s knees should not move past their toes during this exercise.

Armchair Push-ups
Sitting in sturdy armchair with feet flat on floor, scoot to front of seat and place hands on armrests. Straighten arms raising bottom up from seat as far as possible. Use legs as needed to lift. Progress to using only arms and unaffected leg to perform push-up. Do not hold breath or strain too hard.
Perform 20 times.
Advanced Exercises
To be added by the therapist after surgery. Do not do any exercise that is too painful.

Bridge Exercise
Lie on your back with knees bent and feet flat on surface; push down on feet as you tighten buttocks and hamstring muscles and lift hips from surface. Concentrate on pushing equally through both feet. Hold for 5 count then return to start position
**Perform 20 times.**

Straight Leg Raise
Lie on your back with unaffected knee bent and foot flat, tighten quad on affected leg and lift leg 12 inches from surface. Keep knee straight and toes pointed toward your head.
**Perform 20 times.**

*Coach’s Note:* Be sure that the patient is aware of their hip precautions. After surgery, many patients will not be able to lift their hip greater than 90 degrees. If able, the patient can add a small ankle weight to their leg to progressively increase their strength.

Straight Leg Raise Hips Prone
Lie on your stomach and lift your surgical leg toward the ceiling then slowing lower your leg to the starting position. **Perform 20 times.**

*Coach’s Note:* Be sure the patient is aware of any hip precautions. If able, the patient can add a small ankle weight to their leg to progressively increase their strength.
Quad Stretch
Lie on your stomach. Bend up surgical knee, raising your foot from the bed as far up toward your buttocks as you can. If able, place a folded bed sheet or exercise band around your ankle and pull your foot toward your bottom until you feel a stretch. Hold for 20-30 seconds. Lower foot back down to the bed. 
**Repeat 5 times.**

*Coach’s Note:* Be sure the thigh stays flat on the bed or floor during this exercise.

Heel Toe Raise Chair
Stand, with a firm hold on to a stationary object. Rise up on toes then back on heels. Stand as straight as possible. 
**Perform 20 times.**

Mini Squats
Stand, with feet shoulder width apart, and holding on to a stationary object. Keep heels on floor as you bend knees to slight squat. Make sure your knees do not go past your toes. Return to upright position tightening buttocks and quads. Keep body upright, heels on floor and do not squat past 90 degrees hip flexion. 
**Perform 20 times.**

*Coach’s Note:* Patient’s knees should not move past their toes during this exercise.
Hip Flexor
Stand up straight and hold on to a sturdy chair or countertop/kitchen sink for balance. Step backward with the leg you are stretching. Then lean forward allowing the front knee to bend until you feel a slight stretch in the front of your thigh. Hold for 20-30 seconds.
Repeat 5 times.

Coach’s Note: Feet should remain planted on the floor with toes facing forward.

Wall Slides
With feet shoulder-width apart and back to wall, slide down wall as far as comfortable. Make sure your knees do not go past your toes. Your therapist will guide you on how far to slide down wall. Make sure you keep equal weight on both legs. Push back up equally through both legs and come to standing.
Perform 20 times.
Advanced Stair Exercises

Started 6-24 weeks after surgery, the physical therapist will instruct you on what step height on which to start. Do not do any exercise that is too painful.

Single Leg Forward Stairs

Hold onto stair railing – place affected foot on first step. Step up on stair with affected leg. Return to start position. May need to begin with 2-4” step (book/block) and progress to higher step as tolerated. **Perform 20 times.**

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Single Leg Lateral Stairs

Face railing, with affected leg nearest step. Holding onto railing, place foot on step and slowly step up lifting unaffected leg from floor; slowly lower foot to start position. May need to begin with 2-4” step and progress to higher step as tolerated. **Perform 20 times.**
Heel Toe Raise Stairs

Stand, holding onto railing, with toes on stair and over edge. Relax and let heels hang down. Hold for 20 seconds. Perform 5 times.
Hip Precautions

Anterior Approach Hip Precautions
Generally, the anterior approach hip replacement does not have any movement or bending restrictions of the new hip as does the more traditional posterior approach hip replacement. Be sure to discuss with your surgeon to find out if you have any movement restrictions.

Posterior Approach Hip Precautions
Care must be taken to prevent the new hip from coming out of socket or dislocating from pelvis.

- Do not cross legs.
- Do not bend at waist beyond 90 degrees.
- Do not lift knees higher than hips.
- Do not twist over surgical leg – pick feet up and do step turns.
- Do not turn feet inward or outward – keep toes pointing forward in line with nose.
- When lying down, do not bend forward to pull blankets from around feet.
- Avoid low toilets or chairs that would cause bend at waist beyond 90 degrees.
- Do not bend over to pick things up – use a reacher.

Simple precautions will keep the risk at a minimum. Do not lie on surgical hip.
Activities of Daily Living

Standing with Walker

Do NOT pull up on walker to stand! Sit in chair with armrests.
1. Extend surgical leg so knee is lower than hips.
2. Scoot hips to edge of chair.
3. Push up with both hands on armrests. If a chair doesn’t have an armrest, place one hand on walker while pushing off side of chair with other. Balance before grabbing for walker.

Sitting With Walker

1. Back up to center of chair until you feel chair on back of legs.
2. Slide out foot of surgical hip, keeping strong leg close to chair for sitting.
3. Reach back for armrest one at a time.
4. Slowly lower body to chair, keeping surgical leg forward as you sit.
Bed Transfers

Getting Into Bed
1. Back up to bed until you feel it on back of legs (need to be midway between foot and head of bed).
2. Reaching back with both hands, sit down on edge of bed and scoot back toward center of mattress. (Silk pajama bottoms, satin sheets, or sitting on plastic bag may make it easier.)
3. Move walker out of way, but keep it within reach.
4. Scoot hips around so you are facing foot of bed.
5. Lift leg into bed while scooting around (if this is surgical leg, you may use a cane, rolled bed sheet, belt, or elastic band to assist with lifting leg into bed).
6. Keep scooting and lift other leg into bed using assistive device. Do not use other leg to help as this breaks hip precautions.
7. Scoot hips toward center of bed.

Getting Out of Bed
1. Scoot hips to edge of bed.
2. Sit up while lowering non-surgical leg to floor.
3. If necessary, use leg-lifter to lower surgical leg to floor.
4. Scoot to edge of bed.
5. Use both hands to push off bed. If bed is low, place one hand in center of walker while pushing off bed with other.
Lying in Bed

Keep pillow between legs when lying on back. Position leg so toes are pointing to ceiling – not inward or outward.

To roll from back to side, bend knees slightly, place pillow between legs so surgical leg does not cross midline. Roll onto side.

Walking

1. Push rolling walker forward.
2. Step forward placing foot of surgical leg in middle of walker area.

Note:
- Take small steps. Keep walker in contact with floor, pushing it forward like shopping cart.
- If using a rolling walker, advance from basic technique to normal walking pattern. Holding onto walker, step forward with surgical leg, pushing walker as you go; try to alternate with equal step forward using non-surgical leg. Continue to push walker forward. When you first start, this may not be possible, but you will find this gets easier. Make sure your foot does not go past the front of the walker when taking a step. Ideally, the foot should land in the center of the walker.
Stair Climbing
1. Begin climb (ascend) with non-surgical leg first (up with good).
2. Go down (descend) with surgical leg first (down with bad).
3. Always hold on to railing!

Tub Transfers
Getting Into the Tub Using Bath Seat
1. Select bath seat that is tall enough to ensure hip precautions can be followed.
2. Place bath seat in tub facing faucet.
3. Back up to tub until you feel it at back of knees. Be sure you are in line with bath seat.
4. Reach back with one hand for bath seat. Keep other hand in center of walker.
5. Slowly lower onto bath seat, keeping surgical leg out straight.
6. Move walker out of way, but within reach.
7. Lift legs over edge of tub, using leg lifter for surgical leg, if necessary. Hold onto shower seat or railing.

Getting Out of the Tub Using Bath Seat
1. Lift legs over outside of tub.
2. Scoot to edge of bath seat.
3. Push up with one hand on back of bath seat while holding on to center of walker with other hand.
4. Balance before grabbing walker.

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 rubber mat or non-skid adhesive on bottom of tub or shower.
       • To keep soap within reach, make soap-on-a-rope by placing bar of soap in toe of old pair of pantyhose and attach it to bath seat.
Car Transfers

Getting Into the Car

1. Push car seat all the way back; recline seat back to allow for adequate room to get in and out, but always have it upright for travel.
2. Place plastic bag on seat to help you slide.
3. Back up to car until you feel it touch back of leg.
4. Hold on to immovable object – car seat or dashboard – and slide surgical foot out straight. Watch your head as you sit down. Slowly lower yourself to car seat.
5. Lean back as you lift surgical leg into car. Use your cane, leg lifter, or other device to assist.

Getting Out of the Car

Bring your legs out one at a time. Lead with your hips and shoulders and do not twist your back. Place your right hand on back of the seat and the left hand on the frame or dashboard. Push up to stand. Reach for the walker when you are stable.
Getting Dressed
A reacher or dressing stick can help remove pants from foot and off floor.

Putting on Pants and Underwear
1. Sit down. Put surgical leg in first and then non-surgical leg. Use reacher or dressing stick to guide waistband over foot.
2. Pull pants up over knees.
3. Stand with walker in front to pull pants up.

Taking off Pants and Underwear
1. Back up to chair or bed.
2. Unfasten pants and let them drop to floor. Push underwear down to knees.
3. Lower yourself down, keeping surgical leg out straight. Take non-surgical leg out first and then surgical leg.

Using Sock Aid
1. Slide sock onto sock aid.
2. Hold cord and drop sock aid in front of foot. Easier to do if knee is bent.
4. Straighten knee, point toe, and pull sock on. Keep pulling until sock aid pulls out.

Using Long-handled Shoehorn
- Use reacher, dressing stick, or long-handled shoehorn to slide shoe in front of foot.
- Place shoehorn inside shoe against back of heel.
- Lean back as you lift leg and place toes in shoe.
- Step down into shoe, sliding heel down shoehorn.

This can be performed sitting or standing. 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 on knees to scrub floors. Use a mop and long-handled brushes.
- Plan ahead! Gather all cooking supplies at one time. Sit to prepare meal.
- Place frequently-used cooking supplies and utensils where they can be reached without much bending or stretching.
- To provide better working height, use a high stool or put cushions on a chair when preparing meals.

**Bathroom**
Do NOT get on knees to scrub bathtub.
Use a mop or other long-handled brushes.

**Safety Tips and Avoiding Falls**
- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or have non-skid backs.
- Be aware of floor hazards such as pets, small objects, or uneven surfaces.
- Provide good lighting throughout. Install nightlights in 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 to make it easier to get up.
- Rise slowly from either sitting or lying position to avoid getting light-headed.
- Do not lift heavy objects for first three months and then only with surgeon's permission.
Dos and Don'ts for Rest of Your Life

What to Do

- Notify your dentist or other doctor/surgeon in advance if you are having dental work or other invasive procedures. Generally, antibiotics are taken prior to procedure.
- Although risks are low for post-operative infections, the risk remains. A prosthetic joint could possibly attract bacteria from an infection located in another part of your body.
- If you develop a fever of more than 100.5 degrees or sustain an injury such as a deep cut or puncture wound, you should clean it as best you can, put a dressing or 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 area is painful or reddened.
- When traveling, stop and change positions hourly to prevent your joint from tightening.

Exercise

With permission from your orthopedic surgeon and primary care doctor, 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 generally not recommended.
- High-risk activities such as downhill skiing are discouraged because of risk of fractures around the prosthesis and damage to prosthesis itself.

Exercise – Do

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

Exercise – Don’t

- Do not run or engage in high-impact activities or activities that require a lot of starts, stops, turns, and twisting motions.
- Do not participate in high-risk activities such as contact sports.
- Do not take up sports requiring strength and agility until you discuss it with surgeon or PT.
Recommended Exercise Classes

**Joints in Motion**
Program designed for individuals before and after joint replacement surgery and those experiencing joint, muscular, cardiovascular, or neuromuscular limitations. Program emphasizes increased flexibility, muscular strength, and cardiovascular endurance to promote balance and improved functional capacity. Participants have option to remain seated throughout class. Your doctor's permission is required.

**Aquatic**
Participants are led by certified aquatic fitness professionals through a series of designed exercises that, with the aid of the water's buoyancy and resistance, can improve joint flexibility and muscular strength. Warm water and gentle movements can help relieve pain and stiffness. Doctor’s permission is required.

**Arthritis Foundation Exercise Program (AFEP)**
Developed by Arthritis Foundation, but not limited to individuals with arthritis. AFEP uses gentle activities to promote increased joint flexibility, range-of-motion, and maintain muscle strength. Advanced version helps increase overall stamina. Participants must be walking (ambulatory) and have a doctor's permission.

For more information visit [www.arthritis.org](http://www.arthritis.org)

You need a regular exercise program to maintain the fitness and health of muscles around your joints.
Importance of Lifetime Follow-up Visits

When should you follow-up with your surgeon?

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

There are reasons for routine follow-up visits with your orthopedic surgeon.

Your new joint replacement is designed to last for many years. With time and stress, changes may occur that could affect the function of your new joint. During follow up visits, your doctor will assess your gait and the function of your new joint. X-rays are frequently obtained to evaluate the position of the implants and the stability of the bone next to the implants.

Your follow-up visit is also a good time for you to discuss any questions you may have about function, activities, or living with your new joint. Jot your questions down to be sure your doctor addresses all of your concerns.

If you are unsure how long it has been or when your next visit should be scheduled, call your doctor.
Frequently Asked Questions (FAQs)

What is osteoarthritis and why does my hip hurt?
Osteoarthritis, the most common form of arthritis, is a wear and tear condition that destroys joint cartilage. Joint cartilage is tough, smooth tissue that covers the ends of bones where joints are located. It cushions the bones during movement, and because it is smooth and slippery, it allows for motion with minimal friction. 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, swelling and loss of motion.

What is total hip replacement?
The term total hip replacement is misleading. The hip is not replaced, but rather an implant is used to re-cap the worn ends of the bone.
- Head of femur is removed.
- Metal stem is inserted into femur shaft and topped with a metal or ceramic ball.
- 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 depending on an individual’s age, weight, activity level, and medical condition(s). A joint implant's longevity will vary in every patient. An implant is a medical device subject to wear that may lead to mechanical failure. There is no guarantee that your implant will last for any specified length of time.

What are the major risks?
Most surgeries go well, without complications. However, infection and blood clots are two serious complications. To avoid these complications, your surgeon may use antibiotics and blood thinners.

How long will I be in the hospital?
Most patients will be hospitalized for one to three days after surgery. Mobility generally begins the day of surgery. Using a walker or crutches, your nurse or physical therapist will help you walk to the bathroom and sit in a chair. Patients are generally discharged to home once they are able to sit, stand and walk safely with the walker or other assistive device.
Frequently Asked Questions (FAQs)

What happens during surgery?
Hospital reserves approximately one to two hours for surgery. Time will be taken by operating room staff to prepare you for surgery. You may have general anesthetic - “being put to sleep.” Some patients prefer 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 anesthesiologist.

Will surgery be painful?
You will have discomfort following surgery, but we keep you comfortable with appropriate medication. Most patients will receive oral pain medication with some additional IV medication for “breakthrough” pain.

How long and where will my scar be?
Type of surgical technique will determine location and length of scar. Traditional approach is to make incision lengthwise over side of hip. Your surgeon will discuss which type of approach is best for you. There may be some numbness around scar after it is healed. This is normal and numbness disappears with time.

Will I need a walker, crutches, or a cane?
Patients progress at their own rate. We recommend you use a walker, crutches, or a cane for four to six weeks. The orthopedic case manager can arrange for equipment as needed.

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 sub-acute rehabilitation facility. The OCC, physical therapist and surgeon will help with this decision and make necessary arrangements. Check with your insurance company to see if you have sub-acute rehab benefits.

What if I live alone?
Three options are available to you.

- Return home and receive help from a relative or friend.
- Have a home health nurse and physical therapists visit you at home for two or three weeks.
- Stay in a sub-acute facility following your hospital stay.
Frequently Asked Questions (FAQs)

Will I need help at home?
For the first few days or weeks, depending on your progress, you will need someone to assist you with meal preparation, etc. Family or friends need to be available to help. Preparing before surgery can minimize the amount of help needed. Having laundry done, house cleaned, yard work completed, clean linens, and single portion frozen meals will reduce the need for 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 therapy. Your OCC will help arrange for these appointments. If your surgeon recommends it, then either outpatient or in-home physical therapy may be arranged. Following this, you may go to an outpatient facility several times a week to assist in your rehabilitation. Length of time for this type of therapy varies with each patient.

Will my new hip set off security sensors when traveling?
Your joint replacement is made of metal alloy and may or may not be detected when going through some security devices. Inform the security agent you have a metal implant. The agent will direct you on the security screening procedure. You should carry a medic alert card indicating you have an artificial joint. Check with your surgeon on how to obtain one.
Section Seven:
Appendix

Glossary

- **Abdomen**: Part of body commonly thought of as the stomach; it’s situated between hips and ribs.
- **Ambulating**: Walking.
- **Assistive Devices**: Walker, crutches, cane or other device to help you walk.
- **Dorsiflexion**: Bending back foot or toes.
- **Dressings**: Bandages.
- **Embolus**: Blood clot that becomes lodged in a blood vessel and blocks it.
- **Incentive Spirometer**: Breathing tool to help exercise lungs.
- **Incision**: Wound from surgery.
- **IV**: Intravenous.
- **OCC**: Orthopedic Care Coordinator.
- **Osteolysis**: Condition in which bone thins and breaks down.
- **OT**: Occupational therapy.
- **Prothrombin**: Protein component in blood that changes during clotting process.
- **PT**: Physical therapy.