



Your life is our life's work.

Enhanced Recovery After Surgery (ERAS)

Your Guide to Total Hip Replacement

Welcome

Preparing for surgery can be overwhelming. Everyone is different, so your surgery team will create a recovery program just for you.

Enhanced Recovery After Surgery (ERAS) is based on research that helps everyone recover better and faster after surgery. For example, walking and moving soon after surgery is key to a healthy recovery. If you've had surgery before, some information may be new or different.

This booklet will help you:

- Get ready for surgery
- Find out what to expect at the hospital
- Plan for recovery at the hospital
- Plan for recovery at home

Read this booklet as soon as you can and bring it to all your appointments and to the hospital.

Write down any questions for your surgical team; if they're urgent, call. Otherwise, ask them at your next appointment.

Patient Name _____

Surgeon Name _____

Surgeon's Office # _____

Surgery Date _____

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Your Mercy Care Team

You are the most important member of your care team, but you have lots of caring people to help you out. At Mercy, each one of our team members is specially trained to help ensure a speedy and successful recovery.

During your visits to Mercy, before surgery and while you're here recovering, you'll encounter different members of the team including:

Orthopedic surgeon

Your orthopedic surgeon is the physician who will perform your operation and will manage your care throughout your hospital stay. Your orthopedic surgeon will also check up on your healing during follow-up appointments at the office.

Anesthesiologist

Your anesthesiologist is the physician who will meet with you just before surgery to perform an assessment and will administer the medications required to keep you asleep and comfortable throughout surgery.

Physician assistant or nurse practitioner

Your orthopedic surgeon may be assisted by a physician assistant or nurse practitioner who is trained to take your medical history, assist the orthopedic surgeon during surgery, evaluate you at follow-up visits or visit you in the hospital to assist your physician.

Registered nurse

Before, during and after your surgery, you can expect to meet many different nurses who perform many different jobs. Some nurses will help schedule your surgery, review your health history, medications and allergies,

or make sure you get any necessary pre-surgery tests. Some will help get you ready for surgery, and others will be in the operating room with you throughout your procedure. After surgery, a team of nurses will help you recover from anesthesia and carry out all orders given by your physician, as well as keep you comfortable in the hospital. After you're discharged, a nurse may also visit you in your home, as needed.

Care/case manager

Case managers, discharge planners and social workers work closely with other members of the Mercy care team and family members to coordinate your discharge plans with the nursing staff and the physical therapist. They make arrangements for continued healthcare and equipment after discharge and interact with insurance companies.

Orthopedic nursing team

Your orthopedic nursing team includes registered nurses, licensed practical nurses and patient care assistants. These team members plan, coordinate and provide your care based on physician orders. They also monitor your condition, teach you and your family about your health care needs and help you with personal care needs.

Therapy team

Your therapy team consists of physical therapists, physical therapy assistants, occupational therapists and occupational therapist assistants. They teach and assist you with exercises to increase your strength and range of motion. They also teach you the correct way to walk and perform daily living activities.

Respiratory therapist

Your respiratory therapist will instruct you on the use of oxygen, assist you with breathing exercises and may administer breathing treatments, if needed.

Primary care physician

Your primary care physician is your family physician and the person who manages your overall health. You can request that reports be sent from your orthopedic surgeon to your primary care physician.

Other team members that you may meet include:

- Hospitalists, specially trained physicians who may be consulted should any medical issues arise
- Lab techs, who will draw your blood and run various tests before and after surgery
- Radiology techs, who will perform any x-rays, MRIs, CT scans, ultrasounds or other similar tests
- Chaplains, who will provide spiritual support, if you desire
- Dieticians, who will provide nutrition counseling to help you make healthy choices about the foods you eat
- Pharmacists, who will monitor the effectiveness of prescribed medications and review medications

Your Hip Replacement Surgery

How the hip works

Your hip is made of two basic parts that move and work together to ensure a smooth motion and function. When arthritis sets in and the cartilage that cushions the hip wears away or is destroyed, the hip joint requires replacement. Total hip replacement surgery involves resurfacing the hip joint with an artificial joint made of metal, plastic or ceramic materials. Your orthopedic surgeon will consider many factors, like age, bone density and the shape of your joints, when determining the exact kind of hip replacement you'll receive and how it will be inserted into your hip.

Total joint replacement surgery requires your surgeon to remove the damaged ends of two bones and insert new artificial joint surfaces.

In total hip replacement, your orthopedic surgeon will replace the upper part of your femur (the long bone in the thigh of your leg) with a new ball joint. At the same time, the hip socket in your pelvis will be lined with a new material for reinforcement. The new ball joint on the top of your leg will glide normally in the newly lined hip socket. Your orthopedic surgeon may decide to attach your new joint with or without a cement substance.



The risks of hip replacement surgery

Having a joint replaced requires major surgery. Although advances in technology and medical care have made joint replacement very safe and effective, there are risks. These risks should be considered carefully before you decide to have surgery. We encourage you to discuss the potential risks with your orthopedic surgeon, primary care physician and your family.

Every measure will be taken by our team of experts to minimize the risks and avoid complications. Still, although complications are rare, they do sometimes occur.

The most common risks include:

Blood clots: Blood clots can form in a leg vein after hip replacement surgery and can be dangerous if they stop blood flow to the heart or break free and travel to the lungs. Blood clots are more common in older patients, patients who are obese, patients with a history of blood clots and patients with cancer.

Infection: Infection is very rare in healthy patients having hip replacement. Patients with chronic health conditions like diabetes or liver disease, or patients who take some forms of corticosteroids, are at higher risk of infection after any surgery.

Nerve injury: Very rarely, a nerve may be damaged near the site of the joint replacement. Generally, nerve injuries cause tingling sensations or numbness and may limit your ability to move certain muscles. Nerve damage usually improves with time and may go away completely.

Slow wound healing: Sometimes, the incision site may heal slowly. Problems like this are more common in people who take corticosteroids or who have diseases that affect the immune system, such as rheumatoid arthritis and diabetes.

Dislocation of the hip: Very rarely, a patient's hip may

move out of place after surgery. If this occurs, your surgeon will simply move the hip joint back into place. Some patients may be required to wear a brace for a short time after the dislocated hip is reset. In very rare cases, surgery may be required to move the hip back into the socket.

Changes in the length of your leg: Factors that can affect leg length include previous scarring, muscle shortening from degenerative changes, the size of hip implant used and how it's placed. Maintaining hip joint stability requires a certain amount of tension in the muscles surrounding your new hip. Sometimes, achieving that level of tension may result in a small difference in leg length. This leg-length discrepancy may resolve within a few months after surgery as the soft tissues adjust to your new hip. If a leg-length difference persists or is significant, the orthopedic surgeon may recommend a shoe insert.

Loosening of the joint: Over the long term, loosening of the artificial ball-and-socket joint is the most common risk associated with total hip replacement. Patients who experience loosening of the joint typically do not notice any symptoms. Only an x-ray can show if a joint is loose. In those rare cases where a loose joint causes severe pain, you may need another joint replacement surgery.

What results are typical?

You can expect a successful outcome from your hip replacement surgery. Generally, patients experience less pain and more mobility and can resume all the activities they enjoyed before surgery. Typically, the artificial joint will last at least 10, and up to 20 years, depending on age, weight and activity level. Your artificial joint will last longer if you're not overweight and you avoid demanding physical work activities and sports that stress the joint. For most patients over 60, your new joint will likely last the rest of your life.

Preparing for Surgery

Know what to expect

- Preparing mentally for surgery is just as important for you and your family as it is for your surgeon and the rest of your medical team. It's important to remember that your pain and activity limitations after surgery will be different from what you're experiencing now, and that they'll be short-term.
- A significant portion of the recovery process is using your new joint by walking and doing the exercises that your doctor orders. Your recovery and exercise plan will be tailored to meet your needs. Each patient recovers differently, and joint replacement revisions often progress at a slower pace than the initial surgery.
- For joint replacement surgery, the average length of stay is one to two days. How long you're in the hospital will depend on your medical progress and ability to complete certain activities. If additional hospital days are needed beyond what your insurance has authorized, a case manager will contact your insurance company to request them.
- Your recovery will continue after discharge in your home or at an extended-care or skilled-nursing center. It's important for you to make a commitment to follow your doctor's instructions and work on your exercise plan after surgery so that you get as much benefit as possible from your joint replacement. If you or your family need physical or emotional support in coping with surgery and recovery, please talk with our staff.

Hip precautions

Although the risk of dislocating a hip replacement is low, you'll need to follow precautions for two to three months after your surgery, or as directed by your orthopedic surgeon. **Your physician or therapist will review your precautions based on your procedure.**

These precautions may include:

- Avoid bending your hip beyond 90° while you're sitting, lying or standing. For example, if you're sitting with your back straight, your knees should be lower than your hips.
- Avoid rotating your leg inwardly or outwardly. Don't pivot or twist on your operative leg.
- Avoid crossing your legs. Don't let your operative leg go to or past your belly button.

- Avoid extending your operative leg behind you.

Your doctor will prescribe your hip precautions. While you're in the hospital, your physical therapist and nursing staff will review your precautions with you daily and educate you on how to move while maintaining these precautions.

Medications

If you're currently taking narcotic medicine to control your pain, it's important to let your surgeon, anesthesiologist and health care team know. Your health care team will work with you before, during and after your surgery to make you comfortable during your recovery.

Some medications or herbal products must be stopped a week or two before surgery. We'll instruct you on what medications to take the morning of your surgery.

- Please bring a current list of your medications with you to the hospital on your day of surgery.
- **DO NOT** bring any of your medications with you to the hospital.

Specific instructions will be given for blood-thinning medications and how soon before surgery to discontinue them.

Alcohol use

Do not drink alcohol for at least 24 hours before surgery. If you drink more than two beers, two ounces of hard liquor or two glasses of wine every day, make sure all your health care providers are aware, so they can provide you with the best and safest care while you're in the hospital. If you're concerned about the amount of alcohol you drink, please contact your primary care physician now for help in moderating your alcohol intake.

Consent forms

You'll be asked to sign a consent form prior to surgery to allow the surgeon to perform the required surgical procedure. Please make sure that you understand the procedure, risks and your options before signing the form. It's important to us that you completely understand the information and are an active partner in your care.

Blood donation

As with any surgery, there's a small chance you may need a blood transfusion during or after your procedure. In most cases, you won't be asked to donate blood before your surgery. If you're asked to donate blood, you may do so up to 40 days before your surgery. If you have donated blood for your surgery and were given a transfusion-services arm-identification band, please bring it with you on the day of surgery to avoid additional testing. You also have the right to refuse a blood transfusion after surgery.

Smoking

We strongly advise that you stop smoking or using any form of nicotine as soon as you know you'll be having surgery. Patients who smoke have more complications and infections following surgery. Forms of nicotine to be stopped include cigarettes, electronic cigarettes, cigars, nicotine gum, nicotine patches, chewing tobacco and pipes.

Dental work

If you need dental work, it's a good idea to get it done before surgery. Tell your dentist you'll be having a total joint replacement so the information can be placed in your dental records. Your surgeon may want you to take antibiotics before any future dental work. Do not have dental procedures 30 days before or within 90 days after surgery.

Pre-operative shower & skin preparation

Why do I need to prepare my skin?

Skin preparation with medicated liquid soap will reduce the number of germs and organisms on your skin before surgery. Prepping your skin before surgery can reduce the risk of infection at your surgical site.

How do I prepare my skin?

You'll need to shower or bathe **three times** prior to surgery. The morning and the evening before the surgery and the morning of surgery, shower or bathe with an antiseptic soap solution chosen by your surgeon, such as Chlorhexidine Gluconate (CHG) with brand names like Hibiclens and Scrub-Stat. Showering three times will ensure removal of bacteria and minimize risk of infection.

- Do not use the CHG soap on your face.
- Avoid getting the soap in your eyes, ears, mouth or nose.
- While using the soap, if you feel itchy or experience red skin, stop using the product and immediately rinse off with water. Tell your care team about this reaction.
- After rinsing off the soap, do not use regular soap.
- After your shower, do not apply any powders, lotion, creams, deodorant or makeup to your skin.
- Do not shave or remove any hair four days prior to surgery.

Eating and drinking before surgery

May I drink before my surgery?

Yes, you may continue to drink clear liquids throughout the night. If you've had surgery before, this may be different than previous experiences. If directed by your surgeon, **three hours** before your surgery, you'll drink a bottle of Ensure® Pre-Surgery Clear carbohydrate drink, which will be provided for you. **DO NOT** drink anything after the clear carbohydrate drink. The carbohydrate drink is formulated with carbohydrates and antioxidants to help your body prepare for and recover from surgery. It contains 50 grams of carbohydrates and both zinc and selenium.

IMPORTANT: If you have **diabetes**, you will not receive the carbohydrate drink. Please check with your doctor for further instructions.

May I eat before surgery?

No. You may not have any food by mouth after midnight. Do not chew gum or eat any mints, cough drops, hard candy or tobacco before you come in. These are considered food.

Packing for your hospital stay

Here's a checklist of necessities for a comfortable stay:

▶ A knee-length robe, loose-fitting shorts and T-shirts

▶ Comfortable shoes with nonskid bottoms and good support that will stay on your foot securely (for example, walking, athletic or house shoes). No slides or backless slippers, please

▶ Eyeglasses or contact lenses (and solution) with case

▶ Enough personal toiletries to last up to five days. Personal items may include toothbrush, toothpaste, deodorant, cleansers and tissues

▶ Dentures, hearing aids and electric razor, if you use them

▶ Your insurance card and prescription card

▶ A list of all medications, vitamins, herbal remedies and dietary supplements you're currently taking

▶ An activity you can enjoy while here, such as reading materials, puzzle books, crochet, etc.

▶ Your Advance Directive: either a Living Will or Durable Power of Attorney for Health Care. If you don't already have an Advance Directive, forms will be available at the hospital for you to complete, if you'd like.

▶ If you use a CPAP machine for sleep apnea, please bring it to the hospital. We can supply distilled water for your CPAP.

▶ Items to leave at home: credit cards, checks, jewelry, cash or valuables of any kind. These items should be left at home or in the care of a trusted loved one.

Day of Surgery

Please follow all diet, medication and hygiene directions provided by your care team.

Before surgery

Preoperative (Pre-Op)

- After you check in for your surgery, you'll be brought into a room where the nurse and anesthesiology team will ask you a series of questions. For your safety, you'll be asked many of the same questions by all the members of your care team
- You'll change into a special gown
- You'll have an intravenous (IV) catheter placed in your arm for medications and IV fluids
- You'll sign consent forms for the operation and for a blood transfusion (the need for blood), if necessary
- Prior to surgery, your anesthesiologist will discuss the options and procedures with you to help best control your post-operative pain
- You may have an anti-nausea patch placed behind your ear
- Stockings may be placed on your legs that will squeeze intermittently to help prevent blood clots. You may receive medication in addition to, or in place of, the stockings.
- Your family and/or friends will be shown to the waiting area while the nurse brings you into the operating room
- Your surgeon will speak to you and mark the operative area before surgery

During surgery

Operating Room (OR)

You may not recall being in the operating room because the medications you're given during surgery cause amnesia. Your heart rate, blood pressure, temperature and blood sugar are continuously monitored throughout your procedure. Your family members and/or friends will sit in the waiting area during your surgery. Your surgeon will speak to them once the procedure is complete.

After Surgery: Recovery Room (PACU)

- You'll wake up from anesthesia in the Recovery Room or Post-Anesthesia Care Unit (PACU)
- You may wake up in the PACU receiving oxygen through your nose or face mask
- While you're in the PACU, a nurse will monitor your blood pressure, heart rhythm, oxygen, pain and nausea
- Since some discomfort is expected immediately following surgery, PACU nurses will provide medications ordered by your health care team
- To help keep you comfortable throughout your hospital stay, a 0-10 pain scale will be used
- Once you're more alert, you'll be offered ice chips and something to drink

Post-Operative Care

Designated floor

Once in your room, you'll be introduced to your nurse and nurse assistant. Every hour, staff will check on you. The staff will check your temperature, heart rate and blood pressure regularly. You'll be provided with the direct number to your nurse and you will have a call-light on your bed.

Pain management

It's normal to experience discomfort following the procedure. It's important that your pain is well controlled while you're at the hospital. Our goal is that your pain is controlled as well as possible during your recovery. Your care team will ask you about your comfort level several times a day. You'll receive medication to help with your discomfort according to a schedule.

While you're in the hospital, you should use your nurse-call button to request pain medication. Don't wait until the pain is severe or try to tough it out or skip a scheduled dose of pain medication in the day or two after surgery. The more severe the pain, the harder it is to control. In addition, try to have pain medication prior to activity, like physical therapy.

Communication is an important part of helping us manage your discomfort and pain. We encourage you to share information with your nurses about any pain you experience. Be as specific as possible.

- Where is the pain?
- How often do you feel pain?
- What does the pain feel like?
(Is it sharp or dull? Aching or does it spread out?...)
- On a scale of zero to 10, with 10 being the worst pain imaginable, how would you rate your pain?
- Is there anything that makes the pain go away?

Sometimes engaging in other activities can help you reduce pain. You may wish to try:

- Listening to relaxation tapes
- Watching TV
- Reading a book
- Changing positions

- Meditation
- Prayer
- Exercise (ankle pumps, gluteal sets, quad sets)

Diet

After surgery, you'll progress to solid food that day. If your blood sugar is elevated, your doctor will order a diet that is lower in simple sugars until your blood sugar returns to normal. You'll be given IV fluids until you're eating and drinking adequately.

Constipation

Pain medication, combined with your surgery and lack of exercise, may cause constipation. The nurses will monitor your bowel activity. Contact your physician if problems continue.

Rest

You'll be drowsy the first day. It's important to get plenty of rest. The pain medication will help you relax and ease your pain so that you can sleep.

Sequential compression devices

To help prevent blood clots, stockings that will squeeze intermittently may be placed on your legs.

Activities

Walking helps you recover faster, stimulates your bowels, aids in breathing and circulation and prevents infection. Your physician will determine what activities you should do and when. You'll be working with a physical therapist after your surgery. Certain medications, anesthesia and new surroundings can increase your risk of falling, so be sure to have a member of the health care team present the first time you get up and move around. Use the call-light to receive help when getting out of bed. Nursing staff will be there to assist you with your needs as you recover.

Tips to avoid falls:

- Avoid going outside in bad weather, if possible.
- When walking outdoors, avoid poorly maintained sidewalks, unlit streets and icy surfaces. Try to walk with a walking partner. In winter, wear boots with a good gripping sole.
- Remove floor mats around the house. Pathways should be cleared of cords, wires and clutter.
- Make sure your home is well lit. Use a night light or motion light if you get up during the night. Have a handrail on all stairways.
- Always use sturdy shoes with nonslip soles that give your feet and ankles firm support. Never rush to answer the telephone. An answering machine or a cordless or cell phone can be helpful.
- Do not carry too many packages – use home deliveries or a push cart.
- Use a nonslip mat in the tub or shower.
- Get up slowly after sitting or lying down.
- Make sure you have your balance.
- Wipe up spills promptly.
- Consider carrying a cell or cordless phone in case you need help.

While you recover you may also find

- Your appetite may be diminished. Be sure to drink plenty of fluids and maintain a proper and balanced diet. You'll notice that your appetite will return the more you get up and move about your home. A healthy appetite is important in regaining your strength.
- You may have difficulty sleeping at night. This is normal. Your sleep may be disturbed by your discomfort, therefore, managing your pain is important so that you can return to a good night's sleep. Try not to catnap or sleep during the day, which can also disturb your sleep.
- Your energy levels will be decreased the first two to three weeks that you're home. Your therapist will be increasing your home exercise program as you notice your energy level improving. Moving frequently about your home will help improve your energy level.
- Constipation may occur as a result of taking your pain medication prescription along with the lack of mobility that occurs just following surgery. Call your doctor and ask which over-the-counter medication would best suit your needs.
- Emotional ups and downs may occur. This is perfectly normal and tends to decrease by the third week after surgery. Narcotic pain medications may accentuate your emotions.
- You must discuss first with your surgeon when it's safe to resume activities such as sex and playing sports. Remember, until your follow-up visit, follow these guidelines to protect your new hip:
 - » Limit sitting to one hour at a time.
 - » Use your walker, unless otherwise instructed by your therapist.
 - » We recommend limiting stairs to one flight up and down per day.
 - » Watch for signs of swelling and infection.
 - » Do your exercises to regain strength and function.

Recovering at Home

Discharge

On the day you're discharged, please have your family or the person who is picking you up report to the inpatient unit, unless instructed otherwise. If you have any questions about your discharge time, please ask your nurse.

You'll be given written discharge instructions and prescriptions for any medications needed after discharge. We'll go over these instructions with you. If there's any information that you don't understand, please ask the staff before you leave.

You'll need a follow-up appointment with your surgeon or physician assistant two to four weeks after surgery.

Recovery at Home

For the next six to eight weeks, you'll continue to heal and recover from surgery. You should balance periods of activity with periods of rest. Try not to overdo or push yourself to the point of pain or exhaustion.

Medication: You'll receive instructions regarding medications you were taking before surgery when your nurse reviews your discharge instructions with you. You'll be given a prescription for pain medication, or one will be sent to your pharmacy. Your doctor may prescribe medication to prevent blood clots from forming. It's important to closely follow instructions that your nurse or doctor gives you.

Activity: Follow the activity guidelines and exercises as instructed by your doctor and physical therapist. Use energy-conserving strategies like breaking big chores into smaller ones, gathering all your supplies together before starting to work and planning rest breaks between periods of activity. Employing these strategies can help you feel and be more productive without leaving you exhausted.

Sports: Do not participate in sports during the first three months after your surgery. Don't use exercise equipment, swimming pools, whirlpools or spas until your doctor tells you it's okay. Please talk with your doctor about the type of sports you like to do. You may eventually resume some sports that don't put your hip at risk, such as golfing, swimming, bicycling and dancing.

Sexual activity: After hip surgery, wait to resume sexual activity until your doctor tells you it's okay.

Driving: Don't drive until your doctor tells you it's okay.

Caring for your wound

It's important that you check the incision daily and note any significant changes in how it looks or feels. You'll need to keep your dressing and incision clean and dry. If your dressing is visibly soiled, contact your surgeon's office for further instructions.

Keep the dressing in place until you've been seen at your follow-up appointment with the surgeon. You'll receive additional instructions on when you may shower at that time.

If staples were used to close your incision, they may be removed about two weeks after surgery, either in your surgeon's office or by a home health care nurse.

Avoid tub baths, swimming pools and hot tubs.

Don't use lotions, powders, oils or other products on your incision until instructed by your surgeon.

Swelling prevention

Keep in mind that some swelling in your hip is normal and should not be a cause for concern. It's important that you watch for signs of increased or abnormal swelling each day. Notify your physician immediately if anything seems out of the ordinary.

Strategies to help keep normal swelling

to a minimum:

- Use ice packs or a cold compress machine if one was provided to you. The cold helps reduce swelling and relieves pain.
- You can keep your feet elevated when you sit, using a footstool or bench, with a pillow under your feet for support.
- Do not cross your legs.
- Continue doing your ankle pump exercises even when you're sitting still. These exercises are designed to help reduce swelling and boost circulation.

Future considerations

- Your new joint may trigger metal detectors. Please inform the security officer that you have a metal implant. Alternative screening may include a hand wand, body scanner or pat down, even if you have a card or letter from your physician stating you have a metal implant.
- Choose low-impact activities such as walking, swimming, golfing, bicycling or dancing when your doctor feels you're ready to resume these activities. Activity helps keep you healthy. Check with your doctor before participating in a new activity.
- There are some activities that should be avoided after your hip replacement. High-impact activities such as running, jumping, contact sports and repetitive heavy lifting can cause premature wear or loosening of your new hip and should be avoided.
- Maintaining an ideal body weight puts the least amount of stress on your new hip. If you need additional resources for weight management, please ask your doctor.

Precautions

Your therapist will review any necessary precautions with you, including your hip precautions. There are three to four things for you to remember and to incorporate in all your movements, depending on your type of surgery.

Adaptive Equipment

After your hip replacement surgery, you'll need to use equipment to complete dressing tasks while following your precautions.

Your therapist will teach you how to use this equipment.

Three-in-one commode

- Can be used free-standing with a bucket
- Can be placed over your toilet with the bucket removed
- Can be used as a shower chair
- Height may be adjusted



Shower chair/stool

- Sits completely in the shower
- Can be used in a tub or shower
- Height may be adjusted

Try standing up from the seat in a dry shower before using in water.

Tub-transfer bench

- Has two feet in the tub and two out of the tub
- Height may be adjusted

You sit on the outside and slide across the bench.



Elastic shoelaces

- Use instead of traditional laces to convert your shoes into slip-ons while providing firm support

Long-handled bath brush

- Used to wash below knee level to adhere to hip precautions



Reacher

- Used to help you pick up small items and to put on or take off your lower extremity clothing



Dressing stick

- Has a hook/pusher on one end to help you put on or take off lower-extremity clothing
- The small hook on the other end is useful for pulling zippers and lacing your shoes



Long-handled shoehorn

- Helps you avoid unnecessary bending while putting on your shoes
- Place shoehorn inside the back of the shoe and push your heel down into the shoe.*



Sock aid

- A device to help you put on your socks to avoid bending over

Post-Operative Mobility and Common Transfers

It's important to follow the guidelines with mobility as instructed by your physical therapist and physician.

Bed mobility

You should tell your therapist which side of the bed you'll need to exit from at home, and they'll practice this direction with you. There will be special considerations for your hip precautions, depending on which side you use and your procedure.

Your physical therapist will help you practice bed mobility. Most people are more comfortable moving toward their stronger side, but this can vary from person to person. Plan to exit the bed on your non-operative side. Taller beds are easier to stand from than shorter beds. Because most people do not have and do not need overhead equipment at home, we encourage you to get out of bed without the trapeze. If you choose to sleep on your side, please place a pillow between your knees and avoid letting your leg cross midline.

Walking

Most people will use a walker for three to four weeks after a total hip replacement. After that, you'll likely need a cane, especially for uneven terrain. Your physical therapist will help you progress to this point and let you know when you're ready to walk without a device.

Maintain the weight-bearing status and precautions that your physician prescribed at the time of your surgery and follow this until told otherwise. Your progression with walking should be as follows:

Day of surgery: The goal is to put as much weight as you can tolerate on your new hip.

1. Move your walker forward.
2. Step with your operative leg.
3. Step with your non-operative leg.

Stairs

Going up the stairs with a walker

Have your assistant help steady you while you place the walker on the steps in front of your non-operative leg. The walker should be turned sideways with front facing away. The top handgrip on the walker becomes your handrail on this side. Place the upper legs of the walker close to the top step, making sure the lower legs have firm contact with the surface/step below. Your assistant should be a step or two below and slightly toward your operative side.

1. Push down on your walker handgrip and your assistant's arm as much as you need to help take weight off of your operative leg.
2. Step up with your non-operative leg.
3. Step up with your operative leg.
4. Move the walker up one step.
5. Repeat the process until you're at the top.
6. Have your assistant place your walker on the landing in front of you.

If the stairs are too narrow and you're unable to use the walker, have your assistant stand on your non-operative side and a step below you. He can extend his arm for you to use as a handrail.

Going down the stairs

Place the walker in the same position as before, but have your assistant stand in front of you on your operative side.

1. Move your walker down one step.
2. Step down with your operative leg.
3. Step down with your non-operative leg.
4. When you get to the next-to-last step, move the walker onto the ground in front of you.
5. Place both hands on the walker and step down with your operative leg first.

**If a handrail is available, place your hand on the rail rather than your assistant's hand.*

Bathing

Walk-in shower

Use only grab bars that are built-in or anchored. Do not use bars that are attached with suction cups.

If a shower chair is recommended by your therapist:

Use only those grab bars that are built-in or anchored.

Do not use bars that are attached with suction cups.

1. Place shower chair in the shower facing the faucet. If you have a hand-held shower sprayer, ensure that it's installed correctly.
2. Step into the shower with your non-operative leg first. Follow with your operative leg.
3. Turn, facing away from the chair, and back up until you feel the chair behind your legs.
4. Reach back for the shower chair to ensure that it's directly behind you before you sit, and to control your descent.
5. Use a long-handled bath brush to wash your legs.
6. Once your shower is complete, stand up from the chair and turn to face the shower door.
7. Step out of the shower using your operative leg.

Tub

1. Make sure the tub-transfer bench is positioned appropriately, with two feet in the tub and two feet outside of the tub.
2. Slowly lower yourself onto the portion of the bench that's on the outside of the tub.

3. If your operative leg is closest to the tub, use adaptive equipment as recommended by PT to bring your leg into the tub.
4. Bring your other leg into the tub. If this is your operative leg, be careful not to bring your leg past midline. Use adaptive equipment.
5. Use a hand-held sprayer to wash your body and be sure to use a long-handled bath brush to wash your legs.
6. Once your shower is complete, if your operative leg is closest to the edge, use adaptive equipment as needed to lift your leg out of the tub.
7. Follow with your other leg.
8. Once both of your legs are planted firmly on the outside of the tub, use your hands to push up from the chair to stand. Remember your hip precautions! Be sure your walker or other assistive device is ready for you to use.

Transferring into a vehicle

1. Before getting into the vehicle, your assistant should scoot the seat back as far as possible and recline the seat back.
2. Turn to sit down.
3. Step back until you feel the side of the seat against the back of your legs.
4. Slide your operative leg out in front of you. Place one hand on the dashboard and the other hand on the back of the seat. Do not hold on to the door because it may move as you sit down and cause you to fall.
5. Sit down on the edge of the seat and scoot back as far as possible. Sitting on a plastic bag may make sliding easier.
6. You may need help, initially, to lift your leg and bring it into the vehicle. You should lean back as you bring your leg into the vehicle.
7. Your assistant should then fold up your walker and place it in the vehicle.

Transferring out of a vehicle

To get out of the vehicle, your assistant should place the walker in front of you, so when you get up, it will be ready.

1. First, you should scoot the seat back and recline it.
2. You may need help, initially, to lift your leg and bring it out of the vehicle. A leg lift may be recommended by your therapist.
3. Once your legs are out of the vehicle, scoot toward the edge of the seat.
4. Place your hands on the dashboard and back of the seat to push yourself upright. Do not place your hand on the door. If you need assistance to get up, your assistant should help by lifting from your belt or waist rather than your arm.
5. Make sure you're balanced prior to taking any steps.

A taller vehicle will be easier to get into and out of than one that's lower to the ground. You're safest sitting in the front seat with your seat belt buckled and your seat in the upright position. If you're traveling a long distance, you should get out and walk every 30-40 minutes to prevent stiffness and swelling. Be sure to avoid walking on gravel or uneven surfaces.

Traveling

When traveling long distances, you should attempt to change position or stand about every hour. Some of the exercises from your follow-up program, like ankle pumps, can also be used should you need to sit for long periods of time.

Because your new artificial hip contains metal components, you will likely set off the metal detector at airports or the security systems used in shopping malls and department stores.

Exercises Before and After Surgery

Begin the exercises below before your surgery. This will prepare your legs and help you recover more quickly.

Day of surgery

You can begin circulation exercises as soon as you wake from surgery and are able to move your leg muscles. These exercises may be performed while lying in bed, sitting or standing. Each exercise plays an important role in reducing the chance of post-operative complications. If you need assistance, ask your nurse or physical therapist to help you. Complete these exercises slowly in order to ensure proper performance. To encourage blood flow, complete 10 repetitions of each exercise.

Follow your physical therapist's instructions.

- Continue using your walking aids until your physician tells you it's OK to stop.
- Avoid using leg weights until initiated by your physical therapist.
- Follow the recommended activity guidelines.
- Follow your hip precautions.
- Aim for 10 repetitions to start, working up to 15-20. Exercises can be performed three to four times a day.

Ankle or calf pumps

Point your toes, then pull them back toward you. With each movement, tighten your lower leg muscles.

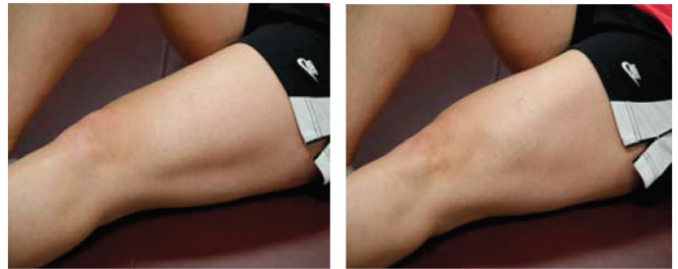


Gluteal sets

Squeeze your buttocks together. Hold for five seconds, then relax.

Quadriceps sets

Tighten the front thigh muscles and straighten your knee. To perform, have someone place a hand under your knee. Push the back of your knee into the person's hand. Hold for a count of five seconds.



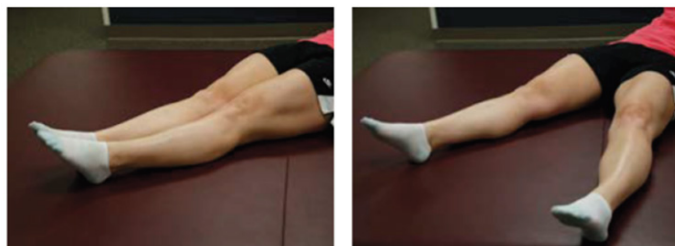
Heel slides

While lying on your back, slide your heel toward your buttocks and bend your knee. Your knee should point to the ceiling. Pause, then slide your heel and straighten your knee. You can use a towel under your foot to assist you, but be careful that you don't cause abrasions on your heel.



Hip abduction

Lie down on a bed with your legs straight. Slide your operative leg out to the side (like opening a pair of scissors) and back in, keeping your knees and toes pointed up.



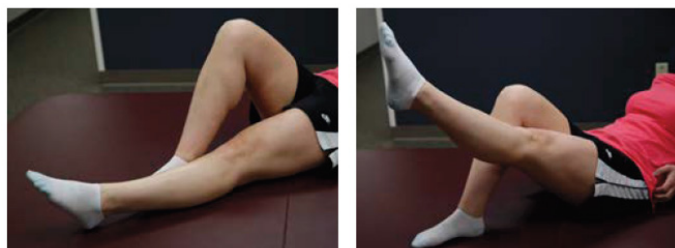
Knee extension

While sitting in a chair, bend your knee as far as you can; then straighten your leg as much as possible.



Straight leg raises

Lie on your back, bend your stronger knee and place that foot flat on the bed. Straighten your other knee. Perform a quad set with your operative leg. Lift your operative leg off the bed while keeping your knee straight. Pause, and slowly lower your leg.



Standing exercises

Your therapist will advise you when to begin, typically between weeks two and four.

Mini-squats

1. Stand with your feet shoulder-width apart.
2. Slowly bend your hips and knees about 30 degrees to squat.
3. Straighten your hips and knees to return to standing.

Standing knee flexion

1. While holding onto a stable surface, bend your operative leg behind you.
2. Bend your knee slowly while lifting your foot toward your buttocks.
3. Do not bend your hip.



Standing hip abduction & marching in place

1. Face the counter.
2. Lift your leg out to the side while keeping your knee straight and your toes pointed forward.
3. Return your leg to the starting position.

Week 1

Goals

- Transfer independently to and from your bed, chair and commode.
- Transfer in and out of a motor vehicle with minimal assistance.

Notes

- Use your walker.
- Follow your hip precautions.

Weeks 2-4

Goals

- Transfer from a sitting to a standing position while placing full weight on both legs.
- Walk at least 200 feet with your walker, three times a day.
- Transfer in and out of your car without any help.

Notes

- Follow your hip precautions

Weeks 5-6

Goals

- Walk two blocks with a cane.
- Sleep through the night.
- Walk up and down stairs without difficulty.
- Complete your activities of daily living independently.

Notes

- Practice balancing without support with your eyes open and progress to having your eyes closed.
- Continue with the cane until you can stand on your operative leg for 10 seconds and you no longer walk with a limp.
- Begin a varied lifelong exercise program (biking, swimming or walking) once approved by your physician.
- Follow your hip precautions.

Weeks 7-8

Goals

- Maintain normal walking pattern.
- Walk five blocks.
- Stand on one leg for 10 seconds.
- Stand up from a sitting position without using your arms for assistance.

Notes

- Participation in a pool program for continued exercise is encouraged.

Total hip replacement

Frequently Asked Questions

Will I have pain?

Yes. Pain is normal, but it does need to be controlled. Know that you'll still feel some amount of pain even with medicine.

What will help my pain?

Take your pain medicine regularly. Not only will you feel better, but it will help you have better success in your exercise and therapy sessions. Also, moving your hip will help keep it from becoming stiff and more painful.

What if I hear my hip pop?

Contact your doctor right away. You MUST follow your hip precautions for the time instructed by your doctor to prevent your hip from slipping out of place.

Will I have muscle cramps?

Yes, and this is normal. Your muscles will be sore and sometimes have spasms. If cramps occur frequently or you feel it in your calf muscle AND have swelling and redness in your calf, contact your doctor right away.

What if I have tingling over my incision?

It's normal to have these sensations the first few months after surgery due to the surgical process.

What if my leg on the side of my surgery seems longer than the other leg?

This sometimes happens after hip replacement. If needed, your doctor can prescribe an insert for your shoe.

How long might I feel nauseous?

You may have some nausea for several days after surgery while the anesthesia wears off.

What can help my nausea?

Be sure to eat when taking pain medication and rest as needed. If an anti-nausea medication is needed, contact your doctor.

How often will I see my physician after surgery?

Your surgeon will follow your care throughout your hospital stay. It's likely that you'll see your surgeon or physician extender every day while you're in the hospital recovering. Your surgeon will also want to see you for follow-up appointments in the office after you're discharged. Typically, appointments are scheduled 12-14 days after surgery.

How do I know if my incision is infected?

After surgery, you'll notice discolored skin, some swelling and drainage around your incision. This is normal. If you experience painful redness, abnormal swelling or thick, bad-smelling drainage from your incision, you may have an infection. A temperature over 101 degrees also may indicate an infection.

When can I take a shower or bath?

Most patients will shower on the second day after surgery, while still in the hospital. When you return home, you may need special equipment, like a bathmat, hand-held showerhead or shower seat to help you bathe comfortably and safely. Your surgeon may also instruct you to cover your incision when you bathe.

When will I be able to drive again?

You should not drive a car or other motor vehicle until your physician says it's okay to do so. You must be off pain medications before you'll be cleared to drive again. In most cases, patients are able to resume driving about 4 weeks after surgery.

Total hip replacement

Frequently Asked Questions

Why must I take antibiotics for dental work or other surgical procedures?

Taking antibiotics is a precaution to help ensure that your new artificial joint does not become infected. Additional surgeries or dental work increases the chance of infection. No matter where the infection starts, if it spreads to your new hip, the results could be very serious. When artificial joints become infected, they must be removed surgically and then replaced.

Please let your dentist or physician know that you've had joint replacement surgery. This is important no matter how small or straightforward the procedure.

How should I sleep at night to keep my hip comfortable and safe?

Placing a pillow between your legs should help keep your hip comfortable and stable. You may sleep on your back or on either side, depending on what makes you most comfortable.



Your life is our life's work.