



Joint and Spine Institute

St. Joseph Medical Center

ORIENTATION PACKET FOR **HIP REPLACEMENT SURGERY**

St. Joseph Medical Center
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Joint and Spine Institute

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Welcome to **St. Joseph Medical Center** and our **Joint and Spine Center!** My name is Leah Fryberger, and I am the orthopedic navigator. I will be overseeing your care and providing assistance as you begin your journey to wellness after joint replacement surgery.

Our health care team is dedicated to making your stay at St. Joseph a success. Your stay will be focused on getting better. We will support and empower you as you work toward increasing independence and greater comfort with mobility. This will allow you to return to a healthier lifestyle and fully participate in those activities in your home and community that are important to you. Your satisfaction is our goal!

This orientation packet was developed to help prepare you for your total joint replacement, understand your hospital stay and plan for your successful return home. After surgery your stay at St. Joseph will be 2-3 days and then discharge home with home health. Some of you may need a short stay in Rehab unit or a skilled nursing facility (SNF) after your hospitalization to continue therapy on the way to becoming safe and independent.

I look forward to meeting you and I am confident your stay with us will be a great success. Please feel free to contact me with any questions you may have. We thank you for choosing St. Joseph's and look forward to working with you.

Sincerely,

Leah Fryberger, RN, BSN
Orthopedic Navigator
St. Joseph Medical Center
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TABLE OF CONTENTS

ORIENTATION

- How Your Hip Works
- Exercise Preparation
- Understanding Hip Replacement
- Total Hip Precautions
- Discharge Goals

GETTING READY FOR SURGERY

- Medical Preparation
- What to Pack
- Skin Care Before Surgery
- The Day Before Surgery
- The Day of Surgery
- The Recovery Room/ PACU
- The Joint and Spine Center

AFTER YOUR HIP REPLACEMENT SURGERY

- Pain Management Plan
- Developing Your Support System and Finding Your Coach
- Total Hip Replacement Exercises
- Total Hip Precautions and Hip Safety
- Using a Walker

RETURNING HOME

- Home Recovery
- Home Safety, Layout & Equipment
- Home Medications
- Pain Relief
- Exercise and Mobility
- Follow Up With Your Surgeon
- Commonly Asked Questions After Total Hip Replacement Surgery

HOW YOUR HIP WORKS

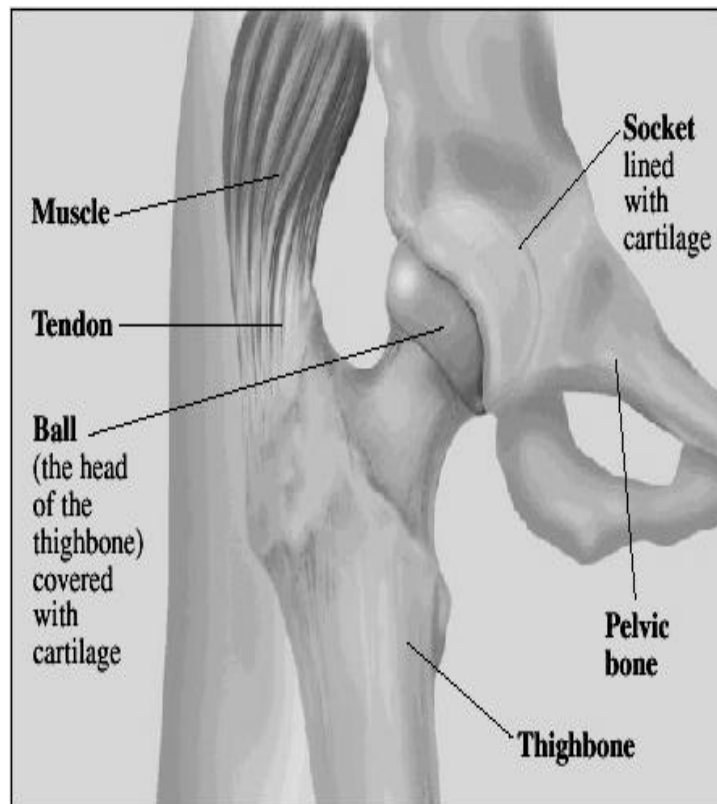
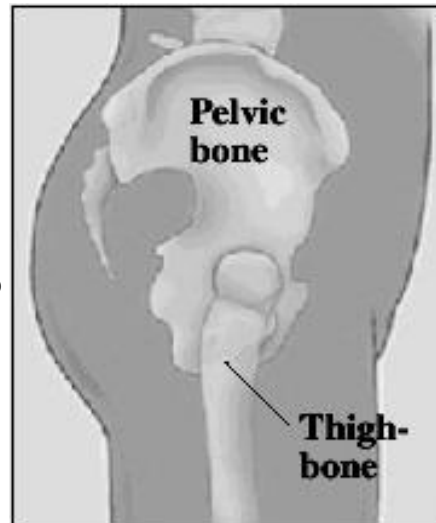
The hip joint is one of the body's largest weight-bearing joints. It's a **ball-and-socket joint**. This helps the hip remain stable even during twisting and extreme ranges of motion. A healthy hip joint allows you to walk, squat, and turn without pain.

A Healthy Hip

The hip joint is formed where the rounded head of the **thighbone** (femur) joins the **pelvic bone**. The joint is covered with tissue and powered by large muscles. When all of the parts listed below are healthy, a hip should move easily.

- **Cartilage** is a layer of smooth tissue. It covers the **ball** of the thighbone, and lines the **socket** of the pelvic bone. Healthy cartilage absorbs stress and allows the ball to glide easily in the socket.
- **Muscles** power the hip and leg for movement.
- **Tendons** attach the muscles to the bones.

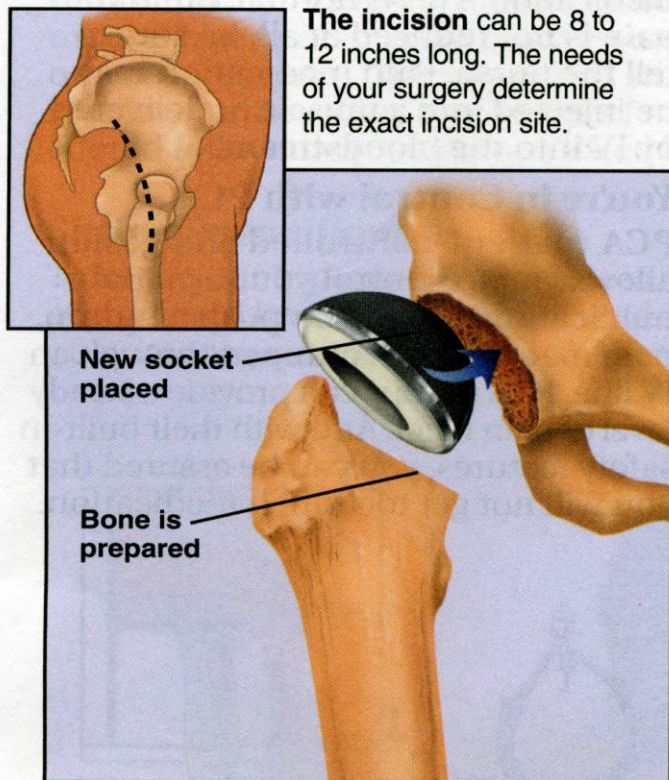
Side view of the right hip



Front view of the right hip

The Surgical Procedure

When the surgical team is ready, you'll be taken to the operating room. There you'll be given anesthesia. The anesthesia will help you sleep through surgery, or it will make you numb from the waist down. Then an incision is made, giving the surgeon access to your hip joint. The damaged ball is removed, and the socket is prepared to hold the prosthesis. After the new joint is in place, the incision is closed with staples or stitches.

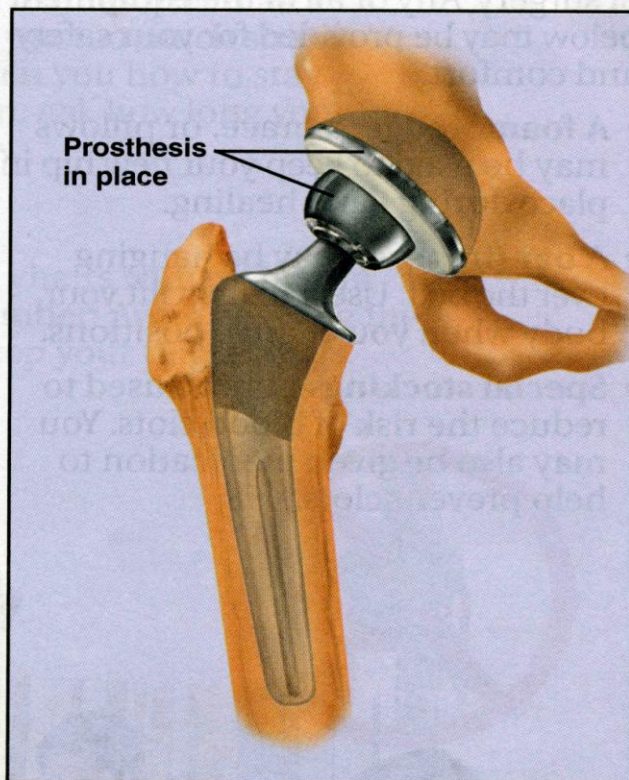


Preparing the Bone

The ball is cut from the thighbone, and the surface of the old socket is smoothed. Then the new socket is put into the pelvis. The socket is usually **press-fit** and may be held in place with screws or cement. A press-fit prosthesis has tiny pores on its surface that your bone will grow into.

In the Recovery Room

After surgery you'll be sent to the recovery room, also called the **PACU** (postanesthesia care unit). Your condition will be watched closely, and you'll be given pain medications. You may have a **catheter** (small tube) in your bladder and a drain in your hip. To keep your new joint stable, a foam wedge or pillows may be placed between your legs. In some cases, a brace is used.



Joining the New Parts

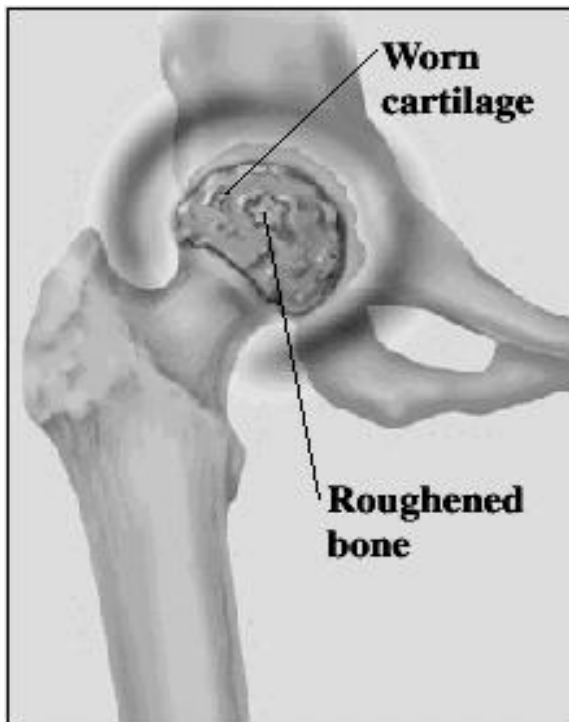
The new hip stem is inserted into the head of your thighbone. After the stem is secure in the thighbone, the new ball and socket are joined. The stem of the prosthesis may be held with cement or press-fit. Your surgeon will choose the method that is best for you.

UNDERSTANDING HIP REPLACEMENT

A healthy hip joint allows you to walk, squat, and turn without pain. But when a hip joint is damaged, it is likely to hurt when you move. When a natural hip must be replaced a prosthesis is used. The type of prosthesis is between you and the surgeon about what is best.

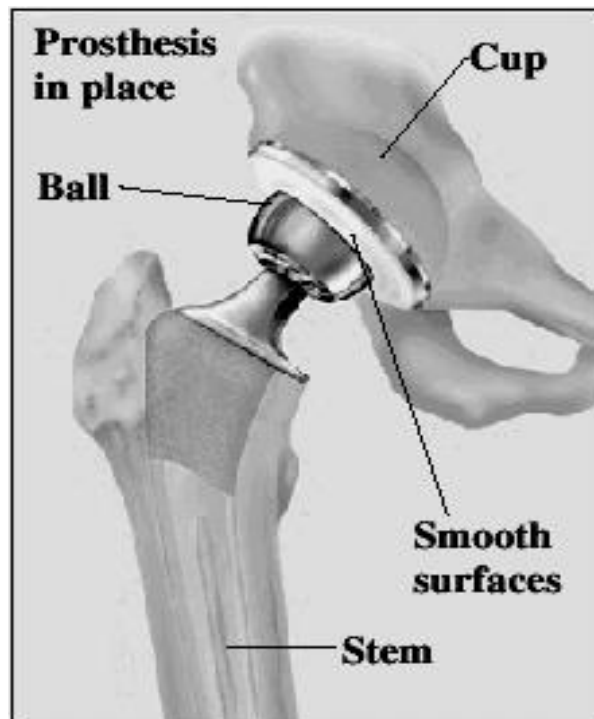
A PROBLEM HIP

In a problem hip, the **worn cartilage** no longer serves as a cushion. As the **roughened bones** rub together, they become irregular, with a surface like sandpaper. The ball grinds in the socket when you move your leg, causing pain and stiffness.



A PROSTHESIS

An artificial **ball** replaces the head of the thighbone, and an artificial **cup** replaces the worn socket. A **stem** is inserted into the bone for stability. These parts connect to create a new artificial hip. All parts have **smooth surfaces** for comfortable movement once healed.



TOTAL HIP PRECAUTIONS/ HIP SAFETY

You must protect your new hip by following precautions (avoiding certain positions and movements). Your new hip has a limited safe range of motion. This means it can't bend and turn as much as a natural hip. You will need to learn how to move differently than you did before surgery. This is due to the stretching of ligaments during surgery. By adhering to these precautions it will help prevent your new hip from popping out of place (dislocating).

Everyone who has a hip replacement must follow specific precautions after surgery. How long you need to follow the precautions depends on the surgeon, the type of surgery or the type of hip prosthesis used in surgery.

Your healthcare team will teach you how to stay within your new hip's safe range of motion. These hip precautions are followed to allow time for healing and to decrease the risk of dislocation (where the joint comes out of place). Hip dislocation requires additional medical attention and possibly more surgery.

Generally hip precautions are followed for 6 to 9 months. With some types of hip prostheses you may need less time. Some surgeons ask that you follow them for a lifetime. Your surgeon will let you know how long you must follow these precautions.

- **Do not bend your hip past 90 degrees (flexion precaution)**
 - *Do not bend at the waist.*
 - *Do not sit with your hips lower than your knees.*
- **Do not twist or roll your leg in (Internal rotation precaution)**
- **Do not cross your legs beyond midline (Adduction precaution)**
 - *Do not cross your knees or ankles.*

Flexion Precaution



Don't bend over at the waist. And don't sit with your hips lower than your knees.

Adduction Precaution



Don't cross your operated leg over your other leg. ALWAYS keep your thighs apart.

Internal Rotation Precaution



Don't turn your operated leg inward (pigeon toe).

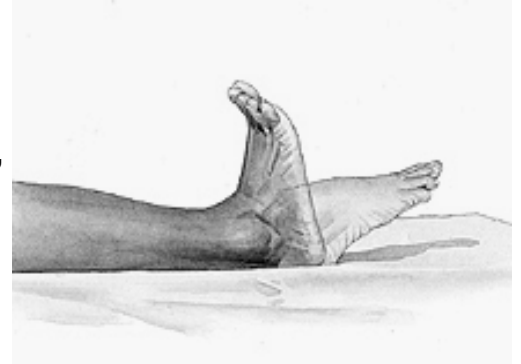
EXERCISES BEFORE HIP REPLACEMENT

Exercises BEFORE hip replacement can help speed recovery. It is beneficial to exercise both legs. Start by doing each exercise 5-10 times (**5-10 repetitions**), twice daily (**2 sets a day**). As you get stronger, slowly increase the number of repetitions and sets.

Note: Stop any exercise that causes sharp or increased hip pain, dizziness, shortness of breath, or chest pain.

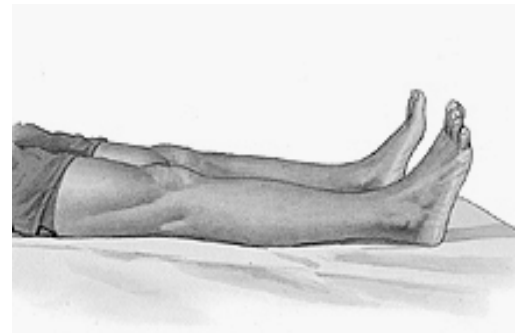
ANKLE PUMPS:

- Ankle pumps can help prevent circulation problems, such as blood clots.
- Pump your feet up and down like pressing on a gas pedal.



QUADRICEPS SETS:

- Lie on your back in bed, legs straight.
- Tighten the muscle at the front of the thigh as you press the back of your knee down toward the bed. Hold for a slow 5-10 count. Then relax the leg. Repeat.



GLUTEAL SETS (SQUEEZES):

- Lie on your back in bed, legs straight.
- Squeeze buttocks muscles as tightly as possible. Hold for a slow 5 count. Then relax buttocks. Repeat.

STRAIGHT LEG RAISES:

- Lie in bed. Bend one leg to protect your back. Keep other leg straight on the bed.
- Tighten the thigh muscle of the straight leg and lift it up 8-12 inches. Hold for a few seconds. Then slowly lower the leg. Relax and then repeat.



DEEP BREATHING AND COUGHING EXERCISES

Your lungs consist of many air sacs that get larger when you breathe. Often you do not breathe as deeply as you should after surgery. This places you at risk for developing pneumonia or other breathing complications.

Begin practicing deep breathing and coughing now, so you will better understand how this feels when you are asked to do this after surgery.

Respiratory therapy will give you an incentive spirometer (IS) after surgery to use during your hospital stay. We usually recommend 10 breaths every hour you are awake. This gives a visual of expanding your lungs.

Steps for Deep Breathing:

- In bed, lie on your back with legs straight or in a chair, sit with your feet flat on the floor.
- Place your hands on your rib cage.
- Take a deep breath in through your nose.
- Blow out through your mouth. When you breathe out, try to make your stomach sink in and your ribs move in.
- Repeat last two steps three times.

Steps for Coughing:

- Sit as upright as possible in a chair with feet flat on the floor.
- Breathe in and out fully.
- With your mouth open, take in a deep breath.
- Quickly give 1 to 2 strong coughs from deep in your lungs.
- Cover your mouth with a tissue as you cough.

DISCHARGE GOALS

It is our hope to make your stay here at **St. Joseph's Joint and Spine center** a success. Most patients after hip replacement surgery are hospitalized for 2-3 days after surgery day.

As we prepare you for a successful recovery and plan for you going home after surgery, here are some goals you will need to strive for:

1. Getting in and out of bed on your own.
2. Walking with a walker 100-150 ft.
3. Performing basic self-care on your own.
4. Understanding and consistently performing all ***Hip Precautions***:
 - Avoid bending your hip past 90 degrees.
 - Avoid twisting or rolling your leg in.
 - Avoid crossing your legs.

MEDICAL PREPARATION

General Physical Exam: A general physical with your primary care physician will determine your overall health and identify any medical conditions that may interfere with surgery or affect your recovery.

Pre-op Orientation Class: About 1-2 weeks before surgery, you will attend a pro-op appointment (PAC) at SJMC. You will meet the orthopedic navigator along with the surgery staff. We will discuss preparation for your surgery, your recovery goals and discharge plans to return home. Support persons are encouraged to attend this meeting.

Dental Exam: It is recommended you have a general dental exam before surgery. To reduce the risk of infection, any recommended dental procedures should be completed *before* having joint surgery.

Medications and Herbal Supplements: You must stop taking certain medications and all herbal supplements before surgery. Be sure to review all your medications and supplements with your doctors before surgery. Bring a **list** of your medications to your pre-op appointment. Do not bring your medications to the hospital.

Stop Smoking: You are strongly urged to stop smoking before surgery. Smoking increases your heart rate, blood pressure, and risk of developing lung problems, as well as slows the healing process. You will recover faster if you stop smoking before surgery. Smoking is not allowed anywhere inside or outside of St. Joseph's Medical Center.

Lose Weight: Being overweight places added stress on your joints and can increase your pain and recovery time following total joint surgery. The following are a few weight reduction tips:

- 1) Eat a variety of foods from all the different food groups.
- 2) Eat at least 5 servings of fruits & vegetables each day.
- 3) Choose skim or 1% milk, low fat yogurt or ice cream.
- 4) Choose lean meats, fish, and poultry without skin. Bake, broil, grill or roast meats instead of frying.
- 5) Limit regular soft drinks, candy & sugar.
- 6) Limit use of fats and fried foods.

WHAT TO PACK

Patient gowns are worn for surgery only. We want to feel like you are on the road to recovery and not sick in bed. We encourage casual attire for all patients. Below is a list of items you should bring to the hospital:

1. List of medications and herbal supplements you are taking.
2. Personal care items: toothbrush, toothpaste, comb, hairbrush, etc.
3. Casual Clothing (you will start getting dressed the day after surgery):
 - Underwear
 - Loose fitting pants or shorts (elastic waists are preferred)
 - Comfortable shirts
 - Sweatshirt or sweater if you tend to get cold
 - Sleepwear (for use at night)
 - Bathrobe (knee-length)
4. Shoes: Supportive shoes such as walking shoes or tennis shoes.
5. **Hip** Orientation Packet.
6. Eyeglasses, hearing aids, and dentures.
7. Equipment you may already have that you think will be helpful, such as:
 - Walker
 - Reacher
 - Sock aide
 - Long-handled shoe horn
 -

Note: Do not go out and purchase these items. Discuss What supplies you should bring with the Program Coordinator at your pre-op orientation class.

Do not bring:

- Tight fitting clothing
- High heeled shoes, open-toe, or open-back shoes
- Large sums of money
- Expensive jewelry

SKIN CARE BEFORE SURGERY

- Tell your surgeon if you have any changes in your skin (abscesses, boils, skin irritation, or rashes).
- Let your surgeon know if you or anyone in your household has experienced problems with skin infections, especially staph or **MRSA** infections.
- Do not shave your leg or use hair removing lotions or creams (depilatory) for at least 3 days prior to surgery. The use of razors or depilatory can cause skin irritation which increases your risk for infection of the incision.
- Do not use lotions, creams, ointments or oils (especially if petroleum based) for a least 3 days prior to surgery, unless ordered by your surgeon.
- Using freshly laundered towels and washcloths, **shower** the night before and the morning of your surgery. You will receive special soap at your pre-op appt.
- You can protect yourself from illness and prevent the spread of infection by cleaning your hands often.

THE DAY BEFORE SURGERY

- You may eat a normal meal on the evening before surgery. After midnight, do not eat or drink anything. Your stomach must be empty during surgery. This decreases the risk that you will become sick to your stomach or vomit before or during surgery.
- The pre-anesthesia nurse or your doctor will tell you of any medications you should take the morning of surgery.
- Take a shower, using freshly laundered towels and washcloths. You will be asked by your surgeon to use a special soap to reduce the risk of infection.

THE DAY OF SURGERY

- Take your morning shower in preparation for surgery. Use freshly laundered towels, washcloths and the special soap.
- Arrive at the hospital at your appointment time, usually 2 hours before surgery. Use the main Medical Mall entrance and report to registration
- Complete the admission process by verifying insurance and paying your insurance co-pay, if required. You may need a picture I.D. (To speed things up, please take advantage of our on-line pre-op registration process).
- You will go to the Surgery Holding Area where the Operating Room team will continue to assist you prepare for surgery.
- You will meet with your surgeon and/or their team and a member of the Anesthesia Team.
- One family member will be allowed to stay with you in the Holding Area before surgery.

Note: Please leave valuables such as jewelry and cash at home. Leave your suitcase in your car and have family bring it to your room after surgery.

AFTER TOTAL HIP REPLACEMENT SURGERY

RECOVERY ROOM/ PACU

Immediately following your surgery, you will be taken to the Recovery Room or Post Anesthesia Care Unit (PACU). You will be cared for there until you are fully awake and your vital signs (blood pressure, heart rate, breathing, etc.) are stable. You can expect to be in the PACU for 1 to 2 hours.

- As you wake up you will be on oxygen with a monitor.
- Your vitals will be checked frequently.
- A thick dressing will extend from your lower waist to your mid- thigh.
- A triangular shaped pillow (**abductor pillow**) will be between your legs to keep your hip in a safe position.
- You may have a **drainage tube** that comes out from under your dressing. This is used to remove excess fluid from your incision.
- An IV in your arm is delivering fluids to your body. You will also be receiving pain medication and antibiotics through your IV.
- You may have a **Foley catheter** tube to help drain your bladder.
- You will have sleeves fitted to your calves that are attached to an **intermittent compression pump** or machine. It prevents blood clots by inflating and deflating, gently squeezing your calves.
- You will have a warming blanket on to help keep you warm.

THE JOINT AND SPINE CENTER

After your stay in recovery room you will be brought to a private room. We have a multidisciplinary staff dedicated to working with patients after a joint replacement surgery. The Joint and Spine center is located on 5 south. It may become necessary to move patients from 5 South to another unit. Should this happen, rest assured our nurses specializing in orthopedics, and your therapists, will continue to provide your care throughout your hospital stay.

After your surgery everyone is considered a **FALL RISK!!** You may not get out of bed without assistance. This is for your safety. You must ALWAYS call for assistance until your therapist determines you are safe to be up on your own. We will use bed alarms and chair alarms to ensure safety.

The care for you after a joint replacement is a combination of efforts by many different areas of care. These include nursing, therapy, physicians, and case management.

You will have **nurses** to meet your needs during the day. They will assist in medication administration, dressing changes and basic care needs. PCA's (Patient care associates) will assist nurses and aid in care such as helping with ambulation and getting bathed and dressed. Nurse and PCA's are here 24/7 to help in your recovery.

Occupational therapists (OTs) will see you beginning the morning after surgery. They will be the first to get you out of bed. OT's help with activities of daily living such as bathing and getting dressed while adhering to the hip precautions. Occupational therapy will come once a day, usually in the mornings.

Physical Therapy (PT) will help with getting in and out of bed as well as ambulating with a walker. PT will also help you get used to having hip precautions PT will come twice a day once in the morning and once in the afternoon. PT will ask about any stairs in your home and practice to make sure you are safe.

There is a **case manager** assigned to each unit. The case manager will meet with you the day after surgery to get an idea of your home layout, and what kind of medical equipment you may need. Case management has all the information about home health to provide for you and will be able to assist if you need to go to a different facility for more therapy. Case management will check in daily for updates.

Your **surgeon** will round daily to check on your progress. You may have a medical doctor seeing you as well that will check in daily to manage medications and any other health conditions. Anesthesia will come by the day after surgery to

make sure you are free from complications.

Respiratory therapist (RT) will be around after surgery to monitor your oxygen and apnea machine while you are on the patient controlled analgesia (PCA) pump. If you have a CPAP you wear at night or require breathing treatments during your stay RT will be around to assist you with these needs.

The **Orthopedic Navigator** will follow your progress through notes from nursing/therapy and other physicians. She will round in the mornings and educate you on the plan for the day. The orthopedic navigator will communicate with the nurses, therapists and case manager on what needs you may have during your stay. The orthopedic navigator will also communicate to the physicians about any problems or questions.

DAILY PLAN

- You will have daily blood work around 4:30 am
- The orthopedic navigator will round around 6:30 am to review your daily plan of care and check progress.
- Your Physician will round daily
- After breakfast Occupational Therapy will assist you with getting cleaned up and dressed in regular clothes (around 08:00- 08:30 am)
- Physical Therapy will work with you twice a day, around 09:30 am and 1:30 pm.
- You may rest/nap between therapy sessions.
- On your day of discharge (or 4th day of your hospitalization) you will be able to shower with your Occupational Therapist.

Therapy

You will receive one visit from the occupational therapist daily and two from the physical therapist. The first day after surgery, an occupational and physical therapist will evaluate your movement and begin teaching you individual exercises, techniques to get in and out of your bed, and how to use a walker. You will be assisted with bathing and dressing in your casual clothing prior to exercise. We suggest you request pain medication ½ hour prior to each exercise class. The second day after surgery, you may begin group therapy twice a day if other people also had a hip replacement. These would be 9:30 and 1:30 Monday through Friday. On weekends you will be seen individually twice a day. Exercising as a group allows for improved motivation and compliance with therapy sessions. Your family is encouraged to attend all therapy sessions.

MEAL TIMES

We provide a complete room service program with a restaurant style menu. You may be given a menu that reflects the particular dietary restrictions you may be under at your physician's request. Room service hours are **6:45 a.m. to 6:45 p.m.** You will be instructed to call **X32233** to place your order and your meal will be delivered in 45 minutes or less. You may order meals in advance to be delivered at your specified time. It is recommended to order breakfast the night before.

After surgery you will be started on a clear liquid diet to make sure there is no nausea/vomiting. Your diet will then be advanced as tolerated. Most people are able to eat regularly by dinner on surgery day. There is always juice, soda, crackers and some snacks available on the floor 24/7.

BLOOD THINNING MEDICATION

By having a joint replacement it makes the body less mobile as it was previously and the surgery puts you at a risk for blood clots. You will be started on a blood thinning medication called **Coumadin (Warfarin), Xarelto or Lovenox**. These medications thin your blood and make it less prone to blood clots. A lab test will be performed everyday while you are in the hospital to monitor the effectiveness of the medication. You will continue to take one of these medications for anywhere from one to four weeks.

PAIN MANAGEMENT PLAN

Pain management is an important part of the healing process. Pain may not be completely eliminated but we want to try our best to make it tolerable. With your pain well managed, you are able to participate in daily activities as well as work on your exercise and discharge goals.

COMMUNICATING ABOUT PAIN

You have a right to have pain treated. Untreated pain can limit eating, sleeping, and activity. Tell your healthcare team (doctor, nurse or therapist) where and how much you hurt. It may not be possible to relieve all the pain. Your health care team can help you reach a pain level you can live with. As pain is reduced, you'll feel better. Less pain means less stress on your body and mind.

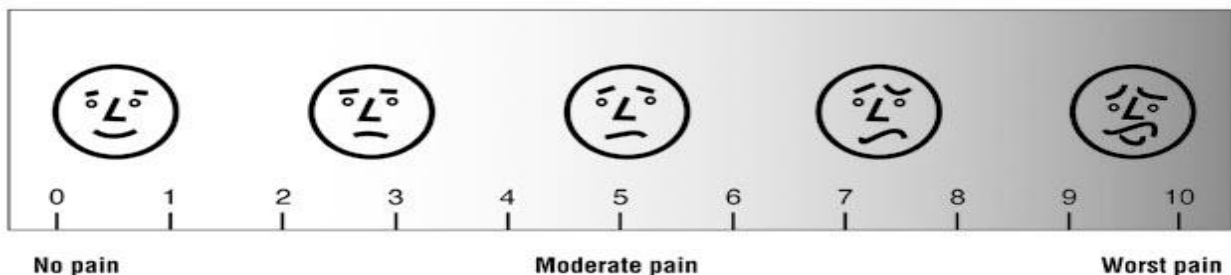
Before surgery when you share your health history. Be sure to:

- Mention **all** the medications you take daily and as needed. This includes any you buy over the counter. Mention any herbs, teas, or vitamins you take, too.
- Mention any pain relief techniques you use, such as massage or meditation.
- Measure pain as directed.

Follow your treatment plan. Tell your healthcare provider how well treatment works.

MEASURING YOUR PAIN

A pain scale helps you rate *pain intensity*. In the scale, **0** means no pain, and **10** is the worst pain possible. You may feel some pain even with medications. Tell your nurse or therapist if medications don't reduce the pain. Be sure to mention if the pain suddenly increases or changes.



MEDICATIONS

Pain medication is initially delivered through your IV after surgery. When you are in the recovery room, the nurses will instruct you on using the pain pump, PCA (patient-controlled analgesia). When you are more comfortable and more awake you will be taken to your private room. This pain pump will be used through your first night. You are the only one allowed to press the “pain button”.

PCA (Patient-controlled Analgesia) PUMP

A PCA allows you to push a button to receive a dose of pain medication. It is delivered through an **IV**. PCA allows for a more constant level of pain relief after surgery.

PCA Pumps Deliver Narcotics

- **Narcotics**, also known as **opiates**, are the most common medications used to relieve post-op pain.
- Narcotics affect pain centers at the spinal cord and in the brain. They can control even severe pain.
- With short-term postoperative use, narcotics are not addictive.
- Narcotics may cause side effects such as constipation, nausea, itching, headaches, and, in rare cases, breathing problems.
- Let your nurse know if you are experiencing any side effects.



PCA Pumps Have Safety Features

- You cannot overdose. The pump is programmed to prevent you from receiving too much medication.
- A measured dose of medication is delivered with each use.
- Most pumps have a “lockout” time. During this time, you won’t receive a dose of medication even if you press the button.
- You can only receive a certain amount of medication each hour.

Important!

No one but you should push the PCA button. This includes your family or friends. If anyone but you pushes the button, you may get medication when you don’t need it. This can cause life-threatening complications. It can also keep the pain medication from working when you do need it.

PAIN PILLS

Pain pills will begin your first day after surgery. The PCA pump is discontinued and oral medication is begun. Pills generally last longer in your system than IV medication. Pain pills are prescribed on an as needed basis. You can usually take them every 4 hours. Be sure to ask for pain pills when you are having pain and about **30 minutes** before your physical therapy. Your nurse knows your schedule and should offer you pain pills before your therapy times. Otherwise try to stay ahead of the pain and request pain pills when needed.

When your surgeon dismisses you to go home, you will receive a prescription for pain pills. Pain medications have a tendency to cause constipation. Drink plenty of fluids and increase fiber in your diet to avoid bowel problems. Fiber rich foods include whole grain breads (with at least 2 grams of fiber per slice), cereals (with at least 4 grams of fiber per serving), vegetables (such as broccoli, Brussels sprouts, carrots, corn, or peas), fruits, dry beans or peas, and nuts and seeds.

NON-PHARMALOGICAL PAIN PLAN

Pain and swelling after a total hip replacement is normal and expected. Other than medication there are a few things you can do to control the pain and swelling. These include changing your position, use of cold packs, guided imagery, deep breathing, or listening to music and relaxation. There is a scheduled “quiet time” in the afternoon when there will be little to no disturbance from the staff. This is a time when you relax and rest after therapies.

COLD

Applying cold packs to your operated hip can help reduce swelling and pain. Place a cold pack on your hip three to four times daily for 20 minutes. The use of cold can be especially helpful following your exercises.

- You can use a commercial ice pack or bag of frozen vegetables wrapped in a thin cloth. Do not place directly on skin and do not use for more than 20 minutes at a time

ELEVATION

Swelling is common following total joint replacement. You may notice it more once you are at home and become more active. Elevating your operated leg reduces swelling, which relieves pain and speeds healing.

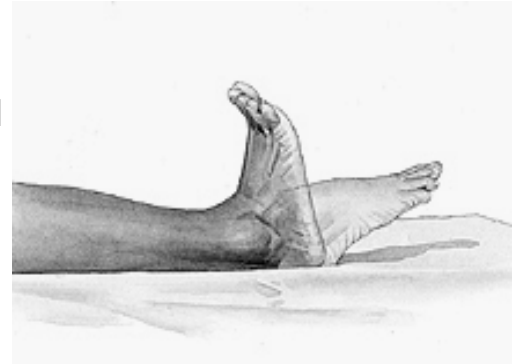
- Correct elevation is achieved with the body lying on a bed or couch and the ankles above the heart on two or three pillows.
- Pillows must be length wise from the knee to the ankle, not directly under the knee. Remember to lay with your trunk flat to avoid bending your hip past 90°.
- Do this during rest periods for 45 minutes to 1 hour, 2-3 times a day.

- More elevation time may be needed during the day if swelling continues. Keep your affected limb elevated whenever you're not walking or exercising.

ANKLE PUMPS

Ankle pumps help reduce swelling, improve circulation, and prevent blood clots.

Slowly point/pull your toes up towards your knee and then flex your foot down. Do both feet together. Repeat this 10-30 times each hour.



VISUALIZATION

Visualization helps take your mind off the pain. Close your eyes. Breathe deeply. Picture yourself in a quiet, peaceful place. Imagine how you feel in that place. If other thoughts enter your mind, take a deep breath and try again.

PROGRESSIVE BODY RELAXATION

Relaxation helps relieve stress and pain. Close your eyes. Clench your foot muscles - hold for a few seconds. Release -Repeat with the muscles in your calves. Work slowly up your body.

DEEP BREATHING

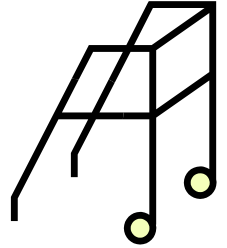
Deep breathing relaxes your whole body. Inhale slowly and deeply as you count to 5. Hold your breath for a couple of seconds. Exhale through your mouth as you count to 10.

- Note to family and friends: It may be hard to understand how your loved one feels. You may not be able to stop the pain but you can help in other ways. Spend time with your loved one, this helps distract from the pain and also help him or her take medication.

ADAPTIVE EQUIPMENT FOR TOTAL JOINTS

After your total joint replacement, you may need several pieces of equipment to make your daily activities easier and safer due to the recent surgery and the hip precautions. Since each person's recovery may be different, your surgeon and therapists will work together to determine the equipment that best suits your needs. Your therapist will teach you how to use some of the following equipment before you go home.

Walker: This helps gain stability when walking and going from sitting to standing. Each patient will use a walker during their stay and be issued a brand new one at discharge. You may be on a walker for a few weeks due to pain.



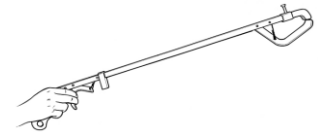
Long-handled Bath Sponge: This sponge allows you to reach your lower body safely while bathing. You will receive one during your stay and the therapists will show you how to bath with it.

3-in-1 Commode: This device can sit over your toilet seat to elevate its height to maintain hip precautions. There are also handles to help push up from the sitting position. These are available at many drugstores for purchase.



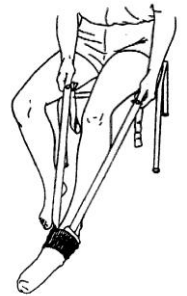
Bath Seat/Shower Bench: This seat or bench allows you to sit while showering and provides safety while you are in the tub or shower. A commode can be used with a towel placed over it.

Reacher: A reacher is used to pick up items off the floor and to help you with dressing while maintaining hip precautions.



These can be found in most stores or online.

Sock Aid: This device helps you safely put on your socks without bending past 90 degrees. You will have one to practice with in the hospital. They are available in medical stores or online.



Long-handled Shoe Horn: This shoe horn has a long handle and helps you to put your shoes on while sitting or standing without bending over.

Elastic Shoelaces: These shoelaces make it easier for you to slip in or out of your shoes.

USING A WALKER

Before using a walker, it should be adjusted to the proper height for you. Your walker is at the proper height when you are standing with your hands on the handgrips and there is a slight bend in your elbows. Your physical therapist will determine if a walker is the appropriate walking aide for you and if so, ensure your walker is adjusted properly. The therapist will work with you on standing, walking and sitting to ensure you are safe.

1. ***Moving from sitting to standing:*** Slide your operated leg forward so that it is straight out in front of you. Slide your buttocks forward, close to the edge of the chair or bed, remembering to avoid leaning forward. Push up from the bed or chair with both hands, then reach for your walker. Do not pull up on your walker as it may roll or tip and cause you to fall. Slide your operated leg back under you as you come to a standing position, this will allow it to help support you.

2. ***Moving from standing to sitting:*** Back up until you feel the bed or chair against the back of your legs. Slide your operated leg forward, out in front of you. Reach back with both hands for the bed or armrests of the chair. Slowly lower yourself into sitting. Remember to avoid bending forward at your trunk as you sit. Chairs with firm, high seats and armrests will be easiest to get up and down from. Avoid chairs that are low, that rock, or are on wheels.

3. ***Walking:*** When in standing position, place the walker forward (about an arm's length away). If your walker has wheels, roll it. If it does not, lift the walker, move it an arm's length in front of you, then place all four legs on the floor at the same time. Step forward with your operated leg first. Then, pushing through your hands and arms, take a step forward, bringing your other leg to the center of the walker. Always have both hands on the walker. The walker may tip sideways and cause you to fall if you use only one hand. When walking with a walker, always use good posture. Hold your head up and look straight ahead. Looking down at your feet can cause you to trip and fall.

Take time to move safely when walking or changing positions. Rushing or moving quickly may cause you to trip or fall. You will have more energy and be less tired if your movements are slow and controlled.

Hip Safety: Getting Into and Out of Bed

Getting in and out of bed may be the hardest part of your new hip. Your hip needs extra care while it heals. Follow your “hip precautions” and the tips on this sheet to help keep your new hip safe. The steps below help you get **into** bed. Reverse them to get **out of** bed. Your OT and PT will review these steps during your stay.

1. Sit Down

- Stand with your back to the bed. Back up until the back of your good knee touches the bed.
- Keep the foot on your operated leg forward.
- Hold the crossbar of the walker with one hand. Reach back for the bed with the other hand. Don't twist.
- Lower your buttocks onto the bed.



2. Support Yourself

- Put both your hands on the bed behind you for support.
- Lean backward onto the bed.



3. Lie Down

- Swing one leg, then the other, from the floor onto the bed. As you do, use your elbows and hands to lower your upper body onto the bed. Move your body as a unit—don't twist.
- Position yourself comfortably.
- Do not reach to the end of the bed to pull the blankets up. Use a reacher to pull them up.
- Keep your walker within easy reach of your bed.



Hip Safety: Sitting

To Sit Down:



Back up until you feel the chair touching you.



Reach for the armrests. Keep your operated leg slightly out in front. Lower yourself without leaning forward.

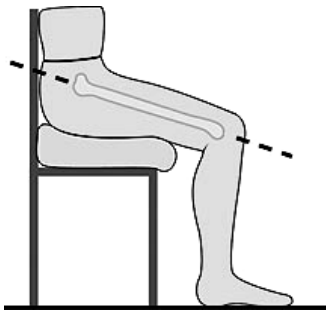


Sit, then lean back in the chair. Keep your hips higher than your knees. To stand up, reverse these steps.

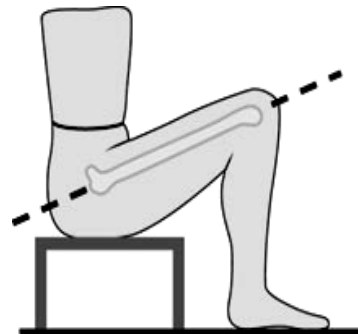
Sitting Safely:

To protect your new hip, you must sit without going past a 90 degree angle. This means your knees must be lower or level with your hips. To do this, sit in chairs with high seats. Placing a firm pillow on the seat of a chair can help raise it.

SAFE



NOT SAFE!



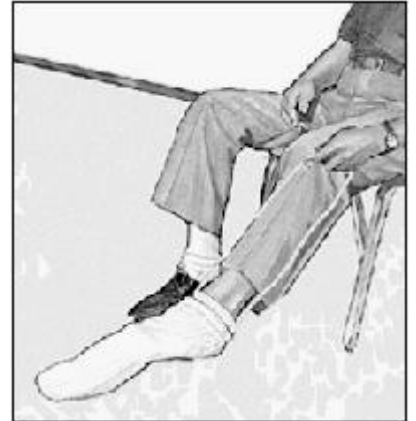
Hip Safety: Dressing

Getting dressed and undressed may require special tools. These may include a reacher, sock aid, or long shoe horn. Occupational Therapy will review these items with you and instruct on how to use them.

Caution: Be careful not to bend forward or lift your knee above your hip.

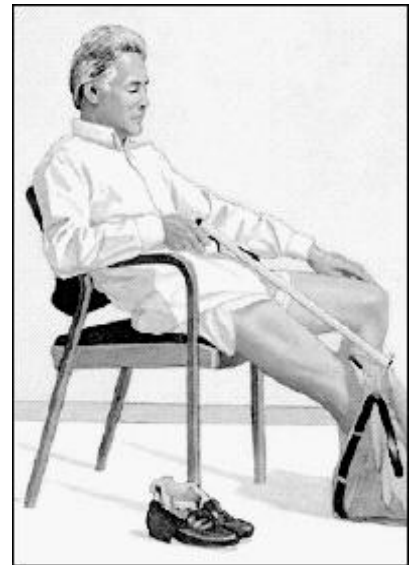
Putting On Socks

- Sit on a chair or on the side of the bed.
- Pull the sock onto the sock aid as you have been shown.
- Hold the sock in front of the foot on your operated side.
- Slip your foot into the sock. Pull the sock aid out of the sock.
- Put the other sock on with the sock aid, or bring your foot toward you and slip the sock on with your hands.



Putting On Pants

- Sit on a chair or the side of the bed.
- Using a reacher, catch the waist of the underwear or pants with the grasper.
- Slip the pants onto your operated leg first. Then slip your other leg into the pants.
- Use the reacher to pull the pants over your feet and above your knee. Pull them to where you can reach them with your hands.
- Hold the pants with one hand. Push up from the chair to stand. Steady yourself with your walker.
- With your hands, pull the pants the rest of the way up.



Putting On Shoes

- Wear slip-on shoes or use elastic shoelaces or Velcro closures so you don't have to bend.
- Sit on a chair. Put your foot into the shoe. Use a reacher and/or long-handled shoe horn to pull the shoe on.

Hip Safety: Getting Into and Out of a Car

After hip surgery, getting into or out of a car can be difficult. As you continue to follow your hip precautions the steps below help you get **into** a car. Reverse them to get **out of** a car.

Note: It is easier to enter a car on your operated side. If your right hip was operated on, sit in the back seat on the driver's side. If your left hip was operated on, sit in the front passenger seat.

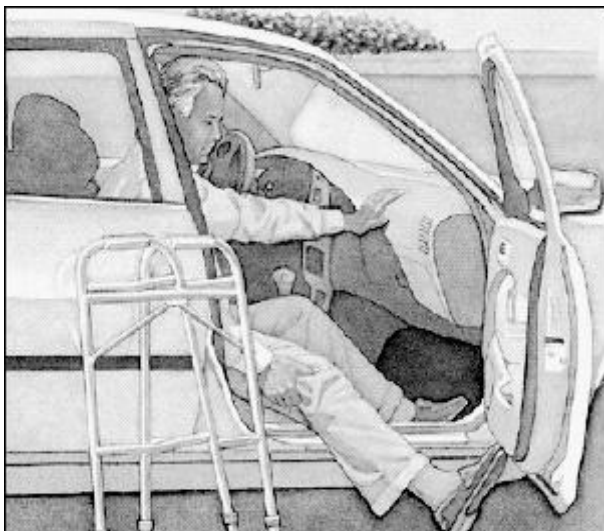
Before Getting Into a Car

- Have someone move the seat as far back as it will go.
- Recline the back of the seat if possible.
- Place a pillow on the seat to keep your hips above your knees, especially if the seat is low.
- It may be beneficial to place a pillow on a garage bag so it is easier to move in the seat.



Sit Down

- Stand with your back to the car. Keep your operated leg straight and that foot slightly forward. Feel the car touch the back of your other knee.
- Hold onto the side of the car and the walker or dashboard.
- Lower yourself slowly onto the seat. Watch your head.



Bring Your Legs into the Car

- Slide back into the center of the seat.
- Lift your legs one at a time into the car. As you do so, move your body. Do not twist.

RETURNING HOME

An important part of your education following total joint replacement surgery is planning for your return to home. The hospital provides a safe, structured environment. However, when you go home, you may feel apprehensive or unsure.

To help you feel comfortable and ensure a smooth return home, the case manager and orthopedic navigator will be following your progress and assisting you in all necessary arrangements. This will include setting up home health or transfer to another facility as well as equipment delivery.

St. Joseph's Medical Center and your surgeon begin planning for your return to home the day you are admitted to the hospital. Each day of hospitalization your surgeon reviews your progress with the orthopedic navigator, nursing staff and physical therapist.

You will continue physical therapy and occupational therapy after your stay in the hospital. Your options include home with a home health therapy or transfer to a rehab facility for further therapy needs. Our team will arrange everything to make your discharge and transfer home as smooth as possible. Home health will come to your home for 2 weeks with therapy 3 times a week.

The nursing and therapy staff will give you home instructions before you leave the hospital. These instructions will cover activities, follow-up doctor's appointments, and home medications. Don't hesitate to ask your nurse or therapist any questions you may have regarding these instructions.

TOTAL HIP REPLACEMENT EXERCISES

Regular exercises are important to restore your normal hip motion and leg strength. These are also important to assist you in a full recovery as you gradually return to your everyday activities.

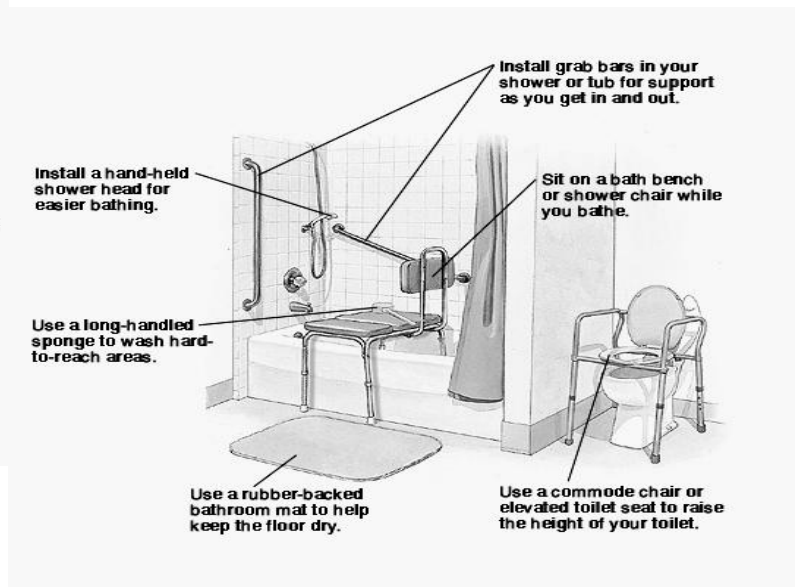
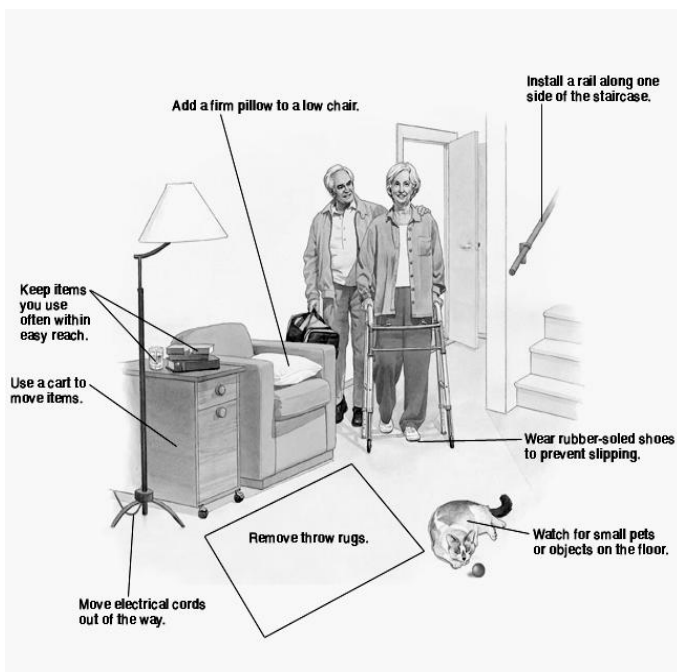
Your surgeon and your physical therapist recommend that you exercise 20 to 30 minutes, 2 or 3 times a day, during your early recovery. You will receive instruction in and begin performing the following exercises with your physical therapist. Reviewing these exercises now can help you better understand your exercise program. Keep your hip precautions in place until the surgeon states you no longer have to.

HOME SAFETY, LAYOUT & EQUIPMENT

Begin taking steps now to make your home recovery safe and comfortable. It is important that as you prepare yourself for surgery, you also prepare your home in anticipation of your return after the hospital stay. It doesn't have to be complicated or expensive to make your home "recovery friendly". A good rule of thumb is to think *safety first*, then comfort.

HOME SAFETY TIPS AFTER JOINT SURGERY

Becoming more aware of hazards in your home can help make your recovery safer. You might want to have furniture rearranged so it's easier to get around. In the bathroom, aids like a hand held shower attachment, a raised toilet seat or grab bars can help you stay safe. Don't forget to watch out for hazards like wet floors, uneven surfaces or rugs.



Home Safety Tips

- Stock up on foods that are easy to prepare, and other items you'll need during recovery
- Store foods and other supplies between waist and shoulder level. This makes it easier to reach things.
- Use a reacher to reach objects on the floor or high in the cupboards. Do not bend down to pick up things.
- Sit on a high stool when working at the counters.
- Use a cell phone that you can keep within easy reach.
- Use a utility cart to carry items from place to place. Push it ahead of your walker.
- Attach a small tote or basket to your walker to carry things.
- Carry hot liquids in covered containers.
- Slide objects along the counter top instead of carrying them.
- Do not sit in a low chair or sofa, or in swivel chairs.
- Add firm pillows to a low chair to help make getting up easier.
- Make sure rooms are well lit.
- Move electrical cords out of the way so you don't trip.
- Watch for pets or small objects on the floor.
- Remove throw rugs to prevent slipping or tripping.
- Make sure to tell your therapist about any stairs in the home so they can properly instruct you on how to be safe.



HOME RECOVERY

INCISION CARE

Your incision should remain dry. There should not be an increase in drainage from the time you left the hospital. The skin edges may appear red or irritated due to the staples. Once the staples are removed, the redness will gradually decrease. Redness that spreads beyond the staple line should be reported to your surgeon.

Notify your surgeon if you experience any of the following:

- Fever of 101° or greater.
- Unusual pain, warmth, swelling or redness in the calf of your leg.
- Sudden pain or swelling at the incision.
- Change in the color or odor of the drainage from the incision.
- Chest pain or shortness of breath.
- Sudden, sharp pain in your hip with a “click” or a “pop”.
- An apparent shortening of your operated leg
- Turning in or out of your operated foot

SHOWERS

Your staples will be removed two weeks from the date of surgery. You may shower 72 hours after surgery. Do not let water directly hit the incision, do not scrub. At first, just let water run over the incision and do not use a washcloth. Instead, wash your incision softly with your fingers using an up-and-down motion. Avoid a side- to-side motion to prevent spreading the edges of your incision.

Pat the incision dry before placing a new dressing. You do not need to cover the incision to shower. Always make sure the dressing is clean and dry.

Do not take baths or submerge your incision until you follow up with your surgeon. This creates a habitat for bacteria.

DIFFICULTY SLEEPING

Many people have trouble sleeping for the first six weeks after surgery. We recommend you take Benadryl, an over-the-counter medication, check with your doctor. Limit your intake of caffeine (coffee, tea, and chocolate) and try to stay awake during the day.

POOR APPETITE

A combination of pain medications and vitamins may create a temporary loss of appetite and even upset your stomach. Light, non-fatty foods are more easily digested; but please don't forget to drink plenty of fluids to prevent constipation.

A WELL BALANCED DIET

Protein and Vitamin C are necessary to promote healing.

Good sources of protein include:

- Chicken, turkey, beef, pork, fish, milk, yogurt, cheese, cottage cheese, eggs, dry beans and peas, peanut butter, and nuts.

Good sources of Vitamin C include:

- Citrus fruits and juices, strawberries, cantaloupe, mango, kiwi, cabbage, tomatoes, green peppers, broccoli, Brussels sprouts, and potatoes.

AVOID CONSTIPATION

Eat foods high in fiber and drink plenty of fluids. Recommended foods that are high in fiber include:

- Whole grain breads (with at least 2 grams of fiber per slice)
- Cereals (with at least 4 grams of fiber per serving)
- Vegetables (broccoli, carrots, corn, peas, spinach)
- Fruits (apples, bananas, pears, oranges, prunes, raisins)
- Dry beans (navy, pinto, kidney, baked, garbanzo beans)
- Peas, nuts and seeds

SHOES

High heels should be avoided for the first three months. A well-fitting, flat, closed-toe shoe is safest. A good example would be a tennis shoe or sneaker. Slip-on shoes or sling backs tend to slide off your foot and may cause you to lose your balance.

STAIRS

Follow the directions you have been given on how to climb stairs. Your therapist will work with you in the hospital to learn how to climb stairs, and the home health therapist can help in the home.

DRIVING

Your surgeon will let you know when you can drive. You should not drive while taking pain medication. This can be addressed at the 2-week follow up appointment as well as if you need a temporary handicap tag

RETURNING TO WORK

When you go back to work depends on how quickly you heal and how much demand your job puts on your new hip. It is not unusual for someone who does a lot of walking, standing or physical labor to be off work three to six months. Someone who has a desk job and can park close to the office may be able to return to work for a few hours each day as soon as two weeks after surgery. Your doctor and therapist will help you decide when you are ready and strong enough to return to work.

OTHER ACTIVITIES

Within a few months, you may resume low impact activities such as walking, dancing, golf, hiking, swimming, and low resistance bicycling. High impact activities, such as running, singles tennis and basketball are not recommended. Injury prone sports such as downhill skiing are also restricted.

After surgery you can expect gradual improvement for the next 18 months. You can look forward to less pain, stiffness and deformity. You will begin to enjoy activities of daily living with more comfort and move toward a more independent life-style.

HOME MEDICATIONS

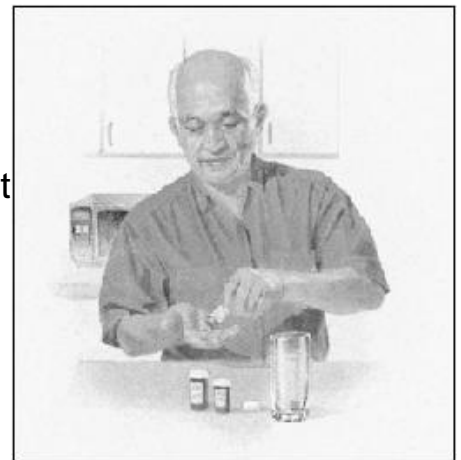
You will be discharge home with pain medication, and a medication to prevent blood clots. Your doctor will tell you which of your home medications you can begin taking again.

PAIN MEDICATION

Take your medication as directed on the label. Do not take more than prescribed. If you feel you need a refill of your pain medication, please call the pharmacy and the pharmacist will contact your doctor's office. Typically, you will be allowed one refill. You can begin to substitute Tylenol or Advil for the prescription medication at any time. However, you should not take any anti-inflammatory medication while taking your blood thinner. (Ibuprofen, aspirin)

Taking Pain Medications:

- It is recommended you take pain medication ½ hour before your physical therapy.
- Take pain medications with some food to avoid an upset stomach.
- Don't drink alcohol while using pain medications.
- Pain medications have a tendency to cause constipation, so drink plenty of fluids and eat fruit to help prevent bowel problems.



BLOOD THINNING MEDICATION

You will be given a prescription for your blood thinning medication when you leave the hospital. Certain blood thinners require that arrangements be made to monitor your blood levels at home. This will be arranged through home health nursing. You will receive a teaching packet to inform you more about your medications.

While taking a blood thinner, you might notice bruising and swelling of the operative leg. This is a normal occurrence for patients taking this medication and these symptoms should gradually subside once the medication is discontinued. Notify the doctor for any bleeding that won't stop.

To help in preventing blood clots you will be discharged with Ted Hose. These are white compression stockings that are worn to prevent blood from pooling in the legs. We recommend wearing these up to 4 weeks. They may be taken off to wash at night. Other pairs are available at drug stores.

EXERCISES AND MOBILITY

Walking and exercising are the keys to regaining your flexibility and strength. A daily home exercise program is a **MUST** during this early recovery period. With continued exercise you will gain even more strength and mobility than you had before surgery. With your hip in shape, you will walk more easily and return to an active life style sooner.

- Perform your exercises daily as instructed by your physical therapist.
- Your home health or outpatient therapist will continue to progress your exercise program.
- Your therapist may add riding a stationary bike or other new exercises to your program.



Balance exercise and rest periods:

- Balance exercise periods and rest periods for best results
- Rest between periods of activity.
- Do not become overtired.
- Gradually increase your activity at home.
- Do not try to overdo or push yourself beyond the limits of pain.

USING YOUR SKILLS AT HOME

In the hospital, you practiced getting out of bed, walking, and doing daily tasks safely with your new hip. Once you return home, it's time to use what you've learned. As you recover at home, you will find yourself returning to your daily routine. To keep your hip safe, always think before you move. Expect to see your efforts pay off as you increase your activity.



WALKING

Walking helps build a more normal, comfortable stride. It also keeps you in shape and helps prevent blood clots. A good way to practice walking is by making it part of your daily routine.

- Begin by taking three or four short walks every day. Gradually increase how far, how long and how many times a day you walk.
- After you walk, lie down, elevate your leg, and ice your hip to reduce swelling.
- Continue using your walker until your home therapist progresses you off of it. This will depend on pain level and balance.
- You may feel like you can walk without a walker, but remember that healing takes time and while healing you may need to protect your joint by using an assistive device such as a walker, crutches or cane for a while.



FOLLOW UP WITH YOUR SURGEON

Your surgeon will examine and possibly an x-ray your hip about 2 weeks after surgery to check on your progress. Your next follow up visits will be at two months and one year after surgery. At this appointment your staples will be removed. This is a good appointment to address any paperwork needed for work. It is important to have yearly follow-up appointments after total joint replacement. A yearly physical exam and x-ray allow the physician to follow and monitor your progress, which can prevent future problems.

CALL THE DOCTOR'S OFFICE IF YOU HAVE:

- Increased pain
- Swelling not reduced by elevation
- Incision drainage
- Wound opening
- Bright red blood
- Calf or groin pain that is not lessened by elevation

THESE CONDITIONS MAY REQUIRE IMMEDIATE ATTENTION!

All of us at St. Joseph's Joint and Spine look forward to assisting you in your recovery.

If there is anything we can do for you or your family during your stay please feel free to contact us at any time, 816-943-2371.

COMMONLY ASKED QUESTIONS **AFTER TOTAL HIP REPLACEMENT SURGERY**

How long will my hip continue to hurt and swell?

Pain after joint replacement usually decreases rapidly during the first month. Sometimes there may be a dull ache or soreness after walks or exercise. This may occur for up to 18 months. Pain with the first few steps after standing up may be present for a while but gradually decreases with time.

Swelling usually increases during the first few days home from the hospital. Reduce swelling by spending one hour in the morning and one hour in the evening with your feet elevated. (Remember to follow your ***Hip Precautions*** when elevating your legs). Swelling is generally worse in the evenings and may be increased by exercise.

How long do I need to follow my *Hip Precautions*?

Typically 6-9 months for your tissues to fully heal around your prosthesis. Talk with your surgeon to find out how long you must follow your *Hip Precautions*.

How much exercise should I do?

Mild to moderate exercise is beneficial. 20 minutes, 3-4 times daily, should be devoted to performing your exercises. Physical therapy is a vital part of your recovery and normally lasts 4-6 weeks depending on your progress.

Should I use a cold packs or heating pad?

Cold packs can be used to help relieve pain and swelling, but can be harmful if left on too long (more than 20 minutes). The use of heat is not recommended in the first few weeks after surgery.

How long should I continue taking my medication after surgery?

Blood thinning medications should be taken as directed by your surgeon and the duration depends on what is prescribed. All pain medications should be taken as directed.

Should I put lotion on my incision?

Do not apply lotions, creams, oils, ointments or cosmetics to your incision until it is fully healed.

When can I shower or bathe?

You may shower within the first 72 hours after surgery. Occupational therapy will assist with the first shower in the hospital. Your incision may be open to air; there is no need to cover the staples. Do not soak in bathtubs, spas or pools for up to 8 weeks after surgery.

How will I manage stairs?

Your physical therapist will instruct you and your coach in the proper technique to climb stairs before you go home.

What kind of shoes should I wear?

A well-fitting, flat, closed-toe shoe with a rubber sole is safest.

Should I wear support hose?

Your surgeon will require you to wear TED hose after surgery. This will aid in promoting circulation and decreasing swelling. You will be instructed to wear these 4-6 weeks after surgery.

Will I notice anything different about my hip?

In many cases, patients with hip replacements think that the new joint feels completely natural. However, we recommend always avoiding extreme position or high impact physical activity. The leg with the new hip may be longer than it was before because of previous shortening due to the hip disease. Most patients get used to this feeling in time, or can use a small lift in the other shoe. Some patients have aching in the thigh on weight bearing for a few months after surgery.

When can I drive?

Driving is an individual matter and depends on whether surgery was on the right or left hip. Some people regain their coordination and reflexes quickly and others take several weeks. Driving should not be considered if you are still taking pain medications. Your surgeon will tell you when you are safe to return to driving.

When can I resume intimate relations with my partner?

Get your surgeon's okay before resuming intimate relations. Until the new joint is fully healed, avoid movements that could harm the healing process.

When can I increase my activity?

It varies from patient to patient. The following are examples of activities and when you can expect to perform them:

- Drive in 2-3 weeks
- Slow dance in 6-8 weeks
- Play golf in 10-12 weeks