Welcome

Patient Name_____

Pre-op Interview at Carteret Care Day Surgery_____

Pre-op Joint Class telephone appointment at_____

History & Physical at Office_____

Blood Draw (Band & Screening) at Lab_____

Surgery Date at Day Surgery Unit_____

Post-op Appt. at Office_____

Physical Therapy Post-op Appt._____

To schedule or reschedule please call CHC Scheduling at 808-6200.

Please Bring This Book With You To:

- Every visit
- Your hospital pre-op class
- The hospital on admission
- All physical therapy visits after surgery

Welcome

Pre-Admission/Discharge Needs Assessment

Please complete prior to your scheduled Joint Class

Name: _____

Address: _____

Phone: _____

Type/Date of Surgery: _____ Date: _____

E-mail Address: _____

Situations to consider to assist your discharge needs.

Y	N	
___	___	Do you live alone?
___	___	Do you care for someone else?
___	___	Do you have family and friends to assist you after surgery?
___	___	Will you need assistance with meals, grocery shopping, or personal care?

List (2) persons who will be assisting you after surgery

1. _____
2. _____

Transportation after surgery will be provided by: _____

Residential Information:

Levels in my home _____ Number of steps into entrance _____

Presence of a ramp Y N Presence of handrails Y N

Bathroom Access: Standard tub/shower
Standing Shower
Toilet

Equipment already in home:

Walker _____ Cane _____ Crutches _____

Elevated Toilet seat _____ Chair with arm rests _____

Other Special needs or Concerns I have:

_____

_____

Welcome

Understanding your medical history is an important aspect of caring for you.

Please list all medications you are currently taking on a routine basis:

(Prescription and Over the Counter)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Please list all previous surgeries

(Include year of surgery)

_____
_____
_____
_____
_____
_____
_____
_____

Are you a smoker? Y N

So you currently use a Bipap or C-pap machine at night? Y N

Please list any questions or concerns?

_____
_____
_____
_____
_____
_____

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Appendix

Clinical Diary

Instructions for professionals

The GuideBook will improve communication between all the health professionals who will be caring for the hip patient. The use of the clinical diary in the front of the guide will allow all the important information to be shared. Many patients see multiple professionals during the first three months after surgery.

Surgeons/Physicians' Assistants/Nurse Practitioners

Preoperatively, please record the following information in the Clinical Diary:
(patient should bring this guide to the hospital)

- Your name and phone number
- Patient's diagnosis
- Preoperative deformities/instabilities
- Preoperative range of motion (ROM)-active and passive

Postoperatively, please record the following information in the Clinical Diary:

- Prosthetic type
- Special surgical procedures (e.g., bone grafting, etc.)
- Special precautions or concerns (e.g., tendon disruptions, etc.)
- Weight-bearing status
- Motion obtained at surgery

After recording the data, please return the guide to your patient or hospital therapist.

Hospital Physical Therapist

Please fill out the hospital rehabilitation section in the Clinical Diary upon patient discharge.

- Include your name and phone number
- If the patient is going home, please mark the appropriate home exercises

Sub-Acute/Home Health/Outpatient Physical Therapist

- Review the entire guide so that you are familiar with it and the goals that we expect to be met
- Review all information in the Clinical Diary and document the progress at least once a week
- Include your name and phone number
- Choose the appropriate exercise programs in the guide and mark them accordingly for the patient's home program

Clinical Diary

Physician & Physical Therapist Use Only

Pre-Hospitalization: Physician—please record preoperative information and return to patient. Your input is important.			
D.O./M.D./P.A.		Phone:	Date:
Patient:		Diagnosis:	
Assoc. Medical DX: (that could influence rehab)			
Deformity/Instability present:			
Findings/Concerns:			

Surgical: Physician—please record on surgery day. Your input is important.			
D.O./M.D./P.A.		Phone:	Date:
Prosthetic type:	Cemented	Non-Cemented	Hybrid
Special Procedures/Precautions:			
Weight Bearing:	NWB	%PWB	WBAT
Findings/Concerns:			
Special Procedures/Surgical Approach:		☐ Posterior	☐ Antero-lateral

Clinical Diary

Physician & Physical Therapist Use Only

Hospital Rehab on Discharge: Physical Therapist/Occupational Therapist. Please fill in.		
P.T. Name:	Phone:	Date:
O.T. Name:	Phone:	Date:
Bed Mobility:	Transfers:	
Gait Skills:	Stair Skills:	

Precautions: rDemonstrates understanding rNeeds cues during rDoes not demonstrate understanding

Lower Body/ADLs: rMOD I rSupervision rAssist rDependent

rOther _____

ADL Equipment Issued: rReacher rSock aid

rCompression stocking aid rDressing stick rLong shoe horn

rOther (tub xfer, etc.) _____

Please record your name, number and date on first visit with your patient.

Clinical Diary

Physician & Physical Therapist Use Only

Home Health/Outpatient Physical Therapist/Subacute P.T. and O.T.		
P.T. Name:	Phone:	Weeks to:
P.T. Name:	Phone:	Weeks to:
P.T. Name:	Phone:	Weeks to:
P.T. Name:	Phone:	Weeks to:
P.T. Name:	Phone:	Weeks to:
P.T. Name:	Phone:	Weeks to:

Post-Op Week	Date	ADL Skills	Transfers	Gait Device	Amb. Distance	Stair Skills	Precautions
2							
3							
4							
5							
6							

Please record once a week with your name and phone number.

General Information

Welcome

Thank you for choosing Carteret Health Care Joint and Spine Center to help restore you to a higher quality of living with your new prosthetic joint.

Annually, over 700,000 people undergo joint replacement surgery. Primary candidates are individuals with chronic joint pain from arthritis that interferes with daily activities, walking, exercise, leisure, recreation, and work. The surgery aims to relieve pain, restore your independence, and return you to work and other daily activities.

Hip replacement and resurfacing patients typically recover quickly. Patients will typically be able to walk the day of surgery. Generally, patients are able to return to driving in 2–4 weeks, dancing in 4–6 weeks, and golf in 6–12 weeks.

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

Your team includes physicians, physicians' assistants, nurses, orthopedic technicians, and physical and occupational therapists specializing in total joint care. Every detail, from preoperative teaching to postoperative exercising, is considered and reviewed with you.
The Joint Care Coordinator will plan your individual treatment program and guide you through it.

General Information

The Purpose of the GuideBook

Preparation, education, continuity of care, and a pre-planned discharge are essential for optimum results in joint surgery. Communication is essential to this process. The GuideBook is designed to educate you so that you know:

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

Remember, this is just a guide. Your physician, physician's assistant, nurses, or therapist may add to or change any of the recommendations. Always use their recommendations first and ask questions if you are unsure of any information. Keep your GuideBook as a handy reference for at least the first year after your surgery.

Using the GuideBook

Instructions for Patients

- Read General Information Section
- Read Preoperative Checklist Section – check off as you complete
- Read Hospital Care and Postoperative Care Sections for surgical and post-op information
- Carry your GuideBook with you to hospital, sub-acute facility, outpatient therapy, and all physician visits

General Information

Overview

The Carteret Health Care Joint and Spine Center is unique. It is a dedicated center within the hospital. Patients have their surgery on Monday or Tuesday and typically return home after a two to three night stay in the hospital.

Features of the program include:

- Nurses and therapists who specialize in the care of joint patients
- Private rooms
- Emphasis on group activities as well as individual care
- Family and friends educated to participate as "coaches" in the recovery process
- Coordination of all preoperative care and discharge planning
- A comprehensive patient guide for you to follow from six weeks pre-op until three months post-op and beyond
- Coordinated pre-surgery preparation class
- Coordinated after-care program
- Quarterly focus brunches and reunions for former patients and coaches
- Monthly public education seminars about hip and knee pain

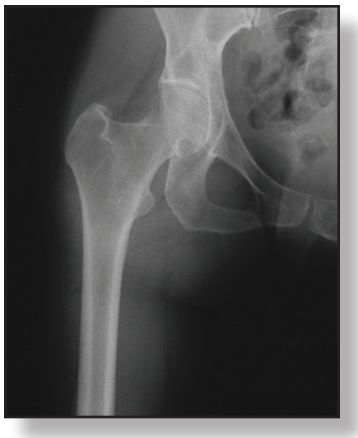
General Information

Frequently Asked Questions About Total Hip Surgery

We are glad you have chosen the Carteret Health Care Joint and Spine Center to care for your hip. Patients have asked many questions about hip replacement. Below is a list of the most frequently asked questions along with their answers. If there are any other questions that you need answered, please ask your surgeon or the Joint Care Coordinator. We want you to be completely informed about this procedure.

What is osteoarthritis and why does my hip hurt?

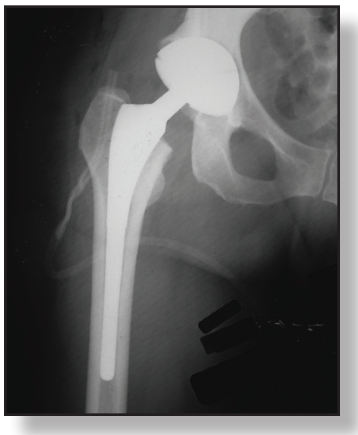
Joint cartilage is a tough, smooth tissue that covers the ends of bones where joints are located. It helps cushion the bones during movement, and because it is smooth and slippery, it allows for motion with minimal friction. Osteoarthritis, the most common form of arthritis, is a wear and tear condition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



Before: Bone-on-bone contact.

What is a total hip replacement?

A total hip replacement is an operation that removes the arthritic ball of the upper femur (thighbone) as well as damaged bone and cartilage from the hip socket. The ball is replaced with a metal ball that is fixed solidly inside the femur. The socket is replaced with a plastic or metal liner that is usually fixed inside a metal shell to create a smoothly functioning joint.



After: A new surface creates a smoothly functioning joint.

What is hip resurfacing?

Hip resurfacing is an operation that preserves the femoral head and neck. The surgeon will remove a small amount of bone around the head of the femur, shaping it to fit tightly inside the hip resurfacing implant. The socket is replaced with a plastic or metal liner that is usually fixed inside a metal shell to create a smoothly functioning joint.

What are the results of hip replacement?

Results will vary depending on the quality of the surrounding tissue, the severity of the arthritis at the time of surgery, the patient's activity level, and the patient's adherence to the doctor's orders.

When should I have this type of surgery?

Your orthopedic surgeon will decide if you are a candidate for the surgery. The decision will be based on your history, exam, X-rays, and response to conservative treatment.

General Information

Am I too old for this surgery?
Age is generally not an issue if you are in reasonable health and have the desire to continue living a productive, active life. You may be asked to see your personal physician for his/her opinion about your general health and readiness for surgery.

How long will my new hip last?
All implants have a limited life expectancy depending on an individual's age, weight, activity level, and medical condition(s). A total joint implant's longevity will vary in every patient. It is important to remember that an implant is a medical device subject to wear that may lead to mechanical failure. While it is important to follow all of your surgeon's recommendations after surgery, there is no guarantee that your particular implant will last for any specific length of time.

Why might I require a revision?
Just as your original joint wears out, a joint replacement will wear over time as well. The most common reason for revision is loosening of the artificial surface from the bone. Wearing of the plastic spacer may also result in the need for a new spacer. Dislocation of the hip after surgery is a risk. Your surgeon will explain the possible complications associated with total hip replacement.

What are the possible complications associated with joint replacement?
While uncommon, complications can occur during and after surgery. Some complications include infection, blood clots, implant breakage, malalignment, leg length discrepancy, fracture, dislocation, and premature wear, any of which may necessitate implant removal/replacement surgery. While these devices are generally successful in attaining reduced pain and restored function, they cannot be expected to withstand the activity levels and loads of normal healthy bone and joint tissue. Although implant surgery is extremely successful in most cases, some patients still experience pain and stiffness. No implant will last forever, and factors such as a patient's post-surgical activities and weight can affect longevity. Be sure to discuss these and other risks with your surgeon.

Should I exercise before the surgery?
Yes, you should consult your surgeon and physical therapist about the exercises appropriate for you.

Will I need blood?
Generally speaking, it is rare to require a transfusion for a single joint replacement.

How long will I be incapacitated?
If time and post-operative condition permits, ambulation training with a physical therapist will begin the day of surgery. The next morning most patients will get up, sit in a chair or recliner, and should be walking with a walker or crutches later that day.

General Information

How long will I be in the hospital?
Most hip patients will be hospitalized for two to three days after total replacement surgery and one to two days after hip resurfacing. There are several goals that must be achieved before discharge.

What if I live alone?
Three options are usually available to you. You may return home and receive help from a relative or friend. You can have a home health nurse and physical therapist assist you at home for two or three weeks. You may also stay at a sub-acute facility following your hospital stay depending on your insurance.

Will I need a second opinion prior to the surgery?
The surgeon's office secretary will contact your insurance company to pre-authorize your surgery. If a second opinion is required, you will be notified.

How do I make arrangements for surgery?
After your surgeon has scheduled surgery, the Joint Care Coordinator will contact you. The Joint Care Coordinator will guide you through the program and make arrangements for both pre-op (before surgery) and post-op (after surgery) care. The coordinator's role is described in the GuideBook along with a phone number.

How long does the surgery take?
The hospital reserves approximately two to two-and-one-half hours for surgery. Some of this time is taken by the operating room staff to prepare for the surgery.

Do I need to be put to sleep for this surgery?
You may have a general anesthetic, which most people call "being put to sleep." Some patients prefer to have a spinal or epidural anesthetic, which numbs only the legs and does not require you to be asleep. The choice is between you, your surgeon, and the anesthesiologist. For more information read "Anesthesia" in your GuideBook appendix.

Will the surgery be painful?
You will have discomfort following the surgery, but we will try to keep you as comfortable as possible with the appropriate medication.

Who will be performing the surgery?
Your orthopedic surgeon will perform the surgery. An assistant often helps during the surgery.

General Information

How long, and where, will my scar be?
Surgical scars will vary in length, but most surgeons attempt to keep the incision as short as possible. It may be along the side of your hip, toward the back of your hip, or toward the front of your hip.

Will I need a walker, crutches, or cane?
Yes, for about six weeks we do recommend that you use a walker, a cane, or crutches. The Case Manager can arrange for them if necessary.

Will I need any other equipment?
After hip replacement surgery, you will need a high toilet seat for about three months. We can arrange to have one delivered to you, or you may rent or borrow one. You will also be taught to use assistive devices to help you with lower body dressing and bathing. You may also benefit from a bath seat or grab bars in the bathroom, which can be discussed with your occupational therapist. Other equipment needs (with instructions for use) can be arranged by the Joint Coordinator or Case Manager.

Where will I go after discharge from the hospital?
Most patients are able to go home directly after discharge. Some patients may transfer to a sub-acute facility and stay there for three days to three weeks. The Joint Coordinator will help you with this decision and make the necessary arrangements. You should check with your insurance company to see if you have sub-acute benefits.

Will I need help at home?
If you go directly home from the hospital, the Case Manager can arrange for a home health physical therapist to come to your house as needed.

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

How long until I can drive and get back to normal?
The ability to drive depends on whether surgery was on your right hip or your left hip and the type of car you have. If the surgery was on your left hip and you have an automatic transmission, you could be driving at two weeks. If the surgery was on your right hip, your driving could be restricted as long as six weeks. Getting "back to normal" will depend somewhat on your progress. Consult with your surgeon or therapist for their advice on your activity.

General Information

When will I be able to get back to work?
We recommend that most people take at least one month off from work, unless their jobs are quite sedentary and they can return to work with crutches. An occupational therapist can make recommendations for joint protection and energy conservation on the job.

When can I have sexual intercourse?
The time to resume sexual intercourse should be discussed with your orthopedic physician.

How often will I need to be seen by my doctor following the surgery?
You will be seen for your first postoperative office visit two to three weeks after discharge. The frequency of follow-up visits will depend on your progress. Many patients are seen at six weeks, twelve weeks, and then every couple of years.

Are there any permanent restrictions following this surgery?
Yes, high-impact activities, such as running, singles tennis, and basketball, are not recommended. Injury-prone sports such as downhill skiing are also restricted. Hip patients will be restricted from crossing their legs, twisting operated leg, bending 90 degrees at the hip, or twisting side-to-side (see page 39).

What physical/recreational activities may I participate in after my surgery?
You are encouraged to participate in low-impact activities such as walking, dancing, golf, hiking, swimming, bowling, and gardening at your surgeon's discretion.

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 always recommend avoiding extreme position or high-impact physical activity. The leg with the new hip may be longer than it was before, either because of previous shortening due to the hip disease or because of a need to lengthen the hip to avoid dislocation. 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.

General Information

Dear Joint Care Patient:

On behalf of the Carteret Health Care Food and Nutrition Department, I would like to welcome you and orient you to the Nutrition Services you will be receiving while a patient at the Joint and Spine Center. The type of diet you receive will depend on the order given by your physician. Based on that diet order, your meals will be prepared and served to you. When your diet is ordered, you may receive a selective menu for your first meal. After that, you will be called by a menu specialist so that you are able to order your meals.

Meals are ordered at two different times during the day. A menu specialist will call for your Lunch meal between 8 and 9 am. Dinner and Breakfast meals will be ordered between 12 and 12:30 or 3 and 4pm. When you are admitted, there is a menu included in your admission packet, called "Preferred Dining." That is the menu you will be ordering from. If for some reason you miss the call, a menu specialist can be contacted at extension 6113 or 3031. If there is no answer, you can leave your order on the phone at 6113. If we are not able to contact you for your meal order, you will recieve the special of the day.

When leaving your order on the phone, please leave your first and last name, the room you are in, your birth date and the type of diet you are on if possible.

If you have diabetes, you will receive the Consistent Carbohydrate diet. This diet controls the amount of carbohydrate for each meal and for the day. If you have questions about this diet, please ask to speak to one of the clinical dietitians. Other special diets are also available. We realize that many of our patients have other medical conditions, allergies, and special dietary needs or preferences. Please tell your nurse about these needs and request to see the clinical dietitian. Also, if there are likes or dislikes, please inform your nurse so we are aware and do not send items you do not want.

Please call me, Bob Gambichler, at extension 6114 or email me at bgambichler@ccgh.org if you have any concerns or suggestions to make our food service better. Our goal is to provide you with a very good food experience while you are a patient at Carteret Health Care.

Sincerely,

Bob Gambichler

Director, Food and Nutrition Services

Preoperative Checklist

What to do Six Weeks Before Surgery

Role of the Joint Care Coordinator

The Joint Care Coordinator will be responsible for your care needs from the preoperative course through discharge and postoperative discharge follow-up.

The Joint Care Coordinator will:

- Obtain health database
- Assess your needs at home including caregiver availability
- Assess and plan for your specific care needs such as anesthesia and medical clearance for surgery
- Coordinate your discharge plan to outpatient services, home, or a sub-acute facility
- Assist you in getting answers to insurance questions
- Act as your liaison throughout the course of treatment from preoperative through postoperative discharge
- Answer questions and coordinate your hospital care with the Joint and Spine Center's team members

After your surgeon's office has scheduled you for joint surgery, you will be contacted by the Joint Care Coordinator who will:

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

You may call the Joint Care Coordinator at any time pre-op to ask questions or raise concerns about your pending surgery.

_____ Telephone:_____252-808-6673_____

Joint Care Coordinator

Preoperative Checklist

Contact Your Insurance Company

Before surgery your surgeon's office will contact your insurance company to find out if a preauthorization, a precertification, a second opinion, or a referral form is required. You will need to confirm with your insurance company to find out if a preauthorization, a pre-certification, a second opinion, or a referral form is required. It is very important to make this call because failure to clarify these questions may result in a reduction of benefits or delay of surgery.

If you are a member of a Health Maintenance Organization (HMO), you will go through the same registration procedure. However, you may need to call your HMO and confirm once your procedure has been scheduled.

If you do not have insurance, the office staff will assist you in office payment arrangements and the Joint Care Coordinator will assist you in the hospital payment arrangements.

Pre-Register

After your surgery has been scheduled, you will pre-register at a scheduled appointment. You will be asked to have the following information ready when you are contacted:

- Patient's full legal name and address, including county
- Home phone number
- Marital status
- Social Security number
- Name of insurance holder, his/her address, phone number, work address, and work phone number
- Name of your insurance company, mailing address, policy and group numbers, and insurance card
- Your employer, address, phone number, and occupation
- Name, address, and phone number of nearest relative
- Name, address, and phone number of someone to notify in case of emergency (this can be the same as the nearest relative)
- Bring your insurance card, driver's license or photo I.D., and any co-payment required by the insurance company with you to the hospital

Preoperative Checklist

Obtain Medical and Anesthesia Clearance

When you are scheduled for surgery, your surgeon should discuss a medical clearance and the potential need to see your primary care physician and/or a specialist. Please follow your surgeon's instructions. If you need to see your primary care doctor, it will be for preoperative medical clearance. (This is in addition to seeing your surgeon preoperatively.) The Joint Care Coordinator may order additional physician consults after discussing your medical history with the anesthesiologist.

Obtain Diagnostic Tests

When you were scheduled for surgery, you should have received an order sheet for diagnostic testing from your surgeon. Follow the instructions on this sheet. The Joint Care Coordinator may order additional testing.

Billing for Services

After your procedure, you will receive separate bills from the anesthesiologist, the hospital, the radiology and pathology departments (if applicable), outpatient or homehealth, physical therapy, and your surgeon. If your insurance carrier has specific requirements regarding participation status, please contact your carrier.

Start Preoperative Exercises

Many patients with arthritis favor their joints and thus the joints become weaker, which interferes with their recovery. **It is important that you begin an exercise program before surgery. Please refer to the exercise handouts provided.**

Preoperative Checklist

Register For Preoperative Class

A special class is held for patients scheduled for joint surgery. Your surgeon's office will schedule this class for you 1–2 weeks prior to your surgery. You will only need to attend one class. It is strongly suggested that you bring a family member or friend to act as your "coach." The coach's role will be explained in class. If it is not possible for you to attend, please inform the Joint Care Coordinator. The outline of the class is as follows.

- Slide Presentation
- What to Expect
- Role of your "Coach"/Caregiver
- Tour the Unit
- Review Your Preoperative Exercises
- Learn About Assistive Devices and Joint Protection
- Discharge Planning/Insurance/Obtaining Equipment
- Complete Preoperative Forms
- Questions and Answers

Review "Exercise Your Right"

The law requires that everyone being admitted to a medical facility has the opportunity to make advance directives concerning future decisions regarding their medical care. Please refer to the appendix for further information. Although you are not required to do so, you may make the directives you desire. **If you have advance directives, please bring copies to the hospital on the day of surgery.**

Donating Your Blood

In most cases, you will not be donating your own blood as this is not required and may actually increase the risk of further transfusions.

Preoperative Checklist

Four Weeks Before Surgery

Start Iron, Vitamins

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

Read "Anesthesia" (Appendix)

Joint Surgery does require the use of either general anesthesia or regional anesthesia. Please review "Anesthesia" (see appendix) provided by our anesthesia department. If you have questions, please contact the Joint Care Coordinator or your surgeon's office.

Stop Smoking

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

Preoperative Checklist

Ten Days Before Surgery

Preoperative Visit to Surgeon

You should have an appointment in your surgeon's office 3–10 days prior to your surgery. This will serve as a final check-up and a time to ask any questions that you might have.

Stop Medications That Increase Bleeding

Seven days before surgery, stop all anti-inflammatory medications such as aspirin, Motrin®, Naproxen, Vitamin E, etc. These medications may cause increased bleeding. If you are taking a blood thinner, you will need special instructions for stopping the medication. Your surgeon may allow you to continue to use Celebrex. The Joint Care Coordinator will instruct you about what to do with your other medications.

Prepare Your Home for Your Return from the Hospital

Have your house ready for your arrival back home. Clean, do the laundry, and put it away. Put clean linens on the bed. Prepare meals and freeze them in single serving containers. Cut the grass, tend to the garden, and finish any other yard work. Pick up throw rugs and tack down loose carpeting. Remove electrical cords and other obstructions from walkways. Install night lights in bathrooms, bedrooms, and hallways. Arrange to have someone collect your mail and take care of pets or loved ones, if necessary.

Two Days Before Surgery

Shower Prep Prior to Surgery

You will need to shower with a special soap once a day the day before and the morning of your surgery. You will receive special soap from your surgeon's office. For example, if surgery is on Monday, take a shower with the special soap on Sunday and Monday morning.

Directions:

1. Pour the special soap on a washcloth.
2. Wash all areas of your body, except face and vaginal area, with the special soap.
3. Thoroughly wash the area where you are going to have surgery.
4. Rinse as usual. Dress as usual.

Your surgeon recommends this special soap to reduce the amount of germs on your skin prior to surgery.

Preoperative Checklist

Day Before Surgery

Find Out Your Arrival Time at Hospital

The hospital will call on the day before the surgery (or on Friday if your surgery is on Monday) to inform you what time your procedure is scheduled. You will be asked to come to the hospital two hours before the scheduled surgery to give the nursing staff sufficient time to start IV's, prep, and answer questions. It is important that you arrive on time to the hospital because sometimes the surgical time is moved up at the last minute and your surgery could start earlier. If you are late, it may create a significant problem with starting your surgery on time. In some cases, lateness could result in moving your surgery to a much later time.

Night Before Surgery

Do Not Eat or Drink

Do not eat or drink anything after midnight, EVEN WATER, unless otherwise instructed to do so.
No chewing gum.

What to Bring to the Hospital

Personal hygiene items (toothbrush, powder, deodorant, razor, etc.); watch or wind-up clock; hand-held mirror to use at bedside; shorts, tops, culottes; well-fitted slippers; and flat shoes or tennis shoes. For safety reasons, **DO NOT** bring electrical items. You may bring battery-operated items.

You must bring the following to the hospital:

- Your patient GuideBook
- A copy of your advance directives
- Your insurance card, driver's license or photo I.D., and any co-payment required by your insurance company

Special Instructions

You will be instructed by your physician about medications, skin care, showering, etc.

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

Preoperative Checklist

Things to Have or do at Home:

1. All patients should check their home for obstacles. Remove throw rugs; investigate your bathroom for grab bars (must have studs in the wall to install grab bars).
2. Assess your stairs at home. Stairs present a potential hazard. We will teach you how to safely negotiate a single step and to use stairs with a railing and cane. However, if there is an area in your house you must access that has more than one step and no railing, you should consider installing a railing for safety (such as outside steps).

Bilateral total knee and total hip patients MUST have a railing

3. Review your Joint Replacement Book. It is important to do the exercises so that you are familiar with them prior to surgery. Especially work the armchair push up exercises and the isometric quadriceps exercise.

HIP PATIENT'S

1. Inspect your chairs at home prior to coming to the hospital. Make sure you have a good comfortable armchair of at least 18" to use at home. Your knees should not be above the level of your hips when you are seated. Your feet should be elevated on a stool or recliner. Low couches/chairs are not acceptable as you could dislocate your hip.
2. Ice Packs: you will receive 2 small ice packs to take home. However, back-up ice packs will be needed for frequent turnover. You can purchase additional commercial ice packs, use a bag of frozen peas or make your own ice back by doing the following: mix 1 cup of rubbing alcohol and 3 cups of water in a large Ziploc freezer bags (double bag to prevent leakage) and place in the freezer until it turns to slush.
3. Hip patients should put a pillow in the car to elevate the car seat. You should also have a trash bag available to facilitate sliding into the car if you have cloth seats (not necessary if you have leather seats).

What to Bring to the Hospital:

1. Absolutely choose loose, comfortable clothing. If at all possible, shorts should be nylon mesh material to facilitate sliding and have an elastic waist for ease in pulling up. The length should be down to the knee as you may have a catheter and will not be wearing underwear the first day. Try on clothing prior to coming to the hospital. Make sure shorts are easy to get up and down. HIP patients should try to imagine a bulky dressing that will add 2 inches to your hip.

Preoperative Checklist

2. Do not bring good clothes for therapy as they may get soiled.
3. Shirts should be short sleeved to allow access to the IV sties, and easy monitoring of blood pressure and pulse.
4. Footwear will be hospital issued socks unless you require special shoes, braces or orthotics. Bring any special shoes and braces with you to the hospital. Patients do not need bathrobes or slippers.
5. Bring ambulation aides (rolling walkers) to the hospital so that we may inspect it for safety and adjust it to your height.
6. Bring your Joint Replacement Knee/Hip Book.
7. Optional: You may bring a counter to the hospital to help keep track of the exercise repetitions.

Coaches Duties While in the Hospital:

1. Please unpack the bags and pick out the first day outfit, placing it on the top shelf of the tall closet. If the patient has a catheter, underwear will not be worn with the shorts until the catheter is removed.
2. Please unpack your joint notebook, readily visible for the volunteers to collect the morning after surgery. We will document in the book and return it to you on the day you leave the hospital.
3. For knee patients: make sure the large towel roll is placed under the ankle of the operated leg for 50 min of every hour to promote knee extension.
4. Remind patients to use ice as frequently as possible. Ice can be used for up to 30 minutes out of every waking hour.

WEEKLY SCHEDULE:

1. There are morning and afternoon physical therapy sessions. The rehab staff will let you know the time of your group therapy sessions.
2. Coaches are encouraged to attend all group sessions. The most important group session is the transition home class. Check with the Physical Therapy Staff for the precise time of the transition home class.
3. Length of stay in the hospital will vary. Your physician should have already discussed your specify length of stay with you.

Preoperative Checklist

DURABLE MEDICAL EQUIPMENT:

On your first day after surgery we will ask you about any medical equipment you may own/borrow. After your first therapy session we will determine your equipment needs and order what is necessary. This will be delivered to your room. Your physician wants you to protect your new joint during the initial 2 week healing period. All patients will need an ambulation aide. Most use a rolling walker. Hip patients will also need equipment to raise the toilet seat at home in order to accommodate hip precautions.

DISCHARGE DAY:

1. Patients are discharged from the hospital after the second group session if you are leaving on post op day 1 or 2. If you are scheduled for discharge on the 3rd post op day, you may be discharged after the morning session. The nurse will complete all instructions and give you all necessary prescriptions.
2. If you are going to an inpatient rehabilitation facility you may leave after the morning group session. This allows the rehab facility to evaluate you that day. The method of transportation-private car, wheel chair, or van will be determined on the first or second post op day. Be aware that most insurance companies do not pay for transportation to rehab in a wheelchair, van or ambulance.

Preoperative Checklist

Preoperative Exercises, Goals, and Activity Guidelines

Exercising Before Surgery

It is important to be as fit as possible before undergoing a hip replacement. Always consult your physician before starting a preoperative exercise plan. This will make your recovery much faster. Ten exercises are shown here that your physician may instruct you to start doing now and continue until your surgery. You should be able to do them in 15–20 minutes and it is typically recommended that you do all of them twice a day. Consider this a minimum amount of exercise prior to your surgery.

Also, remember that you need to strengthen your entire body, not just your leg. It is **very important** that you strengthen your arms by doing chair push-ups (exercise #8) because you will be relying on your arms to help you get in and out of bed, in and out of a chair, walk, and to do your exercises postoperatively.

A video tutorial and walk through of these exercises are available on the Carteret Health Care website at CarteretHealth.org. Go to Medical Services, to Orthopedics, to Patient Resources where you will see the video posted.

Stop doing any exercise that is too painful.

Preoperative Hip Exercises

(See the following pages for descriptions:)

1. Ankle pumps	20 reps.	2 times/day
2. Quad sets (knee push-downs)	20 reps.	2 times/day
3. Gluteal sets (bottom squeezes)	20 reps.	2 times/day
4. Abduction and adduction (slide heel out and in)	20 reps.	2 times/day
5. Heel-slides (slide heel up and down)	50 reps.	2 times/day
6. Short arc quads	20 reps.	2 times/day
7. Long arc quads	20 reps.	2 times/day
8. Armchair push-ups	20 reps.	2 times/day
9. Mini squats	20 reps.	2 times/day
10. Seated hamstring stretch	20 reps.	2 times/day

Range of Motion and Strengthening Exercises

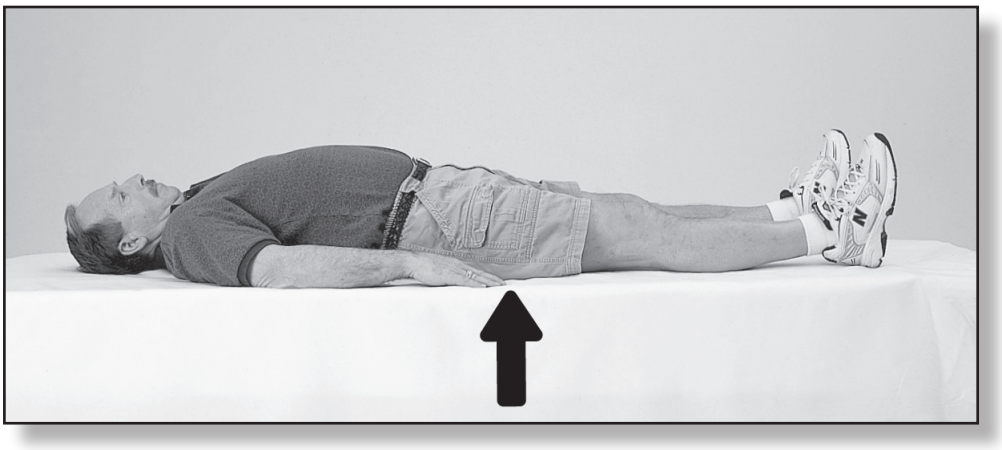
(1) Ankle Pumps

Flex foot. Point Toes. Repeat 20 times.

(2) Quad Sets — (Knee Push-Downs)

Lie on back, press knee into mat, tightening muscles on front of thigh. Do NOT hold breath. Repeat 20 times.

(3) Gluteal Sets — (Bottom Squeezes)



**Squeeze bottom together. Do NOT hold breath.
Repeat 20 times.**

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

Lie on back, slide legs out to side. Keep toes pointed up and knees straight. Bring legs back to starting point. Repeat 20 times.

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

Lie on couch or bed. Slide heel toward your bottom. Repeat 50 times.

(6) Short Arc Quads

Lie on back, place towel roll under thigh. Lift foot, straightening knee. Do not raise thigh off roll. Repeat 20 times.

(7) Knee Extension — Long Arc

Sit with back against chair. Straighten knee.
Repeat 20 times.

(8) Armchair Push-Ups

This exercise will help strengthen your arms for walking with crutches or a walker. Sit in an armchair. Place hands on armrests. Straighten arms, raising bottom up off chair seat if possible. Feet should be flat on floor. Repeat 20 times.

(9) Mini Squats

Holding on to a stable object, slightly bend knees and slowly straighten. Repeat 20 times.

(10) Seated Hamstring Stretch

Sit on couch or bed with leg extended. Lean forward and pull ankle up. Stretch until pull is felt. Hold for 20–30 seconds. Keep back straight. Relax. Repeat 5 times.

Hospital Care

Day of Surgery — What to Expect

The Day Surgery Unit prepares patients for surgery. This includes starting an IV and scrubbing your operative site. Your operating room nurse as well as your anesthesiologist may interview you. Following surgery, you may be taken to a recovery area where you may remain for one to two hours. During this time, pain control is typically established, your vital signs will be monitored, and an X-ray may be taken of your new joint. You may then be taken to the Joint & Spine Center where a joint nurse will care for you. Only one or two very close family members or friends should visit you on this day. Most of the discomfort occurs the first 12 hours following surgery and we will try to keep you as comfortable as possible with the appropriate medication. **It is very important that you begin ankle pumps on this first day**. This will help prevent blood clots from forming in your legs. You should also begin using your Incentive Spirometer and doing the deep breathing exercises that you learned in class. Each day you will receive "Hip Clips," a daily newsletter outlining the day's activities.

After Surgery — Day One

On day one after surgery you can expect to be bathed and helped out of bed by 6:00 a.m. and seated in a recliner in your room. Your surgeon and physician's assistant (if applicable) will visit you in the morning. The physical therapist may assess your progress and get you walking with a walker. Intravenous (IV) pain medication should be stopped and you may begin oral medication. Group therapy typically begins in the morning. Occupational therapy will begin, if needed. Your coach is encouraged to be present as much as possible. Visitors are welcome, preferably late afternoons or evenings.

After Surgery — Day Two

On day two after surgery you may be helped out of bed early and will dress in the loose clothing you brought to the hospital. Shorts and tops are usually best; long pants are restrictive. At approximately 8:30 a.m. your day will start with a morning walk with your physical therapist. Group therapy will start at 9:00 a.m. It would be helpful if your coach participates in group therapy. At about 1:00 p.m. you will have a second group therapy session. You may begin walking stairs on this day. Evenings are free for friends to visit.

Hospital Care

Discharge Day — Day Three

Day three is similar to day two in the morning and you should walk on stairs. You most likely will be discharged in the afternoon. This will occur after the afternoon therapy session.

If You are Going Directly Home

Someone responsible needs to drive you home. You should receive written discharge instructions concerning medications, physical therapy, activity, etc. We will arrange for equipment. Take this GuideBook with you. Most patients go directly to outpatient physical therapy. If the patient requires home health services, the hospital will arrange for this.

If You are Going to a Sub-Acute Rehab Facility

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

Someone responsible needs to drive you, or the hospital can help you arrange for paid transportation. Your transfer papers will be completed by the nursing staff. Either your primary care physician or a physician from sub-acute will be caring for you in consultation with your surgeon. Expect to stay three days to three weeks, based upon your progress. Upon discharge home, instructions will be given to you by the sub-acute rehab staff. Take this GuideBook with you.

Please remember that sub-acute stays must be approved by your insurance company prior to payment. A patient's stay in a sub-acute rehab facility must be done in accordance with the guidelines established by Medicare. Although you may desire to go to sub-acute when you are discharged, your progress will be monitored by your insurance company while you are in the hospital. Upon evaluation of your progress, you will either meet the criteria to benefit from sub-acute rehab or your insurance company may recommend that you return home with other care arrangements. Therefore, it is important for you to make alternative plans preoperatively for care at home.

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

Hospital Care

Discharge Planning

Discharge planning is a vital component of your joint replacement experience. You will need to have an established plan for discharge prior to leaving the hospital. To become better prepared a list of facilities has been provided. Prior to your surgery you will need to evaluate how you will manage after your surgery. Our goal is to return you to the same or better quality of life after your surgery has been completed.

The continuing of therapy is a vital aspect of your recovery.

Please review the following pages and evaluate your life and your resources after surgery. Ask yourself questions such as: Who will assist me with my care after my surgery? How will I get to outpatient physical therapy? Do I have a reliable resource person? Can my resource person drive? How will I manage the stairs outside my home?

Feel free to contact and ask questions of the facilities listed so you will have a better idea of the therapy they can provide for you.

Hospital Care

Skilled Nursing Facilities

Skilled nursing facilities, often termed "nursing homes," offer a skilled level of nursing services for individuals unable to return home. Many other services may be available at these facilities such as nutritional services, social work services, and recreational services.

Certain criteria must be met in order to obtain a "skilled" level of care. Some of the criteria that will meet the skilled need include physical therapy services needed at least five days a week, the need for IV therapy, some types of tube feedings or 24-hour nursing care. A patient's physician will determine if they require skilled services. The nursing home will then verify if services requested meet governmental guidelines.

Medicare may pay for skilled nursing for a limited number of days if the patient meets certain qualifications. Following the Medicare eligible days, a patient must personally pay for services or have Medicaid coverage arranged. A Medicaid worker is available onsite by appointment Monday-Friday and can be reached by dialing 252-808-6516.

The Quality and Patient Services Department of Carteret Health Care will help answer questions related to these issues. Ultimately arrangements for payment and cost are between the nursing facility and the patient or family.

- Any patient/family anticipating skilled placement should ask the patient's nurse to notify the Patient/Family Services Department as soon as possible to start the process.

Once the patient is ready for discharge, Medicare requires the patient to take any available bed within a 50-mile radius or begin private pay for the hospital stay.

The following are Skilled Nursing Facilities in Carteret County:

Bayview New Bern	638-1818	Fax 633-4049
Cherry Point Bay	444-4631	Fax 444-5799
River Point Crest	637-4730	Fax 638-3552
Croatan Ridge	223-2560	Fax 223-3370
Premier	(910)353-7222	Fax 355-2659
Carolina River	(910)455-3610	Fax 938-2659
Brookstone Living Center Pollocksville	(252)224-0112	Fax 252-224-1076
Crystal Bluffs	726-0031	Fax 726-5831
Harborview Rehabilitation & Healthcare Center	726-6855	Fax 808-2074
Snug Harbor on Nelson Bay	225-4411	Fax 225-3931
Pruitt Health	225-4611	Fax 225-1228
Two Rivers Trent Campus	638-6001	Fax 638-9304
Two Rivers Health Care, Neuse Campus	634-2560	Fax 638-1485
Ridgewood Manor Washington	252-946-9570	Fax 252-946-3715
Ombudsman	1-800-824-4648	

Hospital Care

Carteret County Agencies

- A list of agencies offering these services in your region is being given to you for your review.
- The choice of an agency is entirely yours. Each agency's name and phone number is provided to assist you in your choice.
- A discharge planner will contact any of these agencies or any other agency not listed, upon your request.
- Some of the agencies on the list are owned and operated by Carteret Health Care. These agencies are indicated by *.
- You have the freedom to choose any of the listed agencies regardless of its relationship with Carteret Health Care
- The compassion and excellence for which we strive in the care provided to you will not change based on your choice.

Private Duty Nursing & Personal Care Agencies

*△	Carteret Home Health Service MHC	499-6081
△	Hospice	808-6085
△	Liberty Home Care & Hospice MHC	247-4748
△	Tarheel Home Health MHC	726-9300
△	Carolina East Home Care	633-8182
△	Craven Co. Health Dept. Home Health-Hospice	636-4930
△	Continuum Home Care & Hospice(Jacksonville)	910-989-2682
△	Onslow Home Health and Hospice	910-577-6660

Hospital Care

Carteret County Agencies

- A list of agencies offering these services in your region is being given to you for your review.
- The choice of an agency is entirely yours. Each agency's name and phone number is provided to assist you in your choice.
- A discharge planner will contact any of these agencies or any other agency not listed, upon your request.
- Some of the agencies on the list are owned and operated by Carteret General Hospital. These agencies are indicated by *.
- You have the freedom to choose any of the listed agencies regardless of its relationship with Carteret Health Care.
- The compassion and excellence for which we strive in the care provided to you will not change based on your choice.

Home Care Agencies

The following home care agencies have requested that we list them as available to provice your care. These agencies participate in the Medicare program and service Carteret County.

*△	Carteret Health Care Health Service MHC	499-6081	Fax 808-6573
	Beeper	247-8446	
	Hospice	808-6085	
△	Liberty Home Care & Hospice MHC	247-4748	Fax 247-2445
	Central Intake	1-800-999-9883	
	Beeper	808-1009	
	Jacksonville Office	1-800-800-0614	
△	Tarheel Home Health MHC	726-9300	Fax 726-9832
	Pollicksville Office	1-800-685-4539	Fax 224-0310
△	Carolina East Home Care	633-8182	Fax 636-0038
△	Craven Co. Health Dept. Home Health-Hospice	636-4930	Fax 636-5301
△	Continuum Home Care & Hospice(Jacksonville)	910-989-2682	Fax 910-989-2691
△	Onslow Home Health and Hospice	910-577-6660	Fax 910-577-6636

*We will assist with the setting up of appointments at facilities not listed above

Hospital Care

Durable Medical Equipment Companies

△	A Perfect Fit for You		252-622-4506	Fax 252-622-4512
△	Apria Healthcare Wilmington		1-800-937-9792	Fax 910-343-9525
△	Carolina Home Medical	New Bern	1-877-636-1711	
		Jacksonville	1-866-455-9982	
		Morehead City	222-0038	Fax 726-0516
△	Carolina Vital Care (CVC)	Morehead City	726-3556	Fax 726-4227
△	Family Medical Supply	New Bern	910-890-1508	
△	Freedom Medical Supplies	Morehead City	247-6282	Fax 247-0574
△	Johnson's Drug Company,	Jacksonville	1-888-272-2273	Fax 910-347-9298
△	Kight's Medical Corp	Wilmington	910-395-6663	Fax 910-395-5951
△	Liberty Medical Specialties	Morehead City	247-3657	Fax 726-9320
△	Lincare	New Bern	252-634-3355	Fax 252-635-3350
△	McCarthy Square Pharmacy	New Bern	252-514-2900	Fax 252-514-2400
△	Medi Home Care		252-637-5567 (New Bern)	800-830-6334
△	Norcare	Jacksonville	1-888-880-5077	Fax 910-455-8234
△	Adult and Pediatric Services of Greenville		1-800-339-2484	Fax 809-1153
△	Skubinna Home Medical of Swansboro		910-325-1300	Fax 910-325-1500
△	Therapy Center of Cedar Point		393-8828	Fax 252-393-7928

*We will assist with the setting up of appointments at facilities not listed above

Hospital Care

Out-Patient Rehabilition Centers

△ **Carteret Health Care Rehabilitation Services**	**499-8461**	**Fax 808-6990**
△ Action Therapy		
Beaufort	838-1204	Fax 838-3120
Morehead City	726-1802	Fax 726-1805
Swansboro	910-325-0211	Fax 910-325-0580
Jacksonville	910-939-5759	
△ The Body Shop (Beaufort)	504-2639	
△ Beaufort Physical Therapy	838-0222	Fax 838-0224
△ Breakthrough Physical Therapy - MHC	247-2738	Fax 240-3882
△ Carolina Physical Therapy & Sports Med Center		
Morehead City	726-9777	Fax 726-8767
Havelock Office (Occupational Therapy)	444-5600	Fax 726-8767
New Bern	633-6099	Fax 633-4047
△ Craven Physical Therapy	252-637-5001	Fax 252-637-5007
△ Moore Sports Therapy and Rehabilitation	808-3151	Fax 808-3120
Cedar Point	252-808-4440	
△ Onslow Rehab Center Swansboro	910-326-3066	Fax 910-326-3231
△ Onslow Hospital Rehab	910-577-2372	Fax 910-577-2625
△ Peak Performance PT		
Havelock	447-4005	Fax 447-4001
Greenville	252-329-8800	Fax 252-329-
Swansboro	910-550-2515	
Jacksonville	910-938-7555	Fax 910-938-7544
Jacksonville South	910-378-0147	
New Bern	636-9800	Fax 636-9855
△ Snug Harbor		
Physical Therapy and Occupational Therapy	225-3131	Fax 225-6221
△ Therapy Center of Cedar Point	393-8828	Fax 393-7928

Joint Replacement Instructions for Going Home

Walking

- We are sending you home with equipment (rolling walker) for walking. You must protect your knee/hip for 2 weeks while the soft tissue is healing. DO NOT GO TO A CANE UNTIL CLEARED BY YOUR PHYSICAL THERAPIST.
- Continue to walk throughout the day when you return home. Short frequent walks are best.

Exercises

- The exercise instructions you receive cover the acute care phase (early stage) of our recovery. Continue your exercises twice a day when you return home.
- After you are released from the hospital, the therapist will work towards progressing your resistance, strength, flexibility, speed, and balance. Application of ankle weights should not be applied until cleared by your therapist.
- Do your home exercises lying flat on the bed. Use a vinyl shower curtain, cookie sheet, silk sheet or heavy plastic board to decrease friction and facilitate sliding.
- Make sure you take your pain medication 15-30 minutes before you exercise.
- Continue to wean yourself from the therapeutic band for exercise.
- You should use the ice packs for 20-30 minutes, 6-8 times per day. This will reduce swelling and pain in the operative leg.
- A bag of frozen peas can be used for an ice pack.

WOUND CARE

- Initial wound care is outlined in your guidebook and reviewed by your nurse prior to discharge for the hospital. Outpatient care is handled by your doctor, if you have questions or concerns after you are discharged from the hospital contact your surgeon's office.
- A small amount of drainage may be noted from the incision site. If the discharge becomes yellow or green or has an odor contact your surgeon.
- Bruising will occur after surgery. Large areas can be affected. This is a normal process that will resolve over time.
- If you know you tend to develop keloids (scar tissue) extra compression provided by the TED hose will help to prevent this type of scar formation.

GET FIT FOR LIFE!

- Your future includes exercising for life. After you are finished with your outpatient physical therapy, you should continue with a fitness program.
- Look at community centers, fitness centers, and senior centers for local programs.
- Keep your TED hose for future travel. Wear them for any long car or airplane ride to prevent blood clots.
- Remember to do ankle pumps if sitting for prolonged periods to prevent blood clots.
- You must be cleared by your surgeon before going into a pool or bathtub.

TAKE NOTICE

Report symptoms to you doctor

- Swelling
- Redness
- Severe pain
- Fever

Preventing Blood Clots

- Schedule alternating periods of rest and activity with frequent position changes
- Do lower extremity exercises to promote circulation
- Take anticoagulants as directed

Warning Signs of possible blood clots. Notify your doctor immediately.

- Pain in your calf unrelated to your incision site
- Tenderness and/or redness of your calf
- Swelling of your thigh, calf, ankle or foot

Severe symptoms that a blood clot has traveled to your lungs. Call 911

- Shortness of breath
- Chest pain

Preventing Complications

Anticoagulation "Blood thinner" complications

- Avoid activities that might cause injury such as walking barefoot, vigorous tooth brushing, using a hand razor
- Avoid aspirin products
- Limit alcohol consumptions
- Reports signs/symptoms to you r doctor
- Excessive bleeding from gums
- Black tarry stools
- Skin rash, hives
- Sudden, severe headaches
- Sudden, severe stomach pain spreading to back
- Pale skin
- Unusual bleeding or bruising
- Vomiting blood or coffee ground materials

Medication problems

- Know our medication schedule and take medications as directed
- Know the actions of your medications and the side effects

- Ask your doctor or pharmacist before taking over the counter medications, vitamins, and herbal products with current medications
- Avoid aspirin, unless your doctor has instructed you to.

Prevent Infection

- Be aware common causes of infection are from bacteria that enter the blood stream through dental procedures, urinary tract infections or skin infections. These bacteria can lodge around your incision site and cause infection.
- Following surgery, you should take antibiotics prior to any dental procedure for the rest of your life.
- Be alert for the warning signs of a possible infection and report these signs to your doctor
- Persistent fever (higher than 100 degrees orally)
- Shaking chills
- Increasing redness, tenderness or swelling of the wound
- Drainage from wound
- Increase in pain with activity or rest

Prevention of Constipation

- Drink at least 1 liter of fluids per day unless on fluid restriction
- Eat a well-balanced diet
- Eat foods high in bulk: wheat/bran products, fruits, leafy greens

Home Safety Tips

- Remove scatter rugs
- Maintain proper lightening
- Reduce clutter
- Place handrails on stairways
- Use assistive devices (walkers, crutches & cane) as instructed
- Wear proper fitting shoes with nonskid soles

- Tie shoelaces
- Replace slippers that are loose or out of shape
- Use a long-handled shoehorn for assistance
- Avoid high heels and shoes with smooth soles
- Avoid excess alcohol
- Keep and up-to-date list of medications
- Check with your doctor and pharmacist about side effects of medications and use of over the counter drugs
- Keep all medication clearly labeled
- Take medications on a routine schedule with a full glass of water
- Never walk in socks
- Install night lights in the route between the bathroom and bedroom
- Arrange clothes in closet for easy reach

Hospital Care

Daily Homework

1. **Ankle Pumps:**
   Perform 20-30 ankle pumps every half hour while awake.
2. **Roll under operative foot:**
   Keep the blanket roll/towel roll under your ankle as much as possible. If you had knee surgery, use the large blanket roll under your ankle. If your hip was operated on, use the small towel roll to keep pressure off your heel. Your ankle should be on the roll with the calf unsupported throughout your stay. You are allowed a 10-minute break per hour.
3. **Dangling your feet at meal times:**
   Sit in your chair with your legs and feet down on the floor while you eat. This will help to get the flexion (bending) of your knee(s) and stretching your quadriceps muscle(s). The rest of the time, keep your knees straight and on the roll as described in #2.
4. **Ice packs:**
   Apply ice packs to your hip and knee for pain relief as frequently as possible and up to 30 minutes out of every waking hour. Your coach or the unit staff can obtain the ice for you.
5. **Sleeping in Bed:**
   To maximize straightening (extension) of the hip and knee, you should lie flat on your back when in bed.
6. **Walking the Halls**
   If cleared by your therapist, walk one additional lap in the afternoon and another in the evening. Caution: When walking, be mindful of door that may open in the hallway. Walk with your coach or family member as directed by the therapist. On post-op day #2, you should walk 2 laps without stopping (Do not forget to move your "parrot" forward on the walking board).

Coaches Checklist:

1. How to change the dressing if needed.
2. Signs/symptoms of infection
3. Signs/symptoms of blood clot
4. How to use the incentive Spirometer and how often
5. The exercise program to follow at home

THINGS TO REMEMBER

You must not flex the leg above the hip at anytime.

FOR EXAMPLE:

When sitting, keep knees below hips.
Do not lean forward!

When stooping, bend one knee,
keep "New Joint Leg" back.
Never squat!

When reclining with
both legs straight,
lean back on hands.
Never lean forward!

Postoperative Care

Caring For Yourself at Home

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

Control Your Discomfort

- Take your pain medicine at least 30 minutes before physical therapy.
- Gradually wean yourself from prescription medication to non-prescription pain reliever. You may take two extra-strength Tylenol® doses in place of your prescription medication up to four times per day.
- Change your position every 45 minutes throughout the day.
- Use ice for pain control. Applying ice to your affected joint will decrease discomfort, but do not use for more than 30 minutes each hour. You can use it before and after your exercise program. A bag of frozen peas wrapped in a kitchen towel makes an ideal ice pack. Mark the bag of peas and return them to the freezer so they can be used as an ice pack again later.

Body Changes

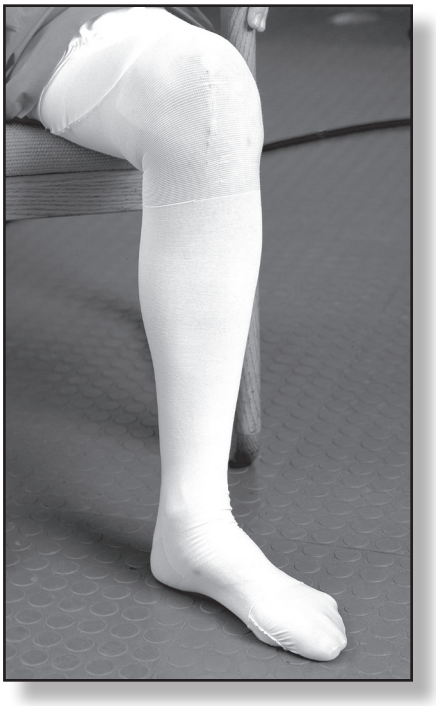
- Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return.
- You may have difficulty sleeping, which is normal. Do not sleep or nap too much during the day.
- Your energy level will be decreased for at least the first month.
- Pain medication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

Blood Thinners

You may be given a blood thinner to help avoid blood clots in your legs. You will need to take it for three to six weeks depending on your individual situation. Be sure to take as directed by your surgeon. If an oral medication such as Coumadin (Warfarin) is used, the amount you take may change depending on how much your blood thins. Therefore, it may be necessary to do blood tests once or twice weekly to determine this. If blood thinner injections are prescribed, (examples: Lovenox, Arixtra), the blood tests are not necessary and the dosage amounts will not change. See discharge blood thinner instructions (appendix).

Postoperative Care

Stockings



You may be asked to wear special stockings. These stockings are used to help compress the veins in your legs. This helps to keep swelling down and reduces the chance for blood clots.

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

Caring For Your Incision

- Keep your incision dry.
- You need to keep your incision covered with a light dry dressing until your follow-up appointment with your surgeon, usually 10–14 days.
- Notify your surgeon if there is increased drainage, redness, pain, odor, or heat around the incision.
- Take your temperature if you feel warm or sick. Call your surgeon if it exceeds 100.5° F.

Postoperative Care

Dressing Change

Your knee dressing may require changing once you are discharged home. If a dressing change is needed please follow these steps.

1. Wash hands
2. Open dressing package
3. Remove stocking and old dressing
4. Inspect incision for the following
    - Increased redness
    - Increase in clear drainage
    - Yellow/green drainage
    - Odor
    - Surrounding skin is hot to touch
5. Clean incision with chlora prep.
6. Apply clean dressage to hip.

Recognizing & Preventing Potential Complications

Infection

Signs of Infection

- Increased swelling and redness at incision site
- Change in color, amount, odor of drainage
- Increased pain in hip
- Fever greater than 100.5° F

Prevention of Infection

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

Postoperative Care

DVT Prophylaxis

Hip replacement surgery has a potential risk for blood clots in the legs which can cause swelling, pain, and even more serious problems if they break off and travel to the lungs. The risks are as high as 40% when no medication is taken to prevent them. Treatment such as pills (Coumadin) or injections (Lovenox and Arixtra) are commonly used for prevention. If your surgeon uses Coumadin, you will be closely monitored and require blood work to assess clotting ability. If your surgeon uses injections, no blood work is required but you will be taught self injections. Blood clots are also prevented by mechanical devices that squeeze your lower leg, exercises such as ankle pumps, and early mobilization (getting out bed).

Blood Clots in Legs

Surgery may cause the blood to slow and coagulate in the veins of your legs, creating a blood clot. This is why you take blood thinners after surgery. If a clot occurs despite these measures you may need to be admitted to the hospital to receive intravenous blood thinners or a change in current medication dosage.

Signs of blood clots in legs

- Swelling in thigh, calf, or ankle that does not go down with elevation.
- Pain, heat, and tenderness in calf, back of knee or groin area. NOTE: blood clots can form in either leg.

Prevention of blood clots

- Ankle pumps
- Walking
- Compression stockings
- Blood thinners

Postoperative Care

Pulmonary Embolus

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

Signs of a pulmonary embolus

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

Prevention of pulmonary embolus

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

Dislocation

Signs of Dislocation or Fracture

- Severe pain
- Rotation/shortening of leg
- Unable to walk/move leg

Prevention of Dislocation

AT ALL TIMES

- DO NOT cross legs
- DO NOT twist side-to-side
- DO NOT bend at the hip past 90°

Leg Length

Leg-length inequality may occur or become worse after hip replacement surgery. Your orthopedic surgeon will take this into account, in addition to other issues, including the stability and biomechanics of the hip. Some patients may feel more comfortable with a shoe lift after surgery.

Postoperative Care

Hip Replacement Postoperative Exercises & Goals

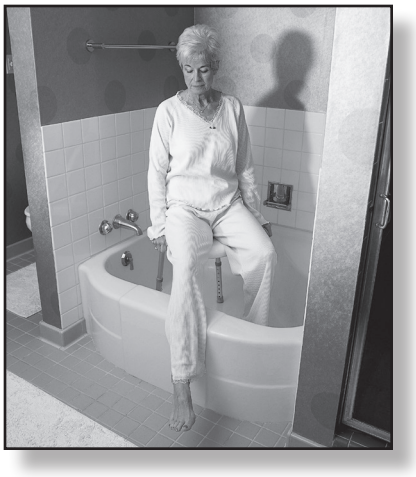
Activity Guidelines

Exercising is important to obtain the best results from hip surgery. Always consult your physician before starting a home exercise program. You may receive exercises from a physical therapist at an outpatient facility or at home. In either case, you need to participate in an ongoing home exercise program as well. After each therapy session, ask your therapist to mark the appropriate exercises in your GuideBook. These goals and guidelines are listed on the next few pages.

Weeks One and Two

After three to four days you should be ready for discharge from the hospital. Most joint patients go directly home, but you may be instructed to go to a rehabilitation center for 3–6 days. During weeks one and two of your recovery typical two-week goals are to:

- Continue with walker or two crutches unless otherwise instructed.
- Walk at least 300–500 feet with support.
- Climb and descend a flight of stairs (12–14 steps) with a rail once a day.
- Actively bend your hip at least 60°.
- Straighten your hip completely.
- Independently sponge bathe or shower (after staples are removed) and dress.
- Gradually resume homemaking tasks.
- Do 20 minutes of home exercises twice a day, with or without the therapist, from the program given to you.



Postoperative Care

Post-op Exercise Prescription Plan (as described on page 62)

1.	Ankle Pumps	20 reps 2 times/day
2.	Quad Sets (Knee Push-Downs)	20 reps 2 times/day
3.	Gluteal Sets (Bottom Squeezes)	20 reps 2 times/day
4.	Hip Abduction/Adduction (Slide Heels In and Out)	20 reps 2 times/day
5.	Heel Slides (Slide Heels In and Out)	20 reps 2 times/day
6.	Short Arc Quads (PVC Pipe Exercise)	20 reps 2 times/day
7.	Long Arc Quads	20 reps 2 times/day
8.	Standing Heel Raises	20 reps 2 times/day
9.	Mini Squats	20 reps 2 times/day
10.	Standing Knee Flexion	20 reps 2 times/day
11.	Standing Hip Extension	20 reps 2 times/day

12–17. **Advanced Exercises to be reviewed by your next physical therapist.**

Postoperative Care

Weeks Two To Four

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

- Achieve one to two week goals.
- Wean from full support to a cane or single crutch as instructed.
- Walk at least one quarter mile.
- Climb and descend a flight of stairs (12–14 steps) more than once daily.
- Bend your hip to 90° unless otherwise instructed.
- Independently shower and dress.
- Resume homemaking tasks.
- Do 20 minutes of home exercises twice a day with or without the therapist.
- Begin driving if left hip had surgery. You will need permission from your therapist.

Strengthening Exercises

Name of exercise_____ _____ reps _____times/day

Name of exercise_____ _____ reps _____times/day

Name of exercise_____ _____ reps _____times/day

Name of exercise_____ _____ reps _____times/day

Name of exercise_____ _____ reps _____times/day

Name of exercise_____ _____ reps _____times/day

Additional Comments:

PT_____

Postoperative Care

Weeks Four To Six

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

- Achieve one to four week goals.
- Walk with a cane or single crutch.
- Walk one quarter to one half mile.
- Begin progressing on stair from one foot at a time to regular stair climbing (few stairs at a time).
- Actively bend hip.
- Drive a car.
- Continue with home exercise program twice a day.

Strengthening Exercises

Name of exercise_____ _____ reps _____times/day

Name of exercise_____ _____ reps _____times/day

Name of exercise_____ _____ reps _____times/day

Name of exercise_____ _____ reps _____times/day

Name of exercise_____ _____ reps _____times/day

Name of exercise_____ _____ reps _____times/day

Additional Comments:

PT_____

Postoperative Care

Weeks Six To Twelve

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

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

Strengthening Exercises

Name of exercise_____ _____ reps _____times/day

Name of exercise_____ _____ reps _____times/day

Name of exercise_____ _____ reps _____times/day

Name of exercise_____ _____ reps _____times/day

Name of exercise_____ _____ reps _____times/day

Name of exercise_____ _____ reps _____times/day

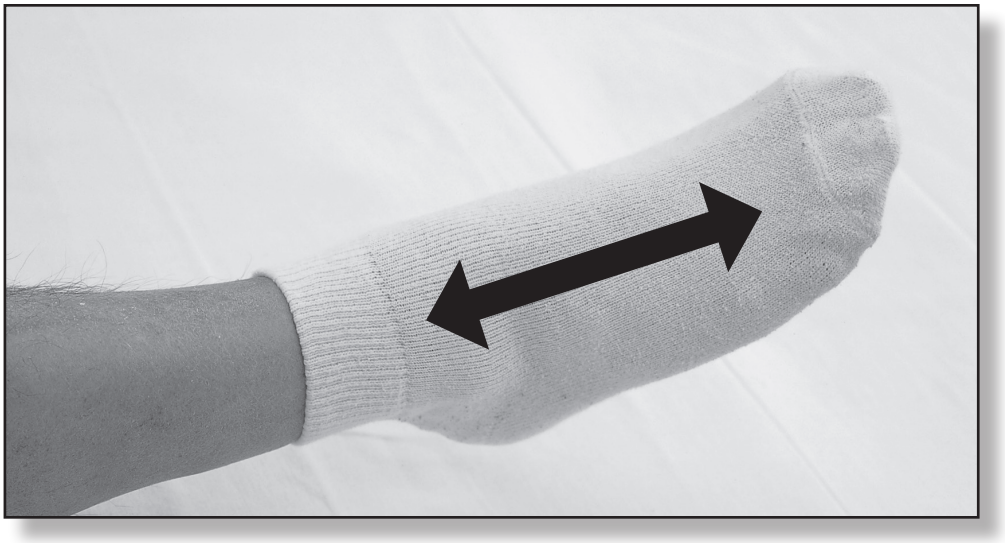
Additional Comments:

PT_____

Home Exercises After Hip Surgery

Listed below are two groups of home exercises that are essential for a complete recovery from your surgery. Always consult your physician before starting a home exercise program. The first group focuses on range of motion and flexibility exercises that are important to improving your motion. The second group features strengthening exercises to restore you to full strength. Your therapist will mark which exercises you should be doing. Some exercises you will do in the first two weeks, others during weeks two to four, and still others during weeks four to six and beyond. Exercising should take approximately 20 minutes and should be done twice daily. If you are recovering quickly, it is recommended that you supplement these exercises with others that your therapist recommends.

(1) Ankle Pumps

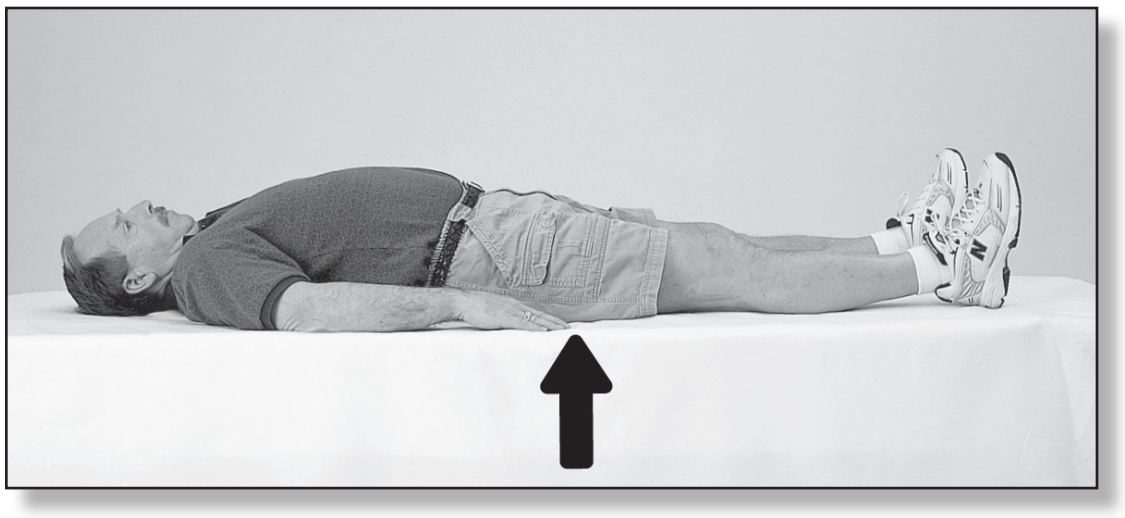


Flex foot. Point toes. Repeat 20 times.

(2) Quad Sets — (Knee Push-Downs)

Lie on back, press knee into mat, tightening muscles on front of thigh. Do NOT hold breath. Repeat 20 times.

(3) Gluteal Sets — (Bottom Squeezes)



Squeeze bottom together. Do NOT hold breath. Repeat 20 times.

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

Lie on back, slide legs out to side. Keep toes pointed up and knees straight. Bring legs back to starting point. Repeat 20 times.

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

Lie on couch or bed. Slide heel toward your bottom. Repeat 50 times.

(6) Short Arc Quads

Lie on back, place towel roll under thigh. Lift foot, straightening knee. Do not raise thigh off roll. Repeat 20 times.

(7) Knee Extension — Long Arc Quads

Sit with back against chair. Straighten knee.
Repeat 20 times.

(8) Standing Heel Raises

Standing, hold on to firm surface. Raise up on toes.
Repeat 20 times.

(9) Mini Squats

Holding on to a stable object, slightly bend knees and slowly straighten. Repeat 20 times.

(10) Standing Knee Flexion

Standing, hold on to firm surface. Bend knee of involved leg up behind you. Straighten to full stand.
Repeat 20 times.

(11) Standing Hip Extension

Standing, hold on to firm surface. Bring leg back as far as possible, keeping knee straight. Stand upright. Repeat 20 times.

(12) Hip Flexion

Standing, march in place.

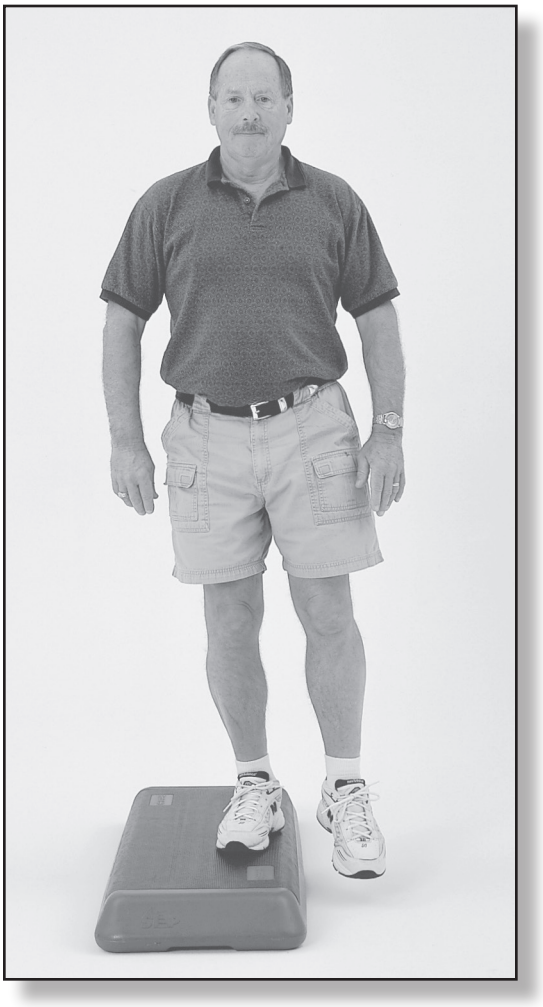
(13) Hip Flexion with Straight Leg

Standing, hold on to firm surface. Raise operated leg forward with knee straight. Repeat 20 times.

(14) Quarter Squat

With feet shoulder-width apart and back to wall, slide down wall until knees are at 30–45° of bend. Return to upright position.
NOTE: PLEASE DO THESE WITH YOUR THERAPIST FIRST.
CAUTION: YOU SHOULD NOT BEND KNEES ENOUGH TO CAUSE PAIN.

(15) Single Leg Step-Up



With foot of involved leg on step, straighten that leg. Return.
Use a step or book. Height of step will depend on your strength.
Start low. You may exercise good leg as well.
NOTE: PLEASE DO THESE WITH YOUR THERAPIST FIRST.

(16) Side-Lying Hip Abduction

**Lying on side, tighten muscle on front of thigh,
then lift leg 8–10 inches away from floor.
Repeat 20 times.**

(17) Ankle Dorsiflexion — Plantar Flexion

Standing, hold on to firm surface.
Raise up on toes. Go back on heels.

** These are your precautions.* ❑

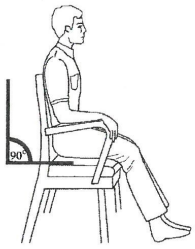
The Orthopaedic Center
St.Vincent's Medical Center

Acute Post-op Total Hip Replacement

Posterior Precautions

Continue to use the following guidelines until your doctor tells you otherwise.

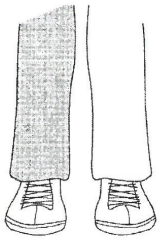
AVOID ***bending past 90 dgrees.***



CORRECT

INCORRECT

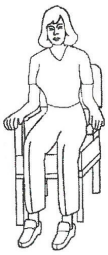
AVOID ***twisting your leg inward.***



CORRECT

INCORRECT

AVOID ***crossing your legs.***



CORRECT

INCORRECT

* *These are your precautions.* ❑

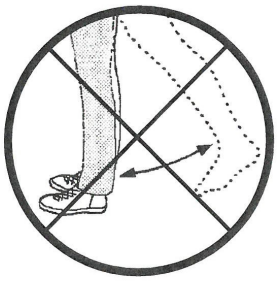
The Orthopaedic Center
St.Vincent's Medical Center

Acute Post-op Total Hip Replacement

Anterior Precautions

Continue to use the following guidelines until your doctor tells you otherwise.

DON'T ***move your leg backwards.***



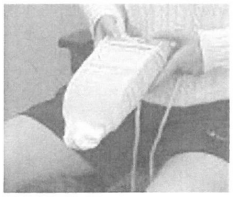
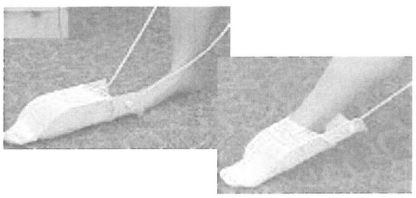
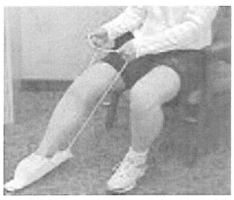
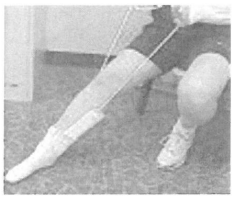
DON'T ***turn your affected leg so the toes are pointing outward.***

Adaptive Equipment – Dressing: Hip Precautions

You may find everyday tasks, such as dressing,may be difficult and will require some thought and preparation following your surgery. By planning ahead and being prepared, you may find these tasks more manageable. The following suggestions and tips may be helpful.

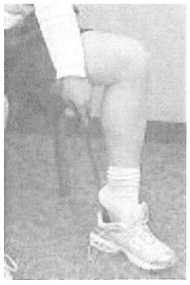
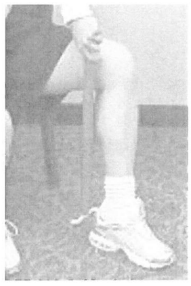
Dressing

- Gather all necessary articles of clothing and equipment and place next to where you will be dressing.
- Sit on the edge of the bed or in a chair.
- **Start** by dressing your feet using a ***sockaide.*** **Do not** bend to reach your feet or cross your legs.

- For pants and undergarments, **dress the surgical leg first.** Use a ***long reacher or dressing stick*** to hold garments down by your feet.
- Pull the clothes up with the stick until you can reach the waistband with your hand. **Do not** lean forward if you have hip precautions.
- Dress the other leg, using the same technique.
- Stand with walker for support and pull over hips.
- To undress, use the reacher or dressing stick to push garments down and over your feet.
- Undress the non-surgical leg first, followed by the surgical leg. **Do not** lean forward.



- Put on shoes using a ***long-handled shoehorn.*** Elastic laces are available to make slip on shoes out of tie shoes.
- To take off shoes, use a ***dressing stick, reacher or long-handled shoehorn*** to push off.

Using Equipment to Help in Daily Activities after Your Total Hip Replacement

If you had posterior approach hip replacement surgery, you need to follow these precautions to protect your new hip:

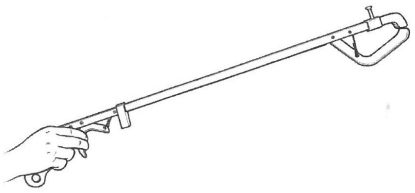
- Do not cross your legs at the knees.
- Do not twist at the hip.
- Do not bend your hip past 90 degrees. This means you are not to bend over at your waist or lift your knee higher than your hip if you are sitting.

You need to use adaptive equipment to help you with your daily activities because you will not be able to bend forward.

If you had anterior approach hip replacement surgery, you may want to purchase adaptive equipment to make some tasks easier.

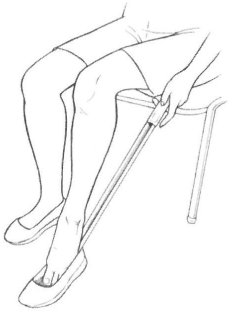
Reaching

To get items from cabinets or off the floor, use a **reacher**. Rearrange your cupboards so that items you use most often are within convenient reach. If you cannot get an item with your reacher, ask someone for help. **Do not bend over to pick up something from the floor.**



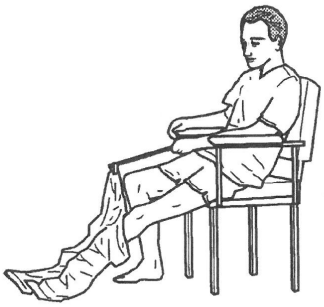
Dressing

Since you are not to bend past 90 degrees, use adaptive devices to be as independent as you can when dressing.



- Wear slip-on shoes or use elastic shoelaces so you will not have to bend over to tie your shoes.
- A long-handled shoe horn will help you put shoes on or take stockings and socks off.
- A dressing stick may be used to put on pants.
  - Use the hook to catch the waist of underwear or pants.

  - Place your operative leg first in the pants when dressing, and take it out last when undressing.
  - Pull the slacks up over your knees.

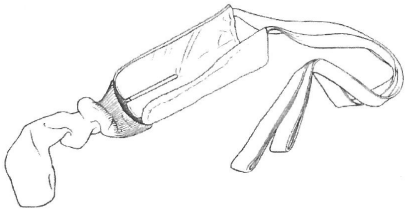


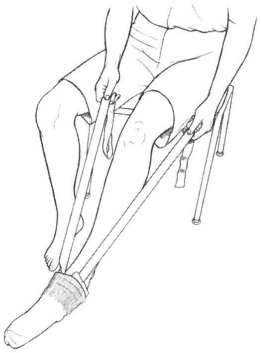
  - Stand with the walker in front of you and pull your slacks up.

- Socks and Stockings

  A stocking aid will make it easier to put on socks or stockings. Elastic stockings may be ordered for you.

  - Slide the sock or stocking onto the stocking aid. Be sure the heel is at the back of the plastic and the toe is tight against the end.



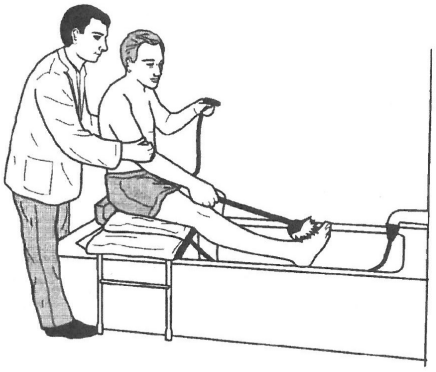


- Secure the sock in place with the notches on the plastic piece. Do not pull the top of the sock over the top of the plastic piece.
- Holding onto the cords, drop the stocking aid out in front of the operated foot.
- Slip your foot into the sock and pull it on.
- Release the sock from the notches on the plastic piece using your dressing stick or reacher.
- To take the stocking or sock off, use the hook on the dressing stick or reacher to hook the back of the heel and push the sock off your foot.

Using the Bathroom

- A raised toilet seat may be helpful to you at home. It will keep you from bending too far when sitting or standing. The higher seat also makes it easier to stand up from the toilet.
- Clean yourself after toileting as you are used to, just be careful not to bend too far forward or twist too much at the hip.

Bathing



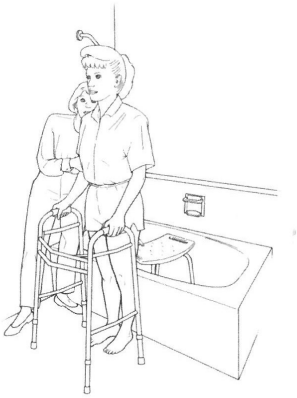
Unless you have a walk-in shower, you will have to learn a new method for getting in and out of the bathtub. **Do not sit down into the tub for 6 to 12 weeks.**

- If possible, have someone help you the first time you bathe at home.
- You may sponge bathe until you are comfortable or have help to shower.

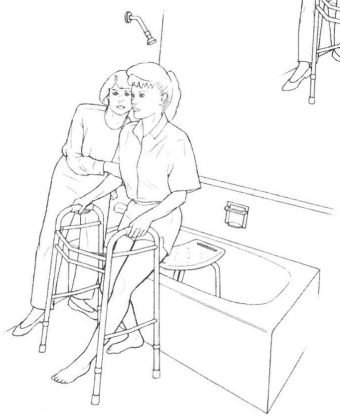
- If you have a walk-in shower, you may stand and shower as long as you feel steady and balanced.
- If you have a tub shower and need to sit to bathe, you will need a shower bench. Make sure the shower bench is placed firmly in the tub. Have someone adjust the height of the shower bench so it is as tall as it can be to allow you to rest your feet comfortably on the floor of the tub when you are sitting.
- Have someone put non-skid strips or pads in your bathtub for safety.
- Have a secure place to put your soap to avoid dropping it. Try soap on a rope or a deep soap dish. These items are sold at many department stores.
- Use a long-handled sponge or bath brush to reach your lower legs and feet without bending more than 90 degrees at your hips.
- A portable shower hose may be helpful.
- Turn on cold water first to avoid burning yourself.

Using a Shower Bench

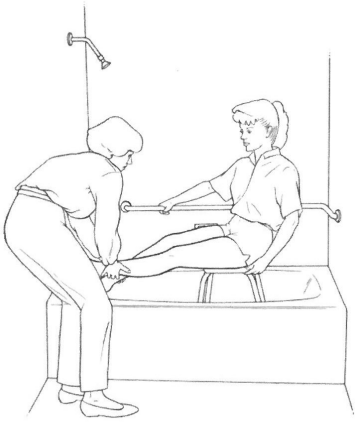
1. Place the shower bench firmly in the tub. Stand with your back toward the bathtub. Be sure to have someone with you to hold the bench steady.



2. Slowly lower yourself onto the bath bench, sliding your operative foot forward as you sit.



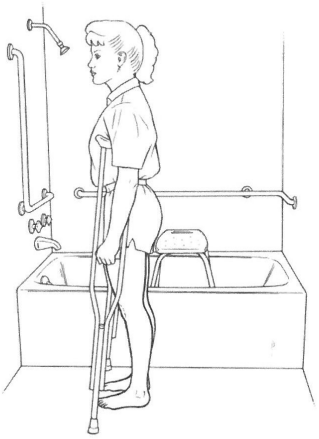
3. Lean your trunk back as someone helps lift your operative leg over the edge of the tub. By leaning back, you will not bend your hip past 90 degrees.
4. Slide back and make sure you are in a safe sitting position. Have your helper lower your foot to the floor of the tub.
5. To get out of the tub, have someone lift your operative leg out and place your feet flat on the floor before you stand.



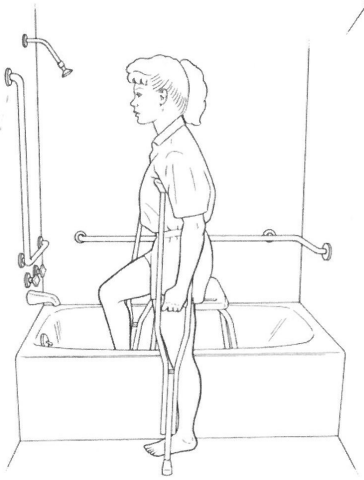
Standing Tub Transfer

If you had anterior approach hip replacement surgery, step into the tub as usual.

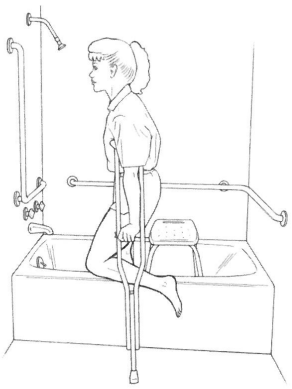
1. Place a stool or bench in the tub in case you tire quickly and need to sit down. Stand with your good leg next to the bathtub.



2. Place your cane or crutch into the tub first, or use grab bars if they are available.



3. Put your weight on the crutch or cane and step into the tub with your good leg. On your operative side, bend your knee back to step into the tub. **Do not lift your knee up and over the tub** because it could harm your hip.
4. Bring the other crutch or cane into the tub.
5. To get out, turn around and repeat the same procedure. Put the crutch or cane on the good side out first, then the good leg. Then bring your operative leg out, and then crutch or cane on the operative side. Be careful standing on the wet tub surface.



Getting In and Out of Bed

- You will get in and out of bed on the same side as you had surgery.
- A hospital bed may be needed at home. Your physical therapist, nurse and case manager will talk with you about this if needed.
- Some people find it helpful to wear pajamas made of silky materials to help them slide more easily on the sheets.
- You will need someone to carry your operative leg as you use your arms and non-operative leg to scoot yourself in and out of bed.

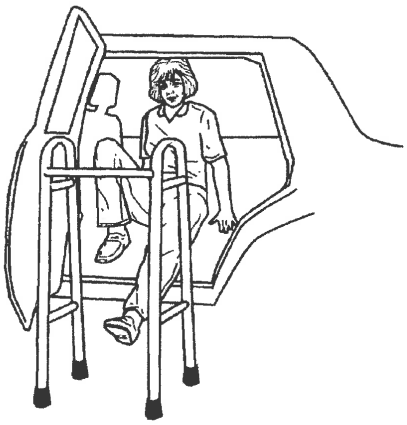
Sitting

Use a **hip cushion** to help you sit safely and not break your hip precautions. The cushion adds height to help keep your knees lower than your operative hip when you are sitting. It also may make it easier for you to stand up. If you are not sure about the height of a chair, put your cushion on it to be safe.

Getting Into a Car

It is important to know how to get into the car in a safe manner. It is better for you to ride in a mid-size or large car with regular bench seats rather than bucket seats. **Use a thick pillow or cushion.** On a long trip, be sure to make frequent rest stops, about every 30 minutes. Get out and shift your weight from one leg to the other or walk around. The best choice after a total hip replacement is to ride in the **back seat**.

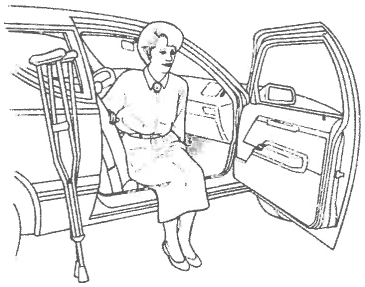
To get into the back seat, first lower onto the seat in a semi-reclining position. Have someone support your operative leg as you use your non-operative leg to scoot yourself farther back across the seat. You may want to have a pillow to put behind your back to lean on. It is best to have the operative leg against the seat back.



- If you had the **right hip** replaced, get in on the **passenger's side** back seat.
- If you had the **left hip** replaced, get in on the **driver's side** back seat.

To get into the front seat, enter the car on the passenger side and make sure the seat is as far back as possible. Recline the seat back as much as you can so you will be able to scoot up the back of the seat.

1. Stand with your back toward the car. Put your operative leg out ahead of you and slowly sit.
2. Have someone lift your operative leg into the car as you scoot up the back of the seat. **You must scoot up the seat as your operative leg is lifted** into the car to prevent bending your hip more than 90 degrees.
3. When the operative leg is on the floor of the car, scoot back down to the seat and adjust the seat back up a small amount.



Activities of Daily Living—Precautions and Home Safety Tips

Standing up from chair

Do NOT pull up on the walker to stand!

Sit in a chair with arm rests when possible.

1. Scoot to the front edge of the chair.
2. Push up with both hands on the armrests. If sitting in a chair without armrest, place one hand on the walker while pushing off the side of the chair with the other.
3. Balance yourself before grabbing for the walker.

Proper Method

Improper Method

Postoperative Care

Walker Ambulation

1. Move the walker forward.
2. With all four walker legs firmly on the ground, step forward with the surgical leg. Place the foot in the middle of the walker area. Do NOT move it past the front feet of the walker.
3. Step forward with the operated leg. **NOTE: Take small steps. Do not take a step until all four walker legs are flat on the floor.**

Stairclimbing: Ascend with non-surgical leg first "Up with the good." Descend with surgical leg first "Down with the bad."

Lying in Bed

Figure 1: Place a pillow between your legs when lying on your back. Try to keep the surgical leg positioned in bed so the kneecap and toes are pointed to the ceiling. Try not to let your toes roll inward or outward. A blanket or rolled towel on the outside of leg may help you maintain this position.

Figure 2: When rolling from your back to your side, first bend your knees toward you until your feet are flat on the bed. Then place at least two pillows (bound together) between your legs. With knees slightly bent, squeeze the pillows together between your knees and roll onto side. Your leg may help you maintain this position.

Postoperative Care

Transfer – Tub

Getting into the tub using a bath seat:

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

Hold onto back of shower seat.

NOTE: Although bath seats, grab bars, long-handled bath brushes, and hand-held showers make bathing easier and safer, they are typically not covered by insurance.

NOTE: ALWAYS use a rubber mat or non-skid adhesive on the bottom of the tub or shower.

NOTE: To keep soap within easy reach, make a soap-on-a-rope by placing a bar of soap in the toe of an old pair of pantyhose and attach it to the bath seat.

Getting out of the tub using a bath seat:

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

Transfer – Toilet

You will need a raised toilet seat or a three-in-one bedside commode over your toilet for 12 weeks after surgery.

When sitting down on the toilet:

1. Take small steps and turn until your back is to the toilet. Never pivot.
2. Back up to the toilet until you feel it touch the back of your legs.
3. If using a commode with armrests, reach back for both armrests and lower yourself onto the toilet. If using a raised toilet seat without arm-rests, keep one hand on the walker while reaching back for the toilet seat with the other.
4. Slide your surgical leg out in front of you when sitting down.

When getting up from the toilet:

1. If using a commode with armrests, use the arm-rests to push up. If using a raised toilet seat without armrests, place one hand on the walker and push off the toilet seat with the other.
2. Slide operated leg out in front of you when standing up.
3. Balance yourself before grabbing the walker.

Raised Toilet Seat

Transfer – Bed

When getting into bed:

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

NOTE: DO NOT CROSS YOUR LEGS to help the operated leg into bed.

When getting out of bed:

1. Scoot your hips to the edge of the bed.
2. Sit up while lowering your non-surgical leg to the floor.
3. If necessary, use a leg-lifter to lower your surgical leg to the floor.
4. Scoot to the edge of the bed.

In

Out

5. Use both hands to push off bed. If the bed is too low, place one hand in the center of the walker while pushing up off the bed with the other.
6. Slide operated leg out in front of you when standing up.
7. Balance yourself before grabbing for the walker.

Postoperative Care

Transfer – Automobile

1. Push the car seat all the way back; recline it if possible, but return it to the upright position for traveling.
2. Place a plastic trash bag on the seat of the car to help you slide and turn frontward.
3. Back up to the car until you feel it touch the back of your legs.
4. Reach back for the car seat and lower yourself down. Keep your operated leg straight out in front of you and duck your head so that you don't hit it on the doorframe.
5. Turn frontward, leaning back as you lift the surgical leg into the car.

Postoperative Care

Personal Care

Using a "reacher" or "dressing stick."

Putting on pants and underwear:

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

Taking off pants and underwear:

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

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

Reacher or dressing stick

Postoperative Care

How to use a sock aid:

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

Using a long-handled shoehorn:

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

NOTE: Wear sturdy slip-on shoes, or shoes with Velcro closures or elastic shoe laces. DO NOT wear high-heeled shoes or shoes without backs.

Sock Aid

Postoperative Care

Around the House

Saving energy and protecting your joints

Kitchen

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

Bathroom

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

Safety and Avoiding Falls

- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or that have non-skid backs.
- Be aware of all floor hazards such as pets, small objects, or uneven surfaces.
- Provide good lighting throughout. Install nightlights in the bathrooms, bedrooms, and hallways.
- Keep extension cords and telephone cords out of pathways. Do NOT run wires under rugs, this is a fire hazard.
- Do NOT wear open-toe slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
- Sit in chairs with arms. It makes it easier to get up.
- Rise slowly from either a sitting or lying position to avoid getting light-headed.
- Do not lift heavy objects for the first three months and then only with your surgeon's permission.

Postoperative Care

Do's and Don'ts For the Rest of Your Life

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

What to Do in General

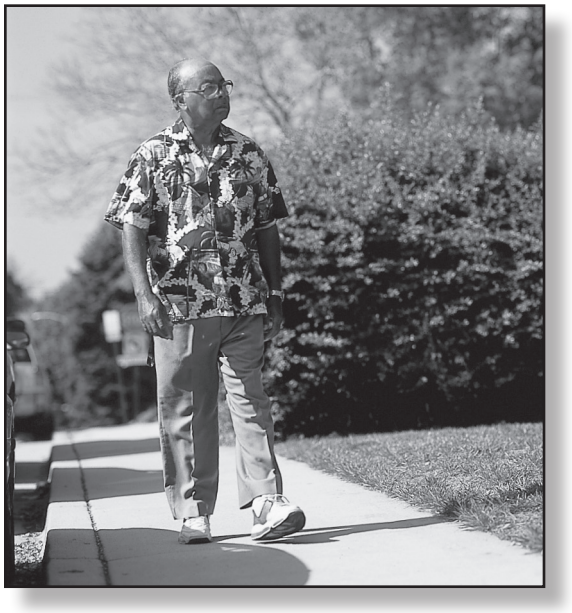
- Take antibiotics one hour before you are having dental work or other invasive procedures.
- Although the risks are very low for postoperative infections, it is important to realize that the risk remains. A prosthetic joint could possibly attract the bacteria from an infection located in another part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

(Lifetime Follow-Up Visits—see appendices).

What to Do for Exercise

Choose a Low Impact Activity

- Recommended exercise classes
- Home program as outlined in the Patient GuideBook
- Regular one to three mile walks
- Home treadmill (for walking)
- Stationary bike
- Regular exercise at a fitness center
- Low impact sports such as golf, bowling, walking, gardening, dancing, etc.



What Not to Do

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

Appendix

Exercise Your Right
Put Your Health Care Decisions in Writing

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

What are Advance Medical Directives?

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

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

LIVING WILLS are written instructions that explain your wishes for health care if you have a terminal condition or irreversible coma and are unable to communicate.

APPOINTMENT OF A HEALTH CARE AGENT (sometimes called a Medical or Healthcare Power of Attorney) is a document that lets you name a person (your agent) to make medical decisions for you, if you become unable to do so.

HEALTH CARE INSTRUCTIONS are your specific choices regarding use of life sustaining equipment, hydration and nutrition, and use of pain medications.

On admission to the hospital you will be asked if you have an Advance Directive. If you do, please bring copies of the documents to the hospital with you so they can become a part of your Medical Record. Advance Directives are not a requirement for hospital admission.

Appendix

Blood Transfusions

Know your options

What are the sources of blood? When a transfusion is needed, patients receive either blood they have donated for themselves, or blood donated by the community.

Being your own blood donor

In order to be your own blood donor, the blood collection process requires special scheduling 8-12 weeks before surgery. Generally speaking, self donation is no longer the standard of care.

Benefits

Your own blood provides the best match. Transfusion of your own blood eliminates the risk of getting a viral infection, such as hepatitis or AIDS, from the transfusion. By giving blood to meet your own needs, you also help conserve the community blood supply for people who need blood in an emergency or who cannot be their own donors.

Possible risks

Your blood iron level will decrease after donation. For this reason, your doctor may prescribe iron supplements.

Procedure

Your blood will be collected on a schedule that will be convenient and safe while meeting your blood needs. Your blood will be uniquely tagged especially for you and will be ready if you need it during or after your surgery. Appointment times for your blood donations will be made for you by your surgeon's office. Frequency of donation can be as often as every three days, but preferably one week apart.

Eat a light meal two to three hours before donation. Be prepared to give the blood bank personnel a general health history and list of medications. An infection may prevent you from being your own blood donor.

The process will take approximately one hour. The actual blood drawing procedure will take about 5–10 minutes.

Appendix

Anesthesia

Who are the anesthesiologists?

The Operating Room, Post Anesthesia Care Unit (PACU) and Intensive Care Units at the hospital are staffed by Board Certified and Board Eligible physician anesthesiologists. Each member of the service is an individual practitioner with privileges to practice at this hospital.

What types of anesthesia are available?

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

- General Anesthesia provides loss of consciousness.
- Regional Anesthesia involves the injection of a local anesthetic to provide numbness, loss of pain, or loss of sensation to a large region of the body. Regional anesthetic techniques include spinal blocks, epidural blocks, and arm and leg blocks. Medications can be given to make you drowsy and blur your memory.

Will I have any side effects?

Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options as well as any complications or side effects that can occur with each type of anesthetic. Nausea or vomiting may be related to anesthesia or the type of surgical procedure. Although less of a problem today because of improved anesthetic agents and techniques, these side effects continue to occur for some patients. Medications to treat nausea and vomiting will be given if needed. The amount of discomfort you experience will depend on several factors, especially the type of surgery. Your doctors and nurses can relieve pain with medications. Your discomfort should be minimal, but do not expect to be totally pain-free. The staff will teach you the pain scale (0–10) to assess your pain level.

What will happen before my surgery?

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

Appendix

Anesthesia (continued)

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

During surgery, what does my anesthesiologist do?

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

What can I expect after the operation?

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

Appendix

Blood Thinners

Coumadin Therapy

Monitoring the dosage after patient is discharged from the hospital

HOME — If you are discharged to home with home health services, the home health nurse will come out twice a week to draw the prothrombin time. Your physician will be notified of your results, and will call you to adjust your dosage if needed.

If you **DO NOT** utilize home health nursing, then you will have to go to the hospital or imaging center and have the prothrombin time drawn there. These arrangements will be coordinated by your physician's office. The physician will obtain the results and call you to adjust your blood thinners dose.

REHAB — If you are transferred to rehab, the monitoring is usually done two times a week. The physician caring for you at the rehab will adjust the blood thinners dose as necessary. When you are discharged from rehab, home health, or outpatient blood monitoring will be arranged by the rehab staff, if necessary.

Self Administration of Blood Thinner Injections

Preoperative — You will be given a demonstration and ask to practice self-adminstration of blood thinner injections during your preoperative joint class. You will also receive a video/DVD in the kit given to you during the class to review at home.

Postoperative — You will review or be taught self-administration of blood thinner injections by your nurse during your hospital stay. You will receive a prescription for the blood thinner prior to discharge.

REHAB — If you are transferred to a rehab facility, blood thinner injections will be administered by your nurse in that facility.

Appendix

Physical Therapy Daily Schedule

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

Monday:	If time and post-operative conditions permit, ambulation training with a physical therapist will begin.
Tuesday:	Patients who had surgery on Monday are evaluated that afternoon or Tuesday morning between 7:00 a.m. and 12:00 noon. Coaches do not need to feel obligated to be at the hospital on Tuesday mornings. The first group therapy session will be at 9:00 a.m. on Tuesday. Coaches are encouraged to attend as many group therapy sessions as possible. We understand some coaches cannot be here for all the sessions because of work schedules.
Wednesday:	Patients who had surgery on Tuesday are evaluated that afternoon or Wednesday morning between 7:00 a.m. and 12:00 noon. (1) Patients who had surgery on Monday will have two group therapy sessions: 9:00 a.m and 1:00 p.m. Coaches are encouraged to attend. (2) Patients who had surgery on Tuesday will have two group therapy sessions: 9:00 a.m and 1:00 p.m. starting on Wednesday. Coaches are encouraged to attend.
Thursday:	All patients and all coaches: Group therapy starts at 9:00 a.m. Exercises will follow. It is recommended that all coaches attend this session for instructions about important items to know before taking the patient home.
Friday:	For patients who are still here— group therapy is scheduled for 9:00 a.m. only. Patients are usually discharged between 12:00pm-1:00pm after the morning therapy session.

Appendix

Occupational Therapy (O.T.) Daily Schedule

Individuals scheduled for hip replacements will see O.T. for one session per day.

Because of content covered with O.T., therapy sessions are typically one-to-one (vs. group physical therapy). The occupational therapist will arrange treatment times with the patient and coach to accommodate scheduling.

Monday:	No O.T.
Tuesday:	Patients who have surgery on Monday are evaluated in the morning between 7:00–11:30 a.m. and coaches do not have to be present.
Wednesday:	Patients who have surgery on Tuesday are evaluated in the morning between 7:00–11:30 a.m. and coaches do not have to be present. Patients who have had an O.T. evaluation on Tuesday will have treatment today and coaches may be present for the session.
Thursday:	All patients have O.T. treatment.
Friday:	All remaining patients have O.T. treatment.
On the day of discharge:	If coaches have not already been present for an O.T. session, they are encouraged to do so today to ensure that they are comfortable supervising the patient for safety.

Appendix

The Importance of Lifetime-Follow Up Visits

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

So, when should you follow up with your surgeon? These are some general rules:

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

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

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

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

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

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

   We are happy that most patients do so well that they do not think of us often. However, we enjoy seeing you and want to continue to provide you with the best care and advice. If you are unsure how long it has been or when your next visit should be scheduled, call your doctor. We will be delighted to hear from you.

Appendix

Joint and Spine Center Keep-in-Touch List

Notes

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Notes

Joint Concepts® and Biomet® are trademarks of Biomet, Manufacturing Corp.
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