Return to your orthopedic physician for your final pre-op check up on:

DATE  TIME

Your physician will tell you what time to arrive at the hospital for your surgery. Please call your physician’s office if you did not get this information.

PLEASE BRING THIS BOOK WITH YOU TO:

♦ Every office visit
♦ Your hospital pre-op class
♦ The hospital on admission
♦ All physical therapy visits after surgery
Using the Clinical Diary—Instructions for Professionals

**GENERAL INFORMATION**

Welcome
Purpose of the GuideBook
Overview—Center for Joint Replacement
Answers to Frequently Asked Questions

**PREOPERATIVE CHECKLIST (COMPLETE AND CHECK OFF ITEMS)**

<table>
<thead>
<tr>
<th>What to Do Six Weeks Before Surgery</th>
<th>Complete</th>
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<tr>
<td>✦ Role of Joint Care Coordinator</td>
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<tr>
<td>✦ Contact Your Insurance Company</td>
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<td>✦ Pre-Register for Hospital</td>
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<tr>
<td>✦ Obtain Medical and Anesthesia Clearance</td>
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<tr>
<td>✦ Start Preoperative Exercises</td>
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<tr>
<td>✦ Register/Attend Preoperative Class</td>
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<td>✦ Review “Exercise Your Right” (appendix)</td>
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<td>✦ Decide Whether to Donate Your Blood (appendix)</td>
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<tr>
<td>✦ Exercising Before Surgery</td>
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| What to Do Four Weeks Before Surgery                                                               |          |
| ✦ Start Iron — Vitamins (as instructed by your surgeon)                                           |          |
| ✦ Read “Anesthesia and You” (appendix)                                                             |          |

| What to Do Ten Days Before Surgery                                                                |          |
| ✦ Preoperative Visit to Your Surgeon                                                               |          |
| ✦ Stop Medications That Increase Bleeding                                                          |          |
| ✦ Prepare Your Home                                                                                |          |
What to Do the Day Before Surgery

♦ Find Out Your Arrival Time at the Hospital
♦ Nothing to Eat or Drink After Midnight
♦ What to Bring to Hospital
♦ Special Instructions

Hospital Care

What to Do the Day of Surgery—(read these items before your surgery)
What to Expect

♦ Day of Surgery
♦ Post-op Day 1
♦ Post-op Day 2
♦ Day of Discharge

If You Are Going Directly Home
If You Are Going to a Sub-Acute Rehab Facility

Postoperative Care

Caring for Yourself at Home

♦ Control Your Discomfort
♦ Body Changes
♦ Coumadin®
♦ Stockings
♦ Caring for Your Incision
♦ Recognizing and Preventing Potential Complications
♦ Postoperative Exercises, Goals and Activity Guidelines
♦ Precautions and Household Chores
♦ Dos and Don’ts for the Rest of Your Life
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APPENDICES

Exercise Your Right (Living Will)
Anesthesia and You
Coumadin® Information
Physical Therapy Daily Schedule
Occupational Therapy Daily Schedule
Recommended Exercise Classes
Lifetime Follow-up Visits
INSTRUCTIONS FOR PROFESSIONALS

The GuideBook will improve communication between all the health professionals who will be caring for the total 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 patient’s diagnosis
- Pre-op deformities/instabilities
- Pre-op 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
### Pre-Hospitalization

**Physician**—Please record preoperative information and return to patient (your input is important).

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<thead>
<tr>
<th>D.O./M.D./P.A.</th>
<th>Phone:</th>
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<tr>
<td>Patient:</td>
<td>Diagnosis:</td>
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<td>Assoc. Medical DX: (that could influence rehab)</td>
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<tr>
<td>Deformity/Instability present:</td>
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<td>Findings/Concerns:</td>
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### Surgical

**Physician**—Please record on surgery day (your input is important).

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<th>D.O./M.D./P.A.</th>
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<td>Special Procedures/Precautions:</td>
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<td>Weight Bearing</td>
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<td>Findings/Concerns:</td>
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<tr>
<td>Special Procedures/Surgical Approach:</td>
<td>☐ Posterior</td>
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<td>Hospital Rehab on Discharge: Physical Therapist/Occupational Therapist. Please fill in.</td>
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<td>O.T. Name:</td>
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<td>Bed Mobility</td>
<td>Transfers</td>
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<td>Gait Skills:</td>
<td>Stair Skills:</td>
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<tr>
<td>Precautions:</td>
<td>[ ] Demonstrates understanding</td>
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<td>Lower Body/ADLs:</td>
<td>[ ] MOD I</td>
<td>[ ] Supervision</td>
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<tr>
<td>ADL Equipment Issued:</td>
<td>[ ] Reacher</td>
<td>[ ] Sock aid</td>
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Please record your name, number and date on first visit with your patient.
### Home Health/Outpatient Physical Therapist/Subacute P.T. and O.T.

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<th>ADL skills</th>
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Please record once a week with your name and phone number.
WELCOME

Thank you for choosing The Covenant Center for Joint Replacement to help restore you to a higher quality of living with your new prosthetic joint.

Annually, over 500,000 people undergo total 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.

Total hip replacement patients typically recover quickly. Patients will be able to walk the first day after 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 Center for Joint Replacement 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, patient care technicians (PCT’s), 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.
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 a communication and education tool for patients, physicians, physical and occupational therapists and nurses. It is designed to educate you so that you know:

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

Remember, this is just a guide. Your 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, outpatient therapy and all physician visits
OVERVIEW OF THE CENTER FOR JOINT REPLACEMENT

The Covenant Center for Joint Replacement is unique. It is a dedicated center within the hospital. Patients have their surgery on Monday, Tuesday or Thursday and return home after a three night stay in the hospital.

Features of the Joint Concepts™ program include:

♦ Nurses, therapists and patient-care technicians who specialize in the care of joint patients
♦ Private rooms
♦ Emphasis on group activities as well as individual care
♦ Group lunches with your coach and staff on Wednesday and Thursday
♦ Family and friends educated to participate as “coaches” in the recovery process
♦ A Joint Care Coordinator who coordinates 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 after-care program
♦ Quarterly focus luncheons for former patients and coaches
♦ Newsletters to update you with new information about arthritis and joint care
♦ Yearly reunions
♦ Weekly public education seminars about hip and knee pain
Frequently Asked Questions About Total Hip Surgery

We are glad you have chosen the Covenant Center for Joint Replacement to care for your hip. Patients have asked many questions about total 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 arthritis and why does my hip hurt?
In the hip joint there is a layer of smooth cartilage on the ball of the upper end of the thighbone (femur) and another layer within your hip socket. This cartilage serves as a cushion and allows for smooth motion of the hip. Arthritis is a wearing away of this cartilage. Eventually it wears down to bone. Rubbing of bone against bone causes discomfort, swelling and stiffness.

What is a total hip replacement?
A total hip replacement is an operation that removes the arthritic ball of the upper thighbone (femur) as well as damaged 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. This creates a smoothly functioning joint that does not hurt.

What are the results of total 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. This will be based on your history, exam and x-rays. Your orthopedic surgeon will ask you to decide if your discomfort, stiffness and disability justify undergoing surgery. There is usually no harm in waiting if conservative, non-operative methods are controlling your discomfort.

Am I too old for this surgery?
Age is 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 and can a second replacement be done?

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 major risks?

Most surgeries go well, without any complications. Infection and blood clots are two serious complications. To avoid these complications, we use antibiotics and blood thinners. We also take special precautions in the operating room to reduce the risk of infections. Your orthopedist will discuss ways to reduce that risk.

Should I exercise before the surgery?

Yes, you should consult your surgeon and physical therapist about the exercises appropriate for you.

How long am I incapacitated?

You will probably stay in bed the day of your surgery. However, 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.

How long will I be in the hospital?

Most hip patients will be hospitalized for three days after their surgery. There are several goals that you must achieve before you can be discharged.

What if I live alone?

Two 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 physician’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 your 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 and post-op care. The Joint Care Coordinator’s role is described in the GuideBook along with a phone number.

How long does the surgery take?
We reserve approximately 2–2½ 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 your legs and does not require you to be asleep. The choice is between you, your surgeon and the anesthesiologist. For more information read “Anesthesia and You” 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. Generally most patients are able to stop very strong medication within one day. Most patients control their own medicine with a special pump that delivers the drug directly into their IV. For more information, read about PCA in “Day of Surgery – What to Expect” in your GuideBook.

Who will be performing the surgery?
Your orthopedic surgeon will perform the surgery. An assistant often helps during the surgery and you will be billed separately by that assistant.

How long, and where, will my scar be?
The scar will be approximately six inches long. It will be along the side of your hip.

Will I need a private nurse?
No, you do not need a private nurse, but if you want one, we can make these arrangements for you.

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 Joint Care Coordinator 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 for purchase, or you may 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) will be arranged by the Joint Care Coordinator.

**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 3–7 days. The Joint Care 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?**

Yes, the first several days or weeks, depending on your progress, you will need someone to assist you with meal preparation, etc. If you go directly home from the hospital, the Joint Care Coordinator will arrange for a home health care nurse to come to your house as needed. Family members or friends need to be available to help if possible. Preparing ahead of time, before your surgery, can minimize the amount of help required. Having the laundry done, house cleaned, yard work completed, clean linens put on the bed and single portion frozen meals will reduce the need for extra help.

**Will I need physical therapy when I go home?**

Yes, we will arrange for a physical therapist to provide therapy at your home. Following this, you may go to an outpatient facility two to 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.
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 2–3 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 yearly.

Do you recommend any 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 hip or twisting side-to-side (see page 34).

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.

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.
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 Covenant Center for Joint Replacement 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 preoperative 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 pre-op 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. A message may be left to call you if they are not available.

Judy Lawley, RN  Telephone: (806) 725-3646
Joint Care Coordinator

Joint Ranch Nurses’ Station  Telephone: (806) 725-3650
**PREOPERATIVE CHECKLIST**

**CONTACT YOUR INSURANCE COMPANY**

Before surgery, you will need to contact 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 will need to call your HMO once your procedure has been scheduled to arrange for pre-admission lab studies that must be completed.

If you do not have insurance, please notify the registration staff when they call you for pre-registration that you will need help in making payment arrangements.

**PRE-REGISTER**

After your surgery has been scheduled, you will be called for pre-registration information by phone. 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 insurance company, mailing address, policy and group numbers and insurance card
- Patient’s 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 insurance company with you to the hospital
PREOPERATIVE CHECKLIST

OBTAIN MEDICAL AND ANESTHESIA CLEARANCE
When you were scheduled for surgery, you should have received a medical clearance letter from your surgeon. The letter will tell you whether you need to see your primary care physician and/or a specialist. Please follow the instructions in the letter. 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.) Call your physician’s office if you have any questions.

OBTAIN LABORATORY TESTS
When you were scheduled for surgery, you should have received a laboratory-testing letter from your surgeon. Follow the instructions in this letter.

BILLING FOR SERVICES
After your procedure, you will receive separate bills from the surgeon, anesthesiologist, the hospital, the radiology and pathology departments (if applicable), physical therapy, and the surgical assistant. 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.
REGISTER FOR PREOPERATIVE CLASS

A special class is held weekly for patients scheduled for joint surgery. The Joint Care Secretary will schedule this class for you 2–3 weeks prior to your surgery. You will only need to attend one class. Members of the “team” will be there to answer your questions. 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
♦ Joint Disease
♦ What to Expect
♦ Role of your “Coach”/Caregiver
♦ Meet the Joint Replacement Team
♦ Tour the Covenant Center for Joint Replacement
♦ Learn Your Breathing Exercises
♦ Review Your Preoperative Exercises
♦ Learn About Assistive Devices and Joint Protection
♦ Discharge Planning/Insurance/Obtaining Equipment
♦ Complete Pre-Op 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.
FOUR WEEKS BEFORE SURGERY —
Prior to your surgery, you should 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 AND YOU” (APPENDIX)
Total Joint Surgery does require the use of either general anesthesia or regional anesthesia. Please review “Anesthesia and You” (see appendix) provided by our anesthesia department. If you have questions or want to request a particular anesthesiologist, please contact your surgeon’s office.
TEN DAYS BEFORE SURGERY —
PREOPERATIVE VISIT TO SURGEON

You should have an appointment in your surgeon’s office 7–10 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

Ten days before surgery, stop all anti-inflammatory medications such as aspirin, Motrin®, Naproxen, Vitamin E, etc. These medications may cause increased bleeding. You may continue Bextra®, Celebrex® or Vioxx.® If you are on Coumadin,® you will need special instructions for stopping the medication. The Joint Care Coordinator will instruct you about what to do with your other medications.

TWO DAYS BEFORE SURGERY

You should shower with an antibacterial soap once a day for two days before surgery. See next page for instructions about shower prep prior to surgery.
PREOPERATIVE CHECKLIST

DAY BEFORE SURGERY —

FIND OUT YOUR ARRIVAL TIME AT HOSPITAL

Your physician will tell you what time to arrive at the hospital for surgery. 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.

SHOWER PREP PRIOR TO SURGERY

Take a shower using antibacterial soap once a day for two days prior to surgery. Example: If surgery is
on Monday, take a shower with antibacterial soap on Saturday and Sunday.

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. Wash the area where you are going to have surgery thoroughly.
4. Rinse as usual. Dress as usual.

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

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 nightlights
in bathrooms, bedrooms and hallways. Arrange to have someone
collect your mail and take care of pets or loved-ones, if necessary.

NIGHT BEFORE SURGERY —
**PREOPERATIVE CHECKLIST**

**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.

**SPECIAL INSTRUCTIONS**

You will be instructed by your physician or the Joint Care Coordinator about medications, skin care, showering, etc.

DO NOT take medication for diabetes on the day of surgery.

**You must bring the following to the hospital:**

- Bring your patient GuideBook to the hospital
- Bring a copy of your Advance Directives
- Bring your insurance card, driver’s license or photo I.D. and any co-payment required by your insurance company
- Please leave jewelry, valuables and large amounts of money at home
- Makeup must be removed before your procedure
- Nail polish may be left on
It is important to be as fit as possible before undergoing a total hip replacement. This will make your recovery much faster. Ten exercises are shown here that you should start doing now and continue until your surgery. You should be able to do them in 15–20 minutes and it is 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 post-operatively.

Stop doing any exercise that is too painful.

**Pre-op 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. 1 time/day
10. Seated hamstring stretch 5 reps. 2 times/day
Range of Motion and Strengthening Exercises

(1) Ankle Pumps

Move ankle up and down. 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.
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.
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.
DAY OF SURGERY — WHAT TO EXPECT

On the Short Stay Unit you will be prepared for surgery. This includes starting an IV and scrubbing your operative site. Your surgeon will visit with you to answer any last minute questions and will mark the surgical site with an indelible marker. Your operating room nurse as well as your anesthesiologist will interview you. They will then escort you to the operating room. Following surgery, you will be taken to a recovery area where you will remain for 1–2 hours. During this time, pain control will be established, your vital signs will be monitored and an X-ray will be taken of your new joint. You will then be taken to the Covenant Center for Joint Replacement where a total 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, so during this time, you will be receiving pain medication through your IV (PCA). You will probably remain in bed the first day. **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.

DAY 1 — AFTER SURGERY

On Day 1 after surgery you will be bathed and helped out of bed by 7:00 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 will assess your progress and get you walking with either crutches or a walker. IV pain medication will be stopped and you will begin oral medication. Group therapy will begin in the afternoon. 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.
DAY 2 — AFTER SURGERY

On Day 2 after surgery you will 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 7:30 a.m. your day will start with a morning walk with your physical therapist. Group therapy will start at 9:30 a.m. It would be helpful if your coach participates in group therapy. At 11:30 a.m. Tuesday, Wednesday, and Thursday, you are encouraged to eat lunch in the group room with the other patients. At about 1 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.

DAY 3 — DISCHARGE DAY

Day 3 is similar to Day 2 in the morning and you will walk on stairs. You 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. You will 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, we 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 may be delayed until the day of discharge.

Someone responsible needs to drive you, or we can help you arrange for transportation for a fee. 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 3–5 days, 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. 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 always 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.
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 Tylenol®. You may take two extra-strength Tylenol® 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 20 minutes at a time 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 (to be used as an ice pack 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. This is normal. Do not sleep or nap too much during the day.
♦ Your energy level will be decreased for the first month.
♦ Pain medication that contains narcotics promotes constipation. Use stool softeners or laxatives such as milk of magnesia if necessary.

ASPIRIN

Aspirin is a blood thinner that you may be given to help avoid blood clots in your legs. You may need to take it for several weeks depending on your individual situation. In certain circumstances, your physician may order Lovenox® or Coumadin® for you to take, but this would be on an individual basis.
STOCKINGS

You will be asked to wear special white 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 for comfort, if needed.
- 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 three weeks after surgery.

CARING FOR YOUR INCISION

- Keep your incision dry.
- Keep your incision covered with a light dry dressing until your wound is dry or until your staples are removed, usually 10–14 days.
- You may shower seven days after surgery, unless instructed otherwise. After showering, apply a dry dressing.
- Notify your surgeon if there is increased drainage, redness, pain, odor, or heat around the incision. After showering, put on a dry dressing.
- Take your temperature if you feel warm or sick. Call your surgeon if it exceeds 100.5° F.
DRESSING CHANGE—PROCEDURE

1. Wash hands.

2. Open all dressing change materials (Adhesive dressing, 4x4 if needed, Betadine® swab or alcohol prep if indicated).

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. If Betadine® is ordered, take one Betadine® swab and paint the incision from top to bottom. Then turn the swab over and paint the incision from bottom to top. Use remaining swab to paint the drain site.

6. If alcohol is ordered, use three different alcohol preps: one to clean the incision from top to bottom, a second prep to clean from the bottom to the top, and a third to clean the drain site.

7. Place the adhesive dressing over the incision and gently smooth down the tape edges to seal the dressing. Be careful not to touch the inside of the dressing that will lie over the incision.
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. This needs to be done for at least two years after your surgery. This script will be provided by your doctor’s office.
- Notify your physician and dentist that you have a total joint replacement.
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. Prompt treatment usually prevents the more serious complication of pulmonary embolus.

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

- Foot and ankle pumps
- Walking
- Compression stockings
- Blood thinners such as Coumadin®, Heparin or antiplatelet medicine (like aspirin)

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

- 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°
TOTAL HIP REPLACEMENT POSTOPERATIVE EXERCISES & GOALS — ACTIVITY GUIDELINES

Exercising is important to obtain the best results from total hip surgery. 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 3–4 days you should be ready for discharge from the hospital. Most joint patients go directly home, but you may go to a rehabilitation center for 3–6 days. During weeks one and two of your recovery your 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.
POST-OP EXERCISE PRESCRIPTION PLAN (AS DESCRIBED ON PAGE 40)

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) 50 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 minutes 2 times/day

12–17. Advanced Exercises to be reviewed by your next physical therapist.
WEEKS TWO TO FOUR

Weeks 2–4 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. Your goals for the period are to:

◆ Achieve 1–2 week goals.
◆ Wean from full support to a cane or single crutch as instructed.
◆ Walk at least ¼ 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 therapist.

Strengthening Exercises

1. Name of exercise________________________________ ________ reps ________times/day
2. Name of exercise________________________________ ________ reps ________times/day
3. Name of exercise________________________________ ________ reps ________times/day
4. Name of exercise________________________________ ________ reps ________times/day
5. Name of exercise________________________________ ________ reps ________times/day
6. Name of exercise________________________________ ________ reps ________times/day

Additional Comments:

PT_________________________________________
Weeks Four to Six

Weeks 4–6 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 1–4 week goals.
- Walk with a cane or single crutch.
- Walk ¼–½ 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

1. Name of exercise_________________________ ________ reps ________ times/day
2. Name of exercise_________________________ ________ reps ________ times/day
3. Name of exercise_________________________ ________ reps ________ times/day
4. Name of exercise_________________________ ________ reps ________ times/day
5. Name of exercise_________________________ ________ reps ________ times/day
6. Name of exercise_________________________ ________ reps ________ times/day

Additional Comments:

PT_______________________________
WEEKS SIX TO TWELVE

During weeks 6–12 you should be able to begin resuming all of your activities. Your 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 ½–1 mile.
- Improve strength to 80%.
- Resume all activities including dancing, bowling and golf.

Strengthening Exercises

1. Name of exercise__________________________ ________ reps ________ times/day
2. Name of exercise__________________________ ________ reps ________ times/day
3. Name of exercise__________________________ ________ reps ________ times/day
4. Name of exercise__________________________ ________ reps ________ times/day
5. Name of exercise__________________________ ________ reps ________ times/day
6. Name of exercise__________________________ ________ reps ________ times/day

Additional Comments:

PT__________________________________________
HOME EXERCISES AFTER YOUR TOTAL HIP SURGERY

Listed below are two groups of home exercises that are essential for a complete recovery from your surgery. 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 2–4 and still others during weeks 4–6 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.

RANGE OF MOTION AND STRENGTHENING EXERCISES

(1) ANKLE PUMPS

Move ankle up and down. 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.
Lie on back, place towel roll under thigh. Lift foot, straightening knee. Do not raise thigh off roll. Repeat 20 times.
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.
Standing, hold on to firm surface. Bend knee of involved leg up behind you. Straighten to full stand. Repeat 20 times.
Standing, hold on to firm surface. Bring leg back as far as possible, keeping knee straight. Stand upright. Repeat 20 times.
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.
With feet shoulder-width apart and back to wall, slide down wall until knees are at 30–45° of bend. Return to upright position. Do this with your therapist first.

CAUTION: YOU SHOULD NOT BEND KNEES ENOUGH TO CAUSE PAIN.
**POSTOPERATIVE CARE**

**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.
Lying on side, tighten muscle on front of thigh, then lift leg 8–10 inches away from floor. Repeat 20 times.
Standing, hold on to firm surface.
Raise up on toes. Go back on heels.
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.
**POSTOPERATIVE CARE**

**WALKER AMBULATION**

1. Move the walker forward.

2. With all four walker legs firmly on the ground, step forward with the operated 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-operated leg first “Up with the Good.” Descend with operated leg first “Down with the Bad.”
LYING IN BED

**Figure 1:** Keep a pillow between your legs when lying on your back. Try to keep the operated 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 towel-roll 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.
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 operated 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 operated leg, if necessary.

NOTE: While using a bath seat, grab bars, long-handled bath brushes and hand-held showers makes 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 armrests, keep one hand on the walker while reaching back for the toilet seat with the other.
4. Slide your operated leg out in front of you when sitting down.

When getting up from the toilet:
1. If using a commode with armrests, use the armrests 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.
TRANSFER – INTO 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 un-operated leg to the floor.
3. If necessary, use a leg-lifter to lower your operated leg to the floor.
4. Scoot to the edge of the bed.
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.
TRANSFER – CAR

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 operated leg into the car.
PERSONAL CARE

Using a “reacher” or “dressing stick.”

Putting on pants and underwear:
1. Sit down.
2. Put your operated 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 unoperated 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.
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.
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 highstool, 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.

♦ Place frequently used cooking supplies and utensils where they can be reached without too much bending or stretching.

♦ 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 so as not to get light-headed.

♦ Do not lift heavy objects for the first three months and then only with your surgeon’s permission.

♦ Stop and think. Use common sense.
DOS AND DON'TS FOR THE REST OF YOUR LIFE

Whether they have reached all the recommended goals in three months or not, all joint patients need to have a regular exercise program to maintain their fitness and the health of the muscles around their joints. With both your orthopedic and primary care physicians’ permission you should be on a regular exercise program 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 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 for two years after surgery.
- Although the risks are very low for post-op 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 Band-Aid® 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 your physician’s office 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.

(Yearly Follow-Up Visits – see appendices)
WHAT TO DO FOR EXERCISE

Choose a Low Impact Activity

- Recommended exercise classes
- Home program as outlined in 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.
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:

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 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.
ANESTHESIA AND YOU

Who are the anesthesiologists?
The Operating Room, 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.
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 will be attached such as a blood pressure cuff, EKG and other devices for your safety. 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. An anesthesiologist is available to provide care as needed for your safe recovery.

**May I choose an anesthesiologist?**

Although most patients are assigned an anesthesiologist, you may choose one based on personal preference or insurance considerations. If you have questions about your insurance coverage or medical plan participation by the anesthesiologist, please contact your insurance company for guidance. Requests for specific anesthesiologists should be submitted in advance through your surgeon’s office for coordination with the surgeon’s availability.
ABOUT COUMADIN®

Coumadin® and how it works

Coumadin is an anticoagulant. The purpose of this medication is to prevent harmful clots from forming or growing. The medication works by decreasing the amount of active clotting factors in the bloodstream.

Coumadin® and how it should be taken

Coumadin® remains in the body for a very long time and, therefore, needs to be taken ONCE daily. You should learn and understand the following facts about taking Coumadin®. Take Coumadin® at the same time every day. Take Coumadin® exactly as the physician or pharmacist prescribes. NEVER take more or less of the Coumadin® unless specifically told to by your physician or pharmacist. If you forget to take your dose, DO NOT double your dose the next day but take your regularly prescribed dose. Missing only one dose will not cause a clot to form. Missing more than one dose may cause problems while taking more than the prescribed dose may cause bleeding.

Determining the dose of Coumadin®

While you are taking Coumadin®, a blood test will be done each day that you are in the hospital to monitor the effectiveness of the medication. This blood test is called the prothrombin time, or the PT. When you are discharged from the hospital, the blood test monitoring is decreased to two times a week. Coumadin® therapy will normally continue for three weeks. If you have a history of blood clots, then therapy will continue for six weeks.

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. These results are called to the pharmacist who will call you that evening to adjust your dose.

If you DO NOT utilize home health nursing, then you will have to go to an outpatient medical lab and have the prothrombin time drawn there. These arrangements are coordinated by our pharmacist and the nursing coordinator at the Center for Joint Replacement. The pharmacist will obtain the results and call you to adjust your Coumadin® 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 Coumadin® dose as necessary. When you are discharged from rehab, home health or outpatient blood monitoring will be arranged by the rehab staff, if necessary.
ABOUT COUMADIN® (CONTINUED)

Signs of adverse effects

Because one of the signs of too much Coumadin® is bleeding, you should be aware of the signs and symptoms of bleeding. Call your doctor right away if any of these signs and symptoms are present. Also, call your doctor if you sustain any falls or injuries while taking Coumadin®.

- Excessive bleeding from your gums while brushing your teeth
- Frequent and severe bruising
- Nose bleed for no reason
- Dark or bloody urine
- Black or tarry stools or obvious blood in your stools
- Unusual bleeding

Drugs to avoid while taking Coumadin®

Aspirin, aspirin-containing and nonsteroidal medications can all INCREASE the effect of Coumadin® and, therefore, should be avoided unless prescribed by a physician.

Inform all of your doctors that you are on Coumadin® and consult your pharmacist before taking any over-the-counter medications.

How diet affects Coumadin®

Changes in diet may also affect the way Coumadin® works. It is important to maintain a steady well-balanced diet. Too many dark green leafy vegetables on consecutive days may alter the prothrombin time. Therefore, maintain the same weekly balance of vegetables.

Alcohol

Alcohol consumption should be avoided while on Coumadin® because it can also increase the prothrombin time.
PHYSICAL THERAPY DAILY SCHEDULE

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

Monday: No physical therapy.

Tuesday: Patients who had surgery on Monday are evaluated in the 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 1:00 P.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 in the morning between 7:00 A.M. and 12:00 NOON. Their first group therapy session will be at 1:00 P.M. (see above).

Patients who had surgery on Monday will have two group therapy sessions: 10:00 A.M. and 1:00 P.M. Coaches are encouraged to attend.

Thursday: All patients and all coaches: Group therapy starts at 9:30 A.M. Patients and coaches will watch a video and discuss items in the GuideBooks. Exercises will follow at 10:00 A.M. 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 9:30 A.M. and 1:00 P.M.

On the day of discharge: Patients are usually discharged between 2:00 and 3:00 P.M., after the afternoon group therapy session.
Occupational Therapy (O.T.) Daily Schedule

Individuals scheduled for total 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.
Recommended Exercise Classes

Arthritis Foundation Aquatic Program

The LifeStyle Center at Covenant Health System offers a water aerobics class designed for persons with arthritis or other orthopedic disabilities to gain flexibility and mobility—Monday, Wednesday, Friday at 9:30 a.m. Program participants are led by certified aquatic fitness professionals through a series of specially designed exercises that, with the aid of the water’s buoyancy and resistance, can help improve joint flexibility and muscular strength. The warm water (86–88°) and gentle movements can also help to relieve pain and stiffness. Once a person feels they can move on to the exercise floor they design an exercise program that follows the American College of Sports Medicine’s guidelines for people with, or recovering from, arthritis. The Arthritis Foundation has developed the program and your physician’s permission is required.

PACE® (People with Arthritis Can Exercise)

PACE® was developed by the Arthritis Foundation, but the benefits are not limited to individuals with arthritis. PACE® uses gentle activities to promote increased joint flexibility, range-of-motion and to help maintain muscle strength. The advanced version helps increase overall stamina through a brief, light low-impact aerobic component. Participants must be ambulatory and a physician’s permission is required. All programs provided through Major Changes Incorporated are designed to help participants lead a more fulfilling, active and healthy lifestyle. All participants are encouraged to participate at their own pace. We recommend that all participants consult with their physician before starting any fitness or exercise program. The programs run continuously. You may start at any time. Students are encouraged to mix and match programs in order to promote a balanced fitness regimen.

For more information, please call: the LifeStyle Center at 725-4386
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 or knee, we need 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 or knee 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 constantly 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 knee or 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.

I am 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.
### CENTER FOR JOINT REPLACEMENT KEEP-IN-TOUCH LIST

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