

# TOTAL HIP REPLACEMENT



St. Elizabeth  
HEALTHCARE



## WELCOME TO THE ST. ELIZABETH HEALTHCARE TOTAL JOINT CENTER

On behalf of St. Elizabeth Healthcare, your orthopaedic surgeon and the entire Total Joint Center team, we would like to offer you a warm welcome into our total joint family.

This booklet has been designed to assist you in gaining an understanding of the total joint replacement process. With the assistance of the St. Elizabeth Healthcare Total Joint Center team, you will feel better prepared for your surgery, discharge, and post-discharge care. This booklet answers many questions about total hip replacement surgery and will help to ensure you understand the steps necessary to have a successful experience.

The Total Joint Center (TJC) team is dedicated to providing compassionate care and outstanding patient education material to guide you. Physicians, TJC coordinator, physical therapists, occupational therapists, care coordinators, nurse managers, and many others will be available should you need assistance in any way. A list of important telephone numbers is also located in the back of this booklet for quick reference.

We hope that you find this booklet valuable while preparing for your surgical experience. Hip replacement should provide years of use without the pain and stiffness you may have experienced prior to surgery. By following the advice of your surgeon, therapists and other healthcare professionals, your total hip replacement should put you back on the road to a more active lifestyle. Please refer to the St. Elizabeth Healthcare website for pertinent information regarding family members/friends.

- The Total Joint Center team of St. Elizabeth Healthcare

# TABLE OF CONTENTS

## Total Hip Replacement

Methicillin Resistant Staphylococcus Aureus (MRSA) .....	4
--	---

## Preparing for Your Hip Surgery

Nutrition .....	5
-----------------	---

## What to Expect Before and During Your Hospital Stay

Weeks Leading up to Surgery .....	6
-----------------------------------	---

The Day of Surgery .....	7
--------------------------	---

During Surgery .....	7
----------------------	---

## Immediately Following Surgery

On the Orthopaedic Unit (Inpatient surgeries only) .....	8
--	---

Hints for Your Hospital Stay .....	9
------------------------------------	---

Medication Side Effects .....	9
-------------------------------	---

## Discharge Planning Questions

Preparing Early for Your Hospital Discharge .....	10
---	----

## Precautions at Home

Special Precautions .....	12
---------------------------	----

Hip Precautions - Anterior Approach .....	12
---	----

Hip Precautions - Posterior Approach .....	12
--	----

Occupational Therapy After your Total Hip Replacement .....	13
---	----

## Timeline for Recovery

Exercises .....	15
-----------------	----

Car Transfers .....	16
---------------------	----

Follow-Up Care .....	17
----------------------	----

## Other Important Information

Orthopaedic Equipment Needs .....	18
-----------------------------------	----

Possible Complications Associated with Total Joint Replacement Surgery .....	18
--	----

Frequently Asked Questions Regarding a Total Hip Replacement .....	20
--	----

Important Phone Numbers .....	21
-------------------------------	----

Notes/Questions for My Doctor .....	22
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## TOTAL HIP REPLACEMENT

In order to understand what a total hip replacement is, you should also understand how a healthy hip works. A healthy hip is a ball-and-socket joint. The ball is at the top of your femur (thigh bone). The socket is at the bottom of your pelvis. Cartilage covers the head of the femur (the top of your thigh bone), allowing the ball to move easily and smoothly within the socket. With the help of the muscles surrounding your hip, you are able to walk easily without pain.

In an unhealthy or painful hip, the cartilage usually becomes worn away in places. Without cartilage, there is no protection between the bony surfaces of the ball and socket, which become rough and begin grinding into one another. This causes pain and results in stiffness and discomfort when walking.

Your surgeon will choose the correct prosthesis (artificial hip) for you. A prosthesis is made up of a ball and a cup (socket). The ball is usually metal or ceramic and replaces the head of the femur (or the top of the thigh bone). The cup (socket), replaces the socket of your pelvis. Since your prosthesis is made of metal and/or plastic, there is no grinding between the two surfaces. The artificial hip will act almost like a healthy hip, which should allow you to walk with ease and without pain. A physical therapist will begin working with you early in your recovery process, generally the day of surgery. You will walk and begin a gentle exercise program. This will strengthen the surrounding muscles and increase motion. An occupational therapist may also assist you with toileting, dressing, eating, and personal care.

# PREPARING FOR YOUR HIP SURGERY

With the help of your surgeon, you have decided to have a total hip replacement. It is important to realize that you will be responsible for a major portion of your rehabilitation. Rest assured that there will be many healthcare professionals to guide you step by step. Modern medicine has made it possible for a stiff and painful hip to be replaced with one that functions nearly the same as a normal, healthy hip. If you follow the instructions of your doctors, therapists and nurses, and are an active participant in your rehabilitation process, you will soon be on your way to a more active lifestyle.

This booklet is designed to provide helpful information on what to expect with a total hip replacement. If you have any questions on subjects that are not covered, please ask your doctor or therapist for further information.



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## Nutrition

Good nutrition is vital for life and even more important before and after joint replacement surgery. Being prepared for your surgery takes some planning. Putting some time and thought into your nutrition before and after surgery can help you be better prepared for your procedure and support the healing process. Loading up on nutrient dense food before and after surgery can help aid in your recovery. Here are some points to consider:

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### Hydrate

- Make sure you drink plenty of liquids, preferably water. Drink nothing at least 2 hours prior to arriving for your surgery.
- Increased fluid intake after surgery can also help to minimize constipation. Limit caffeine if possible.

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### Fruits and vegetables

- Work on increasing your intake of fruits and vegetables.
- Fruits and vegetables help with the healing process to deliver antioxidants, vitamins, minerals, water, and fiber.
- Try to eat at least 5 or more servings of fruits and vegetables each day.
- Fruits and vegetables provide Vitamin C, magnesium, and potassium to strengthen bones. They also help maintain normal bowel movements due to their fiber content.
- There are health benefits to eating not only green, but also blue-purple, yellow, orange, and red vegetables.

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### Protein

- Be sure to eat enough protein for at least 2 weeks prior to surgery.
- The amount of protein you need varies on an individual basis, but research does support 65-100 grams per day.
- Protein is a key building block for muscles, bones, and the healing process as it helps to build and repair tissue.
- Eating enough protein also helps support a strong immune system. Some excellent sources of protein include lean meat, seafood, eggs, nuts, seeds, and legumes.

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### Iron, Vitamin C, and Vitamin D

- Foods higher in iron, vitamin C, and vitamin D are also important for healing and strong bones.
- Iron helps to transport oxygen throughout the body and to your muscles.
- Vitamin C rich foods help with iron absorption.
- Vitamin D is important for bone growth, bone remodeling, and calcium absorption. Getting enough vitamin D supports good immune function and helps reduce inflammation. The recommended intake of vitamin D3 is 2000 - 4000 international units per day.

Finally, it is important to limit processed foods and foods high in processed sugars. These types of foods increase inflammation.

*\*\*You should speak with your physician before starting a new diet.*



## WHAT TO EXPECT BEFORE AND DURING YOUR HOSPITAL STAY

### Weeks Leading up to Surgery

Your well-being is our primary concern at St. Elizabeth Healthcare. We want your total joint replacement experience to be the best it can be.

Following these instructions will help ensure a safe and smooth transition to a more active lifestyle.

#### Below is a list of important instructions to follow in the weeks prior to your surgery:

- Stop any medications as instructed by your physician at the appropriate time.
- Do not shave your operative leg for five days prior to your surgery.
- You must bring a list of your home medications with you on the day of surgery. This list must include the name of the medication, dosage and how often you take it.
- If you have a Living Will or Durable Medical Power of Attorney, please make a copy and bring it with you on your day of surgery.
- Bring loose, comfortable clothing to wear during your stay. Tight clothing will not fit over your dressing. (Inpatient surgeries only)
- Bring any toiletries you may need such as toothbrush and paste, deodorant, and hairbrush. (Inpatient surgeries only)

#### Report any of the following to your physician should they arise:

- Fever.
- Breathing problems.
- Open cuts/abrasions/rashes.
- Changes in your medications.
- Tooth pain or infection.
- Bug bites.
- Urinary infections.
- Any change in your current health status.

Please inform your physician if you have been taking any antibiotics prior to surgery. You will need to have a follow-up visit with your prescribing physician.

**For the well-being of all staff and patrons,  
St. Elizabeth Healthcare is a smoke-free facility.**

## The Day of Surgery

The day you have been waiting for has finally arrived. It is important to understand what will occur from the time of arrival at the hospital until you are discharged.

Below is a list of things to expect on the day of your surgery:

- You must NOT eat anything after midnight the night before surgery.
- You may drink black coffee, tea, water, or Gatorade Zero Sugar for up to two hours prior to your arrival time.
- Take the medications you were instructed to take by the nurse practitioner in Pre-Admission Testing.
- Do not chew gum or tobacco on the day of surgery.
- Avoid all alcoholic beverages and stop or reduce smoking for 24 hours before surgery.
- Do not wear jewelry, artificial nails, nail polish or makeup on the day of surgery.
- Dentures can be removed before surgery, and a container will be provided.
- Do not remove hearing aides. You will need to wear them to surgery.
- You will be asked to arrive two hours before your scheduled surgery time to allow our personnel to adequately prepare you for surgery.
- Please note that there are occasions when the time of your surgery may change. Please be available two hours before and after your scheduled surgery time to accommodate for these changes, should they occur.
- The partner in care is asked to remain in the waiting area at all times during your surgery.
- Family must comply with current COVID restrictions as applicable.

## When you arrive at the hospital, please report to the second floor, Same Day Surgery unit where the following will occur:

- Your partner in care may be with you in this area.  
**Please refer to the St. Elizabeth Healthcare Website for pertinent information regarding family members/friends.**
  - The nurse will collect any paperwork you were asked to bring to the hospital.
  - The nurse will obtain the cell phone number of your partner in care.
  - You will change into hospital attire.
  - You will have an intravenous catheter placed for administration of medications.
  - You will speak to a physician regarding your past medical history.
  - Your surgeon will mark the operative site.
  - You will be visited by the anesthesiologist who will review your medical information and answer any questions you have. He/she will discuss the anesthetic plan with you. Sometimes, a spinal injection can be used in place of general anesthesia. Discuss this with your anesthesiologist if desired.
  - You may receive a nerve block, which is discussed further below.
  - You will receive medication to help you relax prior to being taken to the operating room.
  - You will have the opportunity to ask questions.
  - Other friends/family members may join you prior to moving to the operating room.
- Our staff are available to ensure your comfort until your surgery.**

## During Surgery

During surgery, the surgical nurse will keep your partner in care updated on your progress.

### Nerve blocks

Nerve blocks are done to decrease pain associated with your surgical procedure. Some surgeons prefer that their patients have a single shot nerve block. The type of nerve block the anesthesiologist performs is determined by the surgical procedure and your surgeon's preference. The anesthesiologist performing your nerve block will greet you and review your chart.

### The procedure will consist of the following:

- Family must return to the waiting area during the placement of the nerve block.
- You will be placed on a monitor.
- The anesthesiologist and nurse assisting with the nerve block will ask you to participate in a "Time-Out" to verify the correct surgical site.
- You will receive medication for sedation.
- You may notice uncontrolled movement of your limb while the block is being performed. This is normal.
- The anesthesiologist will inject local anesthetic near the nerve and possibly place a catheter.
- You may feel a pressure sensation as the medication is being injected.
- Notify the anesthesiologist or nurse if you notice your heart racing, lightheadedness, dizziness or ringing in your ears during or after the block.
- Your blocked limb will slowly begin to feel warm, heavy, and numb.



## IMMEDIATELY FOLLOWING SURGERY

Immediately following surgery, you will still be drowsy from the medications given to you. The surgeon will speak to your partner in care regarding the details of your surgery and your condition.

When surgery is complete, you will be transported to the Post Anesthesia Care Unit (PACU). When in the PACU, you will be closely monitored. Your partner in care will be contacted via cell phone for an update. If your surgery is performed on an outpatient basis, you will remain in the PACU and will be discharged home from there.

If you require an overnight stay in our facility, you will be transported from the 2nd floor to our Orthopaedic/Surgical unit for the remainder of your stay. This is the designated orthopaedic unit in our facility. Most patients remain on this unit for one to two days.

Please remember, if you receive a nerve block during your surgery, your extremity may be numb, so it is very important that you **do not attempt to get out of bed without assistance**. This numbness is normal and will wear off.

However, even with these types of anesthetics, patients often still have pain when they wake from surgery. It is also common to experience a sore throat or nausea following surgery. If you do, notify your nurse so she can help alleviate these symptoms.

### On the Orthopaedic Unit (Inpatient surgeries only)

Welcome to the Orthopaedic Unit, where you will spend the rest of your surgical experience at St. Elizabeth Healthcare. Our staff is totally committed to outstanding patient care for our family of orthopaedic patients.

While on the Orthopaedic Unit, you will be cared for by our highly trained healthcare professionals, including our orthopaedic nurses and nursing assistants, the nurse manager and assistant nurse manager, the coordinator of the Total Joint Center, physical therapists, occupational therapists, care coordination staff and many more. Please let us know if you have any concerns. Our goal is to make your stay the best it can be.



## Hints for Your Hospital Stay

- Actively participate in your recovery. No one can do this for you, but we will guide and assist you.
- Communicate your pain levels regularly so adequate medication can be given.
- Set personal goals to maximize your potential and reduce recovery time.
- Follow doctors' orders so that complication risks are lessened
- Medications, blood clot prevention devices, blood tests, transfusions and exercises are prescribed to maximize the safety of surgery and recovery.
- Clearly communicate concerns about any aspect of your care and recovery so that problems can be addressed.

## What you can do:

- Call for staff to help you to get out of bed. CALL... DON'T FALL!!!
- If you had a nerve block, your leg will be weak and numb. Do not try to bear weight on it.
- Do your breathing exercises.
- Be active in your therapy.
- Move your ankles and feet often.
- Notify your nurse immediately if your dressing becomes wet.
- Take pain medicine before therapy and before your pain gets out of control.
- Keep a list of questions or concerns ready, including those about going home.
- Tell staff if you do not understand any instructions for your home care.
- Understand you may have good and bad days.
- Keep a positive attitude.
- Keep discharge paperwork handy at home to reference as needed.
- Closely read your medication labels to ensure you are taking them correctly.



## MEDICATION SIDE EFFECTS

Below is a list of common side effects of the medications we will administer during your hospital stay.

- **Antibiotics** - nausea, sore throat, sensitivity to sun, yeast infection, diarrhea, constipation or dizziness.
- **Anticoagulant (blood thinner)** - dizziness or muscle pain.
- **Iron** - constipation, nausea, vomiting, abdominal pain, dark stool, or other GI complaints.
- **Stool softener** - diarrhea, throat irritation, or stomach cramps.
- **Pain medication** - constipation, dry mouth, itching, nausea, vomiting, or upset stomach.
- **Anti-nausea medication** - dry mouth, constipation, drowsiness, or dizziness.

### IF YOU EXPERIENCE ANY OF THE FOLLOWING SIDE EFFECTS, CONTACT YOUR NURSE OR DOCTOR IMMEDIATELY

Rash, itching, irregular heartbeat, yellowing of the skin or eyes, difficulty breathing, seizures, bloody stool, vision changes, confusion, red or dark urine, trouble passing urine, severe headache, unusual bleeding, or swelling of the face, lips, or tongue.

# DISCHARGE FROM THE HOSPITAL

## Preparing Early for Your Hospital Discharge

It is important to plan ahead for your discharge from the hospital. While our staff will support you every step of the way, we suggest you think ahead about your needs and sources of support after your hospital stay. We strongly encourage you to designate one person to act as your “Total Joint Partner in Care.” This individual should accompany you through each step of the joint replacement process. One of the most important responsibilities of the coach is to be available following discharge for five to seven days, until you can function more independently.

We suggest you call your insurance company regarding any questions about your benefits and providers covered. If you learn that your insurance does not cover outpatient physical therapy, home health, skilled nursing, or Acute Rehabilitation, please call the Care Coordination Office at (859) 301-2275, Edgewood, (812) 537-8265, Dearborn Surgical Unit.

The following options are available:

### Return Home with Outpatient Therapy

- Provides two to three days per week of progressive exercise to improve range of motion and strength.

### Return Home with Home Health Care

- Provides one hour, two to three times per week of therapy.
- Provides skilled nursing and home health aide services, if medically appropriate.
- Private-Duty nursing services may be available, but not generally covered by insurance.

### Transfer to a Skilled Nursing Facility (Inpatient surgeries only)

- Provides 60 to 90 minutes of therapy five to six days per week.
- The average length of stay varies based on medical necessity guidelines.
- Most continued stays are done at a skilled nursing level of care.

### Transfer to Acute Inpatient Rehabilitation (Considered in extreme cases and inpatient surgeries only)

- Provides three hours of therapy five to seven days per week.
- Average length of stay is seven to 10 days.
- Individuals require at least two of the three therapies to qualify for this service.
- Please note that there are strict Medical Necessity Guidelines to qualify for this level of care, such as multiple medical issues and ability to participate in intensive therapy.

### Planning for Discharge Transportation

Don't forget to arrange for transportation home from the hospital. Most patients can travel by car. If your healthcare team feels it is medically necessary to travel by ambulance or wheelchair van, they will help you make these arrangements. If you have concerns about transportation, please tell the care coordinator as soon as possible after surgery.

## Discharge Planning Questions

As you investigate your insurance benefits and decide on your tentative plan for each level of care, please call the Care Coordination department with any questions at (859) 301-2275, Edgewood, (812)537-8265, Dearborn Surgical Unit.





## PRECAUTIONS AT HOME

Your doctor and medical team will determine when you will be allowed to go home. Once you are home, there will be different obstacles to overcome.

### The following are general do's and don'ts for going home:

- We recommend your partner in care be available to assist you for the first five to seven days at home.
- Follow weight-bearing restrictions your surgeon ordered.
- Place a pillow between your legs to keep the operative leg in correct alignment if your hip was replaced via the posterior approach.
- If you have a dog or cat, have someone place your pet in another room and close the door. Once you are in the house, sit down, and then allow your pet to visit to prevent unexpected falls when your pet jumps on you.
- Avoid rocking chairs and low or overstuffed chairs or sofas if you are following total hip precautions. Sit in a chair with two arms so you can push off arms to stand. If you cannot find a chair that sits high enough, place a pillow in the seat of the chair. Adapt seats with pillows so your knees are level with or below your hips.
- Have someone remove throw rugs until you are walking safely without an assistive device since these can cause your rolling walker or crutches to slip or trip you. Watch for pets and small children since they can compromise your balance.
- In bathrooms, be careful of water that has spilled or splashed in front of the sink or tub.
- Continue physical therapy or exercises as scheduled. Not all hip replacement surgical patients require continued physical therapy, this will be discussed and instructed by your surgeon.
- Use good lighting, especially at night.
- Do not wear open-toed shoes, shoes without backs, or socks by themselves without non-skid bottoms.
- Use a sock device or get help to put on socks, stockings and shoes. This is especially important for hip replacement patients who are required to follow total hip precautions.
- Be aware of loose carpeting or floorboards and uneven floor surfaces.
- Place frequently used items where they can be easily reached.
- Create an unobstructed path between each essential place in your home and remove extension and phone cords that cross these routes.
- Set up a living area on one floor, if possible.
- Arrange furniture to provide space to walk freely throughout the home.
- Use a walker bag or basket to transport items throughout the home.
- Buy lightweight and smaller products in the grocery store to increase ease of transportation. Use containers with lids to transport liquid.
- Use paper plates, cups, and utensils to decrease the number of dishes to be washed.
- Prepare meals in advance to freeze or purchase simple microwavable meals.
- Use a cordless phone and keep it close to you.

## Special Precautions

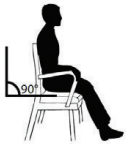
Certain precautions will be dictated by the type of surgery you have: Posterior or Anterior Approach. These precautions are important to follow after surgery.

### Posterior Approach – your incision is along the back of your thigh

- Do not bend your hip more than 90 degrees.
- Do not cross your legs.
- Do not allow your legs to turn inward.
- Sleep on your back with a pillow between your knees.
- Do not sit in low or overstuffed sofas or chairs.
- Do not twist your body when standing or lying down.
- Do not sit in bucket seats in cars.
- Do not pick items up from the floor; use a grabbing device.
- Do not sit in a bathtub. You may take showers or sponge baths.

### Hip Precautions – Posterior Approach

#### Do not bend past 90 degrees



Correct



Incorrect

#### Avoid twisting your leg inward



Incorrect

#### Avoid crossing your legs



Correct



Incorrect

### Anterior Approach – your incision is along the front of your thigh

- Do not extend your leg behind you when dressing, bathing or backing up to the toilet.
- Do not rotate your operated leg outward.
- Do not cross the midline of your body with the operated leg while putting on socks and shoes.

### Hip Precautions – Anterior Approach

#### Do not move your leg backward



Incorrect

#### Do not turn your affected leg so the toes are pointing outward



Incorrect

## Occupational Therapy After your Total Hip Replacement

In order to maintain the hip precautions listed above, you will need to use adaptive tools to complete lower body bathing and dressing or have assistance from another person. The following provides options for devices and medical equipment to allow you to be safe and independent with daily activities at home. Your Occupational Therapy team will assist you with selecting the equipment that best suits your needs. Feel free to contact the OT department prior to surgery if you have questions. If you have any questions, please contact us at (859) 301-2168, Edgewood or (812) 537-8144, Dearborn.

### Dressing

#### Socks:

- Use the sock aide to put on socks and light compression stockings without bending over.
- Use the reacher or dressing stick to remove your socks without bending over.

#### Pants:

- Use the reacher to place pants over your feet.
- Dress the surgical leg first.

#### Shoes:

- Elastic shoelaces can be used to avoid bending over to tie shoes.
- Wear sturdy slip-on shoes or shoes with Velcro®.
- Use the long handled shoehorn to help your heel slide into your shoe.



### Toileting

- The bedside commode can sit next to your bed at night or sit on top of your commode as a raised toilet seat.
- A raised toilet seat can be placed on top of your commode to raise the overall height of the seat. Please ensure the raised toilet seat is secure, as not all commodes are the same size.
- A handicap height commode provides a higher height to make it easier to transfer.
- Wall mounted grab bars can help with standing from your commode.



### Bathing

#### Shower stall:

- A bedside commode or shower chair can be placed in a shower stall for seated bathing.

#### Bathtub:

- An extended tub bench sits inside and outside of the tub, therefore you can scoot on the bench to safely transfer in and out of the tub. A shower chair can be used in a walk-in shower or tub once you can safely step over the tub wall.
- Wall mounted grab bars placed in and around the tub or shower will increase safety.
- A hand held shower head makes seated bathing easier as you can remain seated throughout the shower.
- Use a long handled bath sponge to reach your back and lower body.



# TIMELINE FOR RECOVERY

The pace of recovery varies with the individual and their health and activity level before surgery. This timeline is based on average recoveries, but can be used as a guide for your progress.

## Up to two weeks after surgery

- Use your walker, take it easy around the house, do home exercises and/or physical therapy as instructed.
- Take your pain medicines, as directed.
- Follow discharge instructions, and watch for excessive swelling or signs and symptoms of a complication.

## Three weeks

- Switch from walker to cane at your doctor's discretion.
- Continue home exercises and/or physical therapy, as instructed.
- Taper off your pain medicine, as tolerated, by lengthening the time between doses, instead of taking a pill every four to six hours, try every five to seven hours or taking one pill instead of two.

## Three to six weeks

- You may be able to drive, depending on the operative side and your surgeon's advice.
- Continue to taper off the pain medications. You can switch to Tylenol or a non-steroidal anti-inflammatory, such as ibuprofen, Aleve, or Motrin when you have completed your blood-thinning regimen given to you at discharge.
- Try reserving your narcotic pain medicine for nighttime and/or physical therapy sessions.

## Six weeks

- Wean yourself off the cane, however, you must be able to walk without limping.
- Reserve narcotic pain medicines for nighttime and physical therapy. Use Tylenol, as needed, or a nonsteroidal anti-inflammatory if able to tolerate.

## Up to three months

- Follow all precautions.

## Six to nine months

- You should be mostly healed; however, you can expect occasional mild swelling, soft tissue discomfort, and potential warmth after extra activity. These symptoms gradually diminish with time and often won't restrict activities.

**Once healed, you will have very few restrictions regarding your prosthesis. Walking, golfing, bowling, swimming, riding a bike, and doubles tennis are permitted. Avoid running, jumping or heavy lifting.**

# EXERCISES

Do each exercise 10 times, 2 times a day.

If you start to experience any unusual pain, stop the exercise and notify your therapist.

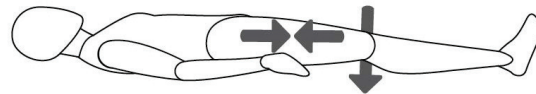
Exercising your new hip is another very important aspect of your physical therapy. Each patient will have a specific exercise program geared to their needs. Generally speaking, you will be asked to do some or all of the following exercises. It is very helpful to begin these exercises prior to surgery in order to strengthen your leg as much as possible.

## Quadriceps Set

**Purpose:** To strengthen your thigh muscle.

**Position:** Lying.

**Action:** Tighten muscles on top of thigh by pushing knees down into floor or table. Hold for a count of five. Relax.



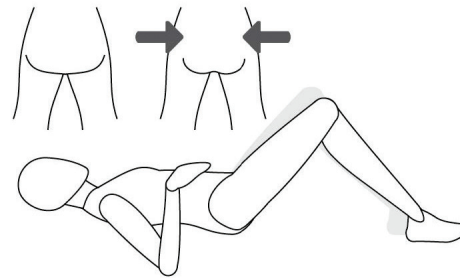
## Gluteal Set

**Purpose:** To strengthen buttock muscles.

**Position:** Lying or sitting.

**Action:** Squeeze your buttocks together.

Hold for a count of five. Relax.

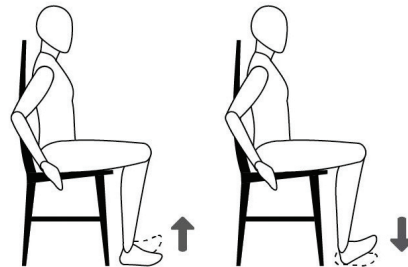


## Ankle Pumps

**Purpose:** To increase motion in your ankles, to improve circulation, and to improve the strength of your ankle muscles.

**Position:** Sit in a chair and place both feet flat on the floor. (This can also be done lying in bed.)

**Action:** Leaving your heel on the floor, tap your foot up and down. Each time, raise your foot up as high as possible.

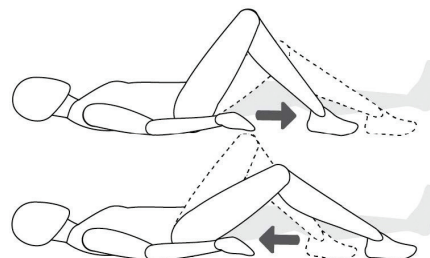


## Heel Slides

**Purpose:** To bend your knees and stretch the muscles on top of your thigh.

**Position:** Lie on your back with knees straight.

**Action:** Bend your knee(s) up under you as far as possible, then ease them straight. Repeat.



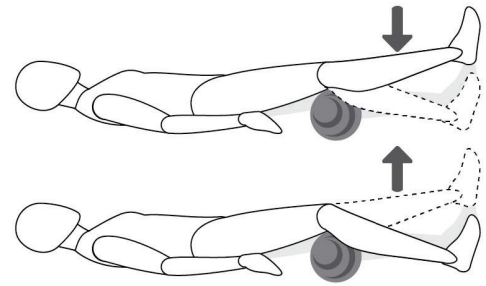
# PRE-OPERATIVE EXERCISES

## Terminal Knee Extension

**Purpose:** To strengthen your thigh muscles (quadriceps).

**Position:** Lie on your back with a firm pillow or large towel roll under weak leg.

**Action:** Slowly lift your foot up. Your knee should remain on the pillow and your leg should be as straight as possible. Slowly lower foot to starting position.

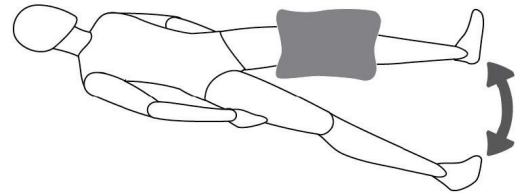


## Hip abduction – adduction to neutral

**Purpose:** To strengthen your hip muscle.

**Position:** Lie on your back, with legs straight.

**Action:** Slide your weak leg out to the side. Keep your knee straight and toes pointing up. (Don't lift leg, just slide it.) Do not bring leg past neutral position. Repeat.



## Car Transfers

It is important to know how to get into the car in a safe manner. First, on the passenger side, make sure the seat is back as far as possible, you may want to recline the seat as well. Stand with your back toward the car, sit, scoot back, and then swing your legs into the car. Position yourself comfortably.





## FOLLOW-UP CARE

Your doctor will tell you when he wants to see you in his office after you go home. It is important to keep these appointments, as your surgeon will periodically X-ray your hip to ensure it is healing properly. If you have restrictions, your surgeon or therapists will also progress weight bearing on your leg. Never increase your weight-bearing without instruction from your physician or therapist.

Several options are available upon discharge from the hospital:

- Your doctor may order home healthcare where nurses and/or therapists visit your home to guide your recovery.
- Outpatient physical therapy may also be ordered to improve your level of functioning. Exercises typically include strengthening and stretching, and walking or climbing stairs. You will also receive a progressive program of exercises for home.
- You will be provided with an implant card following surgery. This card will contain your name, your surgeon's name, the date of your surgery, and the location of your implant.
- If complications occur after returning home, your surgeon's office is available during after hours.

Please do not hesitate to call them if you have questions or concerns.

Please see your specific surgeon to determine need for future preventative antibiotic use.

# OTHER IMPORTANT INFORMATION

## Orthopaedic Equipment Needs

### A-boots/Athrombic Pumps

A-boots are intermittent devices applied to lower legs to promote circulation and help prevent blood clots after surgery (in-hospital only unless prescribed by your surgeon).

### Cold Therapy

Used to prevent or reduce pain and swelling of an extremity or to control bleeding after surgery.

### Abduction pillow (for Posterior Approach only)

This is a foam, wedge-shaped pillow that is placed between the legs to avoid crossing of the legs immediately following surgery. As the muscles around the hip joint are weak from surgery, it is necessary to keep this pillow in place to avoid hip dislocation. This device is not used on patients whose surgery was completed using the anterior approach.

### Overhead trapeze (Inpatient surgeries only)

Each orthopaedic bed is equipped with metal bars that extend overhead. This is to assist you in moving more easily in bed. These bars are secure and very helpful during your hospital stay.

### Incentive Spirometer (Inpatient surgeries only)

A device used to increase breathing and help prevent pneumonia following surgery.

## Possible Complications Associated with Total Joint Replacement Surgery

Although joint replacement surgery is generally safe and predictable, you should be aware of the following potential complications:

### Infection

Certain medical conditions or lifestyles can increase the risk of infection, including obesity, diabetes, nicotine or alcohol abuse, immune suppression and chronic anemia.

The following precautions should help to reduce the risk of infection:

- Intravenous antibiotics before, during and after surgery.
- Laminar airflow system in the operating room minimizes bacteria in the air.
- Completion of dental work before your surgery.
- Good nutritional intake.
- Blood sugar control for diabetics.
- Frequent hand-washing.
- Cessation of nicotine (smoking or chewing tobacco).

### Blood clots in the legs or Deep Vein Thrombosis (DVT)

DVT is caused by decreased activity (this occurs in one or two of every 100 patients). You may be treated with a blood thinner to lower this risk. Depending on the clot location, you may need to be readmitted to the hospital for intravenous blood thinners.

### Blood clots in the lungs or Pulmonary Embolism (PE)

A blood clot can travel to your heart or lungs, causing a heart attack or even death. If you experience sudden shortness of breath or chest pain, go to the nearest emergency room or call 911. This complication is extremely rare, occurring in approximately one in 1,000 patients.

### Blood loss requiring a transfusion

- Females over 60 years old are at a slightly higher risk.
- Your surgeon will take precautions during surgery to minimize blood loss.



# OTHER IMPORTANT INFORMATION

## Leg-length discrepancy

With each total joint replacement, there is a risk of a leg-length discrepancy. Your surgeon will do everything possible to equalize your leg lengths, while maintaining a stable and well-functioning prosthesis (artificial hip). Correcting this with a small lift inside your shoe, should this be necessary, is better than an unstable prosthesis.

## Neurovascular damage

- Numbness and weakness or persistent pain in the leg and foot (this occurs in about one out of every 1,000 patients).
- Rare loss of muscle function - this risk is higher when the surgery includes lengthening the hip. Nerve injuries of this type can lead to a foot drop or the inability to raise your ankles or toes.
- An area of numbness in the skin surrounding the surgical scar is normal. Over time, this area of numbness may decrease, while a small portion closer to the scar may be permanent. This superficial skin numbness will not interfere with the function of the leg or hip.

## Loosening of the prosthesis

This can happen over time and may require a revision surgery to repair.

## Dislocation of the joint prosthesis or fractures of the femur or tibia

Observe all precautions to help reduce the risk of dislocation. These will be taught to you by your physical therapist/ occupational therapist.

## Abnormal or heavy wear

As wear over time may not cause any symptoms, routine X-rays are taken periodically to determine whether replacement of the weight-bearing surface is required.

## Complications with anesthesia

Complications of general anesthesia are rare, but can occur. Most common complications are dental injury, sore throat, nausea and vomiting, inadequate nerve block, nerve injury, adverse reactions to anesthetic medication, difficulty breathing, heart attack, stroke, or even death.



# FREQUENTLY ASKED QUESTIONS REGARDING A TOTAL HIP REPLACEMENT

## When will my pain go away?

Surgery itself will cause some pain and soreness for several weeks. The amount and type of pain varies from patient to patient, however, this is post-surgical pain and will differ from the deep aching pain you may have experienced prior to surgery. With exercise, your new prosthesis (artificial hip) should relieve the pain and stiffness you had before surgery.

## How long will I have to use my rolling walker or crutches?

This varies with the individual, but you can expect to get up and walk the day of surgery. Your physical therapist will work with you until you can safely walk using either crutches or a rolling walker. Expect to use a rolling walker or crutches for several weeks. Your surgeon will periodically X-ray your new hip to check the healing process and tell you when you no longer need the rolling walker. As you progress, your doctor or therapist may suggest use of a cane. Depending on your general health prior to surgery, you may not need an assistive device at all.

## Is it possible to damage my new hip?

Your new hip will be very strong and secure after surgery. However, the muscles around the hip will be weak from surgery, so there may be some precautions that must be followed to ensure your hip remains in good condition. Your physical therapist will review these with you. In general, patients who received a total hip replacement via the posterior approach should avoid crossing their legs or feet and low seating. Quick, sharp movements, falls, and large amounts of stress on the joint should also be avoided.

## When can I go home? (Inpatient surgeries only)

This will vary depending on your general health before surgery. The average hospital stay is one to two days. This could change if complications occur.

## To be discharged, you must be medically stable, according to your doctor, and you must be able to:

- Get in and out of a chair by yourself.
- Get on and off the toilet.
- Walk independently with an assistive device (rolling walker or crutches).
- Understand your exercises.

If recovery is slower than expected, you may need to go to another facility, like a skilled nursing unit, to recover before returning home.

A care coordinator will help you make home arrangements or order needed equipment. In some instances, it may be necessary for a healthcare professional to provide follow-up care at your home. You may also need to return to the hospital as an outpatient for continued physical therapy. These options will be discussed with you closer to your discharge.



## IMPORTANT PHONE NUMBERS

### Care Coordination and Social Services

(859) 301-2275

### Registration

Edgewood: (859) 301-5700

Dearborn: (812) 496-7400

### Patient Information

Edgewood: (859) 301-2000

Dearborn: (812) 537-1010

### Rehabilitation Services (Physical/Occupational Therapy)

Edgewood: (859) 301-2168

Dearborn: (812) 496-8790

### Pre-Admission Testing

Edgewood: (859) 301-5646

### Orthopaedic Unit

Edgewood: (859) 301-6700

Dearborn: (812) 496-8265

Florence: (859) 212-5700

### Central Scheduling

(859) 655-7400

### Total Joint Center Coordinator

(859) 301-0405

For more information and answers to frequently asked questions, visit our website at: [stelizabeth.com/ortho](https://stelizabeth.com/ortho).





Your hip replacement should provide years of use without the pain and stiffness you may have experienced before surgery. Take care of your artificial hip so that you can continue to be independent in the activities you enjoy. If you follow the advice of your surgeon, therapists and other healthcare professionals, your total hip replacement should soon put you back on the road to a more active lifestyle.

**We wish you the very best!**

*The Total Joint Center team of St. Elizabeth Healthcare*

If you have any questions please contact:

Total Joint Program Coordinator

(859)-301-0405

