Welcome

Patient Name: _____

Class Date: _____

Preoperative Teaching Class Date
Location: North Memorial Medical Center Robbinsdale
Atrium 7th floor- Joint Replacement Center

Surgery Date: _____
Location: Patient Care Center-**Atrium 1st floor**

Arrival Time Day of Surgery: _____
For arrival time to North Memorial Medical Center
3 days prior to surgery please call

(763) 581-4585
If you go to voice mail, it will say you have reached the **"Pre-admission and culture team"** this is the correct number. Leave your name, call back number and that you need your admission time, for the day of surgery.

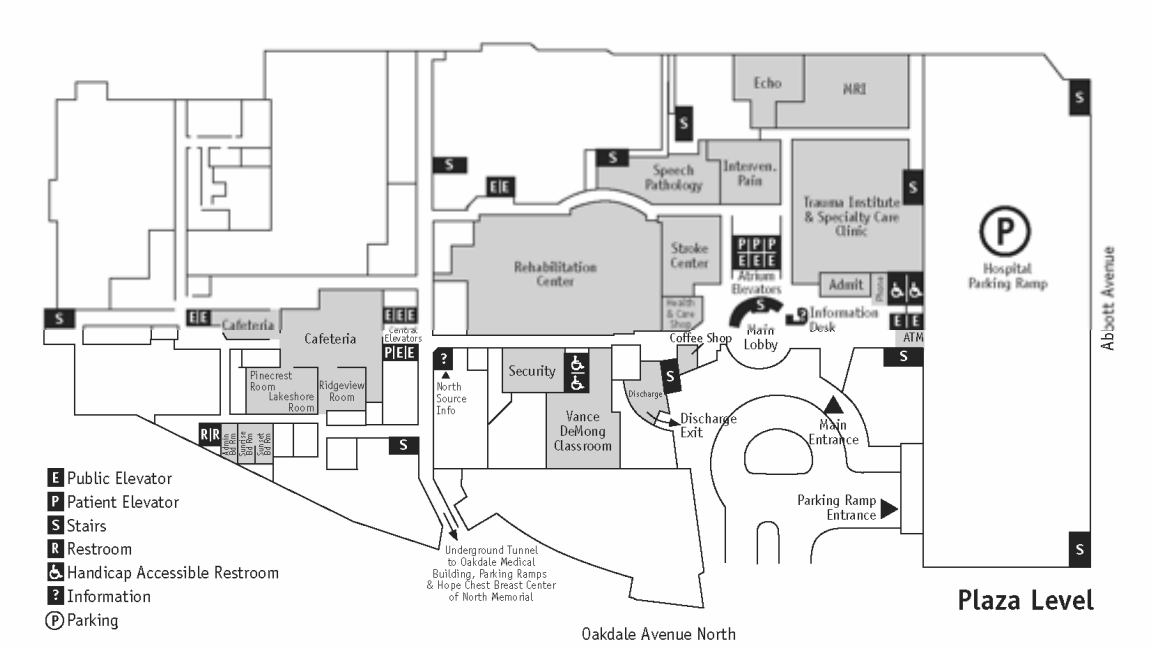
_____
Post Surgery Follow Up Appointment Date

Please Bring This Book with You To:

- Your pre-operative teaching class
- The hospital on admission
- All physical therapy visits after surgery

For Questions, Contact the **Joint Replacement Care Coordinator**: **763-581-7712**

Getting to the Joint Replacement Center



Welcome to North Memorial! The Joint Replacement Center is located on the 7th floor of the Atrium. If you need assistance getting to our unit, please alert someone at the main information desk at the main entrance of the hospital.

1. Enter the hospital parking ramp, located off Oakdale Ave. N.

2. Take the ramp elevators to the Plaza Level (pictured above) and enter the hospital through the atrium.

3. Proceed to the information desk.

4. To the right of the information desk are three elevators

5. Take an elevator to the 7th floor where one of our staff can assist you.

On the day of surgery go to the Patient Care Center, located on the 1st floor of the Atrium. Do not go to the Joint Replacement Center.

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Physician & Physical Therapist Use Only

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

Precautions: ☐ Demonstrates understanding
☐ Needs cues during
☐ Does not demonstrate understanding

Lower Body/ADLs: ☐ MOD I ☐ Supervision ☐ Assist ☐ Dependent
☐ Other _____

ADL Equipment Issued: ☐ Reacher ☐ Dressing stick
☐ Sock Aid ☐ Long shoe horn
☐ Compression stocking aid
☐ Other (tub transfer, etc.) _____

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

Physician & Physical Therapist Use Only

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

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

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

General Information

Welcome

Thank you for choosing North Memorial Medical Center and The North Memorial Joint Replacement Center for the implementation and care of your new prosthetic joint. We are dedicated to providing you with the highest quality of care, with the goal of decreasing your level of pain and increasing your level of activity, resulting in improved independence.

The North Memorial Joint Replacement Center is offering an exciting and innovative way of caring for the total joint patient. You will be enrolled in a program that will follow you throughout the course of your treatment, from the time your surgery is scheduled through your post operative recovery period.

The North Memorial Joint Replacement Team is a dedicated team of professionals comprised of physicians, physical and occupational therapists, nurses, nursing assistants, social workers, and secretaries. Our volunteer, pharmacy and nutrition services will also be active participants in your care, along with the Joint Center Coordinator, who will be a valuable resource to you throughout the surgical process.

We believe that much of your success depends on you. We encourage you to be active participants in you recovery process. We will count on you to help us improve care by participating in follow-up phone surveys and a reunion breakfast.

We hope this guidebook will help answer many of the questions you may have along the way. If you have questions or concerns that are not covered in this guidebook, please don't hesitate to call. Again, we thank you for choosing North Memorial Medical Center and The North Memorial Joint Replacement Center.

The Purpose of the Guidebook

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

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

Remember, this is just a guide. Your physician, physician's assistant, nurses, Joint Care coordinator, 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
- Read Hospital Care and Postoperative Care Sections for surgical and postoperative information
- Carry your Guidebook with you to hospital, sub-acute rehab facility, and outpatient therapy

Overview of the Joint Replacement Center

The Joint Replacement Center is unique. It is a dedicated center within the hospital. Patients have their surgery on Monday through Friday and typically return home after a one night stay in the hospital.

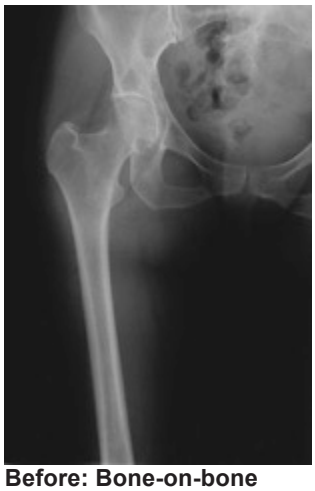
Features of the Joint Replacement program include:

- 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
- Family and friends educated to participate as "coaches" in the recovery process
- A comprehensive patient guide for you to follow pre-op until three months post-op and beyond
- Follow up reunion breakfast 3-6 months after surgery
- Public education seminars about hip and knee pain

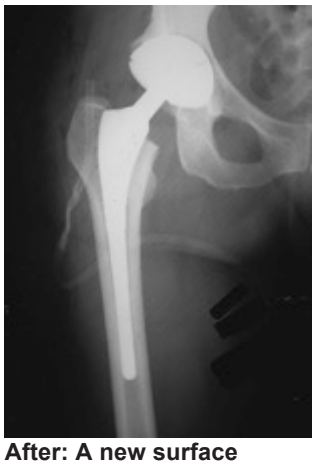
Frequently Asked Questions About Total Hip Surgery

We are glad you have chosen the Joint Replacement Center 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 Center Coordinator. We want you to be completely informed about this procedure.

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


Before: Bone-on-bone contact.

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


After: A new surface creates a smoothly functioning joint.

What 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. The decision will be based on your history, exam, X-rays, and response to conservative treatment.

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

Frequently Asked Questions

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

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

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

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

Will I need blood?
Occasionally you may need blood. You may use the community blood supply or donate your own blood, if you are able. For more information read "Blood Transfusions – Know Your Options" in The Guidebook appendix.

How long will I be incapacitated?
You will probably get out of bed the day of your surgery. The next morning most patients will get up, sit in a chair or recliner, and should be walking with a walker or crutches.

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

Frequently Asked Questions

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

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

How do I make arrangements for surgery?
The Joint Center Coordinator will guide you through the program and make arrangements for post-op care. The Joint Center Coordinator's role is described in the Guidebook along with a phone number.

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

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

Will the surgery be painful?
You will have discomfort following the surgery, but we will try to keep you as comfortable as possible with the appropriate medication. Most patients will be given IV pain medication the day of surgery. You will begin oral pain medication on the morning of the first post operative day.

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

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

Will I need a walker, crutches, or cane?
Yes, for about 3–4 weeks we do recommend that you use a walker, a cane, or crutches. The Joint Center Coordinator or physical therapist can arrange for them if necessary.

Frequently Asked Questions

Will I need any other equipment?
After hip replacement surgery, some total hip patients might need a high toilet seat for about three months. You may borrow, rent, or purchase this. You will also be taught to use assistive devices to help you with lower body dressing and bathing. You may also benefit from a bath seat or grab bars in the bathroom, which can be discussed with your occupational therapist. Other equipment needs (with instructions for use) can be arranged by the Joint Center 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 three to seven days. Case managers along with the Joint Center 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 prior to surgery.

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 and you have Home Care Coverage, the Joint Center Coordinator can arrange for a home health care nurse to come to your house for blood draws and physical therapy. This is usually done twice a week. Family members or friends need to be available to help if possible. Having the laundry done, house cleaned, yard work completed, clean linens put on the bed, and single portion frozen meals can reduce the need for extra help.

Will I need physical therapy when I go home?
It's possible you may need either outpatient or in-home physical therapy. Patients are encouraged to utilize outpatient physical therapy. The Joint Center Coordinator will help you arrange for an outpatient physical therapy appointment. If you need home physical therapy, we will arrange for a physical therapist to provide therapy at your home. Following this, you may go to an outpatient facility 2-3 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. You must be off narcotic pain medication before you can drive. Getting "back to normal" will depend somewhat on your progress. Consult with your surgeon or therapist for their advice on your activity.

Frequently Asked Questions

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

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

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

Are there any permanent restrictions following this surgery?
Yes, high-impact activities, such as running, singles tennis, and basketball, are not recommended. Injury-prone sports such as downhill skiing are also restricted. Traditional total hip patients will be restricted from crossing their legs, twisting operated leg, bending 90 degrees at the hip, or twisting side-to-side (see page 42). Physical therapy will discuss these precautions with you, if you need to follow them.

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

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

What is the approximate weight of my prosthesis?
Approximately one pound.

Will I need antibiotics prior to dental work and future operations?
Yes. Contact your surgeon prior to dental appointments or surgeries.

Preoperative Checklist

Contacting Your Insurance Company

Before surgery, some of you will need to contact your insurance company to find out what services are available, and find out if there will be any out of pocket expenses.

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.

If there have been any changes in your policy prior to surgery, please notify your surgeons office or the Joint Center Coordinator.

If you do need to contact your insurance company, below is a list of questions you may need to ask.

Insurance Information

I am having joint replacement surgery. If my orthopedic surgeon recommends one of the following, what is my coverage?

Nursing Home

1. What is my coverage? _____

   _____
2. Transportation coverage? _____
3. Am I restricted to specific care centers? _____

   _____

   Put your name on a waiting list at 3 facilities.

   1. _____
   2. _____
   3. _____

Home Care

1. What is my coverage for home nursing and physical therapy? _____

   _____
2. **We can set up home therapy while you are in the hospital**.

Outpatient Therapy

1. Am I restricted to specific outpatient physical therapy clinics? _____

   _____
2. **Schedule appointments prior to coming into the hospital**. We will give you orders at the time of your discharge.

Preoperative Checklist

Pre-Register

After your surgery has been scheduled, you might receive a call for pre-registration information. If you have been a recent patient at North Memorial, it is possible we may have this registration information already on file, and you would not receive a call. If you are contacted, you will be asked to have the following information ready:

- Patient's full legal name and address, including county
- Home phone number
- Social Security number
- Name of insurance holder, his/her address, phone number, work address, and work phone number
- Name of your insurance company, mailing address, policy and group numbers, and insurance card
- Your employer, address, phone number, and occupation
- Name, address, and phone number of 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 Class

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

- Pre and Post operative expectations
- Preparing for surgery
- Role of your "Coach"/Caregiver
- Review Your Preoperative Exercises
- Review what it means to be a hospitalized patient following joint replacement surgery
- Review discharge options- Nursing Home, Home Care or Outpatient services
- Questions and Answers

Preoperative Checklist

Obtain Medical Clearance

After you are scheduled for your joint surgery, you will need to contact your primary care physician to schedule a history and physical for preoperative medical clearance. This history and physical needs to be done **within 30 days** of your scheduled surgery date. If following your history and physical, there is a medical condition that could possibly delay or prevent your surgery, please have your primary care physician notify your Orthopedic Surgeon as soon as possible.

Please be sure to address which medications you should be taking the morning of surgery, and which medications should/can be held.

If you are a diabetic, be sure to discuss how your diabetic medications should be taken, the morning of surgery

This would also be an appropriate time to discuss a Living Will-Advanced Directive-Health Care Directive(see page 81), if you do not already have one established.

Preoperative Checklist

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 an advance directive, please bring a copy to the hospital on the day of surgery.**

Urinalysis
You may need a urinalysis (UA) done during your preoperative history and physical. If the urinalysis confirms a urinary tract infection, please notify your orthopedic surgeon, surgery scheduler, or Joint Care Coordinator immediately.

Billing for Hospital Services
After your procedure, you will receive separate bills from the surgeon, anesthesiologist, the hospital, the radiology and physical therapy. 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.** See page **29**

Preoperative Checklist

What to bring to the hospital

1. For the day after surgery bring loose shorts with an elastic waist so they can be easily pulled over surgical dressings, and a loose short sleeved tee shirt because you might still have an IV.

2. Bring along two similar outfits, you can bring shorts or sweat pants. Once again, we stress loose fitting clothing.

3. Two (2) pair of underwear.

4. Comfortable, loose fitting sleepwear.

5. Toiletries (deodorant, toothpaste, toothbrush, comb and/or brush).

6. You will not need a robe, slippers or regular socks.

7. Tennis shoes work best for discharge. "Slip on" type shoes such as sandals, flip-flops, or slip on dress shoes are not recommended

You should also bring the following to the hospital:

- Your patient Guidebook
- A copy of your advance directives, if you are submitting one
- Your insurance card, driver's license or photo I.D., and any co-payment required by your insurance company
- Your incentive spirometer if you were issued one at the pre operative class

Incentive Spirometer

Preoperative Checklist

Ten to Fourteen Days Before Surgery

Stop Medications That Increase Bleeding

Ten to fourteen days before surgery, stop medications such as **aspirin**, **vitamin E**, and **fish** and **flaxseed oils**. These medications may cause increased bleeding at the time of 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 night lights in bathrooms, bedrooms, and hallways. Arrange to have someone collect your mail and take care of pets or loved ones, if necessary.

Blood Thinners

If you are taking a blood thinner such as **Coumadin (Warfarin), Plavix**, **Xarelto** or **Pradaxa** you will need special instructions for stopping the medication. Your primary care physician will instruct you about what to do with blood thinners and your other medications.

Diabetic Medications

If you are taking diabetic medications, be sure to get instructions from your primary medical physician on how to dispense your diabetic medications on the morning of surgery.

3 Days before surgery

Stop taking Anti-Inflammatory medications

3 days prior to surgery, stop taking all anti-inflammatory medication such as **Motrin (Ibuprofen), Aleve** and **Naprosyn.**

To reduce concern for post-operative constipation, we recommend starting an "over the counter" stool softener, such as Colace, Miralax or Senekot, a few days prior to surgery

Prior to your procedure a registered nurse will call you to review your medical history including current medications and allergies. The nurse will also inform you what medications to take the morning of your procedure.

Preoperative Checklist

Night Before Surgery

Do Not Eat or Drink

Do not eat or drink anything **after midnight**, EVEN WATER, unless otherwise instructed to do so. No chewing gum. If you are directed to take essential medications the morning of surgery, you may do so with a small sip of water.

The Day of Surgery

You will be asked to come to the hospital at least **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.

Medications

Unless directed differently by your primary care physician these are the only medications you should take the morning of surgery, with only a **small** sip of water:

- Pain Medication
- Heart medication
- Blood pressure Medication
- Seizure Medication
- Heartburn/Acid Reflux medication
- Asthma medications (please bring your inhaler in with you)

Special Instructions

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

- **Please leave jewelry, valuables, and large amounts of money at home**
- **Makeup must be removed before your procedure**
- **Nail polish may be left on**
- **Body Piercings should be removed before surgery**

Contact lenses, glasses, hearing aides and dentures will be removed just before your procedure.

Preoperative Skin Preparation- Chlorhexidine Cloth

You will receive a pre operative skin preparation package at the pre operative class. If you are unable to attend class or have recently had joint replacement surgery, you should receive the package from the clinic. If you did not receive one, please contact the Joint Center Coordinator at 763-581-7712.

Directions for administration

Preparing the Skin before Surgery

Preparing or "prepping" skin before surgery can reduce the risk of infection at the surgical site. To make the process easier, this facility has chosen disposable cloths moistened with a rinse-free, 2% Chlorhexidine Gluconate (CHG) antiseptic solution. The steps below outline the prepping process and should be carefully followed.

ONLY PREP THE LEG YOU ARE HAVING SURGERY ON

Prep the skin at the following time(s):

First prep- Use first cloth the night before surgery (*Sometime between 7-10 PM)*

Second prep- Use second cloth the morning of surgery (*Prior to coming in to the hospital)*

Prepping the patient's skin:

Knee- 6-8 inches above and below your knee**-** *Be sure thoroughly wipe behind knee*

Hip- Wipe your hip followed by your groin, then 6 inches down your thigh. *Be sure to wipe the fold in the abdominal and groin area.*

Directions: Apply using a circular scrubbing motion

Once prepping with the 2% CHG cloths begins, do not shower, bathe or apply lotions, moisturizers or makeup. Water and ingredients commonly found in personal care products can reduce the antiseptic effects of CHG. Since CHG works best when left on the skin, do not rinse it off. If showering or bathing is desired, the water should be warm not HOT. Shower or bathe at least **one hour before prepping** skin for the first time. When applying CHG, your skin should be completely dry and cool. When applied to sensitive skin, CHG may cause skin irritation such as a temporary itching sensation and/or redness. Showering or shaving immediately before applying CHG may enhance this effect. Shaving should be suspended at least 2 days prior to surgery on all areas of the body, including the face, legs, underarms, etc. If itching or redness persists, rinse affected areas and discontinue use.

Preoperative Skin Preparation

To open the package(s):
Using scissors cut off end seal of package. Remove cellophane film and discard.

- ❑ Avoid contact with eyes, ears and mouth.
- ❑ Allow area to air dry for one minute. Do not rinse. It is normal for the skin to have a temporary "tacky" feel for several minutes after the antiseptic solution is applied.

Discard cloths in trash can

Preoperative Exercises, Goals, and Activity Guidelines

Exercising Before Surgery

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

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

Stop doing any exercise that is too painful.

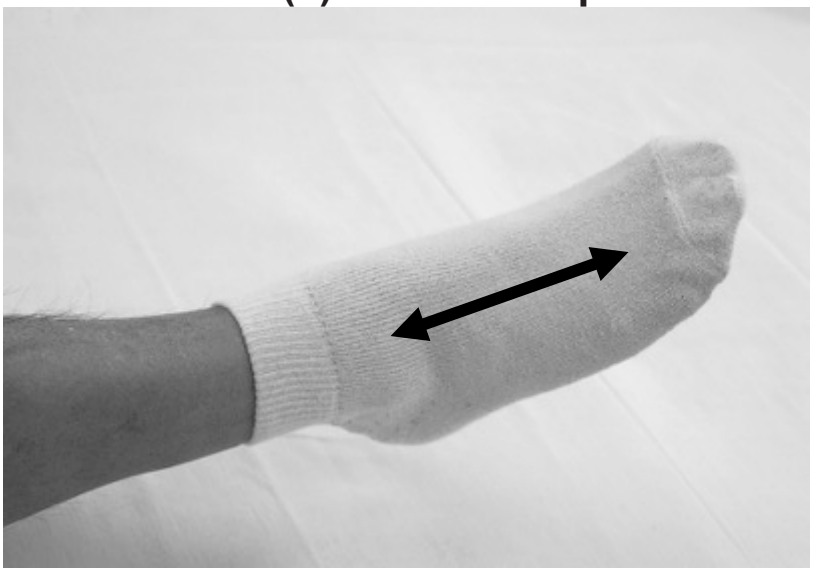
Preoperative Hip Exercises

(See the following pages for descriptions :)

1.	Ankle pumps	30 reps	2 times/day
2.	Quad sets (knee tighteners)	30 reps	2 times/day
3.	Gluteal sets (fanny tighteners)	30 reps	2 times/day
4.	Abduction and adduction (slide heel out and in)	30 reps	2 times/day
5.	Heel-slides (slide heel up and down)	30 reps	2 times/day
6.	Short arc quads (leg kicks)	30 reps	2 times/day
7.	Long arc quads (knee extension)	30 reps	2 times/day
8.	Armchair push-ups	30 reps	2 times/day
9.	Mini Squats	30 reps	2 times/day
10.	Seated hamstring stretch	5 reps	2 times/day

Range of Motion and Strengthening Exercises

(1) Ankle Pumps

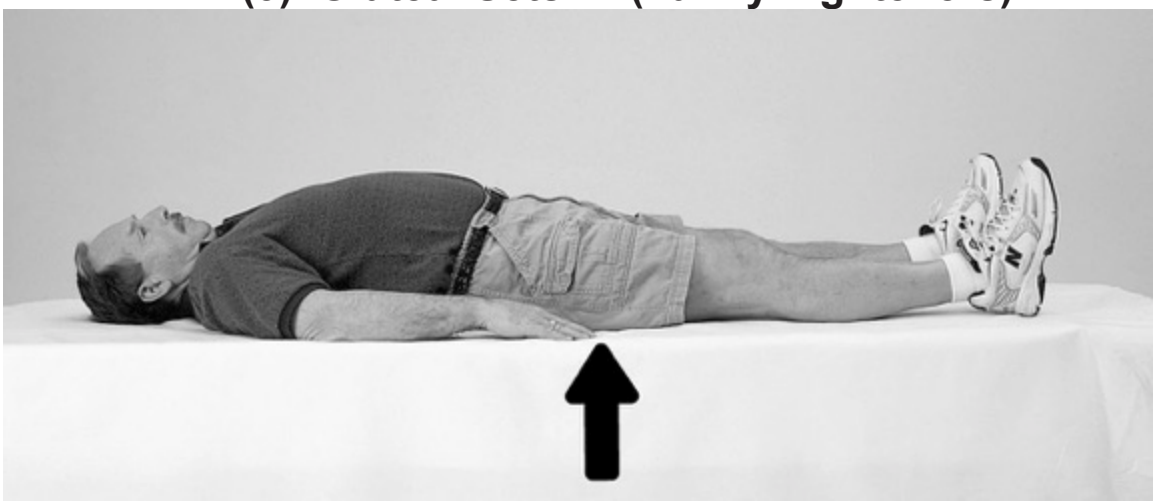


Flex foot. Point toes. Repeat 30 times.

(2) Quad Sets — (Knee Tighteners)

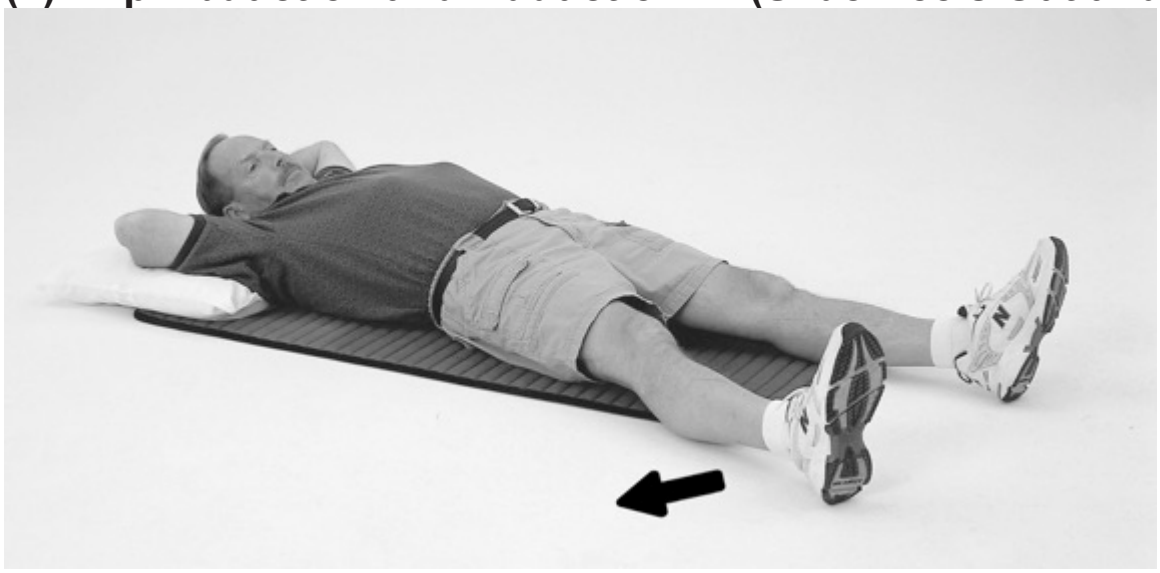
Lie on back, press knee into mat, tightening muscles on front of thigh. Do NOT hold breath. Repeat 30 times.

(3) Gluteal Sets — (Fanny Tighteners)



Squeeze bottom together. Do NOT hold breath. Repeat 30 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 30 times.

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

Lie on couch or bed. Slide heel toward your bottom. Repeat 30 times.

(6) Short Arc Quads (Leg Kicks)

Lie on back, place towel roll under thigh. Lift foot, straightening knee. Do not raise thigh off roll. Repeat 30 times.

(7) Knee Extension — Long Arc (Knee Extension)

Sit with back against chair. Straighten knee. Repeat 30 times.

(8) Armchair Push-Ups

This exercise will help strengthen your arms for walking with crutches or a walker. Sit in an armchair. Place hands on armrests. Straighten arms, raising bottom up off chair seat if possible. Feet should be flat on floor. Repeat 30 times.

(9) Mini Squats

Holding on to a stable object, slightly bend knees and slowly straighten. Repeat 30 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

Report to the Patient Care Center, Atrium 1st floor. In the Patient Care Center, patients are prepped for surgery. This includes starting an IV and scrubbing your operative site. Your operating room nurse, as well as your anesthesiologist, may interview you. You should see your surgeon in the Patient Care Center. Prior to surgery, your surgeon will mark your operative extremity with a permanent marker. Your family can be with you in the Patient Care Center.

Recovery Room

Following surgery you will be taken to a recovery area, where you may remain for one to two hours. During this time, pain control will be established, your vital signs will be monitored, and an X-ray may be taken of your new joint.

Joint Center

You will then be taken to the Joint Replacement Center, where a Joint Replacement Center nurse will care for you. Most of the discomfort occurs in the first 12 hours following surgery, so during this time, you will be receiving pain medication through your IV. You will probably get out of 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. It is normal to have some nausea following surgery. Until nausea resolves, you will receive clear liquids; Water, lemon-lime soda, and apple juice.

It is normal for your leg to feel "heavy" and "weak" the first few days following surgery.
If you have received a spinal anesthetic, it is common to have diminished sensation in your legs for several hours; this will improve as the spinal wears off.

We will remove your foley catheter at 6:00 am, the first morning after surgery.

Every attempt will be made to help you have a good night sleep, but it is normal to not sleep well the first night of surgery.

Post Op Day One

On day one after surgery you can expect to be bathed and helped out of bed by 7:00 a.m. and seated in a recliner in your room. You will be dressed in the loose clothing you brought to the hospital. Shorts usually work best. Your blood sugar will be checked Day one and Day two even if you have not been diagnosed as diabetic. Your surgeon or physician's assistant (if applicable) will visit. Intravenous (IV) pain medication should be stopped and you will begin oral pain medication. Your coach is encouraged to be present as much as possible. On the day and evening shifts, nursing staff will hand off care to the oncoming shift, by doing rounds at the bedside.

Therapy

If you did not have physical therapy the day of surgery, your first physical therapy session will be done in your room sometime between 8:30 -9:30 am. That afternoon at around 1:30 pm, you will begin group therapy. You will walk to group therapy with an assistive device, followed by a recliner/wheelchair. If you are unable to ambulate all the way to group PT, we will escort you there in the wheelchair or recliner.

On days where we have a large number of joint replacement patients, it possible we may have to split patients up in to 2 groups. Patients in the second group would start at approximately 10:00 for the morning session and 2:30 for the afternoon session.

Post op Day Two

On day two after surgery you will again be helped out of bed early and will dress in the loose clothing. Group therapy will start between 8:30 to 9:30 a.m. It would be helpful if your coach participates in group therapy. At about 1:30 p.m. you will have a second group therapy session. You may begin stair training. If you meet your therapy goals, you may be discharged.

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Post Op Day Three-if needed

Day three is similar to day two in the morning and you should practice on stairs. You will not need to attend afternoon therapy on this day.

Discharge

Prior to discharge the nurse will review discharge orders and medications. You will be given prescriptions for pain medications. Most pain medicine prescriptions **cannot** be faxed or "called in" to a pharmacy. You should also view a video discussing discharge; this video can be viewed at any time during your hospital stay. It is recommended that your caregiver view this video as well.

Discharge time is 11:00 am

In order to adequately clean the room for the next patient and to facilitate patient flow, patient discharge is expected prior to 11:00 am

If you are going directly Home

Someone responsible needs to drive you home. You should receive written discharge instructions concerning medications, physical therapy, activity, etc. We will arrange for equipment. If you are going to outpatient physical therapy, these appointments should have been arranged prior to surgery. If you require home health services, the hospital will arrange for this.

If you are going to a Sub-Acute Rehab Facility

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

Someone responsible needs to drive you, or the hospital can help you arrange transportation. There might be a fee associated with medical transportation. You should check with your insurance company regarding any possible fees. Your transfer papers will be completed by the nursing staff. Expect to stay 3–5 days, based upon your progress. Upon discharge home, instructions will be given to you by the subacute rehab staff. Take this Guidebook with you.

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

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

Caring For Yourself at Home

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

Control Your Discomfort

- Take your pain medicine at least 30 minutes before physical therapy.
- Gradually wean yourself from prescription medication to non-prescription pain reliever. You may take two extra-strength Tylenol® doses in place of your prescription medication up to four times per day.
- Change your position every 45 minutes throughout the day.
- Use ice for pain control. Applying ice to your affected joint will decrease discomfort, but do not use for more than 20 minutes each hour. You can use it before and after your exercise program. A bag of frozen peas wrapped in a kitchen towel makes an ideal ice pack. Mark the bag of peas and return them to the freezer so they can be used as an ice pack again later.
- Be sure and have a protective barrier between the ice pack and your skin; a pillow case or towel work well. Never place ice or ice products directly on your skin.
- **The Orthopedics Surgeons office, does not refill pain medication prescriptions Friday afternoon, Saturday or Sunday. If you feel you are going to run out of pain medication over the weekend, notify your surgeon's office.**
- Based on your condition, the surgeon may change your pain medication when you need your refill, example; if you are taking Oxycodone, they might switch to Vicodin.
- The surgeons do not typically refill prescriptions for Oxycontin if you received one at discharge.

Body Changes

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

Caring For Your Incision

- Keep your incision dry.
- Keep your incision covered with a light dry dressing
- You may shower after surgery, with a waterproof dressing covering your incision, unless instructed otherwise. After showering, apply a dry dressing. No tub baths for 3 weeks following surgery
- 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 **101.5° F.**

Dressing Change Procedure

1. Wash hands.
2. Open all dressing change materials
3. Remove old dressing.
4. Inspect incision for the following:
    - increased redness
    - increased in clear drainage
    - yellow/green drainage
    - foul odor
    - surrounding skin is hot to touch
5. Pick up dressing pad by one corner and lay over incision. Be careful not to touch the inside of the dressing that will lie over the incision.
6. Place one dressing lengthwise across the incision. If you had a drain following surgery, cover the drain site as well.
7. Tape dressing in place.

Aquacel AG Dressing

Some of you might have a special dressing following surgery called Aquacel AG. If you have an Aquacel AG dressing applied post operatively, you will leave this in place for 7 days. Special removal instructions will be sent with you at discharge. You may shower without covering this dressing. After this dressing is removed, you will need to then cover the incision, until seen by your orthopedic surgeon, on your first follow up visit.

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 101.5° F

Prevention of Infection

- Take proper care of your incision as explained.
- **You will need to take antibiotics prior to having dental work or other potentially contaminating procedures.**
- Notify your physician and dentist that you have a 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.

Signs of blood clots in legs

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

Prevention of blood clots

- Ankle pumps
- Walking
- Blood thinners

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
- Coughing up blood
- 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

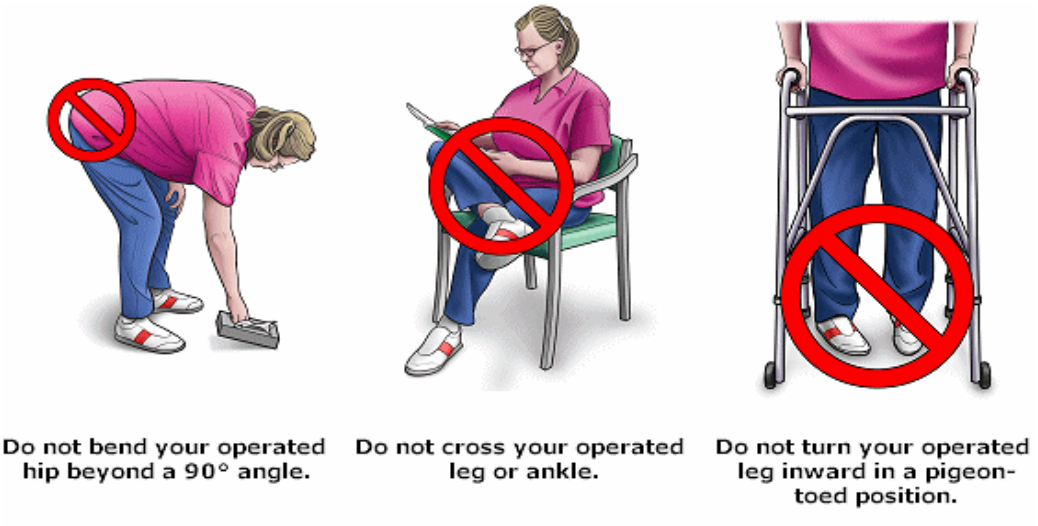
- Severe pain
- Rotation/shortening of leg
- Unable to walk/move leg

Traditional Total Hip Replacement (Not Direct Anterior Approach) Precautions

If you have a traditional total hip replacement, with your incision on the side of your hip, you will have the following restrictions for a period of time, determined by your orthopedic surgeon:

AT ALL TIMES, unless directed by your orthopedic surgeon

- DO NOT cross legs
- DO NOT twist side-to-side
- DO NOT bend at the hip past 90°
- Sleep with a pillow or two between your legs while you lie on your side



Do not bend your operated hip beyond a 90° angle.

Do not cross your operated leg or ankle.

Do not turn your operated leg inward in a pigeon-toed position.

You will need a raised toilet seat following surgery for a period of time determined by your orthopedic surgeon

These precautions DO NOT apply to Direct Anterior Approach total hips

Total Hip Replacement Postoperative Exercises & Goals

Activity Guidelines

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

Weeks One and Two

After 2-3 days you should be ready for discharge from the hospital. Most joint patients go directly home, but you may be instructed to go to a rehabilitation center for 3–6 days. During weeks one and two of your recovery typical two-week goals are to:

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

Postoperative Exercise Plan

1.	Ankle Pumps	30 reps	2 times/day
2.	Quad Sets (Knee Tighteners)	30 reps	2 times/day
3.	Gluteal Sets (Fanny Tighteners)	30 reps	2 times/day
4.	Hip Abduction/Adduction (Slide Heels In and Out)	30 reps	2 times/day
5.	Heel Slides (Slide Heels In and Out)	30 reps	2 times/day
6.	Short Arc Quads (Leg Kicks)	30 reps	2 times/day
7.	Long Arc Quads (Knee Extension)	30 reps	2 times/day
8.	Standing Heel Raises	30 reps	2 times/day
9.	Mini Squats	30 reps	2 times/day
10.	Standing Knee Flexion	30 reps	2 times/day
11.	Standing Hip Extension	30 reps	2 times/day

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

Weeks Two To Four

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

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

Strengthening Exercises

Name of exercise _____ _____ reps _____ times/day
Name of exercise _____ _____ reps _____ times/day
Name of exercise _____ _____ reps _____ times/day
Name of exercise _____ _____ reps _____ times/day
Name of exercise _____ _____ reps _____ times/day
Name of exercise _____ _____ reps _____ times/day

Additional Comments:

PT _____

Weeks Four To Six

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

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

Strengthening Exercises

Name of exercise _____ _____ reps _____ times/day
Name of exercise _____ _____ reps _____ times/day
Name of exercise _____ _____ reps _____ times/day
Name of exercise _____ _____ reps _____ times/day
Name of exercise _____ _____ reps _____ times/day
Name of exercise _____ _____ reps _____ times/day

Additional Comments:

PT _____

Weeks Six to Twelve

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

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

Strengthening Exercises

Name of exercise _____ _____ reps _____ times/day
Name of exercise _____ _____ reps _____ times/day
Name of exercise _____ _____ reps _____ times/day
Name of exercise _____ _____ reps _____ times/day
Name of exercise _____ _____ reps _____ times/day
Name of exercise _____ _____ reps _____ times/day

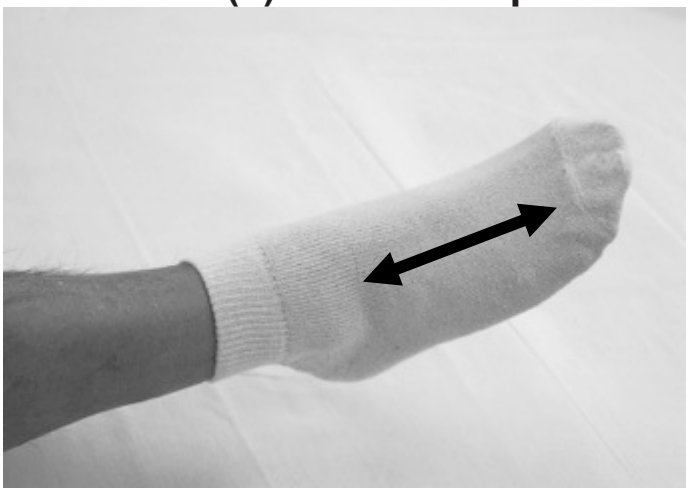
Additional Comments:

PT _____

Home Exercises After Total Hip Surgery

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

(1) Ankle Pumps

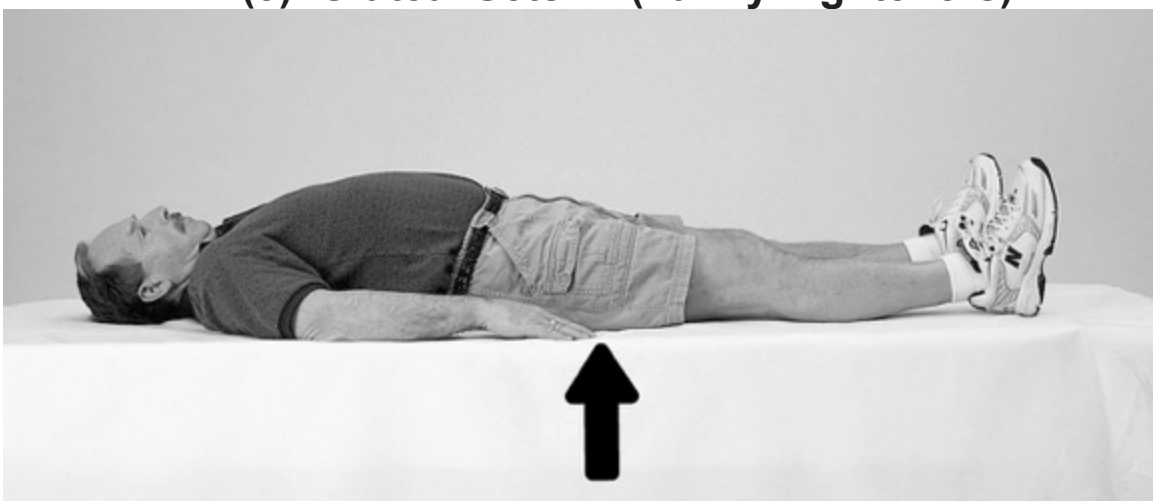


Flex foot. Point Toes. Repeat 30 times.

(2) Quad Sets — (Knee Tighteners)

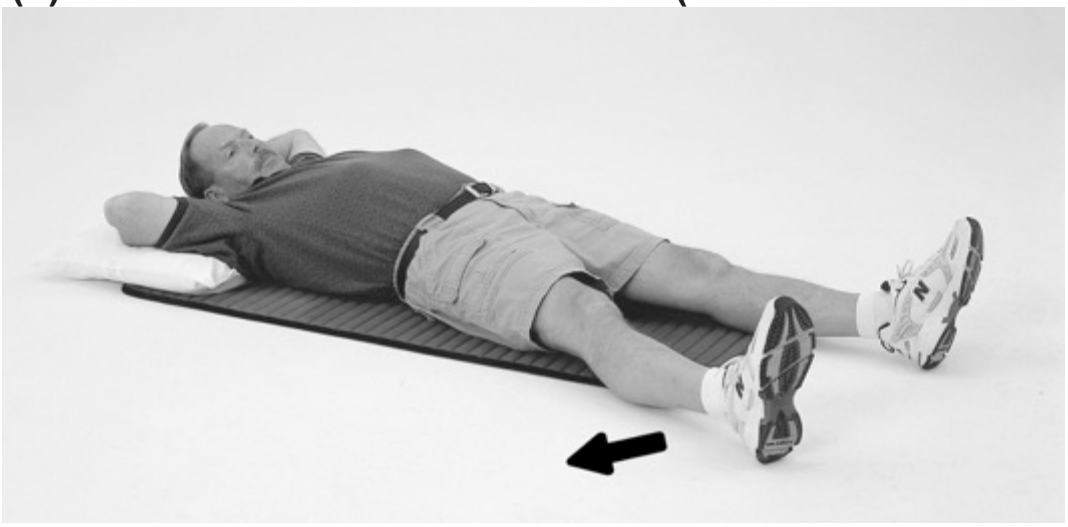
Lie on back, press knee into mat, tightening muscles on front of thigh. Do NOT hold breath. Repeat 30 times.

(3) Gluteal Sets — (Fanny Tighteners)



Squeeze bottom together. Do NOT hold breath. Repeat 30 times.

(4) 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 30 times.

(5) Heel Slides — (Slide Heels up and down)

Lie on couch or bed. Slide heel toward your bottom. Repeat 30 times.

(6) Short Arc Quads (Leg Kicks)

Lie on back, place towel roll under thigh. Lift foot, straightening knee. Do not raise thigh off roll. Repeat 30 times.

(7) Knee Extension — Long Arc Quads (Knee Extension)

Sit with back against chair. Straighten knee.
Repeat 30 times.

(8) Standing Heel Raises

Standing, hold on to firm surface. Raise up on toes.
Repeat 30 times.

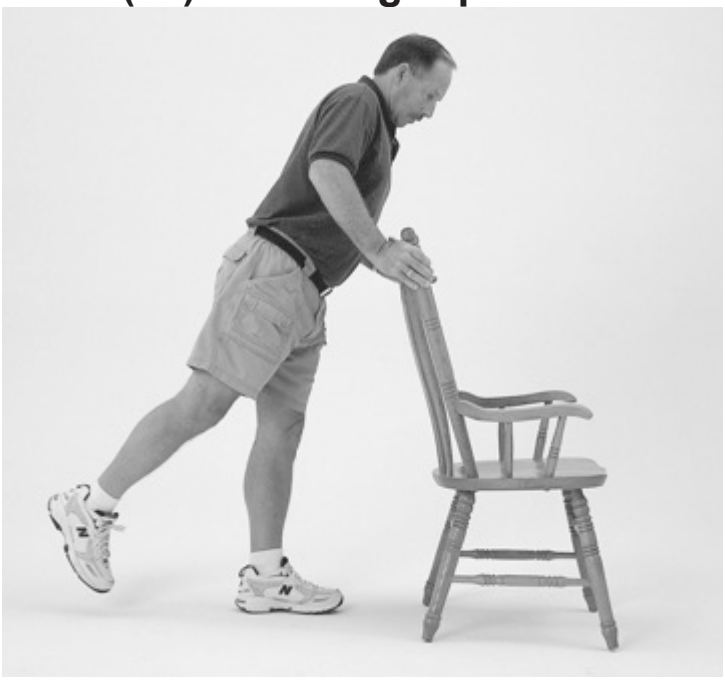
(9) Mini Squats

Holding on to a stable object, slightly bend knees and slowly straighten. Repeat 30 times.

(10) Standing Knee Flexion

Standing, hold on to firm surface. Bend knee of operative leg up behind you. Straighten to full stand. Repeat 30 times.

(11) Standing Hip Extension



Standing, hold on to firm surface. Bring operative leg back as far as possible, keeping knee straight. Stand upright. Repeat 30 times.

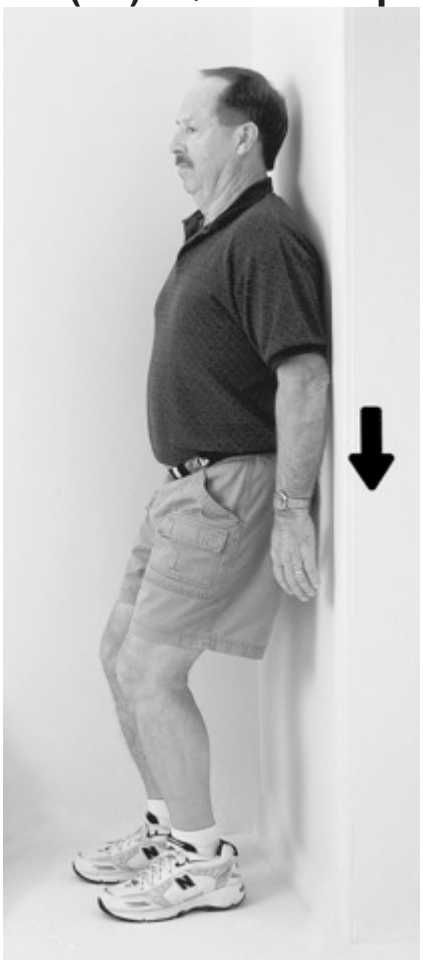
(12) Hip Flexion (Marching)

Standing, march in place 30 times.

(13) Hip Flexion with Straight Leg

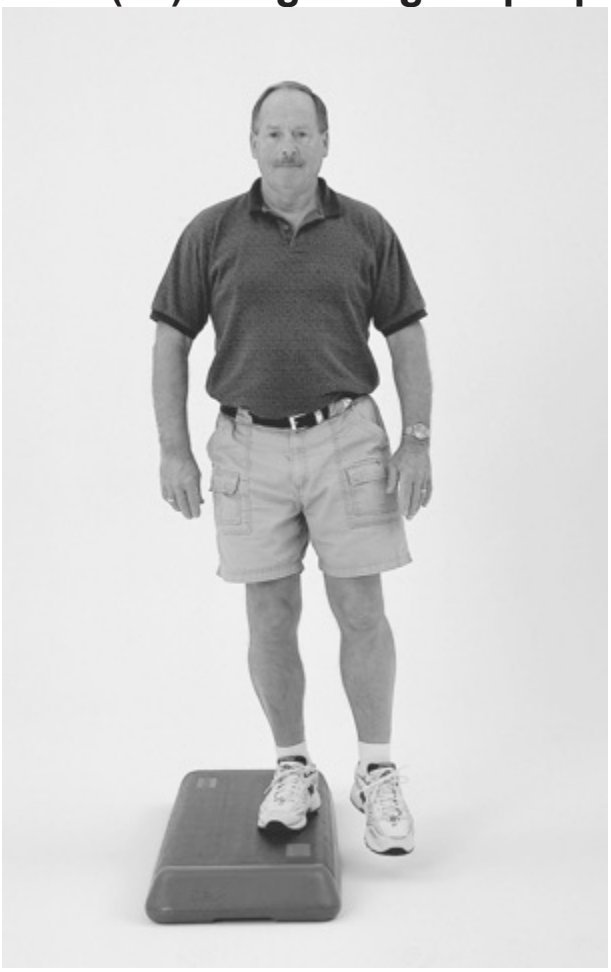
Standing, hold on to firm surface. Raise operated leg forward with knee straight. Repeat 30 times.

(14) Quarter Squat



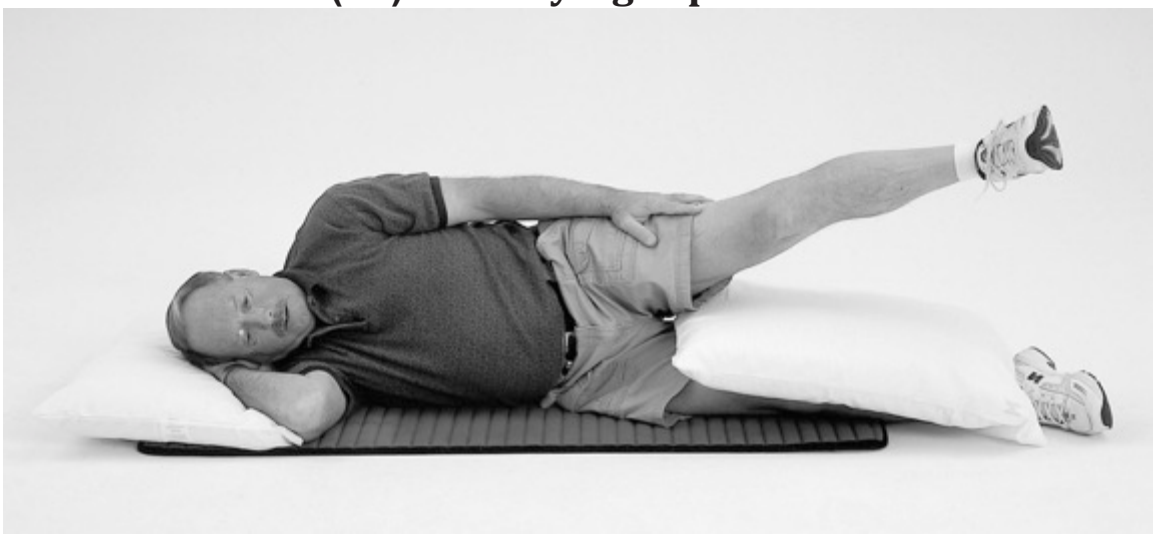
With feet shoulder-width apart and back to wall, slide down wall until knees are at 30–45° of bend. Return to upright position. Repeat 30 times. NOTE: PLEASE DO THESE WITH YOUR THERAPIST FIRST. CAUTION: YOU SHOULD NOT BEND KNEES ENOUGH TO CAUSE PAIN.

(15) Single Leg Step-Up



With foot of operative 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. Repeat 30 times. NOTE: PLEASE DO THESE WITH YOUR THERAPIST FIRST.

(16) Side-Lying Hip Abduction



Lying on good side, tighten muscle on front of thigh, then lift leg 8–10 inches away from floor. Repeat 30 times.

(17) Ankle Dorsiflexion — Plantar Flexion

Standing, hold on to firm surface. Raise up on toes. Go back on heels. Repeat 30 times.

Activities of Daily Living — Precautions and Home Safety Tips

Standing up from chair

Do NOT pull up on the walker to stand!

Sit in a chair with arm rests when possible.

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

Proper Method

Improper Method

Walker Ambulation

1. Move the walker forward.
2. With all four walker legs firmly on the ground, step forward with the operative 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.** Stair climbing: Ascend with non-surgical leg first "Up with the good." Descend with surgical leg first "Down with the bad."

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Lying in Bed

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

Figure 2: When rolling from your back to your side, first bend your knees toward you until your feet are fl at 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

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 operative 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 operative leg, if necessary.

Hold onto back of shower seat.

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

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

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

Getting out of the tub using a bath seat:

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

Transfer – Toilet

You may need a raised toilet seat or a three-in-one bedside commode over your toilet for 12 weeks after surgery if you do not have the Anterior Total Hip procedure.

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 surgical leg out in front of you when sitting down.

When getting up from the toilet:

1. If using a commode with armrests, use the 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.

Raised Toilet Seat

Transfer – Bed

When getting into bed:

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

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

When getting out of bed:

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

In

Out

Transfer – Automobile

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

Personal Care

Using a "reacher" or "dressing stick."

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

Taking off pants and underwear:

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

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

Reacher or dressing stick

How to use a sock aid:

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

Using a long-handled shoehorn:

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

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

Sock Aid

Around the House

Saving energy and protecting your joints

Kitchen

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

Bathroom

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

Safety and Avoiding Falls

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

You should avoid having any dental procedures done, during the first three months following surgery

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

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

What to Do in General

- **Take antibiotics one hour before you are having dental work or other invasive procedures.**
- Although the risks are very low for postoperative infections, it is important to realize that the risk remains. A prosthetic joint could possibly attract the bacteria from an infection located in another part of your body. If you should develop a fever of more than 101.5° or sustain an injury such as a deep cut or puncture wound you should clean it as best you can, put a sterile dressing or adhesive bandage on it, and notify your doctor. The closer the injury is to your prosthesis, the greater the concern. Occasionally, antibiotics may be needed. Superficial scratches may be treated with topical antibiotic ointment. Notify your doctor if the area is painful or reddened.
- It is important to follow up with your medical doctor if your blood sugar does not return to normal within 1 week after discharge.
- You may set off security alarms at airports. Due to increased airport security and the fact that cards are not government issued, joint replacement cards are no longer distributed to patients.
- When traveling, stop and change positions hourly to prevent your joint from tightening.
- See your surgeon yearly unless otherwise recommended.

(Lifetime Follow-Up Visits—see appendices).

What to Do for Exercise

Choose a Low Impact Activity

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

What Not to Do

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

Discharge-Blood Thinners/INR Draws

Anticoagulation at Discharge
Anticoagulation refers to the process of slowing down the clotting process of your blood after surgery, in hopes of reducing your risk of getting a blood clot. We will discuss several measures we can take to help reduce the risk of getting a blood clot.

Warfarin (Coumadin®)
Warfarin is a commonly used blood thinner that comes in a pill form. You will typically be on Warfarin for 3-6 weeks after surgery, depending on your surgeon, history and activity levels.

- Take daily- at bedtime is preferred.
- Avoid the use of Non-Steroidal Anti-inflammatory medications; Motrin®, Ibuprofen, Naprosyn, Advil®, Aleve® etc.. You may continue taking Tylenol® while on Warfarin.
- You should limit your intake of the following foods while on Warfarin:

cauliflower	kale
scallions (green onions)	turnip greens
peas	broccoli
garbanzo beans (chick peas)	cabbage
asparagus	lettuce
soybean and canola oil	brussel sprouts
spinach	liverwurst/beef liver

You will need blood a draw, called INR (international normalizing ratio), done twice a week while taking Warfarin.

If discharged home **without** Home Care services-

- **INR** can be done at your primary medical clinic or a local hospital. This **can not** be done at your orthopedic surgeons' office or outpatient physical therapy locations.
- Blood draws will typically be ordered for Monday/Thursday or Tuesday/Friday.
- The INR will be called to your orthopedic surgeon or family medical physician; they in turn will call you back if you will need to change your dose of Warfarin.

If you do not receive a call from your orthopedic surgeon or primary clinic, after having blood drawn-continue taking the same dose of Warfarin you were taking prior the blood draw

Discharge-Blood Thinners/INR Draws

If discharged home **with** Home Care Services

- INR will be drawn by Home Care RN twice a week and called to your orthopedic surgeon or family medical physician.

If discharged to a **Transitional Care Facility (Nursing Home)**

- Facility will draw INR twice a week and will receive orders from your orthopedic surgeon or family medical physician.

Lovenox

Lovenox is a shot given once or twice daily, as directed by your surgeon. You or your family member will be given instructions on how to administer the shot prior to discharge. You will not need blood drawn weekly while on Lovenox, you may need a platelet check drawn if your family doctors feels it is necessary.

Aspirin

Your surgeon may order aspirin once or twice a day for six weeks.
(No lab draws are necessary.)

Miscellaneous information:

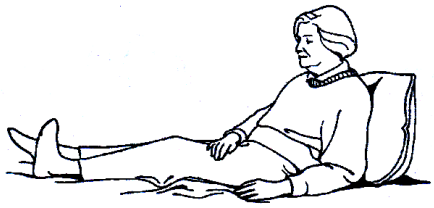
- Be very careful using a blade shaver while you are taking Warfarin or Lovenox. An electric razor is recommended.
- If you do get a cut, you may need to apply pressure to the area for a longer period of time before the cut stops bleeding while you are on anticoagulants.

Call your orthopedic surgeon or medical physician if any of the following develop

- Rectal bleeding
- Bloody urine
- Excessive bruising/bleeding
- Bloody or coffee ground appearing emesis
- Bloody nose

Total HIP Replacement Exercise Program
All exercises to be performed 30 repetitions - SLOWLY

1. Ankle Pumps
Gently point toes up towards your nose and down towards the surface. Do both ankles at the same time or alternating feet. Perform slowly.



2. Quad Sets
Slowly tighten thigh muscles of legs, pushing knees down into the surface. Hold for 10 count.

Coach's Note: Look and feel for the muscle above the knee to contract. Done correctly, the heel should come slightly off the surface.

3. Gluteal Sets
Squeeze the buttocks together as tightly as possible. Hold for a 10 count.

Coach's Note: Patient can place hands on Right and Left gluteal (buttocks) area and feel for equal Muscle contractions.

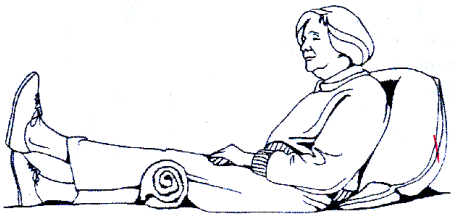
4. Abduction and Adduction
Slide leg out to the side. Keep kneecap pointing toward ceiling. Gently bring leg back to pillow. May do both legs at the same time.

Coach's Note: Do not cross midline; Perform slowly with 5 count in and 5 count out.

5. Heel slides
Bend knee and pull heel toward buttocks. DO NOT GO PAST 90* HIP FLEXION

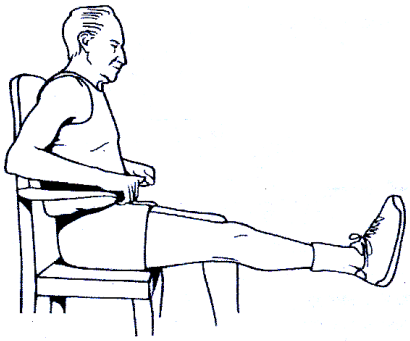
Coach's Note: Patient should actively pull the heel up. Assist slide with theraband. Do not go beyond 90 degrees of hip flexion.

6. Short Arc Quads
Place a large can or rolled towel (about 8"diameter) under the leg. Straighten knee and leg. Hold straight for 5 count.



Coach's Note: Work for full extension (straightening) of the knee. Assist with band or hand if needed to the terminal extension.

7. Knee extension - Long Arc Quads
Slowly straighten operated leg and try to hold it for 5 sec. Bend knee, taking foot under the chair.

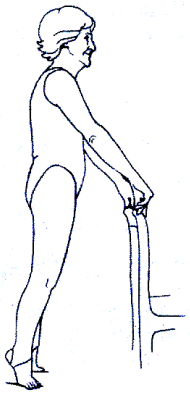


Coach's note: Encourage pt to completely straighten knee.

Total HIP Replacement Exercise Program (continued)
All exercises to be performed 30 repetitions - SLOWLY

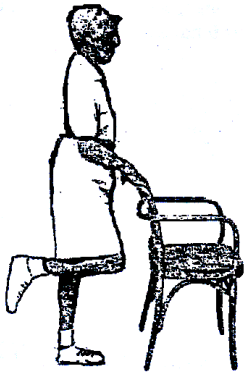
8. Standing Heel/Toe Raises:
Holding on to an immovable surface. Rise up on toes slowly for a 5 count. Come back to foot flat and lift toes from floor.

Coach's note: When lifting up, do not lean backward.



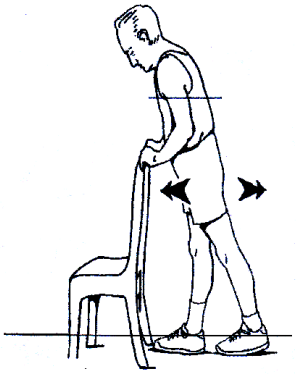
9. Standing Knee Flexion:
Holding on to an immovable surface, bend the involved leg up behind you. Straighten to a full stand, with weight on both legs.

Coach's note:
The tendency is for the hip to come forward as the knee is bent. Encourage a straight line from the shoulder to knee.



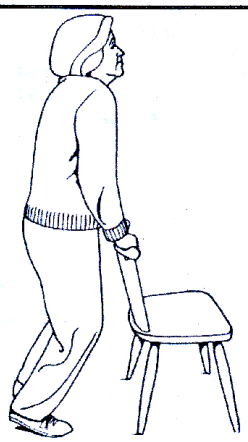
10.Standing Rocks
Holding onto an immovable surface, step non-affected leg forward. Rock weight back and forth over the affected leg keeping the knee straight.

Coach's note:
The tendency is for the affected knee to bend. Encourage a straight knee on the affected leg and equal weight bearing through both legs.



11. Standing Partial Squats:
Holding onto an immovable surface, slowly bend knees. Keep both feet flat on the floor.

Coach's note:
Encourage erect posture, with eyes forward. Do not bend at the waist.



Hip Precautions:
1. Do not bend your hip greater than 90 degrees
2. Do not cross your legs
3. Do not twist/pivot on your new hip

Stair/Step Training:
1. The "good" (non-operated) leg goes UP first.
2. The "bad" (operated) leg goes DOWN first.
3. The cane stays on the level of the operated leg.

Resting positions:
To Stretch your hip to neutral position:
1. Lie/sleep flat on your back in bed.
2. Do NOT use pillows under the knees.

TIPS FOR PHYSICAL THERAPY AT HOME

1. CONTINUE TO PERFORM ALL EXERCISES **2 TIMES EVERY DAY.**

2. DO **ALL** EXERCISES **30 TIMES EACH.**

3. EXERCISES CAN BE PERFORMED LYING IN BED. DO **NOT** LAY ON THE FLOOR.
   * YOU DO **NOT** HAVE TO LAY FLAT. YOU CAN PROP YOUR HEAD UP WITH PILLOWS.
   * FOR AN EXERCISE BOARD, YOU CAN USE ANY OF THE FOLLOWING: **FLAT COOKIE SHEET**
     CUTTING BOARD
     PLASTIC BAG
   * JUST PLACE UNDER YOUR SURGICAL LEG FOR THE EXERCISES THAT YOU SLIDE OUT TO THE SIDE(HIP ABDUCTION) OR UP AND DOWN (HEELSLIDES).

4. TO MAKE A ROLL FOR EXERCISES USE ANY OF THE FOLLOWING:
   ROLLED UP OR FOLDED PILLOW
   1 LARGE TOWEL ROLLED UP AND SECURED WITH TAPE
   2 SMALLER TOWELS ROLLED UP AND SECURED WITH TAPE
   EMPTY COFFEE CAN WITH TOWEL AROUND IT
   *** **THE DIAMETER OF THE ROLL SHOULD BE APPROXIMATELY 6 INCHES.**

5. IF UNABLE TO LIFT YOUR SURGICAL LEG FOR EXERCISES YOU CAN LOOP A BELT OR TOWEL AROUND THE BOTTOM OF YOUR FOOT.
   *** **IF ABLE TO PERFORM THESE EXERCISES WITHOUT ASSIST THEN DO NOT USE A BELT OR TOWEL. THE SOONER YOU CAN DO THE EXERCISES INDEPENDENTLY THE STRONGER YOUR SURGICAL LEG WILL GET, EVEN IF IT IS A LITTLE MORE PAINFUL.**

Appendix

Exercise Your Right
Put Your Health Care Decisions in Writing

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

What are Advance Medical Directives?

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

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

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

APPOINTMENT OF A HEALTH CARE AGENT (sometimes called a Medical 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. See Questions and Answers about Health Care Directives in the patient information book.

Appendix

Blood Transfusions

Know your options

What are the sources of blood? When a transfusion is needed, patients receive either blood they have donated for themselves or blood donated by the community. Being transfused with your own blood is generally the safest option, but some people are unable to provide their own blood and must rely on other blood sources.

Being your own blood donor

The blood that offers you the most safety and the best match is the blood you donate for yourself. This is called autologous donation. If you are able to be your own blood donor, the blood collection process will probably begin about three weeks before your surgery. However, the last donation must be made at least three days before surgery. Many patients anticipating surgery donate blood for themselves without problems. Your doctor will make the final decision, depending on your condition.

Benefits

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

Possible risks

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

If you have questions regarding blood transfusion, please contact The Memorial Blood Centers phone number 651-332-7000 or you can refer to their web site at www.memorialbloodcenters.org.

Anesthesia

Who are the anesthesiologists?

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

What types of anesthesia are available?

At NMMC, Anesthesiology, P.A. has a vast experience with lower extremity joint replacement surgery. At the present time, 80% of our patients receive a regional anesthetic for surgery. IV medications are also administered for sedation and relaxation. This approach typically provides excellent preoperative pain medication while minimizing adverse side effects. Furthermore, we are continually evaluating new techniques that would improve your overall experience. Your anesthesiologist will fully discuss your options after reviewing your medical history the day of surgery.

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.

Anesthesia (continued)

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

During surgery, what does my anesthesiologist do?

Anesthesiologist at North Memorial, are responsible for medically directing your anesthetic experience. We utilize the anesthesia care team, in collaboration with highly trained nurse anesthetists, in providing your care.

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.

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.

Appendix

The Importance of Lifetime Follow-Up Visits

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

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

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

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

1. If you have a cemented hip, your surgeon needs to evaluate the integrity of the cement. With time and stress, cement may crack. You probably would be unaware of this happening because it usually happens slowly over time. Seeing a crack in cement does not necessarily mean you need another surgery, but it does mean we need to follow things more closely. Why? Two things could happen. Your hip could become loose and this might lead to pain. Or, the cracked cement could cause a reaction in the bone called osteolysis, which may cause the bone to thin out and cause loosening. In both cases, you might not know this for years. Orthopedists are continually learning more about how to deal with both of these problems. The sooner we know about potential problems, the better chance we have of avoiding more serious problems.

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

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

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

Phone Directory

NAME	PHONE
North Memorial Medical Center	763-520-5200
Joint Replacement Center	763-581-8780
Joint Center Coordinator	763-581-7712
North Memorial Home Care	763-581-9350
Twin Cities Orthopedics	763-520-7870
Outpatient Physical Therapy	
Twin Cities Orthopedics Therapy	763-520-7870
Institute for Athletic Medicine	612-672-7100
NovaCare Therapy	1-866-290-6682
Commonly Used Nursing Homes	
North Ridge Care Center-New Hope	763-592-3000
St. Therese Care Center-New Hope	763-531-5000
Ambassador Care Center-New Hope	763-544-4171
Maranatha Care Center-Brooklyn Center	763-549-9608
Golden Living Hillcrest-Wayzata	952-473-5466
Guardian Angels Care Center-Elk River	763-441-1213
Colonial Acres-Golden Valley	763-544-1555
Benedictine Care Center- New Brighton	651-633-1686
Crystal Care Center	763-535-6260
New Brighton Care Center	651-633-7000
New Brighton Health and Rehab	651-633-7875
St. Therese Oxbow-Brooklyn Park	763-493-7000
St. Anthony Health Center	612-788-9673
Good Samaritan Robbinsdale	612-673-6260

Appendix-Medication Documentation Form

Date	Time	AM/PM	Medication(s)	Dose	Frequency
May 1st	*2:30*	*PM*	*Oxycodone*	*2 tabs*	*every 4 hours*

Appendix-Medication Documentation Form

Date	Time	AM/PM	Medication(s)		Dose	Frequency

Date	Time	AM/PM	Medication(s)	Dose	Frequency

Appendix-Medication Documentation Form

Date	Time	AM/PM	Medication(s)	Dose	Frequency

Notes

Notes

Notes

Notes

Calendar

SUN	MON	TUES	WED	THURS	FRI	SAT

Calendar

SUN	MON	TUES	WED	THURS	FRI	SAT

Calendar

SUN	MON	TUES	WED	THURS	FRI	SAT