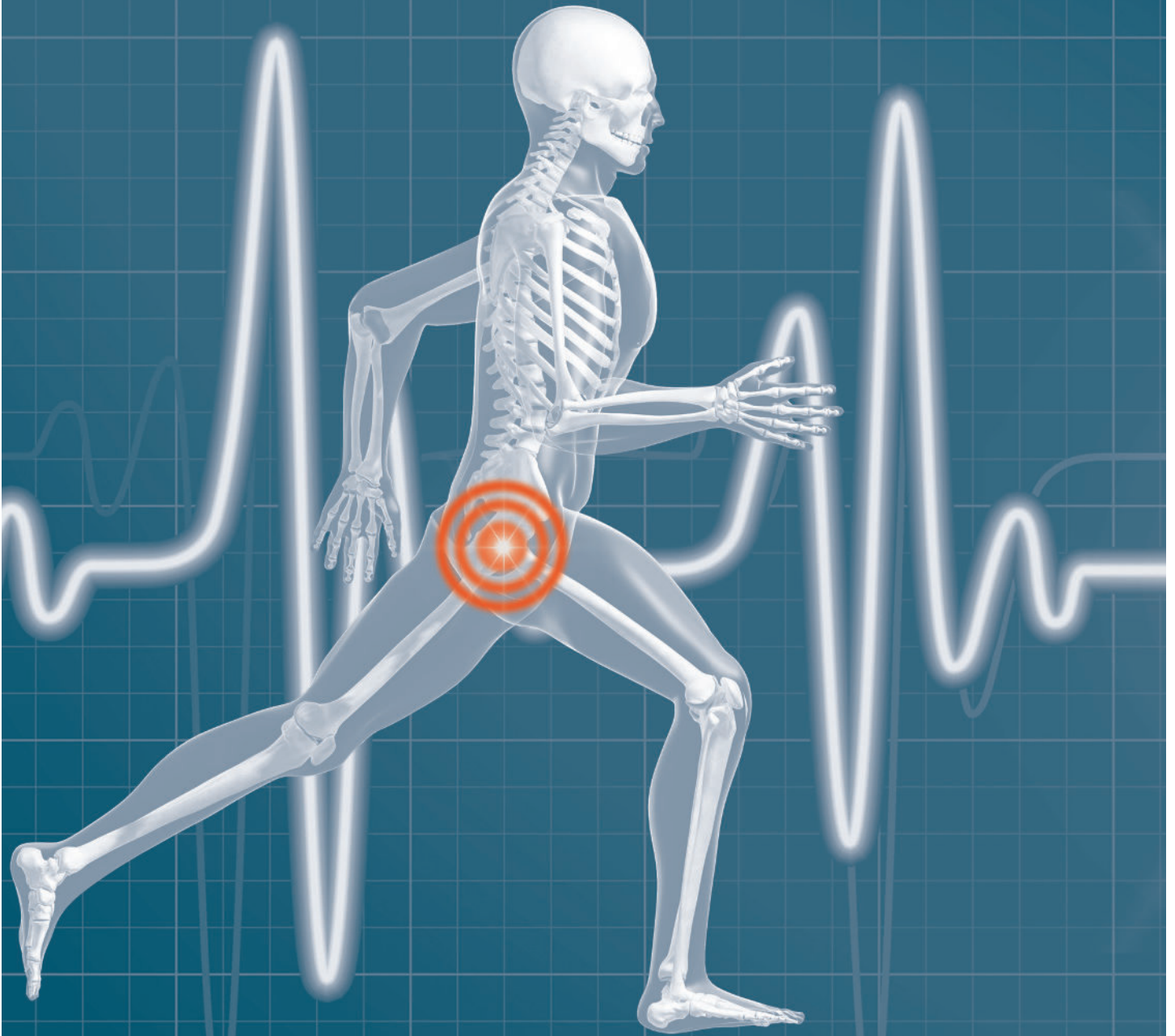


Your Pathway to Recovery



A Guide To Total Hip Replacement (THR) Surgery



A Guide to Total Hip Replacement Surgery

Dear Patient,

Welcome to FirstHealth of the Carolinas (FHC). We are very pleased that you have chosen FHC for your hip replacement surgery and we are committed to making your recovery a comfortable and successful one. It is with great pleasure that we provide you with a comprehensive overview of your upcoming experience. This manual is your guide. We urge you to read and refer to it frequently and bring it with you during your hospital appointments and visits. Additional information and patient education materials are available for your review on our website at www.firsthealth.org.

We are always looking for ways to advance patient care and education. We encourage you to offer suggestions for how we may improve in these, or any other areas of our service.

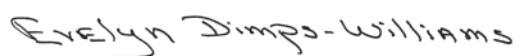
Once again, thank you for choosing FHC. We look forward to caring for you during your surgical experience. This is a major step in your life and we feel very proud to be a part of that journey.

Respectfully,

David Kilarski, CEO
FirstHealth of the Carolinas



Evelyn Dimps-Williams, R.N., BSN, MHA
Orthopaedic Service Line, Co-Chair
Moore Regional Hospital



James E. Rice, M.D.
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Clinical Director Medical/Surgical
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IMPORTANT TELEPHONE NUMBERS

Moore Regional Hospital

FirstHealth Moore Regional Hospital Main	(910) 715-1000
Pre-Registration	(910) 715-2778
Admitting	(910) 715-1145
Outpatient Department	(910) 715-3086
Pastoral Care	(910) 715-1955
Clara McLean House (Hospitality House)	(910) 715-4220
Case Manager (Orthopaedics)	(910) 715-2176
Discharge Planning	
Orthopaedic Nursing Unit	(910) 715-2150
Evelyn Dimps-Williams, RN, BSN, MHA Clinical Director, 2C Surgical Services	(910) 715-2154

Richmond Memorial Hospital

FirstHealth Richmond Memorial Hospital Main	(910) 417-3000
Registration Services	(910) 417-3625
Case Manager (Orthopaedics)	(910) 417-3279
Discharge Planning	
2nd Floor Surgical Nursing Unit	(910) 417-3270
Jan Scholl, RN, MSN Clinical Director Medical/Surgical	(910) 417-3161

Before You Come to the Hospital

Total hip replacement can enhance your quality of life by providing many years of improved mobility and reduced pain. Each year, over 300,000 Americans benefit from total hip replacement. In the last decade, remarkable advances in technology have transformed total hip replacement into an efficient and widely performed procedure.

Before, during, and after your hospital stay, the physicians and staff of FirstHealth of the Carolinas are committed to your well-being and satisfaction. Each attending surgeon is supported by a large staff of physician assistants, anesthesiologists, radiologists, nurses, physical and respiratory therapists, social workers, and administrative personnel.

In bringing you the latest advances in total hip replacement, FirstHealth combines world-class professionalism with personalized care. The hospital's outstanding diagnostic, surgical, and rehabilitation divisions offer a complete array of services.

The members of the FirstHealth Team are here to serve you. Help us help you; any medical concerns should be discussed with your surgeon and unresolved administrative issues with your surgeon's office manager. A patient's active participation in treatment, with full understanding of all issues and realistic expectations, is vital to a patient's full and uneventful recovery.

Advanced Directives

In the state of North Carolina, medical decisions will be made by next of kin in the setting of an incapacitated patient that does not possess an Advanced Directive. In the case of patients without a surviving spouse, decisions would be passed to surviving children, parents, grandchildren, siblings – in this order with 2/3 majority of the group ruling. An Advanced Directive allows a patient to outline their wishes well in advance, protect their rights regarding decisions for their medical care and alleviate potential stress on family during hospitalization or emergency situations.

Advanced Directives - A legal document that conveys a patient's wishes to family, friends and medical care providers with regard to medical care the patient would wish to receive if he/she were unable to verbalize his/her wishes for his/herself due to his/her medical condition. This may come in many forms – Living Wills, Power of Attorney, pre-formatted forms, etc. These wishes are modifiable at any time and discussion of this directive ideally begins long before the directive will be needed to direct medical care.

Living Will – a written legal document outlining what types of medical or life-sustaining treatments a patient would want if they were to become seriously or terminally ill. Often this document will address such issues as (but not limited to): life sustaining equipment (dialysis, respirators/ventilators), do not resuscitate (DNR) orders, artificial hydration and nutrition (tube feeding), palliative care/comfort care, organ/tissue donation, when not to pursue aggressive medical treatments.

Health Care Power of Attorney – a legal document naming a patient's Health Care Proxy, the person designated to make medical decisions for the patient if he/she is unable to verbalize his/her wishes. This form of Advanced Directive allows the patient's wishes to be respected when a Living Will may not be in effect due to a non-terminal situation and allows medical decisions to be made in real time in actual circumstances.

DNR (Do Not Resuscitate) – a legal document stating that a patient does not wish for resuscitation efforts to begin in the event of cardiopulmonary arrest.

Advanced Directives may be changed as a patient's wishes change. Also, these documents are not in effect unless a patient is not able to communicate their wishes themselves.

Things To Do

1. Before your surgery, the surgeon's office staff may have you **make an appointment with your primary care physician and possibly your dentist** who will:
 - Review and/or perform any necessary diagnostic tests
 - Provide medical optimization and clearance for the surgical procedure
2. Unless you are told otherwise, continue to take medicines already prescribed by your own physician.
 - Fish oils should be **discontinued seven days prior to surgery**.
 - Anti-inflammatory medications, nutritional supplements (vitamins, minerals, iron, and calcium) should be **discontinued seven days prior to surgery**.
 - Consult your physician regarding aspirin products. ***Patients with cardiac stents should continue to take their aspirin (81 mg).***
3. The surgeon's office staff will also make an appointment for you for pre-surgical testing and completion of your history and physical examination. This should be done within 30 days of your surgery date and will include the following:
 - Routine diagnostic testing may be done so you can be cleared for surgery—including taking a blood sample for testing, a urine specimen, and an electrocardiogram (EKG).
 - You should bring a list of current medications and a detailed account of prior medical, surgical and family health history.
 - The nursing staff will request information as part of a comprehensive medical history to add to your patient care profile.
 - The nursing staff will provide instruction on preparation for surgery.
4. The surgeon's office staff will make an appointment for you to attend the pre-operative patient education class. The class is approximately 2—2 ½ hours long. During the class, patient educators will:
 - Review the surgical process
 - Discuss patient safety, pain management, and the prevention of complications (blood clots and infection)
 - Provide instruction on skin preparation
 - Review equipment used during your hospital stay
 - Begin creating your discharge plan

- Discuss physical therapy expectations, to include some exercises that may be done prior to surgery and the timeline for therapy after surgery
 - Discuss safety tips to help prepare for your return home
5. Before your admission, please discuss your wishes regarding Advanced Directives with family or another designated person (see p. 8 for more information).
 6. For patients who have **Sleep Apnea and use a CPAP device**, please bring your machine, your mask attachment and a record of the settings you normally use.
 7. The night before surgery, please use the CHG (Chlorhexidine gluconate) wipes as instructed during the pre-operative patient education class. Repeat the process the morning of your surgery at home before coming to the hospital.
 8. The use of nicotine products (i.e., cigarettes, cigars, gums, or patches) has been shown to increase risk of complications following surgery. They can inhibit bone and wound healing by decreasing blood flow to the surgical site. They can also increase the risk of deep vein thrombosis (blood clots). We recommend smoking cessation to every patient. If you need more information or need assistance to quit smoking, please talk with your doctor and remember, all FirstHealth campuses are smoke free.
 9. **NOTHING TO EAT OR DRINK AFTER MIDNIGHT THE NIGHT BEFORE SURGERY!**

When to arrive at the hospital

All Moore Regional patients must call the **Outpatient Department at (910) 715-3086 the day before surgery (Friday for Monday surgeries) between the hours of 3 p.m. and 6 p.m.** to find out your scheduled time for surgery and what time you need to arrive at the hospital on your day of surgery.

To find out your surgery time and what time you should arrive for surgery, Richmond Memorial patients should **call (910) 417-3803 between the hours of 3 p.m. and 5 p.m. if they have not received a call from the Operating Room or their surgeon's office before 3 p.m. the day before surgery. (Friday for Monday surgeries.)**

DR. JOHN MOORE'S PATIENTS WILL BE CALLED BY HIS OFFICE WITH THE TIME THEY ARE TO ARRIVE FOR SURGERY. PLEASE DO NOT CALL THE HOSPITAL FOR A TIME.

Safety Tips for Preparing Your Home Before Surgery

Making changes at home can reduce hazards and limit stair climbing. This can help prevent falls and make daily tasks easier. Your physical therapist (PT) or occupational therapist (OT) can give you more tips about making your home safer. Ask a friend or family member to help you by making some of these changes before you come home with your walking aid.

Home Tips

To make your home safer and your recovery easier:

- Remove objects that could cause you to trip, such as loose rugs, electrical cords, etc...
- Stock up on foods that are easy to prepare.
- Store foods and other supplies between waist and shoulder level. This makes it easier to stay balanced as you reach for things.
- Arrange things so you don't have to use the stairs more than once a day.
- Prepare a bedroom on the main living level if you normally sleep upstairs.
- Install handrails along stairs.
- Watch for pets or small objects on the floor.
- Make sure rooms are well lit.
- Keep items within easy reach, such as reading glasses, drinks, books, etc...
- Add pillows to a low chair.

Bathroom Tips

Which tips you follow depends on your physician's instructions, type of surgery, age, and overall health:

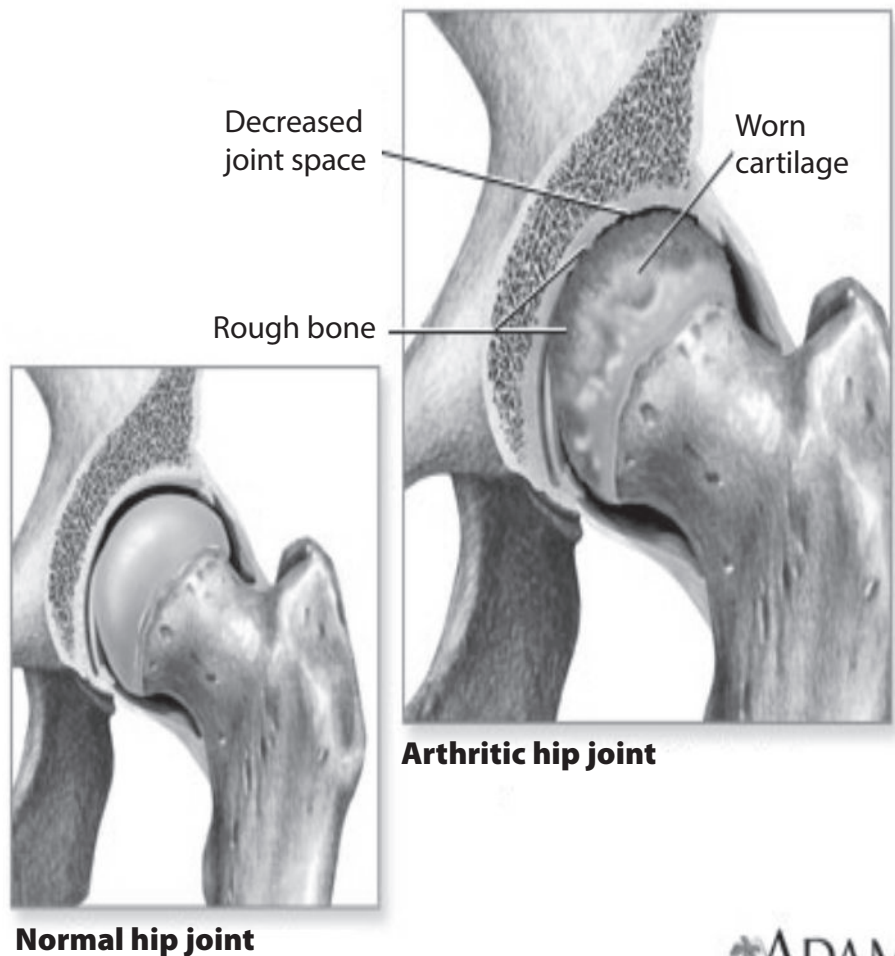
- Make bathing easier by using a long-handled sponge and a shower hose.
- Prevent slips and falls by installing handrails and grab bars in the shower.
- Use a nonslip bath mat to help keep the floor dry.
- Sit on a bath bench or shower chair while you bathe.
- Use a commode chair or elevated toilet seat to raise the height of your toilet.

A Closer Look at Total Hip Replacement (THR)

To understand THR, you should be familiar with the structure of the hip, a complex joint, a ball-and-socket joint. The ball component is attached to the top of the femur (long bone of the thigh). The acetabulum (socket) is part of the pelvis. The ball rotating in the socket permits you to move your leg forward, backward and sideways, i.e. in all planes of motion.

With a healthy hip, smooth cartilage covering the ends of the thigh bone and pelvis allows the ball to glide easily.

With an arthritic hip, the worn cartilage no longer serves as a cushion.



As the diseased or damaged bones rub together, they become rough, and the resulting pain causes difficulty in walking.

THR consists of replacing the worn out socket with a durable plastic or polyethylene cup with or without a metal titanium shell. The femoral head is replaced with a chromium-cobalt alloy metal or ceramic ball that is attached to a metal stem of titanium or chromium cobalt metal alloy.

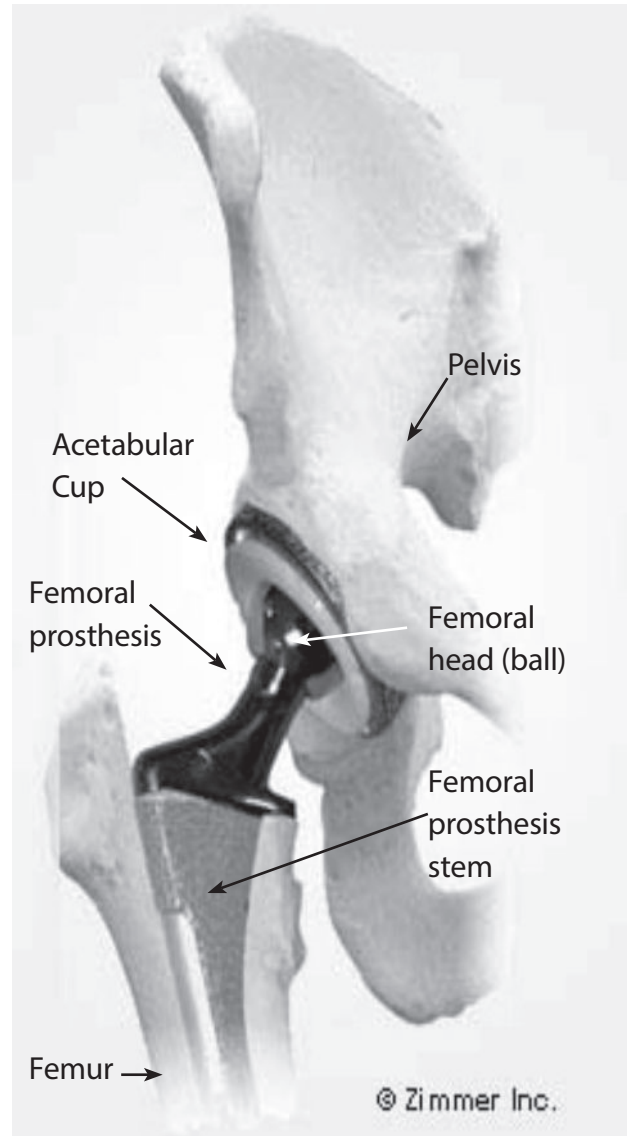
There are several ways to fasten the components (implant to the bone) during the hip replacement procedure.

- With a cemented THR, the prosthesis is held in place by bone cement.
- In a non-cemented THR, fixation occurs as the bone grows on and into the implant surface.

Bearing surfaces include metal-on-polyethylene (plastic), ceramic-on-ceramic, and ceramic on polyethylene (plastic).

The most commonly used FDA approved bearing surface is metal with highly cross-linked polyethylene.

The best bearing surface for you will be decided in consultation with your surgeon.



Clinical and biomechanical research has steadily refined the methods and materials available for THR. Prosthesis durability varies from patient to patient because of each patient's uses and demands on the new hip. However, the average patient can expect to obtain greater mobility and freedom from pain, which will, in turn, improve the ability to walk.

Your Surgery and Hospital Stay

The Day of Surgery

o Surgery

You and your family, or the person accompanying you, should come to the main desk in the Registration Department. When you arrive, the admitting/registration staff will process your admission and issue you an identification bracelet. They will then escort you to the Outpatient Department located just around the corner.

The Outpatient nursing staff will complete your admission process and assist you with changing into our hospital gown. Your belongings will be gathered, labeled, and secured by our Outpatient Department, Security Department, or they will be given to your family depending on your preference. You should ask family to hold onto your eyeglasses and hearing aids to return them soon following surgery.

The Outpatient nursing staff will wash, scrub, and prepare the surgical site area. They will also start an intravenous (IV) line. The IV provides a route for fluids, medications, and blood products if necessary. It is also the main route for your antibiotics to prevent and reduce the risk of infection. Your IV will be in place for approximately 48 hours and will be removed when your medication is complete and when your normal diet is resumed and tolerated.

A member of the Operating Room staff will greet and escort the patient to the pre-surgical holding area and direct the family to the Surgical Waiting Room. The Surgical Waiting Room is a lounge area and central hub where family members wait for information following surgery. It is equipped with comfortable chairs, offers television services, has Wi-Fi and cell phone use is allowed.

Members of your surgical team will take your latest information and perform some additional safety cross checks and tasks. They will review the surgical consent, your surgeon will confirm your identity, review, and then sign your surgical site with a surgical marker. These steps are an important part of the process designed to increase patient safety.

Members of your Anesthesia team will review and explain the plan for anesthesia, including the type of anesthesia, your level of sedation, and your post-surgical pain management. A majority of our THR patients will receive IV sedation and a regional (spinal or epidural) anesthetic, in which a narrow catheter (tube) is inserted in the lower spine and allows a continuous flow of anesthetic medication to block pain and optimize the patient experience. The level of sedation and anesthesia is tailored to your specific needs and will allow for you to awaken very soon after the surgical procedure is completed.

After rechecking that all of the appropriate paperwork and tasks have been performed, members of the OR staff will then escort you on a stretcher down the hall and into one of the operating room suites.

THR surgery generally takes approximately 1 to 1 ½ hours, but the actual elapsed time from operating room to post-anesthesia care unit (PACU) is usually longer. Your surgeon will provide more specific details and will make arrangements to speak with your family in the Surgical Waiting Room following surgery or will make other arrangements to contact them. **Please provide the surgeon with specific contact information as to where and how your family can be reached.**

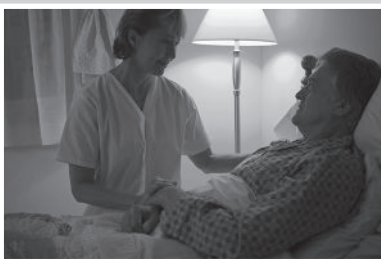


o After Surgery

In the Post-Anesthesia Care Unit (PACU), also called the Recovery Room, you may be given oxygen, and your vital signs (respirations, heart rate, temperature, and blood pressure) and IV will be monitored. The team will also focus on managing your pain. Once in the PACU, your family and friends will be provided an update. To maintain patient privacy, as well as to reduce the risk of infection, PACU visits are severely limited, but may be facilitated through patient liaisons only when absolutely necessary.

When the anesthesiologist determines that you are sufficiently recovered, you will be transported to the orthopaedic inpatient unit.

Spiritual Support—FHC recognizes the role that spiritual support can play in coping with and recovering from physical illness. To help meet your spiritual and emotional needs, FHC provides a Chaplaincy Service as an integral part of the healthcare team. The chaplains are here to serve you and your family and can provide pastoral support in any faith. Please call (910) 715-1955 to contact the Pastoral Care Office.



Recovering in the Hospital

The hip will have a large, bulky elasticized bandaged dressing. You may have a thin tube inserted at the surgical site during the operation and attached to a drain and suction device to prevent accumulation of blood around the muscles and bones of the hip. The tube and drain are removed the day after surgery, and the bandage is removed the second post-surgical day.

The IV will remain connected to you for approximately 48 hours. Members of the nursing staff will position you in bed and help you turn until you are able to move on your own. Regional anesthesia may temporarily inhibit bladder function after surgery. If needed, a catheter may be inserted into the bladder. When a patient regains bladder function, this catheter is removed.

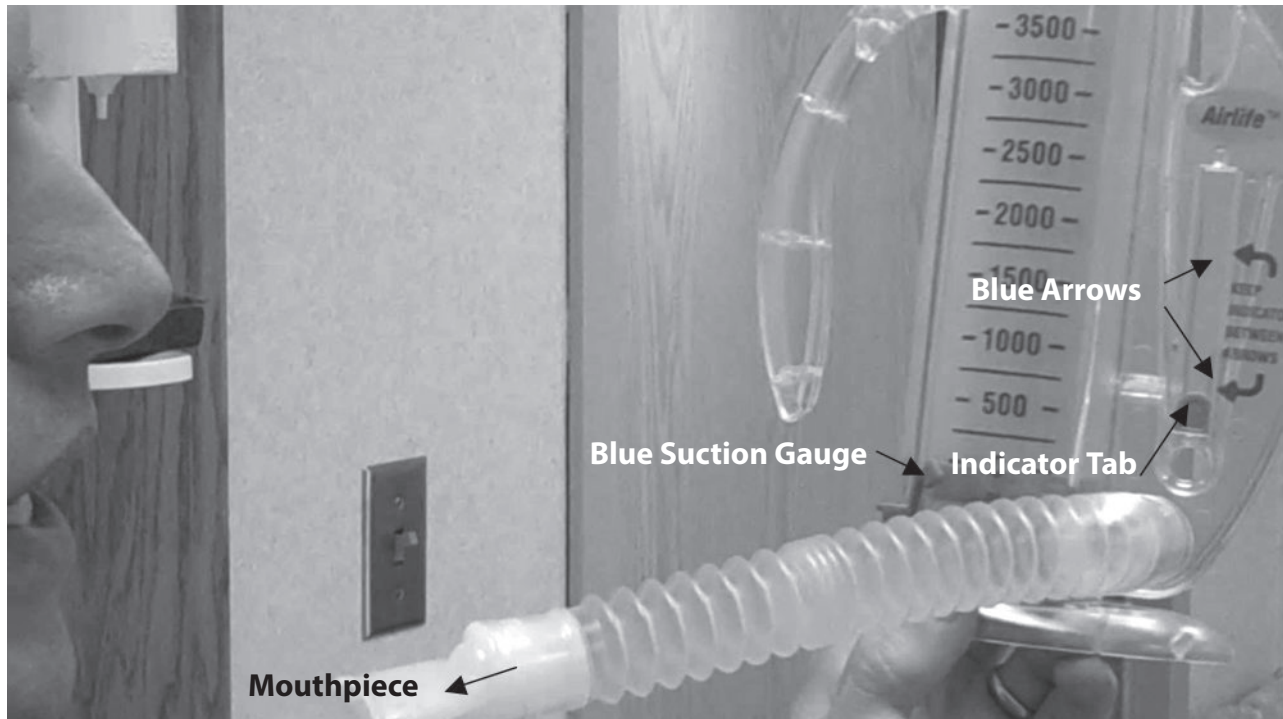
o Exercise

Gentle exercises to improve your range of motion can help prevent circulation problems as well as strengthen your muscles. Very soon after surgery, a physical therapist will teach and review your exercise program.

o Deep Breathing

It is **extremely important** to perform deep breathing exercises after surgery to rid your airway and lung passages of mucus. Normally, you take deep breaths almost every hour, usually without being aware of it, whenever you sigh or yawn. When you are in pain or are drowsy from anesthesia or pain medication, your breathing may be shallow. To ensure that you breathe deep daily, the nursing staff will provide you with a device called an incentive spirometer, along with instructions on its use.

How to Use the Incentive Spirometer



1. With the unit in an upright position, place your lips tightly around the mouthpiece and exhale normally.
2. To achieve a deep and sustained breath, inhale at a rate sufficient to raise the blue suction gauge in the chamber to the highest number possible and at the same time, keep the indicator tab between the two blue arrows.
3. Exhale. After performing the exercise, remove the mouthpiece from your lips.
4. Relax and breathe normally for a moment after each deep breath.
5. Repeat this exercise 10 times every hour.

The goal is to get the large blue suction gauge higher each time you do it. But, you want to keep a slow, steady breath at all times.

(Think of drinking a very thick milkshake.)

Managing Pain

o How Does it Feel?

Recovering from any surgery involves pain and discomfort. The hospital's team approach to pain management can help reduce your discomfort and thus speed your recovery. Pain management, however, begins with you. Since no objective tests exist to measure what you are feeling, you must help the staff by describing the pain, pinpointing its location, and judging its intensity, as well as reporting any changes. Pain may be constant or sporadic, as well as sharp, burning, tingling, or aching. A pain scale is used to help you and the staff gauge the level of pain and effectiveness of treatment.

People used to think that severe pain after surgery was something they "just had to put up with." While it is reasonable to expect some discomfort following surgery, the current treatment options greatly reduce the level of pain most patients have.

Your description will help us provide you with a plan of care. Even under your personal pain management program, your pain level may change at times. Be sure to tell your nurse if it becomes worse.

You will be asked to rate how much pain you have on the Pain Scale below:



o Your Treatment Plan

Pain control following surgery is an important part of your care. We will use a multi-faceted approach to manage your pain. This may include a combination of nerve blocks, oral medications, injections, IV medication and catheters connected to computerized pumps that are controlled by the patient (Patient Controlled Analgesia or PCA). We try to refrain from giving injections, but sometimes this is unavoidable. The goal is to try to recognize and treat your pain quickly, which allows you to participate in the exercise program.

The goal is to transition you to oral pain medications. Usually the oral pain medication is an opioid or narcotic, but may include an anti-inflammatory medication if needed. This transition is usually a smooth one, enabling you to progress with your activities with minimal discomfort.

Every patient's experience is unique. So, if you need pain medication, tell your nurse as soon as the pain starts. **Keep in mind that your pain is easier to control if you do not allow it to become severe before taking pain medication.** Usually medications are available every four to six hours as needed.

Regardless of which pain relief method is started, **if you are not getting pain relief, please notify your nurse or doctor.** We want you to be as comfortable as possible while you heal. Being able to participate in your own recovery activities is a goal of the recovery process.

It is extremely important that you inform your anesthesiologist about any problems encountered with medications of any type in the past and if you are currently using prescription medications for pain.

o What is Patient Controlled Analgesia (PCA)?

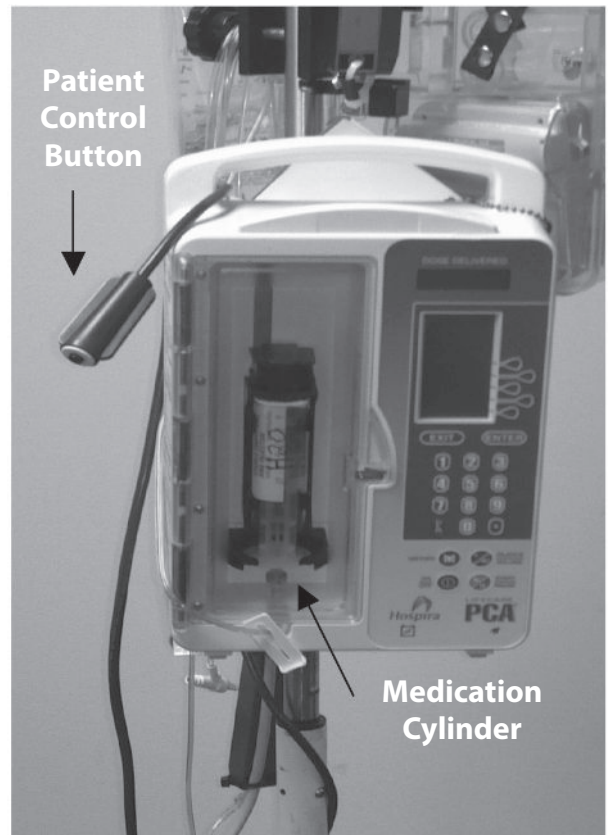
PCA is a type of pain medication delivery system which utilizes a microprocessor (computerized pump) to administer a prescribed amount of medication at desired intervals. This pump is prepared and programmed for you by your nurse.

The pump is programmed to deliver a pain medication either when you push the button (demand dose) or by a continuous flow (basal rate). It will be attached through your intravenous line. It is called "Patient Controlled" because, if needed, you can press a button attached to the pump to give yourself a dose of pain medication.

Precautions against an overdose have been incorporated into the PCA. The pump is programmed not to deliver the dose of pain medication requested if it is not time to safely do so. There is an hourly limit of medication available.

The PCA system automatically records both the doses delivered and denied. Your nurse checks this machine frequently and records the amount of medication used. If you are having pain after using your PCA hourly limit, tell your nurse. The nurse can call your surgeon to adjust the medication or PCA settings as needed.

The nurses regularly check on you to evaluate your level of pain relief and assess for side effects. If any problems arise, there is always a physician on call 24 hours a day, 7 days a week.



PCA PUMP

o Epidural

Patients who have surgery on the hips, knees, or ankles may have epidural anesthesia. After a local anesthetic injection, a catheter (very thin tubing) may be placed between the bones of the back for administering the anesthesia for your operation. Afterwards, pain relief can be continued into the post-operative period.

o IV PCA

After the epidural catheter is removed, or if the medication in the epidural does not contain an opioid (narcotic), or if you did not have epidural anesthesia, the PCA pump will be attached to IV tubing. This means that the PCA pump will be programmed to inject pain medication directly into your blood stream. Again, you can give yourself an extra dose of medication, if needed, just by pressing the button attached to the PCA pump. This should keep you comfortable most of the time.

o Femoral Nerve Block

Your anesthesiologist may include a femoral nerve block and catheter insertion as part of the pain management regimen. A femoral nerve block is an injection into the upper aspect of the thigh near the groin area with a long-acting numbing medication similar to Novocain. If a catheter is placed, the numbing medication will be continuously applied to the area through the tube. The medication numbs the front of the knee and temporarily weakens the thigh muscles. Your nurses and therapists will need to assist and support you while standing during the first day after a femoral nerve block or after the catheter is removed as you may have a tendency to buckle your knee.

It is important for your safety that you do not try to get out of bed on your own.

o Oral Medication

You may be given oral pain medication to help off-set any break-through pain not controlled by PCA, epidural, or femoral nerve block/catheter. About 24 to 48 hours after surgery, as pain decreases and your activity level increases, you will be changed over to only oral medications. These will control discomfort without restricting activity or mobility.

o Side Effects with Pain Medication

Some common side effects associated with pain medication are as follows:

- o Nausea and vomiting
- o Changes in blood pressure
- o Constipation—***You should take a stool softener or laxative daily while on any pain medication.***
- o Drowsiness

All of these side effects are very common while taking pain medication. Your nurse may be able to help alleviate these symptoms, so please make sure she is aware if you are experiencing any side effects.

Please notify your nurse **right away** if you are having:

- o Severe Itching
- o Rashes
- o Difficulty breathing

These symptoms could signify a serious reaction to a medication. Your nurse should be made aware immediately if you experience any of these symptoms.

o Cold Therapy

The application of cold has been shown to reduce swelling and pain associated with inflammation associated with the surgical site. Ice packs or cold pads will be used continuously for the first 24 hours after surgery and should be applied for 15 minute intervals every 3 to 4 hours on a daily basis for the first few weeks following surgery.

o What Else Can You Do?

There are many other techniques that have been shown to help reduce or better control pain.

- o Get lots of rest.
- o Use music or TV shows to relax and take your mind off the pain.
- o Turn the lights down in your room to help you rest.
- o Take deep breaths and place a pillow against the painful area.
- o When your pain is under control, you should try to move around. The more you move, the more it helps to work out your soreness.
- o If you ever feel like your pain is out of control, let your surgeon or nurse know.

Rehabilitation in the Hospital

o Your Daily Physical Therapy Session

You will be seen by a physical therapist on the day of surgery or the next morning after surgery. Your therapist will instruct you in your exercise program, which is directed toward increasing range of motion and strength of your legs. For the first few days after surgery, patients benefit from taking pain medication thirty minutes prior to their therapy session. You should discuss this with your nurse and/or therapist.

The physical therapist will assist you in the following activities:

- Sitting at bedside with your legs dangling
- Transferring in and out of bed safely
- Walking with the aid of a walker
- Climbing stairs

o Beginning to Walk

Your therapist or nurse will assist you in sitting up with your feet over the bedside (we call it dangling). You will then stand with the use of a walker and the continued help of your therapist. As soon as possible, you will be allowed to bear full weight on the operated leg and then attempt walking.

As the days progress, you will increase the distance and frequency of walking.

o Stair Climbing

You will practice stair climbing prior to discharge. You will use steps with the physical therapist on the Orthopaedic unit.

o Looking Ahead

Before leaving, you will be instructed in an exercise program for home to use until you meet with your home health therapist for the first time.

o Remember, You Make the Difference!

It is extremely important that you understand that your motivation and your participation in your physical therapy program is a vital element in the speed and success of your long-range rehabilitation as well as getting ready to go home.

Your participation in a physical therapy program is essential to the success of your surgery. The more committed and enthusiastic you are, the quicker your improvement will be.

Soon after surgery, a physical therapist will visit you with an exercise program to increase range of motion and strength in your leg muscles.



Tips for a Successful Recovery at FHC...

Physical Therapy

- Participate in physical therapy daily.
- Our physical therapists are available by 8:30 am seven days a week. Your nurse should be able to communicate with your therapist to get an approximate time for your therapy sessions to better coordinate your pain management program.

Patient Safety and Falls Prevention

- **Always** ask for assistance when getting out of bed.
- Please make sure items you may need (phone, TV remote, water, etc...) are close by so you have easy access to them. Ask your nurse for assistance if needed. That's what we are here for.
- **Remember—Call! Don't Fall!**

Pain Medication

- Take pain medication at regular intervals throughout the day, not just before physical therapy. Don't wait until your pain is bad.
- You must ask your nurse for your pain medication. It will not be brought to you automatically.
- You are not expected to recover without using pain medication...if you need it, ask for it!
- As pain medication can cause constipation, it is **very important that you have a bowel movement before you leave the hospital.**

Bathroom Privileges

- Once you are able to tolerate being out of bed for at least 20 minutes, you will be safe to use the bathroom with assistance.
- If possible, use the bathroom prior to physical therapy so you can use your treatment session to improve functional mobility.
- Bedside commodes or bedpans are alternatives to getting out of bed to use the bathroom. However, we encourage you to get up and move to the bathroom!

Total Hip Replacement Precaution Guidelines


After your hip replacement, you will have precautions that you **MUST** follow in order to protect your new hip. Following these precautions will allow your new hip to heal from the surgery and strengthen the tissues and muscles surrounding the joint. If you move your new hip beyond the limits of motion described below, there is an increased risk of dislocating the hip. You **must** follow the hip precautions until your 6-8 week follow-up appointment. **Your surgeon will tell you at the follow-up visit when you can move beyond these limitations.**

1) Do not bend your hip beyond a 90 degree angle.



 **Do not allow your knee to come above your hip.**




 **Do not bend forward or let your shoulders come in front of your hip while sitting.**



 **Do not reach for items on the ground or low to the ground when standing.**



 **Do not reach below your knees.**

2) Do not allow your operated leg to rotate inwards

NOT FOR DR. GUEVARA'S PATIENTS—SEE BELOW FOR ALTERNATE PRECAUTION FOR DR. GUEVARA'S PATIENTS



The knee on your operated leg should never point towards the non-operated leg.



When walking or turning, do not pivot on your operated leg.

ALTERNATE PRECAUTION FOR DR. GUEVARA'S PATIENTS

2-A) Do not allow your operated leg to rotate outwards.



The knee on your operated leg should never point away from the non-operated leg.



When walking or turning, do not pivot on your operated leg.

3) Do not cross your legs or ankles.



DO NOT cross your legs.

Keep your knees apart at all times.

Keep a pillow between your knees at all times when lying on your back.



When lying on your unaffected side, keep two pillows between your legs.

4) Avoid sitting in low, soft chairs, such as sofas or recliners.

- Sit on a firm chair (preferably with arms) using 2 pillows to raise the height of the chair.
- Plan ahead of time to have chair(s) in appropriate places at home.
- Your bed must be at least 18 inches high so that when you sit, your knee is lower than your hip, depending on your height.

5) The amount of weight you can support with your operated leg will depend on your surgery.

Your physical therapist will instruct you on the weight-bearing status designated by your surgeon.

- Toe-touch weight-bearing = 20% of weight during ambulation
- Partial weight-bearing = 30-50% of weight during ambulation
- Weight-bearing as tolerated = Full weight during ambulation

6) Leg length after surgery

After surgery, it is common for the operated leg to “feel longer” than the non-operated leg. This is usually due to tight muscles, especially your hip abductors, which are located on the outside of the leg. These muscles, which are usually tight before surgery, can create imbalances in your pelvis, creating an apparent discrepancy in your leg lengths. After surgery, the natural joint space of your hip is restored, and it will take time for your pelvis and muscles to adapt to this new normal position. This unevenness can resolve within a week or may take up to 6—8 weeks. Please speak with your surgeon if you have any specific questions.

7) Occupational Therapy

In order to prepare you for returning home, an Occupational Therapist will instruct you in functional activities, such as bathing, showering, toileting, and getting dressed.

You will receive assistive devices to help you complete dressing and bathing after your operative. Your Occupational Therapist will show you how to use these while following your hip precautions.

The kit includes:

- Reacher
- Sock-aid
- Long-handled shoe horn
- Long-handled sponge
- Elastic shoelaces (if needed)

Preventing Blood Clots

After total hip replacement surgery, clots, called deep vein thromboses (DVT), may form in the leg veins. In rare cases, these leg clots travel to the lungs where they may cause additional symptoms. To prevent and reduce the incidence of clot formation, mechanical devices (foot or leg pumps) are used while you are in the hospital to squeeze the leg muscles, thus maintaining blood flow in the veins. Also, a medication to minimize clot formation, such as Coumadin (warfarin), Lovenox (enoxaparin), or Aspirin, will be prescribed.

o Leg Swelling

Following total hip replacement, most patients develop swelling in the operated leg. Although the amount of swelling can vary from patient to patient, the swelling itself, in the leg, hip, ankle, or foot, is normal and may be accompanied by “black and blue” bruising that will usually resolve gradually over several weeks.

For the first month after your operation, prolonged sitting with your foot in a down position tends to worsen the swelling. You should not sit for more than **30 to 45 minutes** at a time. Periods of walking should be alternated with periods of elevating the swollen leg. When elevating the leg, the ankle should be above the level of the heart. Lying down for an hour in the late morning or afternoon helps reduce swelling.

To prevent or reduce leg and ankle swelling:

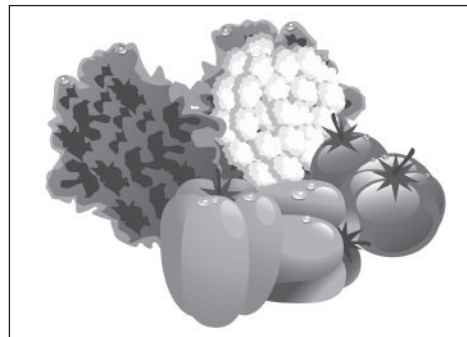
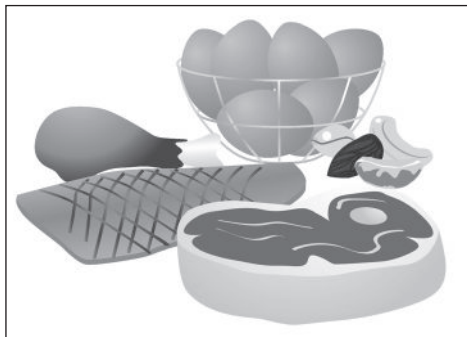
- Elevate operated leg
- Avoid sitting for more than 30 to 45 minutes at a time
- Perform ankle exercises
- Apply ice for 20 minutes a few times a day (before and after exercises)
- Take a nap every afternoon and elevate your legs.

Diet

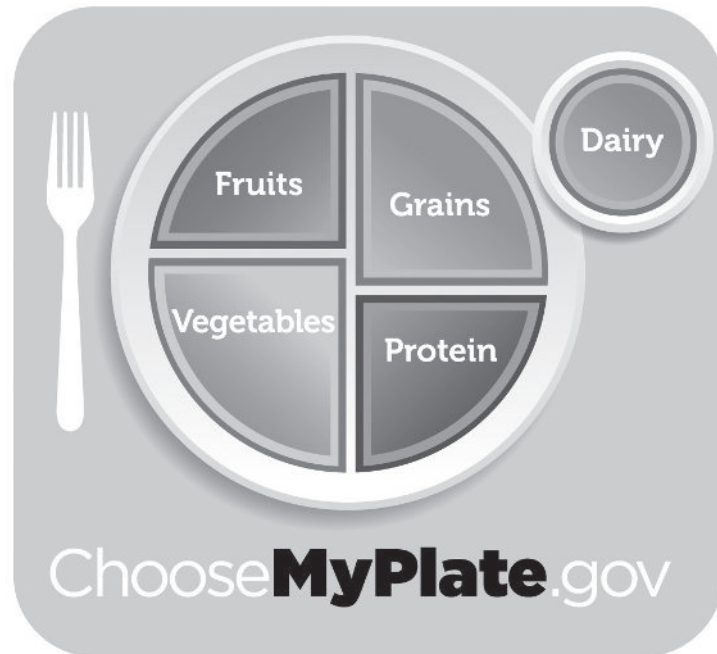
During your hospital stay, eat balanced, nutritious meals with adequate calories and protein to enable your body to replenish proteins depleted by surgery, and to reduce the risk of complications such as infection or poor wound healing. Being adequately nourished is an important component of your overall health and promotes your recovery.

During your hospitalization, your physician is responsible for ordering the appropriate diet for you. There is no special diet for total knee replacement patients.

After surgery, most patients will be placed on a liquid diet for the first 1 or 2 meals, as appetite may be poor and the effect of anesthesia on intestinal function can last a few days. We encourage you to eat only when you feel hungry to prevent nausea. Not having a bowel movement for 1 to 2 days following surgery is normal, however, ***you should be sure to have a bowel movement prior to your discharge from the hospital.***



MyPlate Dietary Guidelines



The new guide, USDA's MyPlate, was introduced in 2010, as the new guidelines for proper dietary nutrition. These guidelines, developed by the USDA in conjunction with the Department of Health and Human Services are designed to serve as the "cornerstone of Federal nutrition policy and nutrition education activities" (USDA Dietary Guidelines, 2011).

Evidence based, authoritative advice for Americans ages two and up regarding calorie consumption, physical activity to obtain optimal health, informed decisions about choices of food and their nutritional value, as well as ways to reduce chronic conditions and promote overall health are provided as a part of the My Plate guidelines.

Why the change to MyPlate?

According to the key developers of the MyPlate Dietary Guidelines, changes were made in the federal nutrition program because more than two-thirds of American adults and more than one-third of America's children are determined overweight or obese. The Dietary Guidelines for Americans, 2010 also recognizes and acknowledges that approximately 15% of American households have been unable to secure adequate food to meet their needs (Nord, Coleman-Jensen, Andrews, & Carlson, 2010). Moreover, the plate model was chosen as it is easier for individuals to understand; as the pyramid model proved to be somewhat difficult for many average Americans to comprehend.

Choose MyPlate – Make smarter Food Choices

The goal of My Plate is not to provide a specified dietary program to address any particular physical or health related condition. Rather, the goal of My Plate is to help Americans make smarter food choices from every food group represented, strike a balance between food and physical activity that helps to use the food for energy, stay within suggested daily calorie needs, and to get more nutrition from the calories that are consumed.

MyPlate describes a healthy diet as one with a focus on vegetables, fruits, fat-free or low-fat milk and milk products, as well as whole grains. MyPlate guidelines suggest more lean meat consumption, nuts, eggs, beans, fish, and poultry; and a diet that is low in trans fats, saturated fats, cholesterol, added sugars and salt.

The SECTIONS in MyPlate

MyPlate is made of four sections with the colors orange, green, blue and red, plus a side order in blue. Each color represent a specific food group and provides certain nutritional benefits. This plate model illustrates the importance of a varied diet with foods from each food group. The purpose with this design is to help people make healthier and smarter food choices. Let's see what each color in MyPlate represents:

- **The grain group – “Make at least half your grains whole.”**
- **The vegetable group – “Vary your vegetables.”**
- **The fruit group – “Focus on fruits.”**
- **The protein foods group – “Go lean with protein.”**
- **The dairy group – “Get your calcium rich foods.”**

You are encouraged to have a source of protein with each meal or snack to help prevent loss of lean body mass. Protein is found in meats, but is also in legumes, milk, cheese, yogurt, eggs, and nuts (to include peanut butter or almond butter).

10 Tips for a Great Plate

In addition to the general information provided by My Plate, there are 10 tips to a great plate that are easy guidelines for everyone to be able to follow. They are:

- 1. Balance Calories:** Determine how many calories you need per day as a first step in diet management. Physical activity also helps to balance caloric intake.
- 2. Enjoy your Food, But Eat less:** There's nothing wrong with enjoying your food as you eat it. When your attention is somewhere else or when you eat too fast, there is a greater possibility of consuming too many calories and overeating. Pay attention to fullness and hunger cues before, during and after you have eaten. Use these cues to recognize when to eat and when you have had enough.
- 3. Avoid Oversized Portions:** Use a smaller glass, bowl and plate. Determine portion size before you eat and when eating out, choose a smaller size option such as the lunch portion for dinner. Share your dish with those you eat with and take home a portion of your meal.
- 4. Foods to Eat Often:** Increase the number and amount fruits, vegetables, whole grains and low and fat free dairy and milk products. These foods tend to be nutritionally packed and include specific healthful nutrients including fiber, vitamin D, calcium, and potassium. Make these food stuffs the basis not just of meals but of snacks as well.
- 5. Make Half your Plate Vegetables and Fruit:** Choose colorful vegetables such as sweet potatoes, butternut squash, tomatoes, and broccoli in addition to other vegetables. Make fruit a part of side dishes as well as dessert.
- 6. Switch to fat free or low fat milk:** The same amount of calcium is available in these options as you would find in whole milk, but there are fewer saturated fats and fewer calories.
- 7. Make Half Your Grains Whole Grains:** Substitute refined grain products for whole grain products; for example, substitute wheat for white bread, and brown for white rice.
- 8. Reduce foods that are high in added sugars, salts and solid fats.** These foods include ice cream, candies, sweetened drinks, pizza, cakes and pies and fatty meats such as hot dogs, bacon sausage, and ribs. It's okay to have them every now and then, on occasion, but not as a part of everyday meals.

9. Compare Sodium in Foods: Review the nutrition facts label available on every food product with the exception of fresh vegetables and fruits. Select canned items that are “no salt added”, “low sodium”, and “reduced sodium”.

10. Drink Water instead of Sugary Drinks: Reduce calories by changing what you drink. Calories can be significantly reduced with unsweetened beverages or water. Soda, sports and energy drinks are a significant source of calories and added sugar in many Americans diets.

References:

Choose MyPlate, “10 Tips to a Great Plate”.

<http://www.choosemyplate.gov/downloads/TenTips/DGTipsheet1ChooseMyPlate.pdf>

Nord, M, Coleman-Jensen, A, Andrew, M., & Carlson, S. (2009). Washington D.C.

US Department of Agriculture, Economic Research Service, 2010. Nov.

Economic Research Report No. ERR-108. Available from

<http://www.ers.us.da.gov/publications/err108>

Nutrition Plate Unveiled, Replacing food Pyramid. The New York Times. 2 June 2011

REMINDER...

IF you begin taking the blood thinner Coumadin/Warfarin, you should limit dark green, leafy vegetables for the entire time period you will be taking that medication.

Your nurse will go into much more detail during your hospital stay.

Preparing to Return Home

The majority of patients who undergo a total hip replacement are usually discharged from the hospital within two to three days after the surgery and many of them are able to return to their home environment.

- **How the Hospital Can Help**

As soon as you decide to have a total hip replacement, you must look ahead, and plan for discharge and home recovery. Preparing enables you to concentrate on your main task—getting well. To help you plan for discharge and home recovery, the **Orthopaedic Department’s Case Manager** is available to you by calling (910) 715-2176 (Moore Regional Hospital) or (910) 417-3279 (Richmond Memorial Hospital).

A Case Manager, or Discharge Planner, is available to you to address any concerns you may have about your discharge from the hospital. The discharge planner will review the alternatives available to you based on your medical condition, home and healthcare needs, care arrangements you have already made, geographic location, insurance coverage, and financial situation. Your options may include Home Health follow-up, Outpatient therapy, short-term placement in a nursing facility, or acute Rehab (this option is only available for patients that have both hips replaced at the same time). Your Discharge Planner will help you make the best choice for you and your situation.

The Discharge Planner/Case Manager will discuss your post-discharge needs in consultation with your surgeon and other members of your primary healthcare team. Your involvement is essential in formulating a discharge plan that will suit your needs.



o Filling Your Prescriptions

For the convenience of our patients, FirstHealth of the Carolinas, Moore Regional Hospital has opened an outpatient pharmacy to help make your transition home as smooth as possible.

Our Outpatient Pharmacy is located on the Lobby Level, near the Parking Deck entrance.

The Outpatient Pharmacy can be accessed by patients, families, and staff between the **hours of 9 a.m. and 7 p.m., Monday through Friday and 9 a.m. to 2 p.m. on Saturday.**

In order to process your prescriptions, we will need the following information:

- 1) Your insurance or prescription coverage card/information
- 2) Your written prescriptions
- 3) Someone to pick up the prescriptions before you leave



This is a service we provide for the convenience of our patients. We hope to save you the time and frustration of having to make an additional stop on the way home, and it will ensure you have your pain medication available when you need it.

If your anticipated discharge date is after hours for the Outpatient Pharmacy, please let your nurse know that you wish to have your prescriptions filled by early Friday afternoon, and he/she will make sure to get

you or your family the written prescriptions to have filled. They will then be locked in a secure location until you are discharged.

For any questions regarding our Outpatient Pharmacy, please feel free to call and speak with a pharmacy staff member at **(910) 715-4250.**

Final Steps: At Home

Guidelines for Recovering at Home

Please do not hesitate to contact your surgeon with any questions you have about the following instructions.

o What's Normal

- Some pain and discomfort in the area of your surgery
- Small water blisters on the operated leg
- Some bruising around the area of your surgery
- Low energy level that requires rest periods

o What's Not Normal...Call Your Surgeon

- Pain in your hip that does not get better after your pain medicine
- Redness and/or swelling around your incision
- Fever over 100.5°F (taken by mouth)
- Bad odor or drainage coming from your incision
- Enough bright red blood coming from your incision to soak and leak from your dressing/bandage.
- Shaking chills
- Pain in your calf that does not improve with elevation
- A lot of swelling in your leg and foot that does not improve with elevation
- Chest pain
- Problems breathing while at rest, chest congestion, or coughing

- **During office hours, call your surgeon's office first (see p. 5 for a listing of numbers).**
- **After office hours, call FirstHealth Moore Regional Hospital at (910) 715-1000 and ask for your surgeon to be paged.**
- **After office hours, call Richmond Memorial Campus at (910) 417-3000 and ask for your surgeon to be paged.**

o Getting Into Your Car

1. Prepare your car by having the front seat moved back as far as possible.
2. You may also want to recline the backrest of the seat slightly if this is available. This will give you room to bring your legs into the car.
3. Sit in the front passenger seat on two pillows.
4. In a regular car, enter from the street level rather than the curb in order to avoid bending your hip too much.
5. In a SUV, you may need to enter from the curb to make it easier to get into the car.
6. Back yourself up to the side of the car seat.
7. Reach back for the dash with one hand and the back of the car seat with the other. Then sit down.
8. Once seated, scoot back to allow room for your legs to be lifted into the car.
9. As you lift your legs into the car, turn your body to face the front.
10. Reverse the process to get out of the car.

NOTE: Do NOT resume driving until you have your surgeon's permission.

o When to Begin Driving

Most patients are able to resume driving about six weeks after surgery. It depends upon which leg was operated on, your range of motion, strength, and coordination. Always check with your surgeon before you resume driving. You should not be driving if you are still taking pain medication.

o Caring for the Surgical Site

- o A dry, sterile dressing can be applied over the incision until your staples or sutures are removed.
- o If your surgeon allows you to bathe/shower, do so with the dressing on, then remove the soiled dressing and apply a new dry, sterile dressing with NO WOUND CARE.
- o After suture or staple removal, leave the incision uncovered unless instructed otherwise.
- o Please inform your surgeon if you notice increasing redness or drainage from your incision.

Steps for Changing Your Dressing

The person changing the dressing should wash his/her hands before and after changing the dressing.

- 1) With your current dressing on, you should shower or bathe and dry off with a clean towel.
- 2) Remove the old dressing carefully, pulling gently from top to bottom.
- 3) Open outside wrapper of new sterile dressing.
- 4) Hold dressing lightly on each end.
- 5) Do **NOT** touch the center, white portion (it is sterile and should remain so).
- 6) Center the dressing along the incision.
- 7) Start at one end and apply the dressing over the wound.
- 8) Rub along the outer area of the dressing to seal edges (for adhesive bandages only) or use elastic, mesh covering (for 4x4 gauze dressings) to hold the dressing in place.

o Getting In and Out of Bed

Getting in and out of bed can be difficult until you get some strength back in your leg. In general, you can get in and out of either side of the bed, but if you have a choice, it is usually easier to move in the direction of your “good” (non-operative) leg.

For example: If the right hip is operated on, then move to the left to get off the left side of the bed. Then get back in bed on the right side so that the “good” (left) leg is moving onto the bed first.

These are the steps you will follow when getting out of bed:

- 1) First, shift your hips over to the very edge of the bed. Shift your hips by using your “good” leg (bent at the knee) and shoulders to help lift your hips up and over toward the edge of the bed. You will need help to move your operative leg.
- 2) Once you are at the edge of the bed, you must then get both feet off the bed. Once both feet are off the bed, use both arms to push yourself up to a sitting position on the side of the bed.
- 3) To get back into bed, you may need assistance to lift your operative leg up onto the bed. Once in the bed, use your “good” leg (bent at the knee) and shoulders to shift your hips back toward the center of the bed.
- 4) There are several ways to get the operative leg back up on the bed. These techniques include:
 - a. Having someone help by lifting the leg for you.
 - b. Using a rolled sheet or long belt/rope sling around the bottom of the foot and lifting the leg onto the bed while holding both ends of the sheet/belt/rope with one hand.
 - c. When you have enough leg strength, stiffen the leg and raise it up onto the bed.

o Summary

- 1) Shift over to edge of bed.
- 2) Get both feet off the bed.
- 3) Push up to sitting position using both arms.
- 4) You may need some form of help to get your operative leg back up onto the bed until the leg has regained strength.

o Pain Medication

- Take your pain medication as prescribed.
- Take pain medication with food and plenty of fluids.**
- To control pain, take your pain medication before the pain becomes severe.
- If your pain medication seems weak or you are experiencing unpleasant side effects, do not hesitate to call your surgeon's office.
- If you are taking pain medication, avoid alcoholic beverages.
- It is important to notify your surgeon's office if you require additional pain medications. It will take a few days to mail you a new prescription if necessary, so call the surgeon's office before your supply runs too low. Call when you have a one week supply to be safe.
- Constipation is a very frequent side-effect of pain medication. ***Be sure to take a stool softener or laxative daily while taking pain medication.***

If you experience discomfort during your ongoing physical therapy, take your pain medication at least 30 minutes prior to your therapy sessions. This will allow enough time for the medication to take effect.

Preventing Infection (Antibiotic Prophylaxis)

It is very important that you protect your artificial joint from potential infection. Some patients have increased risk following total joint surgery as an infection can spread to the new joint through the bloodstream (the medical term for this is “hematogenous” spread) from another source in your body. Please tell all of your health providers that you have an artificial joint as they may need to prescribe antibiotics before treatment. This is especially important before dental procedures and invasive urinary procedures. If you are not sure whether a procedure you are having is invasive, play it safe and inform your surgeon, who will provide additional instructions.

Before having any of the following procedures, make sure you tell your dentist that you have an artificial joint. They, along with your orthopaedic surgeon, may have you take an antibiotic to help prevent infection.

- Dental extractions
- Periodontal procedures including surgery, sub gingival placement of antibiotic fibers/strip, scaling and root planning, probing, recall maintenance
- Dental implant placement and re-implantation of avulsed teeth
- Endodontic (root canal) instrumentation or surgery only beyond the apex
- Initial placement of orthodontic bands, but not brackets
- Intraligamentary local anesthetic injections
- Prophylactic cleaning of teeth or implants where bleeding is anticipated.

Please be sure to tell your internist and dentist that you have an artificial joint so that they can prescribe antibiotics prior to the above procedures. If you have any questions or concerns, please call your surgeon’s office.

All total joint replacement patients should adhere to this regimen for a minimum of two years following joint replacement surgery. Some surgeons will prefer, and may recommend, using antibiotics for longer than two years. They will communicate that to their patients. Immuno-compromised patients, including those with inflammatory arthropathies, rheumatoid arthritis, drug or radiation induced immuno-suppression, insulin-dependent diabetes, or any other major medical problems, should follow this antibiotic routine indefinitely.

Antibiotics may reduce the risk of infection but cannot completely eliminate that risk. Preventing infection must be the concern of you the patient and all the healthcare professionals who treat you.

Sports Activities

After full recovery, some patients enjoy light sports activities. Activities you can enjoy after total hip replacement include walking, bicycling, bowling, swimming, golf, and doubles tennis. Skiing may be allowed but likely on green and blue trails only. **Avoid high-impact activities, such as jogging, running, or jumping.** Please check with your surgeon about specific sports activities.

Your New Hip is Different

Recovery from surgery takes time. You will likely feel tired and fatigued for several weeks and this is a normal response. It is important to plan periods of rest throughout the day. You may experience skin numbness around your incision and hip stiffness. This is normal. At times, you may notice clicking. This is common and is due to the plastic and metal implant surfaces rubbing together. These symptoms will gradually improve over several weeks and months. The benefits of total hip replacement usually become fully evident six to eight months after surgery.



Recovery at Home

During the first few weeks at home, you will begin to adapt what you learned in the hospital to your own setting. Prior to surgery, you will need to prepare your home for recovery.

- You will need a firm chair with arms. Add two firm pillows to your chairs to provide proper height.
- Store items within easy reach. Take items you may need out of low cabinets or shelves prior to surgery because you will not be able to reach them after surgery.
- Prepare meals ahead of time and store in the freezer. Have your favorite home delivery numbers handy!

Stair Climbing

Your physical therapist will teach you how to properly go up and down stairs prior to being discharged home.

There are several important considerations to keep in mind when attempting to go up or down stairs following your total hip replacement:

- 1) You must have support on both sides. This support could be:
 - Two people assisting at each arm
 - One person assisting with a railing to use on the other side
 - A railing on one side and a crutch or cane in the other hand
 - Two crutches with someone standing behind you for safety
- 2) You take one step at a time, always stepping “up with the good” when going up steps, and “down with the bad” when going down.
- 3) As you go up or down stairs, it is very important that you go slowly, carefully, and that you concentrate on the movement. Whoever will be helping you at home should practice steps with you and your therapist before you go home.

Safety Checklist

- Reduce Clutter
- Remove loose wires & cords
- Rugs should be smooth & anchored to the floor
- Place non-skid tape or mats at the sink
- Use a night light in the bathroom
- Turn on lights when you get up at night
- Secure rugs and treads on the stairs

Summary for Managing Stairs (Up with the good, down with the bad)

One Total Hip Replacement

Upstairs:

1. The non-operated (**good**) leg goes first.
2. The operated (**bad**) leg goes second.
3. The walker, crutches, or cane go last.

Downstairs:

1. The walker, crutches, or cane go first.
2. The operated (**bad**) leg goes second.
3. The non-operated (**good**) leg goes last.

Bilateral Total Hip Replacements

Upstairs:

1. The stronger leg goes first.
2. The weaker leg goes second.
3. The walker, crutches, or cane go last.

Downstairs:

1. The walker, crutches, or cane go first.
2. The weaker leg goes second.
3. The stronger leg goes last.

Don't forget to move slowly and carefully and "lock" the knee before moving the other foot. Concentrate!

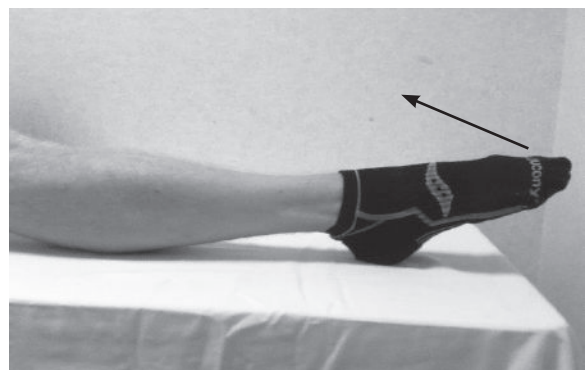
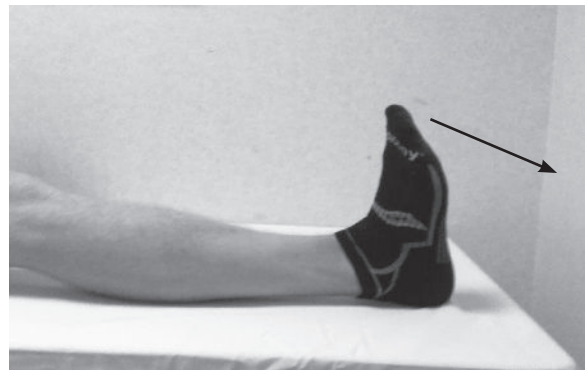
Physical Therapy Exercise Program

The following is a list of the exercises you should continue to do at home. Your physical therapist will instruct you in which exercises are appropriate for you. Here are a few things to remember about exercise:

- The number of repetitions and frequency of each exercise depends on your capabilities. As your strength and endurance improves, then number of repetitions and frequency should increase.
- It is normal to experience some stiffness and mild soreness in various muscles while you exercise as your body adapts to your new hip.
- The exercises should not increase your pain. If this occurs, hold off for a few days or speak to your physical therapist.
- At home, do your exercises based on your physical therapist's instructions.

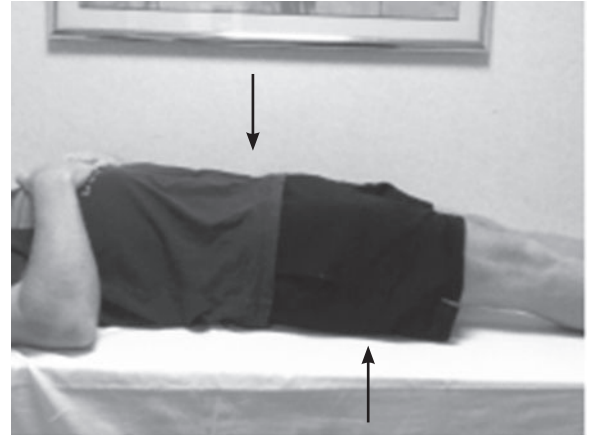
1) Ankle Pumps (for Circulation)

- Lie on your back and keep legs flat on the bed.
- Bring your feet upwards, "toes to your nose," moving them from the ankle
- Now point both feet downwards, like pressing on a gas pedal.
- Make sure to move the feet and ankles up and down through the full range of motion.
- Repeat **10** repetitions with **3-5** sets done daily



2) Gluteal Set (for Muscle Strengthening)

- Lying on your back with both legs straight—as flat as you can tolerate.
- Gently squeeze buttocks together so that your pelvis rises slightly and tighten your abdominal (belly) muscles.
- Hold for **3-5** seconds (do not hold your breath)
- Rest between each contraction.
- Repeat **10** repetitions with **3** sets done daily.



3) Short Arc Quadriceps Set (for Muscle Strengthening)



- Lie on your back and place a folded pillow under your operative leg.
- Extend your operated leg up by tightening your thigh and pulling your toes up. Try to lift foot off bed and fully straighten your operated leg.
- Lower foot back to the bed and relax.
- Repeat **10** repetitions with **3** sets done daily.

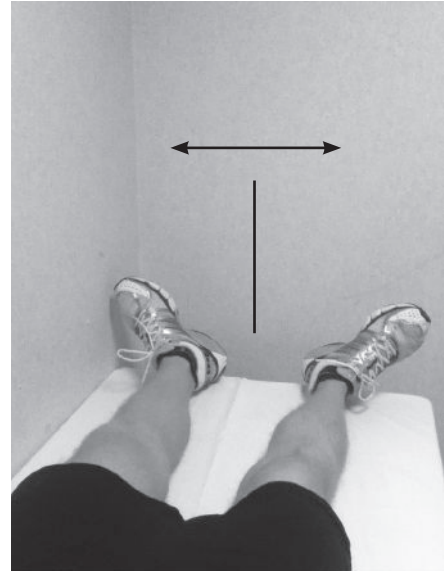


4) External Hip Rotation—To Neutral (for Muscle Strengthening/Motion)

NOT FOR DR. GUEVARA'S PATIENTS
(please see below for alternate exercise for Dr. Guevara's patients)

- Lie on your back with both legs straight.
- Use your hip muscles to rotate your hips and knees out to the side. You should be performing this exercise with both legs.
- Now, rotate both legs back to neutral, so that your knee and toes point up toward the ceiling.
- Repeat **10** repetitions with **3** sets done daily.

NOTE: Make sure you maintain your hip precautions with this exercise by not letting your legs roll inward.

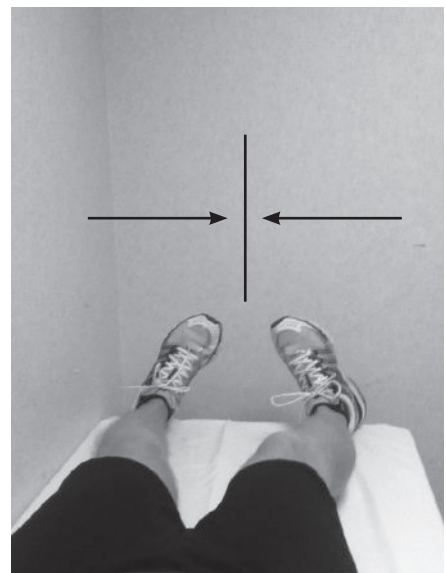


4A.) Internal Hip Rotation—To Neutral (for Muscle Strengthening/Motion)

ALTERNATE EXERCISE FOR DR. GUEVARA'S PATIENTS

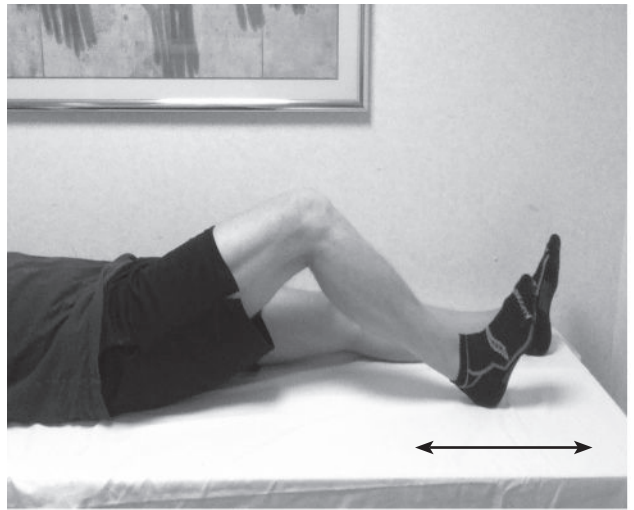
- Lie on your back with both legs straight.
- Use your hip muscles to rotate your legs inward toward each other. You should be performing this exercise with both legs.
- Now, rotate both legs back to neutral, so that your knee and toes point up toward the ceiling.
- Repeat **10** repetitions with **3** sets done daily.

NOTE: Make sure you maintain your hip precautions with this exercise by not letting your legs roll outward.



5) Gentle Hip Flexion / Heel Slides (for Mobility)

- Lie on your back with both legs extended.
- Slowly slide your heel toward your buttock. Bend the hip and knee of your operated leg to a 45° angle.
- Repeat **10** repetitions with **3** sets done daily.



Maintain your hip precautions by making sure the head of the bed is not elevated and that you do not bend the hip more than 45°.

NOTE: This is one of the harder exercises that you will perform. Do not be discouraged if you are unable to immediately bend your hip and knee all the way to a 45° angle. This exercise will become easier as you practice.

ADVANCED Home Exercise Program

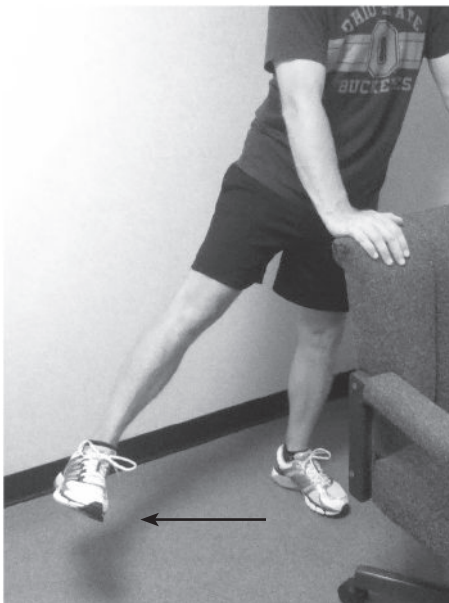
6) Standing Hip Extension (for Muscle Strengthening)

- Stand with trunk straight and hold on to a stable object that is approximately waist height (i.e. a counter or sturdy chair) for support.
- Tighten abdominal (belly) muscles.
- Extend operated leg backwards, moving from the hip and keeping leg straight at the knee.
- DO NOT bend forward—keep trunk straight.
- Repeat **10** repetitions with **3** sets done daily.



7) Standing Hip Abduction (for Muscle Strengthening)

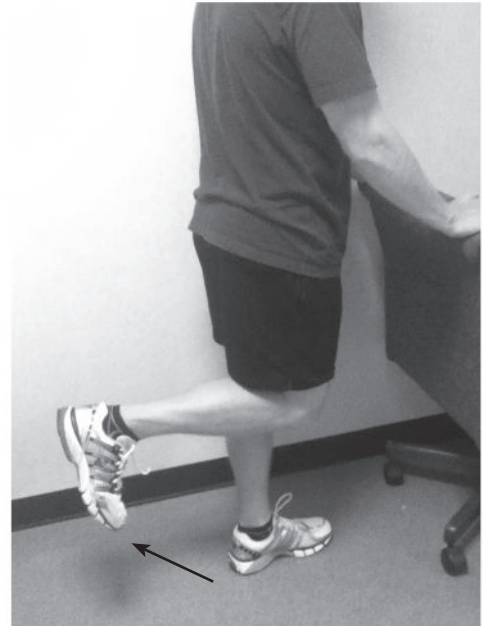
**** NOT FOR DR. GUEVARA'S PATIENTS ****



- Stand with trunk straight, hold on to a stable object that is approximately waist height (counter, sturdy chair) for support.
- Slowly raise leg out and away from the side of the body.
- DO NOT lean sideways—keep trunk straight.
- Repeat **10** repetitions with **3** sets done daily.

8) Standing Knee Flexion (for Muscle Strengthening)

- Stand with trunk straight, hold on to a stable object that is approximately waist height (counter, sturdy chair) for support.
- Slowly bend the knee of your operated leg.
- DO NOT let your hip or knee come forward. DO NOT lean forward.
- Hold for **3-5** seconds.
- Repeat **10** repetitions with **3** sets done daily.



Outpatient Physical Therapy

Some patients may require outpatient physical therapy. This may start immediately after discharge or after their need for home health services has ended, depending on your needs. We can make a referral for outpatient physical therapy at a physical therapy center in your community. To obtain services at these facilities, you will need a prescription from your surgeon, and in most cases, authorization from your insurance provider.

Remember, You Make the Difference!

It is extremely important that you understand that your motivation and your participation in your physical therapy program is a vital element in the speed and success of your long-range rehabilitation.

Using Ice Therapy During Rehabilitation

Ice therapy, the use of cold to treat your Total Hip Replacement, is an important element of your post-operative rehabilitation. Ice therapy can help decrease pain while reducing swelling and inflammation.

Swelling is common after hip surgery. It is important to minimize the harmful effects of swelling to enhance your recovery. If you advance your activity too quickly or “over do it,” your operated hip or leg may become more swollen. The more swelling you have in your leg/hip, the more pain you may have, the more difficult it may be to bend, straighten or even lift your leg and it may be more uncomfortable to weight bear. Monitor the swelling and evaluate your leg if this occurs. Also, you should continue to pump and move your ankles up and down while lying in bed. Please discuss with your surgeon or physical therapist if you have any specific concerns regarding post-operative swelling.

To reduce swelling, apply cold therapy to your hip frequently for the first two weeks for 10—15 minutes at a time. After two weeks, ice for 10—15 minutes after log walks, when soreness or pain is present, or after exercise.

Here are some suggestions that will help reduce swelling if it occurs:

- Lie in bed for 20 minutes periodically during the day.
- Move you ankles up and down (ankle pumps).
- Limit your sitting time to 45 minutes to an hour at any given time. Get up, walk around, and then return to sitting.

- Ice your hip—ice may be in the form of ice wrapped in bags or towels, commercial cold packs or cold compression cuffs.
- Use support hose/TED stockings if recommended by your surgeon.

Showering/Dressing

Most surgeons will not allow you to take a bath or shower until your staples or sutures are removed which is generally 7-10 days after your surgery. Some surgeons may require you to wait a longer period before you can shower or bathe. It is, however, okay to sponge bathe immediately after surgery and until you are allowed to begin showering or bathing in the tub. Your surgeon's office will give you specific instructions.

DO NOT stand up while getting dressed.

Showering in a Tub/Shower

Transferring in and out of the shower may be difficult initially after surgery. However, in both the short and long run, you should be concerned with safety as you enter and leave a tub/shower. You may want to equip your tub/shower with safety handrails and a non-slip surface to maximize your safety. Please arrange for this to be done before your surgery, if possible.

● Getting Into Your Bathtub or Shower

You should use a plastic chair or stool while bathing. Your 3-n-1 commode would work well in this situation.

If you have a bathtub / shower combination, you will need to:

1. Back up to the side of the bathtub
2. Reach back for stool and sit down
3. When seated, lift your legs into the bathtub
4. Turn your body to face the shower controls
5. To get out of the bathtub, reverse the process

● If you have a walk-in shower, you will need to

1. Back up so your heels touch the edge of the shower
2. Then proceed to reach back for the chair and sit down
3. Turn your body to face the controls
4. Reverse the process to get out of the shower

Your Occupational Therapist will show you how to safely get into the bathtub or shower.

Lower Body Dressing (Always dress from a seated position)

Socks

1. To put socks on, use your sock aid.
2. Place you sock over the device.
3. Using the straps, drop the device down just in front of your foot.
4. Insert your foot into the sock and pull up on the straps until the device comes completely out of the sock and the sock is on your foot. (Hint: you may want to sprinkle some powder in the sock aid to make it slide over your foot easier.)
5. To remove your socks, use your reacher or your shoehorn to pull the back of the sock over your heel.
6. Then use your reacher to pull the sock off over your toes.

Pants / Underwear

1. Use your reacher to start your underwear and/or pants over your operative leg first.
2. Pull clothing up to just above your knee and then grab it with your hand.
3. Use the reacher to repeat that process on your other leg.
4. Once both sides of your clothing are pulled up to your thighs, stand up and pull your clothing the rest of the way up.
5. Keep your walker in front of you at all times for balance.

Shoes

1. Place your shoe on the floor just in front of your foot.
2. Place your shoehorn in the back of your shoe and slide your foot straight-forward into the shoe.
3. Do not twist your operative leg side to side to force your foot into the shoe. (Hint: Looser shoes will be easier to get on and off. Your feet may be slightly swollen after surgery. Slip-on shoes, Velcro closures, or elastic shoe laces will allow you to be more independent in getting your shoes on and off without bending.)

Additional Discharge Instructions

- You may have physical therapy at home if it is prescribed by your surgeon. If so, the physical therapist will come to your home and will advance your exercises and walking program as tolerated.
- Gradually increase your walking distance daily. A daily walking program on levels surfaces is an essential component of your home exercise program. Avoid hills, steep ramps, and uneven surfaces.
- You can stop using your assistive device when you can walk relatively pain-free and without a limp, or when advised to do so by your physical therapist or surgeon.
- If you have protective weight-bearing status and were instructed by your surgeon to limit the amount of weight you can put through your operated leg, then you **MUST** use your assistive device until you are told you can resume full weight-bearing through your operated leg.
- Loosening of hip joint replacements can be a problem over the years. To help prevent loosening from excess stress on your hip joint:
 - Maintain your weight as close to normal as you can.
 - Avoid heavy lifting (objects that weigh more than 40 pounds)
 - Avoid falls
- Keep rooms well lit
- Keep objects out of traffic paths in your home
- Wipe up spills
- Watch out for pets that may run in your path
- Be careful in icy or other slippery conditions



Sexual Relations

Patients and their partners may have concerns about sexual relations after hip surgery. The following information may answer some question, but please feel free to ask your surgeon, physical therapist, or nurse if you have other concerns.

o **Will I be able to resume sexual relations now that my hip has been replaced?**

The vast majority of patients are able to resume safe and enjoyable sexual intercourse after hip replacement. Patients whose sexual function has been impaired by preoperative hip pain and stiffness usually welcome their new pain-free mobility. However, gaining full confidence with your new hip may take several weeks.

o **When can I resume sexual intercourse?**

In general, intercourse can be resumed safely approximately 4 to 6 weeks after surgery. Though individual recovery time varies greatly, this timeframe allows the incision and the muscles around the hip to heal.

o **What positions are safe during intercourse?**

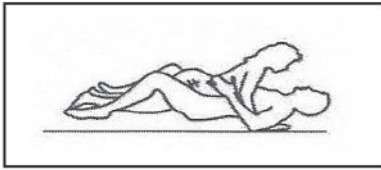
Total hip replacement precautions need to be observed during all daily activities, including sexual intercourse. You should avoid excessive hip flexion, adduction and internal rotation. Think about how the precautions relate to your traditional position(s) for intercourse, and then, whether you may need to vary your position(s).

o **What should I tell my partner?**

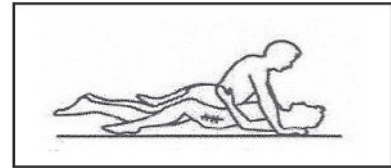
Good communication between you and your partner is essential because you may have to adopt new positions for intercourse. We suggest that you share this information with your partner. In addition, you can talk about the precautions related to hip movement as previously discussed.

Positions for Intercourse which DO Conform to THR Precautions

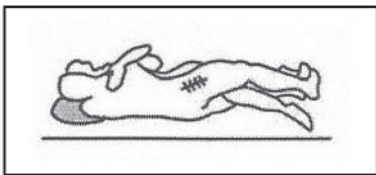
Pillows can be used under the knees, back, and side for comfort and support.



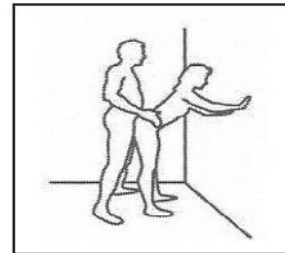
Patient on the top: partner on the bottom



Patient on the bottom: partner on the top



Patient lying on side with operated leg on top.



Standing position for both the patient and partner.

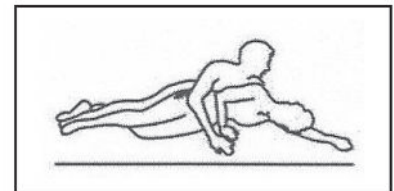
Positions for Intercourse to be AVOIDED following THR



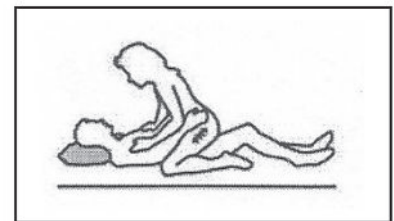
Too much hip rotation



Too much hip abduction



Too much hip flexion



Too much hip flexion

Obviously, there are other safe and unsafe positions and methods of obtaining sexual satisfaction. Please think them through. You may need to try new positions to help protect your new hip(s) for **4 to 6 weeks**.

Conclusion

The administration, physicians, and staff of FirstHealth of the Carolinas hope that you find this booklet helpful on your journey to recovery. The process of a total hip replacement is indeed a journey; its endpoint—improved health and mobility—is well worth the effort.

We stand ready to assist you every step of the way. If you have any questions, please feel free to ask any member of our staff. Your well-being is our first concern. We encourage you seek out additional information that is located on the FirstHealth website at www.firsthealth.org.

There will be many opportunities to review the material provided in this booklet. During each encounter, staff members will be reinforcing the information and will likely provide additional and more specific instructions. In addition, our staff will review the information during the pre-operative education class and will respond to any questions that you may have.

Providing Feedback to FirstHealth of the Carolinas

FirstHealth's Orthopaedic and Joint Replacement Department has achieved a reputation for excellence in patient care. We arrived at this position through excellence in individual performance and teamwork.

Feedback from our patients has been a critical component in achieving this excellence. We listen. And we respond...especially when we learn of new opportunities for further improvement.

But another important part of achieving excellence is to know when things go right! Knowing when our staff members—any one, or all—have performed to your satisfaction.

When you have a moment to reflect, we would appreciate your feedback. You can, of course, send a letter or note to any FirstHealth staff person or to your doctor. You already know your doctor's address. He appreciates hearing from you.

To address a specific hospital staff person, you can write to that person at the hospital's address below (please include the name and department—Outpatient, Discharge Planning, Orthopaedic Post-Op, Operating Room, etc.). Or, you can contact us through the Hospital's website (www.firsthealth.org). Otherwise, please feel free to address your feedback to:

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Thank you for choosing FirstHealth for your healthcare and surgical needs.



Working Together, First in Quality, First in Health