

Your
pathway
to hip
replacement
recovery



SSMHealth.

Orthopedics

Welcome

Welcome to the Joint Replacement Center (JRC) at SSM Health DePaul Hospital and a first-class experience in patient care.

The JRC is the first hospital unit in the St. Louis region to achieve **Advanced Certification in Total Hip and Total Knee Replacement**, a national designation awarded by The Joint Commission. We take pride that the JRC consistently receives the highest rankings from referring physicians, insurance companies, our patients and their families. We thank you for choosing us!

The JRC opened in 2007 and was the first specialized orthopedic unit in Missouri to earn Gold Seal certification from The Joint Commission in 2009. In May 2022 the advanced designation was awarded after a rigorous national review. The JRC exceeds national standards for clinical outcomes and patient satisfaction in joint replacement care, so you can expect first-class treatment from our staff throughout your journey.

The specialty surgeons, nurses, therapists, and support staff provide care in a comfortable and relaxed environment, for you and your family, to speed your recovery and rehabilitation. Our goal is to prepare you to go home where you can return to a healthy, active, and pain-free lifestyle as quickly as possible.

This book provides an overview of your total joint replacement experience. We look forward to working with you.

Our Mission

Through our exceptional health care services, we reveal the healing presence of God.



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Contact numbers

Surgeon's office

314-291-7900

Nurses' station

1 West

314-344-6080

Nurse manager

314-344-7743

Clinical nutrition

314-344-7833

Case management

314-447-5526

Insurance | Billing | Information

1-855-989-6789

Monday - Friday

8 am - 5 pm

Surgery Evaluation Center (SEC)

314-768-2500 (centralized scheduling)

Please call centralized scheduling to plan your pre-surgical testing appointment. Appointments are scheduled

Monday - Friday, 7:30 am - 3 pm

The SEC is in the South Medical Building at SSM Health DePaul Hospital, Suite 200. The SEC is the office for **medical evaluation and preoperative testing**.

314-344-7043 (nurse line voicemail)

Day of surgery check-in

On the day of surgery, go to the **Outpatient Surgery Waiting Room** on the second floor of the South Medical Building, Parking Lot 2.

If you have any problems on the day of surgery, please call the ambulatory surgery desk at 314-344-6062.

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Important information/instructions:

You must complete PRO questionnaires before joint replacement surgery.

If you are age 65 years or older, you are required to answer **Patient Reported Outcomes (PRO)** questions in MyChart® before your joint replacement surgery. All questions must be answered before surgery.

How to access the questionnaires from SSM Health MyChart.

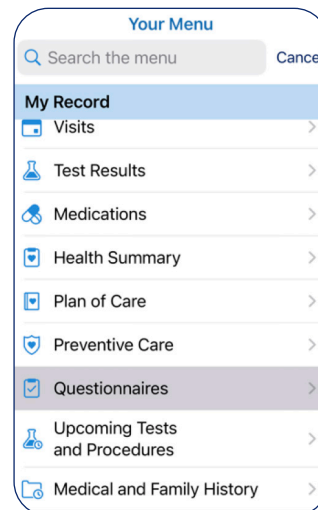
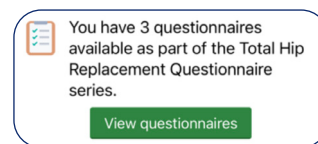
If you already have an **SSM Health MyChart account**, scan this QR code or visit ssmhealth.com/mychart and select **ACCESS YOUR MYCHART** with your username and password.



If you do not have an **SSM Health MyChart account**, scan this QR code or visit ssmhealth.com/mychart and select **ENROLL IN MYCHART** to register for an account. *(A child or caregiver can help.)*



1. Once you are within 90 days of your scheduled surgery, or you have received notification from MyChart, log in to your **SSM Health MyChart** account with your username and password, using the link or QR code provided above.
2. On the **Welcome/home screen**, locate the link to the questionnaires on your list of notifications or click on the Menu icon at the top and select **Questionnaires**.
3. You are assigned questions in multiple short questionnaires. Each questionnaire must be completed.

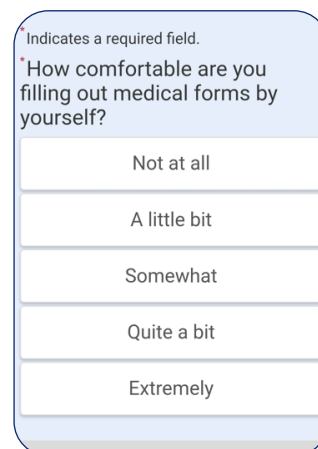


Answering the PRO questions

Answer all questions. There are no right or wrong answers. Your surgeon will use this information to monitor your progress after surgery. If you are unsure, select the answer that seems right for today.

One year after surgery

Approximately one year after your surgery, you will receive a notification in MyChart to answer seven additional questions about how your joint replacement limb currently feels. Medicare requires this additional survey to be completed by all patients ages 65 years and older.



About your surgery

Read this book to help you prepare for your surgery. Research has shown that patients who are educated about their surgery have better results. Please bring this book to the hospital on the day of your surgery.

Basic anatomy of the hip

A joint is where two bones come together. The hip is a ball and socket joint where the thigh bone (femur) and the pelvic bone meet. A healthy hip has smooth cartilage covering the ends of the thigh and pelvic bones. The cartilage allows the two bones to glide smoothly when you move your hip. Your hip also has muscles and ligaments to stabilize the joint and support your weight.

Cartilage can wear over time from arthritis or injury. This causes the ends of the bones to rub against each other and leads to pain, stiffness, limited movement, and a decrease in normal activities of daily living.

Hip replacement

Total hip replacement surgery is a highly successful operation. Your surgeon removes cartilage and some bone damaged by arthritis or injury and resurfaces the thigh and pelvic bones with metal and plastic components.

The primary purpose for hip replacement surgery is to decrease pain and increase movement of the hip joint which helps you return to normal activities of daily life.

Your new hip

Artificial hip parts are made of metal (titanium, cobalt chrome) and plastic (polyethylene). The metal parts are attached to the bone and the plastic parts replace your worn cartilage.

After surgery

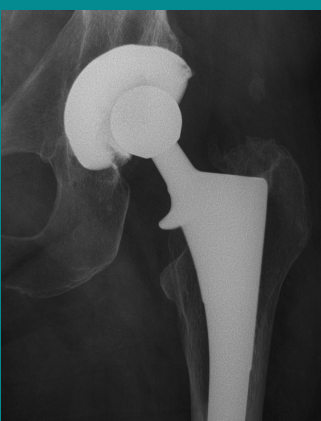
You will be admitted to the hospital on the day of your surgery. The surgical procedure will take approximately one to two hours. Most patients will stay one night on an orthopedic surgical unit and will go home the day after surgery. Your postoperative plan will include physical therapy training.



Normal hip



Arthritic hip



Hip replacement

Therapy

Activity and exercise strengthen the muscles supporting the hip and maintain hip motion. The therapy team will give you instructions about walking with the walker; transferring from bed, chair, and toilet; personal hygiene; and specific exercises to strengthen the muscles supporting your hip joint.

Complications

When considering total hip replacement surgery, you should be aware of potential complications associated with the procedure and the precautions that are taken to prevent them.

Infection

- Although risk of infection is low, it can be a major complication of surgery.
- Some activities to help prevent infection may include: pre-surgical blood screenings, antibacterial soap showers, frequent hand washing by patients, staff, and visitors, following infection prevention instructions after discharge from the hospital, and proper nutritional intake.
- Contact your surgeon if you develop a fever, flu/cold-like symptoms, or any open sores on your skin before the day of your surgery.

Blood clots

- Development of blood clots, called deep vein thrombosis (DVT), is another complication, but this risk is low when precautions are taken.
- Precautions may include the use of medications (anticoagulants) to thin the blood, mechanical devices to help circulate blood in your legs, ankle pump exercises, and physical therapy.
- Regular activity and frequent movement is the best prevention of blood clot formation.



Dislocation

You will be instructed about precautions to decrease the risk of hip dislocation while moving in bed, dressing, bathing, and using the toilet. These precautions need to be followed for up to 12 weeks after your surgery, or as directed by your surgeon.

Other complications

- Thigh numbness may occur after surgery, but generally resolves within a few weeks to months.
- Nerve or vessel damage can occur, but these complications are extremely rare.
- You may notice a difference in your leg length after surgery. This complication usually resolves during healing, but if not, a small shoe lift may be used.
- Blood loss during surgery is another complication, but less than 1% of patients require a blood transfusion after joint replacement surgery.

A successful recovery requires your active participation in therapy and following all instructions from your care team before and after your surgery.

Preparing for surgery

Your surgeon looks at your overall health before scheduling joint replacement surgery. If you have any condition that will increase your risk of complications after surgery, your surgeon may recommend seeing a specialist for clearance.

Health and lifestyle changes before your surgery

Uncontrolled diabetes

If you have been diagnosed with diabetes (or you have been told you are pre-diabetic or borderline diabetic but are not on medication or under medical supervision), your risk of complications increases during and after surgery. Your surgeon may require medical clearance by your physician. It is important to maintain blood sugar levels for at least 2 weeks before surgery and for 4 weeks after surgery to promote optimal healing. If you need assistance with diabetic meal planning, ask your physician for a referral to an outpatient dietitian near you.

Smoking

If you use tobacco products, now is the ideal time to stop. Research studies suggest that people who stop smoking at least 4 weeks before surgery have a faster recovery time and heal with fewer complications. Nicotine slows healing and increases chance of infection. Your surgeon may delay your surgery if you use nicotine. Resources are available to help you with a smoking cessation plan. Please talk with your surgeon or nurse, or call the free coaching hotline at 1-800-QUIT-NOW.

Long-term use of opioid pain medications

If you have been using narcotic (opioid) pain medication for your joint pain or other chronic pain condition, talk with your prescribing provider about seeing a pain management physician to reducing opioid use before surgery. Pain control is one of our top priorities, but people who use opioids for pain before surgery have more difficulty managing post-surgical pain.

It is ideal to reduce gradually the amount of opioid medication you currently take before your surgery.

Nutrition for surgery recovery

Good nutrition is important before and after surgery to support your body's response to surgery and recovery, to maintain lean muscle and strength, and to reduce the risk of complications and hospital readmission. Starting now and for 4 weeks after surgery, eat 5-6 small meals with protein in each meal (unless your doctor restricts high protein).

We recommend a high-protein, anti-inflammatory diet to optimize recovery. Refer to the Nutrition Guidelines for Surgery Recovery sheet. Some suggestions include:

- Eat fruits and vegetables.
- Snack on nuts every day.
- Choose lean proteins such as fish, poultry, and beans more often than red meat.
- Choose heart-healthy fats such as olive oil, canola oil, or avocado oil.
- Use herbs and spices instead of salt.
- Switch to whole grains rather than foods with refined (white) flour.

If you are unable to eat food for a meal, drink a nutritional supplement.

Nutritional supplements

- When you don't feel well, which may happen before or after surgery, it can be difficult to get all the nutrients you need from food.
- Nutritional supplements can provide the protein, vitamins, and minerals you need to prepare for surgery, and to help your body recover after surgery.
- You may wish to try over-the-counter products such as Premier Protein®, Ensure®, Boost®, Carnation Breakfast Essentials®, or store-brand versions at a reduced cost.
- Nutritional supplements also may be offered during your hospital stay to help with recovery. If you have questions, please call the clinical nutrition department listed on the table of contents page in the front pocket of this book. If you are on a special diet, check with your primary care physician before making any dietary changes.

Dental work

- If you haven't seen a dentist in the past 6 months, we recommend a dental cleaning and checkup. Minor dental work and routine cleaning should be completed at least 1 month before your joint replacement surgery.
- If you need MAJOR dental work, including treatment for an infected or abscessed tooth, please discuss this with your surgeon. We request this work be completed at least 1 month before your surgery to minimize risk of infection after surgery.
- We recommend that you avoid routine dental work for at least 3 months after your joint replacement. After your surgery is complete, please check with your surgeon about taking antibiotics before going to the dentist.

Joint replacement education class

Your surgeon requires that you watch a 30-minute patient education class to help you prepare for your surgery. Using your phone camera or tablet camera, scan the QR code below to watch a 30-minute patient education video. We strongly encourage your **PAL** (your **Personal Arthroplasty Liaison** who is a responsible adult family member or friend) to view this class also. Your PAL(s) should be willing and able to:

- Drive you home after surgery when you are discharged from the hospital.
- Stay with you at your home for at least 24-48 hours, or their home if needed, after discharge from the hospital.
- Help you with meals, errands, and transportation for the first few weeks you are home after surgery.
- Drive you to any therapy appointments and to your first clinic appointment after surgery.
- Be a contact for you, if needed, during the first 90 days after discharge from the hospital.

You may view the class multiple times.



Pre-surgical exercises

Strong leg muscles are key to a successful recovery. Exercises are performed to help prepare your leg muscles for the surgery.

Beginning now, please do the exercises as shown in the preoperative class video. Do these five exercises one to two times each day, 10 repetitions each, as tolerated, until your surgery.

Pre-surgical evaluation at the Surgical Evaluation Center (SEC)

When you are scheduled for joint replacement surgery, please call the SEC to make an appointment at least 4 weeks before surgery. All patients are required to see the nurse practitioner in the optimization clinic before their surgery.

Call centralized scheduling, 314-768-2500. Appointments are available each week Monday – Friday, 7:30 am – 3 pm. This appointment takes about 90 minutes.

The SEC is SSM Health DePaul Hospital's pre-surgery department for evaluation, health history, testing, and education. The office is located in Suite 200 on the second floor of the South Medical Building (turn right as you exit the elevator). Park in Lot 1 or 2.

What to bring

- Driver's license and insurance card
- Medications — your hospital record should include a current and complete list. For safety and accuracy, please bring all your current prescription and nonprescription medications in original containers, including herbal medications, prescription eye drops, and inhalers to your appointment. A nurse will review your medications during your visit and return them to you.
- A copy of all testing results if you had bloodwork, EKG, echocardiogram (echo) and/or stress test performed by a doctor outside of the SSM Health Medical Group within the past 6 months.
- A copy of your living will or advance directive, if you have one.
- Brand information if you have an implanted defibrillator or pacemaker.

Medications

All blood-thinning medications need to be discontinued before surgery including, but not limited to: Coumadin® (warfarin), Plavix® (clopidogrel), Pradaxa® (dabigatran), Eliquis® (apixaban), Savaysa® (edoxaban), Xarelto® (rivaroxaban), Effient® (prasugrel), and Brilinta® (ticagrelor).

If you currently take a blood-thinning medication, please call the physician who ordered the medication for specific instructions about how to safely stop it before your surgery.

Aspirin or aspirin-containing products such as Excedrin® should be stopped 7 days before your surgery. If a doctor prescribed the aspirin, please call that doctor for specific instructions about stopping it before surgery.

Your prescribing physician does not need to be contacted, but the following medications also thin your blood and should be stopped **7 days** before surgery:

- Prescription anti-inflammatory drugs such as Clinoril® (sulindac), Feldene® (piroxicam), Mobic® (meloxicam), Naprosyn® (naproxen), Arthrotec® (diclofenac sodium), or rheumatoid arthritis medications such as Trexall® (methotrexate)
- All non-prescription anti-inflammatory drugs such as Advil®, Aleve®, ibuprofen, or naproxen
- Glucosamine and chondroitin sulfate
- All herbal medications such as fish oil, flaxseed oil, primrose oil, ginkgo, echinacea, or St. John's wort
- Vitamin E capsules
- Weight-loss medications
- It is safe to continue Celebrex® (celecoxib) unless your surgeon instructs you to stop this medication.

Tylenol

- You may take Tylenol® (acetaminophen) medications for pain or headache any time before surgery, as long as you are not allergic or sensitive to Tylenol®.
- Your surgeon recommends you take 1000 mg Tylenol® 3 times daily for 3 days before surgery, which has been reported to help with pain control after surgery. Do not exceed 4000 mg/day.
- Do NOT take Tylenol® if you have history of liver disease, allergy, or instructions from your provider to avoid it.

Other medications

Unless otherwise instructed, all of your other prescription medications should not be stopped and should be taken as prescribed until midnight, the night before surgery.

If you have diabetes, please talk to the nurse at the pre-surgical testing department about how to take your diabetic medication leading up to your surgery.

You will need to bring your inhaler and prescription eyedrops to the hospital on the day of your surgery. Unless instructed, **do not bring any other medications with you to the hospital.** Your doctor will order appropriate home medications to be given to you after surgery.

Avoiding and relieving constipation

Many factors contribute to constipation, including a sedentary lifestyle, use of pain medication, and poor nutrition. Physical activity, hydration, and a diet high in fruits and vegetables that naturally contain fiber and a high water content will assist bowel health.

Pain medications that cause constipation include Norco® (hydrocodone with Tylenol®), Percocet® (oxycodone with Tylenol®), Oxy-IR® or OxyContin® (oxycodone), Tylenol® with codeine, Ultram® (tramadol), and Ultracet® (tramadol with Tylenol®).

Signs of constipation

- Bowel movements are less often than normal.
- Stools are small, dry, and hard to pass.
- Prolonged constipation can cause stomach pain, nausea, or vomiting, and feelings of confusion. Call your doctor if any of these symptoms occur.



Suggestions to relieve constipation

- Drink at least 8 glasses of water every day (unless your fluid intake is restricted by your doctor).
- When you feel the urge to use the bathroom, don't hold it.
- Avoid using bulk laxatives (Metamucil®, psyllium).
- Do not eat foods with high fat or sugar content.
- Eat foods to get 25-30 grams of fiber every day (e.g. black beans, All-Bran® cereal, peas, bananas).

The following medications are recommended to prevent constipation while taking opioid medications:

- Take a stimulant laxative twice daily (Senna S®, dulcolax tablets, milk of magnesia, or cascara with or without Colace®). If diarrhea develops, take only at bedtime.
- Use Miralax® daily at bedtime. If diarrhea develops, use every other day.
- If the above treatments are unsuccessful, try an over-the-counter rectal intervention (first, a glycerin suppository; if unsuccessful, an enema).

To help avoid problems after surgery, make sure you are not constipated when you arrive for surgery.

Living will / advance directive

- A hospital staff member will talk to you about advance medical directives, which are decisions you make about life-support treatments.
- These directives include:
 - **Living will** (your wishes regarding withdrawal of life support if you are not able to communicate).

- **Do not resuscitate** order (DNR)
- **Durable power of attorney** for health care (allows you to appoint someone to make health care decisions for you if you are unable to make these decisions).
- If you have a living will or advance directive, please bring a copy to the hospital on the day of your pre-surgical testing appointment or on the day of your surgery.

Equipment

Your hospital and therapy staff will make arrangements for any equipment needed for your care at home. A two-wheeled walker is normally the walking aid needed after surgery. If you do not have a walker at home, one will be ordered for you before discharge. If you have a walker, or you are borrowing one and you are unsure if the walker is fitted for you, have your PAL bring it to your room before you are discharged from the hospital.

An occupational therapy staff member also may evaluate and instruct you about any necessary adaptive equipment to help you with bathing and dressing.



Preparations for going home

Before you leave the hospital, the physical therapists will help to make sure you are ready and able to take care of yourself.

You will be able to go up and down a few steps, go to and from the bathroom, and move around your house using a walker.

Most patients are ready to be discharged directly home from the hospital and do not require going to a rehabilitation or skilled nursing unit. If you live alone, it is best to make arrangements to have family members and/or friends help you with meals, laundry, errands, etc., for at least a few days after you are home. A home care staff member, such as a physical therapist and/or nurse, may come to your home within the first few days after your discharge from the hospital.

The best and safest place to recover is in your home. More than 90% of patients are ready to be discharged to home after surgery. A small number of patients may require a short stay at a rehabilitation unit or skilled nursing facility after discharge. Your physician and care team will discuss your discharge plan and make any necessary arrangements. This cannot be arranged before surgery and insurance benefits do not automatically guarantee coverage at these facilities.

Avoid a fall with these precautions

Prepare your home **before surgery** to avoid hazards that could cause a fall after surgery.

- Clear walkways, remove throw rugs and floor clutter, fasten down loose carpet or flooring, move electrical and phone cords, and make sure a walker can fit into the space around your bed and chair and into your bathroom.
- Make sure lighting is bright at the entrance and in your home where you will be walking, and that light switches are accessible at room entrances and at

the top and bottom of stairs. Replace any dim or missing light bulbs in overhead lights or lamps, install night lights, and place a flashlight near your bed and chair for emergency.

- Check that handrails are sturdy along stairs, and that steps and door thresholds are marked and visible.
- Ensure that your bed height allows your feet to touch the floor as you sit on the side of the bed. Raise or lower bed height for ease of getting into bed and standing up from the bed.
- If your toilet seat is low, obtain an elevated toilet seat and make sure toilet paper is within your reach. For safety at nighttime, you may consider using a bedside commode.
- Use a sturdy shower chair placed on top of a rubber mat in your tub/shower. If you have grab bars, make sure they are secure. Use a nonskid rug on the bathroom floor.
- Move all necessary items you will use to an area between waist and shoulder height so you won't need to bend over, especially in the kitchen and bathroom.
- Prepare frozen meals or buy pre-cooked meals to eat after you return home. Refer to the anti-inflammatory diet and Nutrition Guidelines for Surgery Recovery sheet given during your optimization clinic visit and summarized on page 3.
- Get a walker basket or a bag to carry items while using the walker.
- Make sure you have a chair to sit in that does not rock, swivel, or roll. If a seat or couch is too low or has a soft cushion, place a firm cushion on top to raise the seat height.
- Obtain a life alert device, if needed. Use a cordless or cell phone and have a list of emergency numbers available.

Skin preparation before surgery

- **Do not** shave skin near the surgical site for 5 days before surgery.
- **Do not** shave any area of your body the day before and the day of surgery.
- Change your bed linens the night before surgery and wear clean clothing to bed.

Pre-surgery bathing instructions

A bottle of chlorhexidine antibacterial soap will be given to you at your pre-surgical testing appointment. This soap helps to decrease bacteria on your skin. If you are allergic to chlorhexidine, use liquid Dial® antibacterial soap.

Shower with chlorhexidine antibacterial soap **the night before and the morning of your surgery** before you come to the hospital:

Please follow these bathing instructions exactly as written.

- Wash your hair, face, and body as usual with your normal shampoo and soap.
- Rinse your hair and body thoroughly to remove all soap.
- Turn off the shower.
- Apply chlorhexidine soap with a clean, wet washcloth to your entire body, **only from your neck down.**
- Do not use this soap on your face near your eyes or ears, or on your genital area to avoid injury.
- Wash your body thoroughly, **but very gently, for 5 minutes**, paying special attention to your hip.
- Do not wash with your regular soap after the chlorhexidine soap is used.
- Turn the water back on and rinse your body thoroughly.
- Pat your body dry with a clean, soft towel before dressing in clean clothing.
- Do not use lotions, creams, or powders.

DO NOT eat anything after midnight the night before surgery.

If you are instructed to take any medications the morning of your surgery, please swallow these with a clear liquid.

Clear liquids list

Studies have shown that drinking clear liquids before you leave home for surgery can help your recovery after surgery. To reduce the risk of postoperative nausea, vomiting, and constipation, we strongly encourage you to drink a low-sugar sports hydration drink (at least 20 oz). In addition to a sports hydration drink, you may drink other clear liquids in the list below. You may consume these clear liquids until 2 hours before you arrive at the hospital.

Approved clear liquids include:

- Any liquid you can see through
- Gatorade or G2
- Water or noncarbonated flavored water
- Tea, unsweetened hot or iced
- Black coffee, unsweetened

Liquids NOT allowed include:

- Liquids you cannot see through
- **No** milk, cream, creamers, or sugar in coffee
- **No** milk or milk products (no soy or almond milk)
- **No** orange, grapefruit, or tomato juice
- **No** carbonated beverages
- **No** alcoholic beverages

Checklist

What to bring to the hospital

- ❑ **Driver's license and medical insurance card**

You will need to bring your driver's license for identification and your insurance cards to the hospital to register for your hospital admission.
- ❑ **Clothing**

Please bring a change of loose fitting shorts or slacks, socks, and under clothes. Tennis shoes or an all-enclosed shoe are needed for therapy. You may also bring pajamas or a nightgown.
- ❑ **Miscellaneous items**

Place your personal items in a bag or suitcase. You may bring personal hygiene items such as deodorant, makeup, toothbrush, shaving kit, dentures, hearing aids, and glasses/contact lenses. Hearing aids, dentures, and contact lenses will be removed before you go to surgery. The suitcase can be brought to you after you are out of the recovery room and admitted to a hospital room.
- ❑ **CPAP/BiPAP machine**

If you use a CPAP or BiPAP machine at home, please have your PAL or a family member bring your machine into the hospital along with your suitcase.
- ❑ **Copayment for medications at the time of discharge from the hospital**

Medication delivery service may be available at the time of discharge. If you wish to use this service, please have your PAL or a family member bring your insurance copayment for medications before you are discharged from the hospital.

- ❑ **Medications**

Please bring prescription eye drops and inhalers to the hospital on the day of your surgery.
- ❑ **Education booklet**

Please bring this education booklet to the hospital. Your nurses and therapists will use it to review information with you after your surgery.

What not to bring to the hospital

- ❑ **No wallet or money except co-payment**

Please do **not** bring a wallet, money, or any other valuables with the exception of necessary copayments for your hospital stay or medications from pharmacy.
- ❑ **No jewelry**

Please remove all jewelry including wedding bands and earrings or any other piercings and leave them at home.
- ❑ **No walker**

If you have a walker at home, do not bring it to the hospital at the time of surgery. One will be available for you to use during your hospital stay. If you wish to make sure the walker at home is properly fitted for you, have your PAL bring it to the hospital on the day you are discharged to home.

Day of surgery

Check in day of surgery

Please arrive at the hospital at least 2 hours before your scheduled surgery time. The directions to the surgical department are located on the table of contents page on the inside pocket of your booklet.

Preparation

If you wear contact lenses, dentures, or hearing aids, you will be asked to remove them before surgery.

If you wear nail polish, it may be removed when you arrive for surgery.

Anesthesia

A staff member from the anesthesia department will review your medical history and recommend the best anesthesia type for you at your pre-surgical testing appointment, or on the day of your surgery. The types of anesthesia for total joint replacement surgery are spinal, regional, and general anesthesia.

Spinal anesthesia is a single injection into your lower back that administers a small amount of local anesthetic medication to provide temporary loss of motion, pain, and sensation to the lower part of your body during surgery. You will be asleep with medications given through your intravenous (IV) site.

General anesthesia is medication administered through your IV site. After you are asleep, a tube will be placed into your throat to assist with your breathing during surgery. The tube will be removed before you wake up. Your throat may be slightly sore, and you may experience a hoarse voice for a brief time after surgery.



Regional anesthesia (nerve block) provides temporary loss of motion, pain, and sensation during surgery, and may be used with spinal anesthesia or general anesthesia to help with pain control postoperatively. A nerve block is a local anesthetic injected around the joint and lasts about 12-24 hours. After surgery, care should be taken to avoid injury to the numb extremity.

Procedure

- Surgery usually takes 1-2 hours. Your surgeon will talk to your PAL or family members after the procedure.
- After surgery is completed, you will be taken to the Post Anesthesia Care Unit (PACU) to monitor blood pressure and pain, and then you may be moved to a hospital room.
- You may experience blurred vision, dry mouth, chills, or nausea when you wake up from anesthesia. You may also have a sore throat if a breathing tube was placed in your throat.
- Your PAL may visit with you once you are moved to a hospital room. Please check the hospital visitor policy for visiting hours and any restrictions.

After surgery

Pain medication and pain control

- If you use narcotic (opioid) medication for pain control before surgery, your pain will be more difficult to control after surgery. Please discuss this with your surgeon.
- During your hospital stay, your nurse will ask you to describe your pain on a scale of 0-10 using a diagram. Your nurse will explain in detail the different levels of pain and encourage you to speak honestly about your level of comfort.
- Our goal is to keep your pain at a tolerable level, but you should expect some degree of pain after surgery.
- After surgery your nervous system is more sensitive to pain. Relaxation techniques, cold therapy, and medication reduce this sensitivity.
- Relaxation techniques such as deep breathing and listening to music will help to calm your nervous system and reduce sensitivity to pain.
- Cold therapy is highly effective to reduce pain and swelling after surgery and activity. Use cold therapy at least 20 minutes every hour while you are awake for the first two weeks after surgery.
- Other ways to reduce pain include repositioning and movement such as walking. If you feel anxious or worried, your sensitivity to pain will increase. Talk to your PAL or a member of your care team to assist you.
- The amount and intensity of pain that you feel may be different from another person.

- Pain medication is best taken before your pain becomes too severe.
- Ask for medicine when your pain is present and before it gets severe or out of control.
- Different types of medication are given based upon the degree of pain.
- Please tell your nurse if your pain medication is not providing enough relief, or if you don't like the way it makes you feel.
- Opioid medications may cause itching, nausea, and confusion. We will try to minimize these normal side effects.

Precautions

- Your hospital therapist will provide instructions about hip precautions from your surgeon specific to your hip replacement surgery.
- Our goal is for you to get out of bed, sit up in a chair, and walk with assistance from a nurse or physical therapist on the day of surgery.
- For your safety, and to prevent falls, do not try to get out of bed or chair by yourself without assistance from a nurse or a physical therapist.

Constipation

- Pain medications and lack of activity may cause constipation after surgery. You will be given medication to help with constipation as needed.
- Drink plenty of fluids and choose foods high in fiber, such as fruits and vegetables, during your recovery. Refer to the recommendations on page 7.

Resting

- Difficulty sleeping is normal and common after hip replacement. It may be a side effect of pain medication. You may take Benadryl® or Tylenol® PM (if tolerated) to help with sleeping.
- You may sleep on your nonoperative side as long as you don't feel pressure on your incision.
- Your therapy staff will instruct you on how to position yourself on your side. Proper positioning will protect your hip while you sleep while also maintaining hip precautions.

Home medications during your hospital stay

- Your physician will order appropriate medications for you during your stay, and these will be obtained through the hospital pharmacy department.
- Sometimes not all of your home medications are given to you during your hospital stay.
- Some of your medications may not look like the medications you take at home, due to different supply companies.
- Please ask your nurse if you have any questions about your medication.

Breathing exercises with an incentive spirometer

- Your doctor will order breathing exercises with the incentive spirometer for you after surgery.
- Bed rest, drowsiness, anesthesia, and pain can make it more difficult for you to take normal deep breaths.
- It is important for you to breathe deeply to help keep your lungs clear and avoid complications such as pneumonia.



Therapy

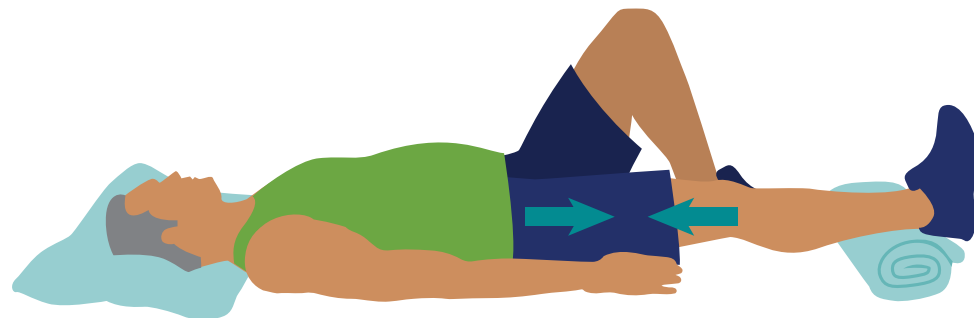
Post-operative exercises

Strong leg muscles are key to a successful recovery. The following exercises are performed to strengthen your leg muscles and improve range of motion after surgery. Your positive attitude and dedication to these exercises will enable you to regain a more active lifestyle in a shorter period of time. Please do these exercises 2 times every day, up to 20 repetitions each. Therapists will review your exercises with you and may make changes according to your surgeon's preference.

1. **Ankle pumps** - Bend your ankles up and down, alternating your feet.



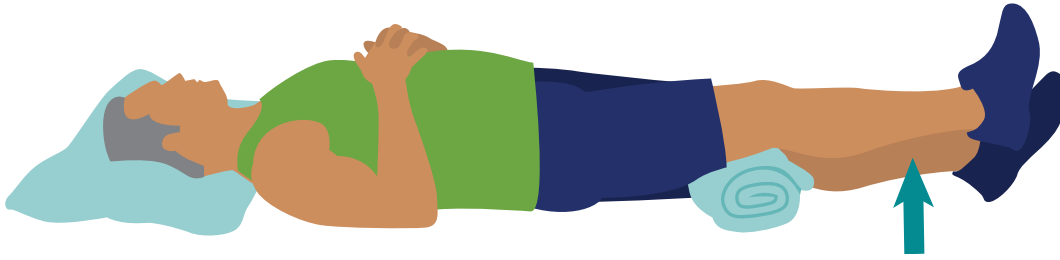
2. **Quad sets** - Lie with a pillow under the heel of your affected knee. Tighten the muscles on the top of your leg while trying to push your knee toward the floor. Hold for 5 seconds, then relax your muscles.



3. **Heel slides** - While lying flat, bend your affected leg and pull your heel toward your buttocks. Lower your leg slowly to the extended position, sliding your heel along the bed.



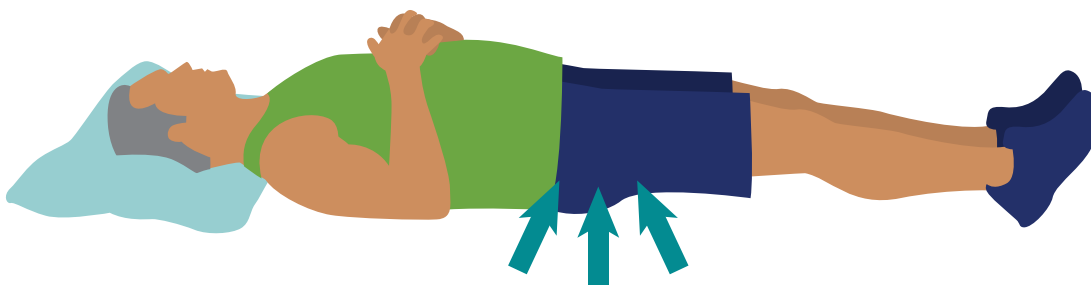
4. **Short arc quads** - While lying on your back with a rolled towel (about 6 inches wide) under your affected leg, slowly straighten your knee to a fully extended position. Hold this position for 5 seconds, then relax your muscles.



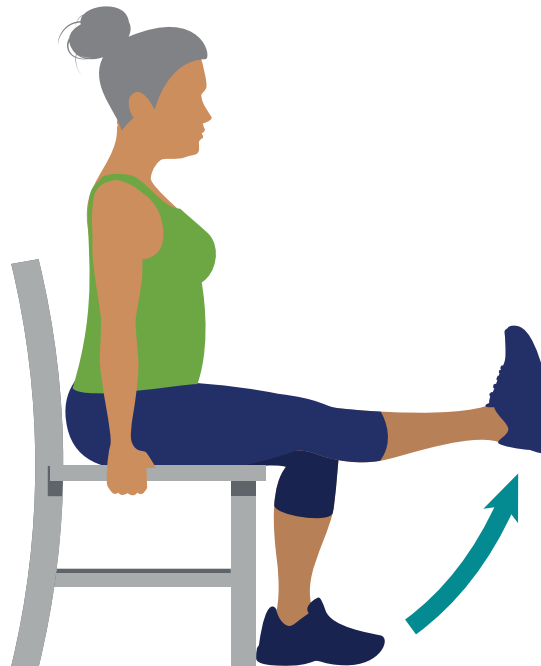
5. **Abduction** - While lying on your back, slide your affected leg out to the side. Keep your kneecap pointing toward the ceiling. Gently bring your leg back to the midline position.



6. **Gluteal squeezes** - While lying flat, squeeze your buttocks muscles as tightly as possible while counting aloud for 5 seconds, then relax your muscles.



7. **Long arc quads** – While sitting in a straight chair, straighten your affected leg out in front of you and hold it for 5 seconds. Slowly return your foot to the floor.



Walker safety and safe transfers

After your surgery a therapist will help you with assistive device and transfer training. Please also watch the training videos using your smart phone or tablet camera to scan the QR code. These videos demonstrate how to use a walker to go up and down steps and stairs; how to safely transfer to car, bed, toilet, and shower; and how to use assistive devices.



Remember!

”Up with the good, down with the bad.” Go up with your unaffected leg first, and down with your affected leg first.

Discharge

Discharge instructions

- Arrange for your PAL to drive you home from the hospital.
- You will be given an approximate hospital discharge time, discharge instructions, a list of exercises, a prescription for pain medication, and instructions for medications to prevent blood clots.
- Remember to continue the high-protein, anti-inflammatory diet outlined in the Nutrition Guidelines for Surgery Recovery for at least 4 weeks after your surgery, or as instructed.

Avoid falling after surgery

Most falls occur within the first 24 hours after discharge from the hospital. **Review the fall precautions listed on page 8.**

Remember:

- Wear supportive shoes or non-skid socks and use your walker or assistive device as instructed. Use a walker basket or a bag to carry items.
- Pause when rising to make sure you are steady on your feet before walking.
- Some medications can make you dizzy, drowsy, or unsteady on your feet. Take medications as directed and eat as instructed with medications.

Home care

- It may be necessary for you to receive home care visits by a physical therapist and/or nurse for the first few weeks after your hip replacement.
- Someone from your selected home care company will contact you to schedule a home care visit.

Care for your incision

- If your skin is closed with glue-like adhesive, this is a clear plastic dressing. The dressing will come off on its own.
- If your skin is closed with staples, they will be removed 13-15 days after surgery.
- A bandage is applied to protect the incision. Do not touch or remove the bandage unless instructed by your care team.
- Your home care staff will provide instructions on dressing changes.
- Do not shower after surgery until your home care staff tells you it is safe (and no tub baths allowed until the wound is healed).
- Please follow all instructions from your home care staff as they are directed by your surgeon.
- Always use care when toileting so the wound area is not contaminated with waste. Use clean toilet tissue and wipe from front to back until clean. Wash your hands with soap and water.
- Always use a clean washcloth to clean the skin around the wound. Always use a clean towel to pat dry the area around the wound. Do not use the same washcloth or towel around your wound that you use on your body for at least 6 weeks.
- Do not use lotion or skin cream on your incision for a minimum of 6 weeks after surgery until approved by your surgeon.

If you see redness or drainage, call your surgeon's office or your home care nurse.



Preventing infection

- Do not touch or pick at your surgical dressing. Follow all wound care instructions as given by home care staff.
- If you are instructed to change your surgical dressing, wash your hands with soap and water before and after dressing changes.
- Wash your hands frequently with soap and water especially after toileting, after blowing your nose, and before and after eating.
- Do not allow pets near your surgical site or dressing.
- Wear clean clothes and wash your bedding frequently. Replace any soiled clothing or bedding immediately.
- Shower as instructed, NO TUB baths. Continue to follow the anti-inflammatory diet and nutrition guidance on page 3 to help with wound healing.
- Always use a clean washcloth to clean the skin around the wound. Always use a clean towel to pat dry the area around the wound. Do not use the same washcloth or towel around your wound that you use on your body for at least 6 weeks.
- Ask your surgeon if antibiotics should be taken before any invasive dental work after your surgery.

When to call 911

A blood clot in the leg can move to the lung, which can be very serious.

Call 911 if you have any of these symptoms:

- Shortness of breath
- Chest pain
- Coughing up blood
- Unexplained anxiety, especially with breathing

Call 911 for any symptom of stroke:

- Sudden numbness or weakness of face, arm, or leg, especially on one side.
- Sudden confusion or trouble speaking or understanding speech.
- Sudden trouble seeing in one or both eyes.
- Sudden trouble walking, dizziness, or loss of balance or coordination.
- Sudden severe headache with no known cause.

Swelling

- Swelling is expected after surgery, during your hospital stay, and at home when you are more active. Swelling may continue for several months.
- The most common areas for swelling are the foot, ankle, calf, knee, thigh, and hip.
- Use cold therapy to help reduce pain or swelling. Place a cold pack on the surgical area for 20-30 minutes every hour while you are awake.
- DO NOT sleep at night with the cold pack because it will get too warm.
- Applying heat to your surgical leg should be avoided for 3 months.

When to call your doctor

We want to help you avoid an unnecessary ER visit or hospital readmission. Call your surgeon's office immediately if any of the following signs or symptoms occur after surgery:

- Wound concerns:
 - Increase in redness, separation, or gap along the edges of the incision
 - Drainage that is increasing, foul smelling, or an unusual color
- Pain, redness, or excessive tenderness in your leg or calf
- Excessive swelling in your foot, ankle, calf, or thigh
- Ankle swelling that does not go down during the night
- Pain that does not improve or go away with medication, ice, and elevation
- Fever higher than 101° F
- Blood in the stool or urine
- Constipation not relieved by use of over-the-counter laxatives or stool softener
- Nausea or vomiting

All calls during office hours will be returned as quickly as possible.

If you call after office hours, you will be directed to the exchange or after business hours telephone number. The on-call surgeon who returns your call may not be your surgeon, but he or she will be able to address your concerns.

Note: Your home care nurse or therapist also can assist you. Please talk to them about any of your health-related concerns.



Medications

- Patients usually take some kind of pain medication for a few weeks after hip replacement surgery. Every week you should reduce the amount of pain medication used.
- Prescriptions and instructions for pain and blood-thinning medications will be given to you when you are discharged from the hospital.
- All medication refills, including pain medication, will only be handled during regular office hours.
- Please call your surgeon 2-3 days before you need a prescription refill.

Return to driving

- Depending on which leg is affected, most patients usually can return to driving 3-6 weeks after surgery.
- Do not drive if you are taking prescription (opioid) pain pills or do not feel safe.

Return to work

- If your work is sedentary, such as an office job, you may return to work about 3-4 weeks after surgery.
- If your work requires that you spend most of the time standing, walking, or climbing, it may take up to 3 months before you can return to full duty.
- You can discuss a date to return to work with your surgeon at your first postoperative visit.

Exercise

- Exercise is essential for successful hip replacement recovery and a healthy lifestyle.
- Your surgeon will tell you when you can start riding a stationary bicycle, walking, or swimming for exercise, and returning to more active sports.

Return to activities

- Eventually you may return to most activities as tolerated, including walking, gardening, and golf.
- Some of the best activities to help with motion and strengthening are swimming and use of a stationary bicycle.
- You should avoid running, jumping, and sports such as singles tennis, basketball, football, hockey, or skiing.

Traveling after total joint replacement surgery

- Your surgeon will tell you when it is safe to travel.
- It is recommended that you get up to stretch or walk at least once an hour when taking long trips. This is important to help prevent blood clots in your legs.
- It is likely that your metal hip replacement will set off metal detectors in airports, bus stations, or government buildings.
- You need to inform the security staff that you have a joint replacement before going through the scanner.
- Security staff will use a hand-wand over your leg if needed.

Dental work after surgery

- You may need to take antibiotics before any invasive dental work following your surgery. Please check with your surgeon about the need to take antibiotics before going to the dentist.
- If your surgeon instructs you to take antibiotics, most dentists will order this medication for you. If the dentist wants the surgeon to order the antibiotic, please call your surgeon's office at least one week before your dental appointment and provide your name, date of birth, and a pharmacy telephone number.

Please remember to tell your dentist or surgeon if you are allergic to penicillin as this type of drug is usually ordered before any dental procedures.

Frequently asked questions

What is the recovery time?

- Patients heal from surgery at different rates.
- In most cases, you will use a wheeled walker for 2-4 weeks after surgery.
- Your home care physical therapist will tell you when to progress to a cane, if needed for safety.
- You will gradually return to normal activities of daily living without using any assistive devices in about 3 months.

How long do I need to maintain hip precautions?

- Your doctor will tell you how long to maintain hip precautions.
- To avoid hip dislocation, most orthopedic surgeons recommend you maintain hip precautions for 6-12 weeks after surgery.

When may I resume sexual activity?

- Sexual activity may be resumed as soon as you are comfortable. Always maintain hip precautions as instructed by your care team.

May I use weights when I exercise?

- Weights generally are not used for the first few months after surgery.
- As you progress with your physical therapy program, your surgeon may recommend the use of light weights.
- Always ask your surgeon or therapist before using weights.

When may I return to a swimming pool?

- You may return to swimming in a chlorinated pool approximately 6 weeks after surgery.
- This may be delayed if your surgeon has any concerns about the healing of your skin incision.

How long will I be on blood-thinning medication?

- Based upon your medical history, your surgeon will determine the type and length of time you need to take blood-thinning medication after surgery.

May I drink alcoholic beverages during my recovery?

- If you are taking a blood-thinning medication, you should avoid alcoholic beverages because they can change the effect of this medication.
- You also should avoid alcohol if you are taking opioid medications.



I think my leg feels longer now, is this possible?

- Your leg length generally will be unchanged.
- In some cases, the leg will feel lengthened because your deformity has been corrected.
- This may feel awkward or unusual at first, but will feel more normal with time.

I feel depressed, is this normal?

- It is not uncommon to have feelings of depression after surgery. Depression can be caused by a number of things, such as limited mobility, discomfort, increased dependency on others, and medication side effects.
- As you recover from surgery and return to regular activities, feelings of depression usually decrease.
- If you believe your depression is not improving, call 800-273-TALK (8255) to talk to someone about your feelings of depression.

Is swelling, numbness, or a clicking sensation normal?

Some normal symptoms you may experience include:

- Swelling after exercise or at the end of the day
- Feeling of warmth around the hip
- An area of skin numbness on the outside part of the hip
- An occasional clicking sensation inside the hip



How long will my total hip replacement last?

- How long a hip replacement lasts is different for each person.
- At 15 years after surgery, 90% of people have not needed further surgery on that hip.

When do I need to return for follow-up appointments?

- Follow-up appointments with your surgeon after surgery are an important part of a successful joint replacement recovery.
- Your surgeon will recommend when an office visit is needed or when you can answer a short questionnaire about your hip pain and function. This questionnaire can be completed in MyChart to monitor your progress.

