

# Going Strong!

Your Pathway to Hip Replacement Recovery



2014

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 **SSM** Joint Replacement Center  
DEPAUL HEALTH CENTER

# Welcome to the JRC!

Welcome to the SSM Joint Replacement Center (JRC) at DePaul Health Center and a first-class experience in patient health care! The JRC is consistently rated by referring physicians, our patients and their families as a preferred facility in the bi-state region, and we thank you for choosing us.

The JRC opened in 2007 and was the first specialized orthopedic hospital unit in Missouri to earn the Joint Commission Gold Seal certification, a national honor. The JRC consistently exceeds national standards for clinical outcomes and patient satisfaction in joint replacement care, so you can expect first-class treatment by a staff that is committed to the highest quality patient experience. We are a specialized unit whose dedicated service line of surgeons, nurses, therapists, and support staff provide a comfortable and relaxed environment for you and your family to help maximize your recovery and rehabilitation. Our goal in the JRC is to prepare you to go home where you can return to a healthy and pain-free lifestyle as quickly as possible.

This booklet provides an overview of what you need to know about your total joint replacement experience. We look forward to working with you!



**Contact numbers**

JRC Nurses Station (2 South)  
(314) 344-6280

Scheduling for Surgery  
Evaluation Center  
(636) 949-9600

JRC Case Manager  
(314) 447-5526

JRC Nursing Team Leader  
(314) 447-5513

Financial/Billing/Insurance  
(855) 989-6789

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# INTRODUCTION

## What is Total Hip Replacement?

The hip is a ball-and-socket joint where the femur and pelvis meet, and it is supported by muscles and ligaments. Cartilage lines and cushions the bones at this joint, but over time the cartilage can wear away and bone rubs against bone, causing pain, stiffness, and difficulty with walking.

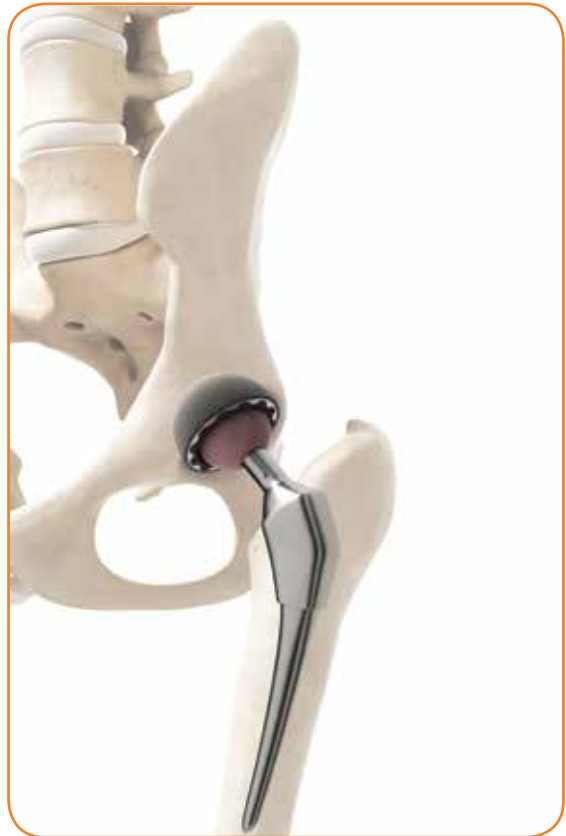
Total hip replacement surgery is a highly successful operation that removes cartilage and bone damaged by injury or arthritis, and resurfaces the femur and hip socket with metal and plastic components so that they glide smoothly against one another. The primary purpose for hip replacement surgery is to decrease pain and restore mobility in the hip joint to enable people to resume and enjoy normal activities of daily life. Additional benefits may include correcting leg length or deformity.

## Explanation of Implant

Artificial hip implants are made of metal and polyethylene (plastic). Most implants are designed for bone-ingrowth fixation, and these implants are held in place by muscles, tendons and ligaments as bone grows into a porous surface on the implant. They will become fixed over time. In some cases cement is used for fixation, and these implants are fixed rigidly at the time of surgery. The type of implant and method of fixation will be determined by your surgeon.

## Explanation of Hospital Course

You will be admitted to the hospital on the day of your surgery. The surgical procedure will take approximately one to two hours. Your postoperative course will include a two- to three-day stay in the SSM Joint Replacement Center at DePaul and physical therapy training for use of an assistive device for walking.



## Rehabilitation

After your hip replacement surgery, you will be required to follow some precautions to prevent the hip from dislocating while the tissues are healing. During your hospitalization, a member of our physical therapy staff will instruct you on transfer and ambulation techniques as well as an exercise program. Exercise strengthens the muscles supporting the hip joint and maintains hip motion. An occupational therapist will instruct you on proper techniques for daily activities such as bathing and dressing. A successful recovery requires your active involvement in the rehabilitation phase for 6-12 weeks after you go home, including following precautions after surgery, using assistive equipment correctly, and continuing to follow therapy instructions for exercises, transfers, ambulation, and self care.

## Complications

When you are 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 is a major complication, but you have less than a 1% chance of acquiring an infection because of the precautions taken by your care team, including preoperative and postoperative doses of antibiotics, use of a laminar air flow system in the operating room (clean air system), and hygienic conditions in the JRC.
- Development of blood clots, called deep vein thrombosis (DVT), is another complication, but this risk is small when precautions are taken. Precautions include use of anticoagulants to thin the blood and prevent clots, sequential stockings, and ankle pump exercises. Regular activity and frequent movement is the best prevention of blood clot formation.
- Dislocation occurs in less than 1% of patients. You will be instructed on precautions to decrease the risk of dislocating your hip while moving in bed, dressing, bathing, and using the toilet. These precautions are maintained for approximately 6 to 12 weeks postoperatively.



- Although rare, you may notice a difference in your leg length. Generally this is resolved during healing, but if not, a small shoe lift may be necessary.
- Other complications include nerve or vessel damage, but these complications are extremely rare.

# PREPARING FOR SURGERY

## Joint Replacement Education Class

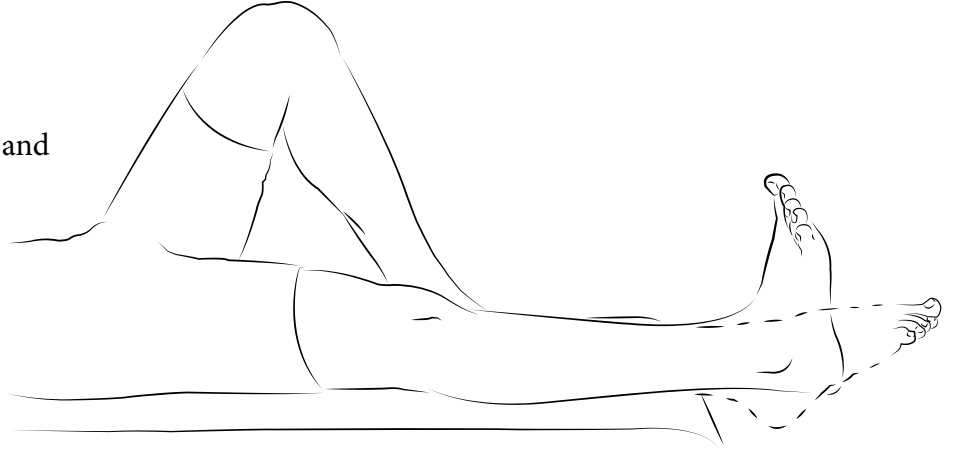
Plan to attend a one-hour class, located at SSM DePaul Health Center, specifically geared toward our total joint replacement patients. Your doctor requires all patients to attend this class before surgery. A class schedule is included inside the front cover of this booklet. Research has shown that patients who attend the class have better outcomes after surgery. Nurses and therapists will tell you how to prepare for surgery, what to expect the day of surgery, and what to expect after surgery during your recovery. **Bring this booklet with you to the class.**



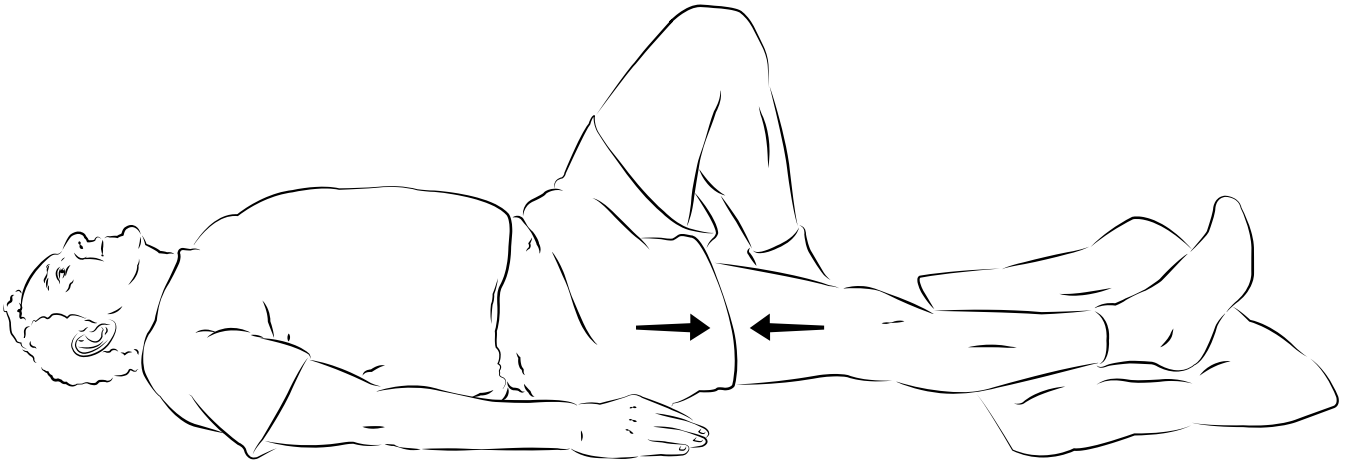
## Pre-Surgery Exercises

Strong leg muscles are key to a successful recovery. The following exercises are performed to help prepare your leg muscles for the surgery. Please do these five exercises one to two times each day, 10 repetitions each, *as tolerated*, until your surgery.

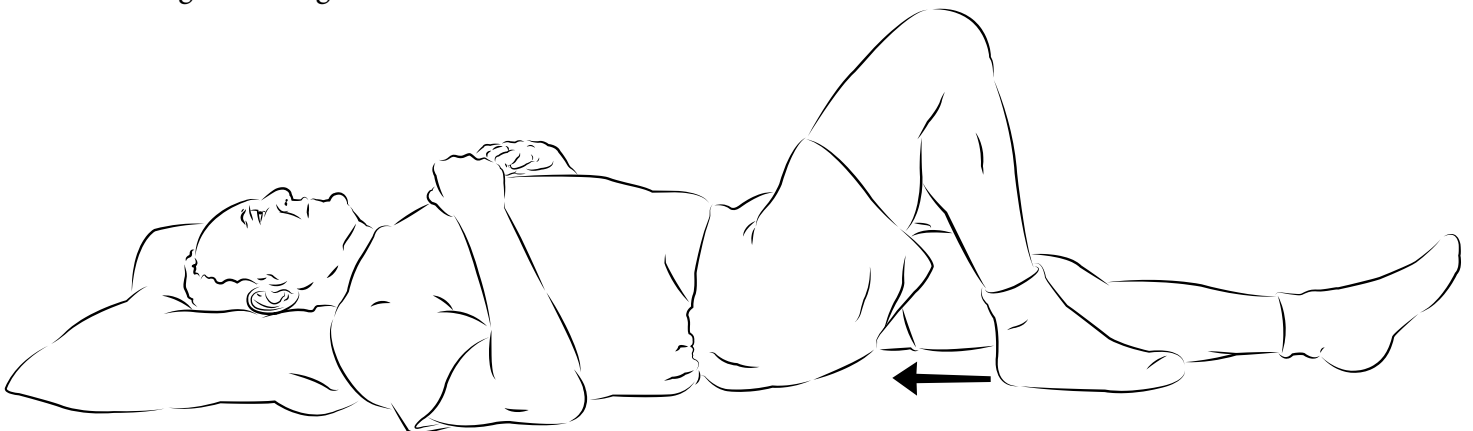
- 1. Ankle Pumps**—Bend ankles up and down, alternating feet.



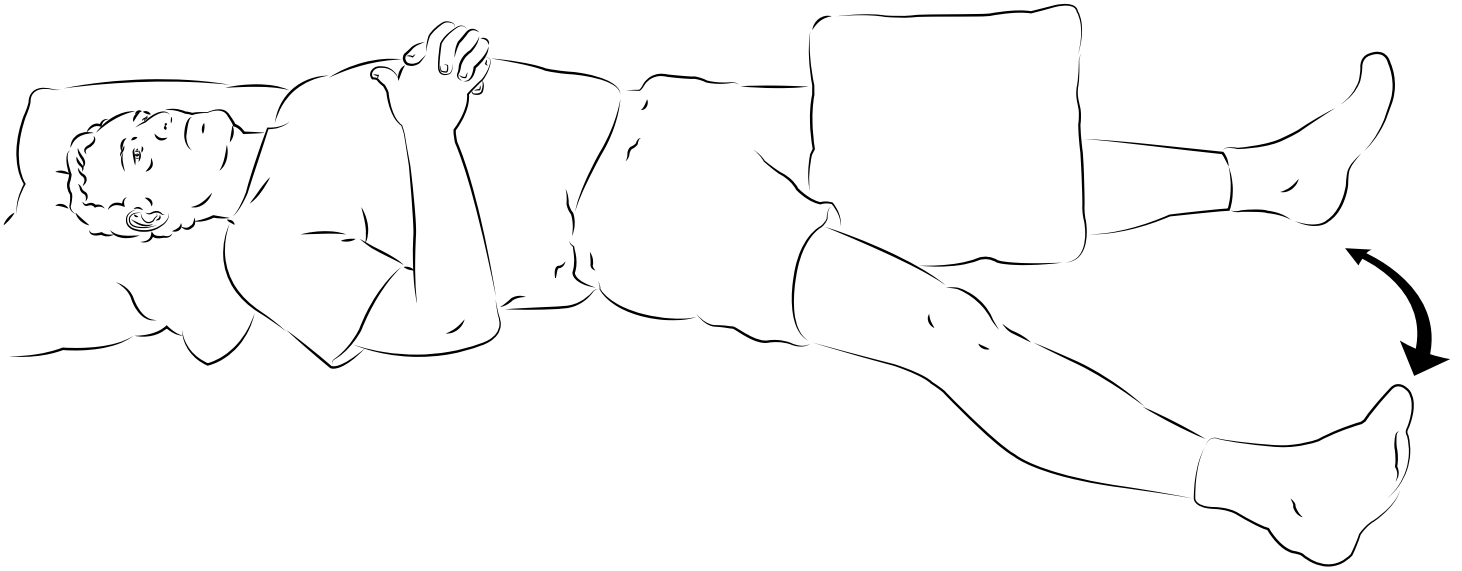
- 2. Quad Sets**—Lie with pillow under heel of foot on affected side. Tighten the muscles on the top of the leg while trying to push knee toward the floor. Hold for 5 seconds. Relax.



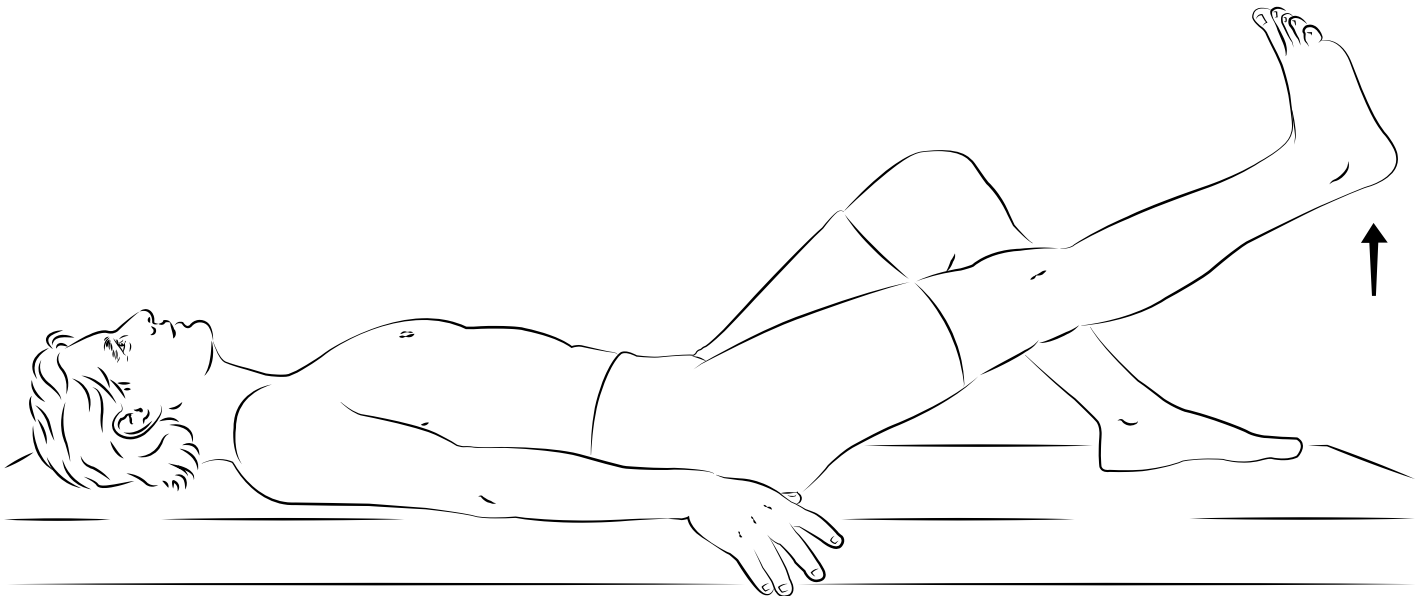
- 3. Heel Slides**—Bend knee and pull heel toward buttocks. Return slowly to extended position, sliding heel along the bed.



**4. Abduction**—Slide one leg out to the side. Keep kneecap pointing toward ceiling. Gently bring leg back to midline.



**5. Straight Leg Raise**—Bend leg on unaffected leg. Raise leg on affected side 6-8 inches with knee locked. Exhale and tighten thigh muscles while raising leg. Return slowly to bed.



## Surgery Evaluation Center (SEC) at DePaul Health Center

If you are scheduled for surgery and you have not been to the Surgery Evaluation Center (SEC), you need to call to make an appointment. Your appointment should be scheduled three weeks before surgery. All patients are required to visit the SEC before surgery. The SEC is SSM DePaul Health Center's pre-surgery department for registration, medical 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). Appointments are available Monday–Friday, 8 a.m. to 3 p.m. by calling (636) 949-9600.

*DePaul Health Center requires all patients to be screened with a nasal swab before surgery to determine exposure to specific types of bacteria, which allows for antibiotic treatment if needed.*

## Living Will/Advanced Directive

Someone on the hospital staff will discuss advance medical directives, which are decisions you make about life-sustaining treatments. These directives include a Living Will (your wishes regarding withdrawal of life-support if you are not able to communicate), a DNR order (do not resuscitate), and Durable Power of Attorney for health care, (which allows you to appoint someone to make your health care decisions if you are not able). These and other patients' rights are usually covered during the pre-registration process. If you are not approached first, ask the individual taking your pre-registration information.

## Equipment

A walker is normally the only walking aid needed after surgery. If you do not have one at home, one will be ordered for you at discharge. Adaptive equipment to help you with bathing and dressing will be provided.

## Rehab/Skilled Nursing After Surgery

You should plan to go directly home after your surgery, **not to a Rehabilitation Unit or Skilled Nursing Facility**. Before you leave the hospital, the physical and occupational therapists will work with you to make sure you are ready and able to take care of yourself independently. You will be able to go up and down stairs, get to and from the bathroom, and move around your house using your walker. Most patients DO NOT require the level of care that a rehab unit or skilled nursing facility provide once they leave the hospital. While a small number of patients MAY need that level of care, it is never something that can be determined or arranged before surgery. **Insurance benefits do not guarantee coverage.**

If you live alone, it is best to make arrangements to have friends and/or family members stay with you to help with meals, laundry, errands, etc., for at least the first few days after you get home from the hospital.



### Day Before Surgery

#### Preoperative Bathing Instructions

Please follow these instructions for showering the night **before** surgery. The Surgery Evaluation Center will provide you with a bottle of chlorhexidine (Hibiclens) soap. This soap helps to decrease bacteria on your skin. The instructions are **VERY** specific and need to be followed exactly as written. You will receive additional literature from the hospital instructing you to shower with the soap again the next morning, **but you should only shower the night before surgery**. Your leg will be washed again thoroughly with a disinfectant at the hospital the morning of surgery.

#### Instructions:

- Shower with Hibiclens (chlorhexidine) soap the night before your surgery. If you are allergic to chlorhexidine, use Dial liquid antibacterial soap.
- Do not shave any area of your body.
- Wash your hair as usual with your normal shampoo.
- Rinse your hair and body thoroughly after you shampoo to remove all shampoo residues.
- Turn water off to prevent rinsing the soap off too soon.
- Apply the Hibiclens (chlorhexidine) soap to your entire body, **ONLY FROM THE NECK DOWN**. Do not use this soap near your eyes or ears to avoid permanent injury to those areas.
- Wash thoroughly, paying special attention to the area where your surgery will be performed.
- Wash your body **gently** for 5 minutes. Do **NOT** scrub the skin too hard.
- Do not wash with your regular soap after Hibiclens (Chlorhexidine) soap is used.
- Turn the water back on and rinse your body thoroughly.
- Pat your body dry with a clean, soft towel.
- Do **NOT** use lotion, cream or powder.
- Change your bed linens the night before surgery.
- Wear clean clothing to bed.



## What to Bring to the Hospital

### ❑ Identification Card (Driver's License) and Insurance Card

You will need to bring your driver's license for identification and your insurance card with you to present at the time you check-in for surgery.

### ❑ Clothing

Please bring loose fitting, comfortable clothing (sweatpants, shorts, etc.) to wear during your hospital stay, and a pair of tennis shoes to wear while working with your physical therapist in the hospital. You also will want to bring a nightgown or pajamas. Any clothing you bring should allow easy access to your surgical hip for check-ups and dressing changes, so please make sure all pants are extra roomy.

### ❑ JRC Hip Education Booklet

Bring this booklet with you. Your nurses and therapists will refer to it during your hospital stay.

### ❑ Miscellaneous Items

Bring any hygiene and personal care items you will need during your hospital stay.

### ❑ CPAP/BiPAP Machine

If you use a CPAP or BiPAP machine at home, please bring it with you to the hospital.

### ❑ Medicated Eye Drops and Inhalers

If you use prescription eye drops or an inhaler, these are the only prescription items you will bring with you to the hospital. All other medications should be left at home and will be provided for you during your hospital stay.

### ❑ Co-Payment for Medications at Time of Discharge from Hospital

The pharmacy at SSM DePaul Health Center provides medication delivery services at the time of discharge. If you wish to use this service, please have a family member bring your insurance co-payment amount before you are discharged from the hospital.

## Do Not Eat or Drink Anything After Midnight the Night Before Your Surgery

The night before your surgery, you should not have anything to eat or drink after midnight. If there are medications you are required to take the morning of surgery, please do so with only the smallest amount of water possible. Your stomach should be completely empty before undergoing anesthesia.

If you are diabetic, check with your primary care physician about how to adjust your diabetes medication.

## What NOT to Bring to the Hospital

Do not bring a wallet, money, or any other valuables. Please remove all jewelry (including wedding band and piercings) and leave it at home. You will need money for your discharge medications, but please have a family member bring this to the hospital after your surgery. If you have a walker at home, do not bring it to the hospital. One will be available for your use during your hospital stay.

### Medications

You should **NOT** bring your medications to the hospital. The only exception is if you use a prescription eye drop or an inhaler. You have provided the hospital with a complete list of your medications, and these will be provided as necessary by the hospital during your stay.

# DAY OF SURGERY

## Check-in on the Day of Surgery

At the time indicated on your Pre-Surgery Checklist, please check into the Surgery Check-In/Family Waiting Area on the 2nd floor of the South Medical Building at SSM DePaul Health Center. If you are contacted by the hospital staff before your surgery, requesting that you check in at a time different than what is listed on your form, **arrive at the new time** rather than what is on your form. Although it is rare, surgery times do occasionally need to be re-arranged for efficiency and staffing purposes, so we ask that you cooperate with the hospital's request.

## Preparation

If you wear nail polish or artificial nails, they may be removed when you arrive for surgery.

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

## Procedure

Surgery usually lasts one to two hours for a joint replacement. When your surgery is complete, your surgeon will contact your family or friends in the waiting area to discuss your procedure. You will be taken to the Post-Anesthesia Care Unit (PACU or recovery room) where you will be monitored by the surgical nurses until you are moved to your room. When you wake up in PACU, you may experience some blurred vision, dry mouth, chills, or nausea from the anesthesia. You also may have a sore throat if a breathing tube was placed in your throat during surgery.

Your family may join you once you reach your hospital room in the Joint Replacement Center on 2 South. All rooms in the Joint Replacement Center are private rooms, and can accommodate one member of your family to stay overnight with you, if needed.



## Hospital Stay

### Pain medication

After your surgery, you will receive medication to help manage your pain. The amount and intensity of pain that a person feels differs from one person to another. The nurses will ask you to describe your pain on a scale of 0-10. The goal of pain control is to make you as comfortable as possible, but you should expect some degree of pain. If you used narcotic medication for pain control before surgery, your pain will be more difficult to manage after surgery.

Pain medication is best taken before your pain gets too severe. Different types of medication are given based upon your need. We encourage you to ask for medicine when your pain is present but not out of control. Tell us if your pain medication is not working or if you don't like the way it makes you feel. Unfortunately, all narcotic medications commonly cause itching and nausea. We will try to minimize these normal side effects.

### Smoking policy

To promote an optimal recovery environment for our patients, SSM DePaul Health Center is entirely a tobacco-free facility. Smoking tobacco, chewing tobacco, e-cigarettes, or electronic cigarettes are not allowed for patients, employees, or visitors inside the hospital. If needed, a nicotine patch can be ordered for your hospital stay. Now is an ideal time to quit smoking to promote wound healing.

### Diet

The day of surgery, your diet will start with ice chips. After that, we provide meals "at your request." You may use your bedside phone and call our dietary department to order your meal.

If you do not participate in "at your request" meals, the dietary department will call to ask you. Patients may order guest trays from the menus in their rooms for family or friends for a nominal cash fee. Orders are placed through room services, just as they are for patients.

### Activities

Your physician will determine your activity orders. You will get out of bed the day of surgery. For your safety, do not get up by yourself without assistance from a JRC staff member. As your strength and endurance improves, the physical therapist will tell you when you are ready to get out of bed on your own and move around.

### Home Medications

Not all home medications will be resumed during your hospital stay. Appropriate medications will be ordered for you by your physician and provided to you by the hospital. Occasionally, because of a difference in the supply company, the medication will not look like the one that you take at home. Please ask your nurse if you have any questions about your medication.

### Constipation

Pain medication causes constipation. You already are prone to constipation because of surgery and lack of activity. You will be given medication as needed.

### IV (intravenous) fluids and medications

You will receive IV fluids and medications until the morning after surgery. Antibiotics will be given during the first 24 hours of your hospitalization to prevent infection.

### Breathing exercises and/or incentive spirometry

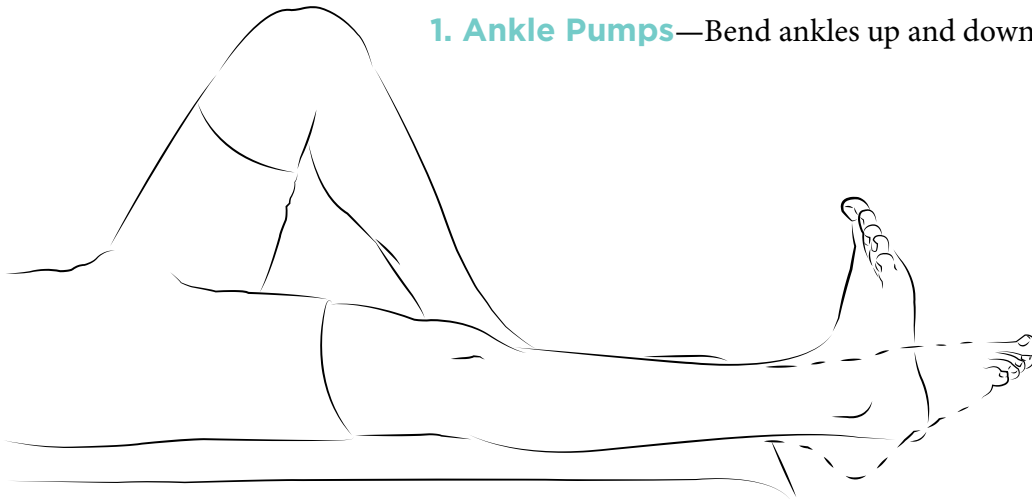
Your doctor will order breathing exercises after surgery. It is important for you to breathe deeply to help keep your lungs clear and avoid complications, such as pneumonia. Bed rest, drowsiness, anesthesia and pain often keep you from taking normal deep breaths.

# THERAPY

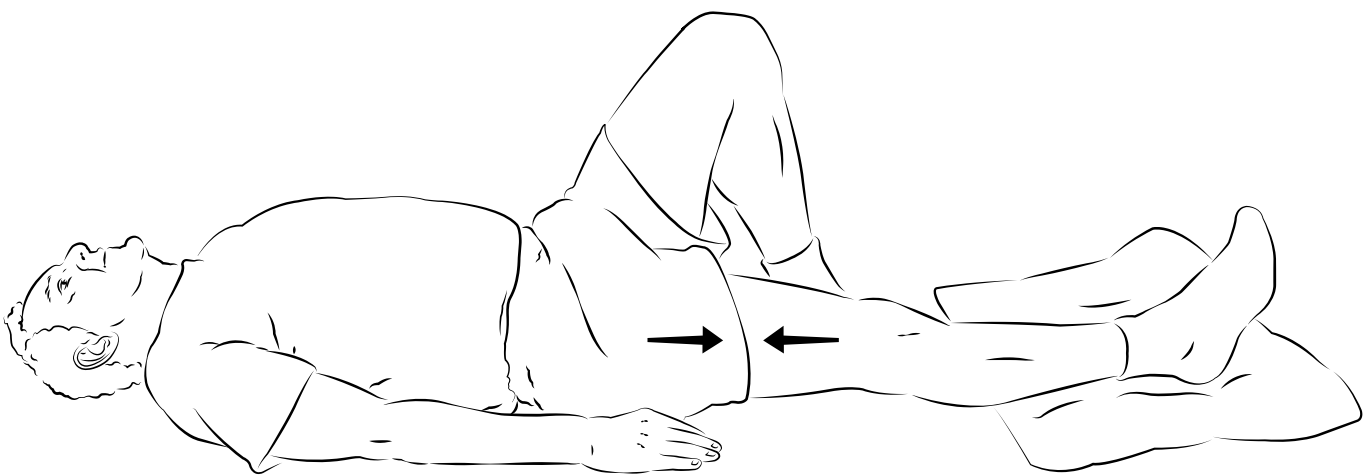
## Postoperative Exercises

Your physical therapist will work with you on the following postoperative exercises while you are in the hospital based on your surgeon's instructions. You should continue these exercises after you are discharged to gain and maintain muscle strength in your hip.

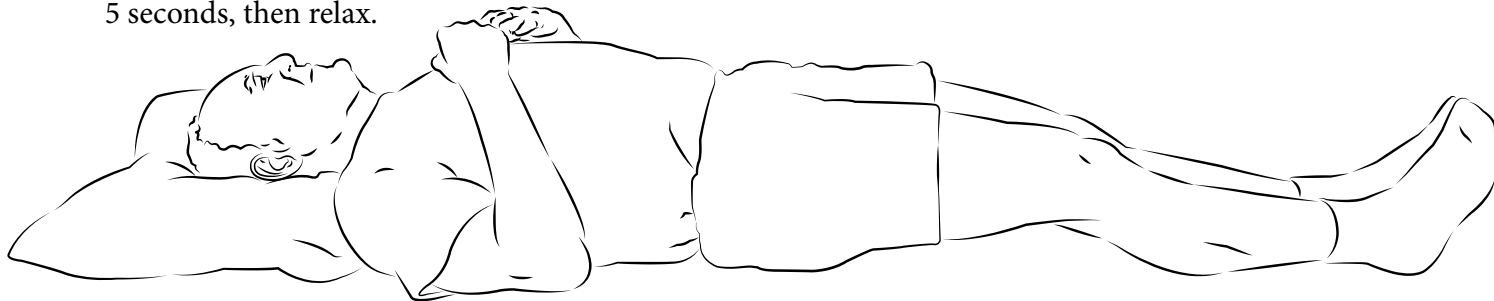
**1. Ankle Pumps**—Bend ankles up and down, alternating feet.



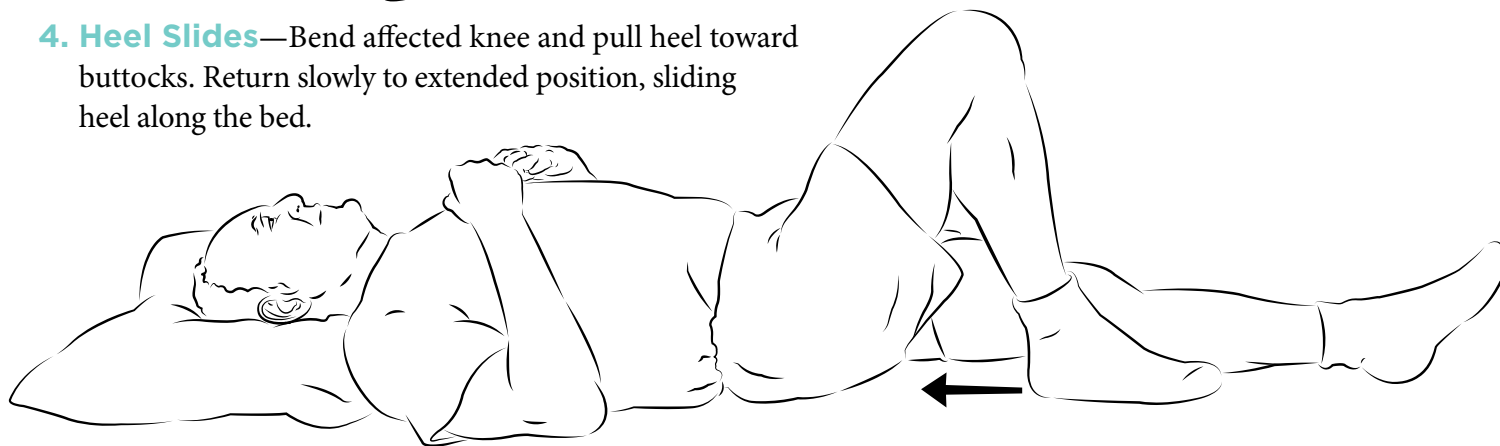
**2. Quad Sets**—Lie with pillow under heel of foot on affected side. Tighten the muscles on the top of the leg while trying to push knee toward the floor. Hold for 5 seconds. Relax.



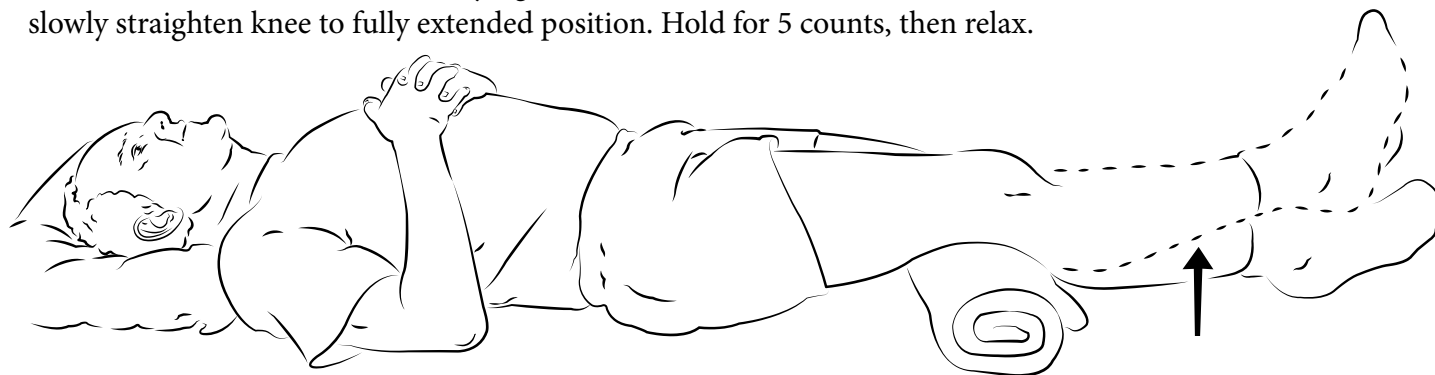
**3. Gluteal Squeezes**—Squeeze buttocks muscles as tightly as possible while counting out loud for 5 seconds, then relax.



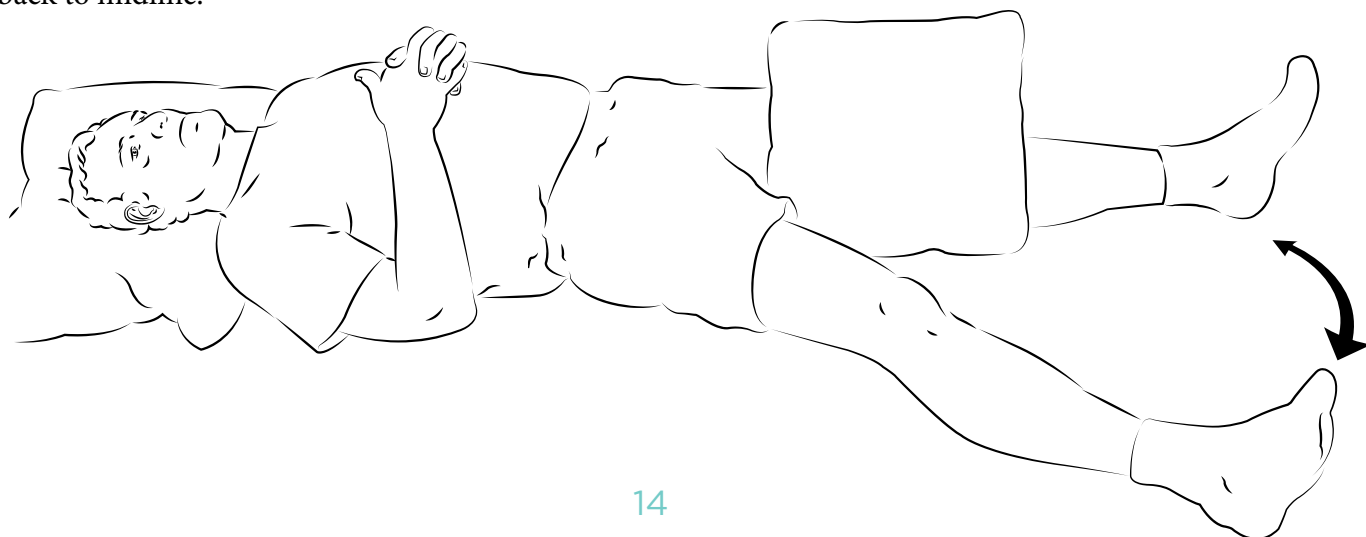
**4. Heel Slides**—Bend affected knee and pull heel toward buttocks. Return slowly to extended position, sliding heel along the bed.



**5. Terminal Knee Extension**—Lying on back with rolled towel (about 6 inches wide) under knee, slowly straighten knee to fully extended position. Hold for 5 counts, then relax.



**6. Abduction**—Slide one leg out to the side. Keep kneecap pointing toward ceiling. Gently bring leg back to midline.



## Activity Guidelines

### Hip Precautions

**These precautions should be maintained for at least 6 weeks unless specified by your surgeon.**

#### Precautions

- No crossing legs
- No bending past 90 degrees at the hip
- No turning your foot in toward the middle (pigeon toes)

#### DO NOT

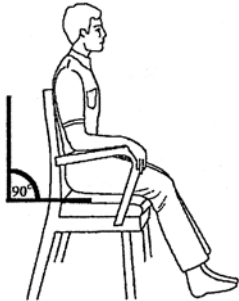
- Bend your trunk more than 90 degrees.
- Reach to your feet or reach for covers.
- Lift the knee on your surgery side higher than your hip (no more than 90 degrees).
- Pick up an object from the floor.
- Step over the bathtub wall, not even for a shower.
- Rotate your operated hip too much.
- Reach past your knees.
- Sit on a standard toilet seat. Use an elevated seat instead.
- Turn toes too far inward or outward.
- Point toes out side-to-side.
- Sit with hips lower than your knees.
- Sit in low, bucket car seat or in a low chair.
- Cross your legs at knees or ankles.

#### DO

- Sleep on your back or on your non-operated side with a pillow between your legs.
- Use a cushion in low chairs and car seats.
- Use an elevated toilet seat. Insurance usually won't pay for this, but all patients are encouraged to get one.
- Limit stairs to one flight up and down per day.
- Get up and walk around once every hour during waking hours.
- Use adaptive equipment for bathing and dressing.

Continue to use the following guidelines until your surgeon tells you otherwise.

**AVOID bending past 90 degrees.**



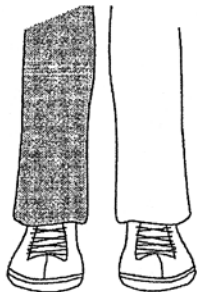
**CORRECT**



**INCORRECT**



**AVOID twisting your leg inward.**



**CORRECT**



**INCORRECT**

**AVOID crossing your legs.**



**CORRECT**



**INCORRECT**



## Walker Safety

### General Instructions:

1. Walk slowly and carefully, weight bearing on surgical leg as instructed by your surgeon. This will be specified for you during your hospital stay.
2. Remove loose rugs or other small obstacles from the floor which could cause you to trip or fall.
3. Have someone walk with you until you feel steady on your feet, especially when you go up or down steps or walk on uneven surfaces.
4. Use your walker until your therapist progresses you to use a cane.

### To Stand Up:

1. Be sure your walker is directly in front of you.
2. Scoot to the front of the surface you are sitting on.
3. If the chair has armrests, use them to push yourself up to stand.
4. For comfort, place your surgical leg forward and stand up on your nonsurgical leg.
5. When you are balanced, place your hands on the walker.

### To Walk:

1. Roll the walker a comfortable distance in front of you.
2. Take a step with your surgical leg and then step with your nonsurgical leg.

### To Sit Down:

1. Back up until you feel the surface on the back of both legs.
2. Place the surgical leg forward for comfort.
3. Reach back for the armrests or surface that you are sitting on.
4. Slowly lower yourself to sitting, allowing the surgical leg to slide forward as needed for comfort.

### To Go Up One Step Forwards:

1. Approach step. Be sure your walker is touching the step.
2. Lift walker and place all four legs of walker onto step.
3. Push down on the walker with your arms and step up on the step with your nonsurgical leg. Bring your surgical leg up on the step.

### To Go Down One Step Forwards:

1. Walk with your walker up to the edge of the step.
2. Place all four legs of the walker on the floor in front of the step.
3. Walk your feet up to the edge of the step.
4. Push down on the walker with your arms and step down with your surgical leg, and then step down with your nonsurgical leg.

### To Go Up One Step Backwards:

1. Back yourself up to the step with your walker. Be sure your walker and your heels are touching the step.
2. Push down on the walker with your arms and step up on the step with your nonsurgical leg. Bring your surgical leg up on the step, then bring your walker up on the step. Walk backwards with the walker a few steps and then turn around with the walker.

### To Go Up Consecutive Steps:

1. Get feet close to the step.
2. Use assistive devices, if available, as instructed by your therapist, such as hand rails, crutch(es), cane, hand-held assist, gait belt, etc.
3. Go up one step at a time leading with your nonsurgical leg first, then bring up the surgical leg to the same step.
4. Proceed with remaining steps in the same fashion.

### To Go Down Consecutive Steps:

1. Get feet close to edge of step.
2. Use assistive devices, if available, as instructed by your therapist, such as hand rails, crutch(es), cane, hand-held assist, gait belt, etc.
3. Go down one step at a time leading with your surgical leg first, then bring down the nonsurgical leg to the same step.
4. Proceed with remaining steps in the same fashion.

*Remember! Go up with the nonsurgical leg first, and down with the surgical leg first.*

### Car Guidelines

On the passenger side, make sure the car seat is as far back as possible. Stand with your back toward the car.

Sit on the edge of the seat, slide yourself back. Sitting on a plastic bag may make it easier to slide.

Swing your legs into the car. You may want someone's help with this. If you have extra-long legs, be sure to scoot back as far as you can. You also may want to recline the seat so you will have as much room as possible to swing your legs into the car.

# DISCHARGE

## Discharge Instructions

On the day of your discharge, please have your family or person who is picking you up arrive between 11 a.m. and 1 p.m. and report to the SSM Joint Replacement Center located on 2 South.

You will be given discharge instructions, an exercise regimen, and medications for pain and blood clot prevention. If you need a walker, one will be delivered to you at this time.

## Home Care

It will be necessary for you to receive home care for the first few weeks after your hip replacement. As with any medical care, the choice of providers is yours (at least within your insurance restrictions).

Regardless of which company will be providing your care, you may receive a letter from SSM Home Care before your surgery, asking you to call them to coordinate the details and let you know who will be coming to see you.

## Wound Care

If your wound was closed with staples, they will be scheduled for removal 10 to 14 days after surgery. A bandage is applied to protect the incision. This will be changed as needed. The home health agency will provide supplies and instructions on dressing changes.

Your Home Care staff will let you know when it is safe to shower. Usually you may shower (no tub baths) once you are home from the hospital. We recommend that Home Care staff determine if you are safe to get into your shower. Do not use lotion on your incision until your doctor approves it.

## Swelling

Swelling is expected after surgery. Swelling may occur in the hospital, and after you are home and more active, swelling will persist for several months.



The most common areas for swelling are the foot, ankle, knee, and thigh. Also you may place a cold pack on the affected area for 20 to 30 minutes every hour while you are awake.

## Pain Control and Medications

It is not unusual to be on some form of pain medication for two to three months after your surgery. Initially the medication will be strong (such as a narcotic). Most people are able to wean off their strong pain medication after one month and switch to an over-the-counter medication such as acetaminophen.

\*If you have been on narcotic pain medication before surgery, your pain may be more difficult to manage.

## When to Call Your Doctor

Please call your surgeon's office if, after surgery, you are experiencing any of the following:

- wound concerns (increase in redness, separation along the edges of the incision, or drainage that is increasing, foul-smelling, or an unusual color)
- pain not relieved by medication, ice, and elevation
- fever greater than 101 degrees
- calf swelling or pain
- ankle swelling that does not improve overnight
- blood in the stool or urine
- If you experience shortness of breath and/or chest pain, seek immediate attention at the Emergency Room.

All calls during office hours will be directed to your surgeon's nurse, who will return your call as quickly as possible. If you call after office hours, you will be directed to the exchange. The on-call surgeon who returns your call may not be your surgeon, but they will be able to address your concerns.

**Prescription refills will ONLY be handled during office hours.**

## Return to Driving

You may return to driving after your surgery as soon as you feel comfortable. Depending on the operative leg, most patients usually resume driving after six weeks. Do not drive if you are taking narcotics (pain pills) or do not feel safe. Ultimately, this is your decision as a responsible adult.

## Dental Work

### Before Surgery

If you are in need of any minor dental work or even just a routine cleaning and check-up, please have it done before your joint replacement surgery. If, however, you need to have MAJOR dental work allow time for sufficient healing before your joint replacement. Please contact our office to make sure the timing of your joint

replacement surgery is appropriate. If you need to have any dental work done shortly before your surgery because of an infection, it is important that you let our office know. It is recommended that you have no dental work done for **at least six weeks after** your joint replacement, so it is best to take care of these details before surgery.

### After Surgery

You will need to be pre-medicated with antibiotics for any invasive dental work for a minimum of two years following your surgery. Please notify our office at least one week in advance when you need a prescription; be sure to leave your name, date of birth, and pharmacy phone number. We typically prescribe amoxicillin unless you have a penicillin allergy, so be certain to remind us if you do.

## Flu Shot/Pneumonia Vaccine

It is perfectly fine for you to get a flu and/or H1N1 vaccine and pneumonia vaccine at any time before or after surgery. In fact, during the typical "flu season," these vaccines most likely will be offered to you in the hospital if you have not already had them.

## Traveling After Total Joint Replacement Surgery

It is likely that your implant will set off metal detectors in airports, bus stations, etc. once your artificial joint is in place. Because of the increased Homeland Security, we no longer provide cards or letters to use while travelling. You need to inform security staff that you have had a joint replacement before going through the scanner. Security will use a hand-wand over the area if needed.

## Exercise

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

# FREQUENTLY ASKED QUESTIONS

## How long will I be in the hospital?

The average length of stay after joint replacement surgery is two to four days. Length of stay is determined by activity progress, medical progress, and wound condition.

## What is the recovery time?

Patients heal from surgery at a different pace. In most cases you will be advised to use a wheeled walker for two to four weeks postoperatively. Your home therapist then will progress you to a cane when appropriate. You will gradually return to normal function without any assistive device. This usually takes approximately six weeks but may take longer.

## Will I go home after surgery or to a rehabilitation facility?

Most patients are able to go home after their operation. This includes patients who live independently. In most cases, we believe your home is the best and safest location for your recovery. However, if you are not ready to go home at the time of discharge, you may go to a rehabilitation facility to gain the skills you need to safely return home. Many factors will be considered in this decision, including availability of family or friends to assist with daily activities, home environment and safety considerations, postoperative functional status as evaluated by a physical therapist in the hospital, and overall evaluation by your hospital team.

## When can I travel?

You can travel as soon as you feel comfortable. 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.

## When can I return to work?

If your work is sedentary, such as an office job, you may return to work after three to four weeks. If your work is more active and you spend most of your time standing, walking, or climbing, you may require up to three months before you can return to full duty. More or less time is necessary depending on individual circumstances. You may discuss a return-to-work date with your surgeon at your first postoperative office visit.

## What activities are permitted following surgery?

You may return to most activities after six weeks, 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 vigorous sports such as competitive singles tennis, basketball, football, hockey, skiing, or racquetball.

## When may I return to a pool?

You may submerge your hip in a swimming pool approximately six weeks after surgery if your surgeon has no concerns about your incision healing.

## How long will my total hip replacement last?

Longevity of a hip replacement varies from patient to patient. For each year following your surgery, you have a one percent chance of requiring additional surgery. At ten years postoperatively, most people have a 90 percent success rate without further surgery.

### How long will I be on blood thinner?

The length of time will depend on the medication used. Your surgeon will make a choice of therapy based on your medical history.

### Can I drink alcoholic beverages during my recovery?

If you are taking a blood thinner, you should avoid alcoholic beverages because it changes the effect of this medication. You also should avoid alcohol if you are taking narcotics. If you are not taking these medications, you may use alcohol in moderation at your own discretion.

### Should I apply ice or heat?

Initially, ice is most helpful to reduce postoperative swelling. We generally advise against applying heat to the leg for three months.

### Can I go up and down stairs?

A physical therapist will teach you to go up and down stairs after surgery. Initially, you will start with your nonsurgical leg when going up stairs, and lead with your surgical leg when coming down. As your muscles get stronger and your motion improves, you will be able to perform stairs in a more normal fashion.

### Do I need physical therapy?

Physical therapy is important for your recovery. You will be seen by a member of our physical therapy staff soon after your operation and throughout your hospital stay. Once home, a physical therapist probably will visit you two to three times a week as determined by your progress. After your home therapy is completed, it may be necessary for some patients to attend outpatient physical therapy for a few weeks.

### When can I resume sexual intercourse?

Sexual activity may be resumed six to eight weeks after surgery as long as you are not having significant pain or stiffness in your hip joint and are able to maintain hip precautions.

### I am constipated, what should I do?

Many pain medications cause constipation. Try to drink plenty of water and eat foods high in fiber such as fruits and vegetables. An over-the-counter laxative /stool softener can be taken for this problem. A suppository or enema sometimes is required.

### I feel depressed, is this normal?

It is not uncommon to have feelings of depression after surgery. This may be caused by a number of factors, such as limited mobility, discomfort, increased dependency on others, and medication side effects. Feelings of depression typically will lessen as you begin to return to regular activities.

I have difficulty sleeping (insomnia), is this normal? What can I do about it?

Difficulty sleeping is a common complaint after hip replacement. Nonprescription remedies such as Benadryl may be effective. If this continues to be a problem, your doctor may prescribe medication to help you sleep.

Can I sleep on my side?

You are allowed to sleep on your side with a pillow or wedge between your legs. Your home health physical therapist can show you the proper way of lying on your side.

How long do I need to maintain hip precautions?

It depends on your surgeon preference, but generally hip precautions are followed for 6 to 12 weeks postoperative.

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

Your leg length generally will remain the same. In some cases, however, the leg may be changed. If this doesn't resolve during healing, you may need to wear a small shoe lift in the opposite shoe.

Can I use weights when I exercise?

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

Will I set off the security monitors at the airport? Do I need a doctor's letter?

You probably will set off the alarm as you progress through a security checkpoint. Be proactive and inform the security personnel that you have had a total hip replacement and most likely will set off the alarm. A letter from your physician or a wallet card is no longer of any help when passing through security checkpoints.

Other Important Information

Many things occur after total joint surgery that may be alarming to you unless you are sure that the symptoms are within normal limits. Some of the normal symptoms you may experience include:

- an intermittent clicking sensation inside the hip
- an area of skin numbness on the outside part of the hip
- swelling after exercise and at the end of the day
- warmth around the hip
- palpable sutures under the skin that are not apparent until the swelling begins to resolve

*Regular follow-up appointments with your surgeon will confirm continued success with your joint replacement.*