



Your
pathway
to hip
replacement
recovery



SSMHealth.
Orthopedics

Welcome to SSM Health St. Mary's Hospital - Jefferson City

Discover a first-class experience in patient care at SSM Health St. Mary's Hospital. We have achieved Disease Specific Care Certification in Total Hip, Total Knee, and Total Shoulder Replacement, a national designation awarded by The Joint Commission. We thank you for choosing us!



SSM Health St. Mary's Hospital - Jefferson City earned its first Gold Seal certification from The Joint Commission in 2020. The Gold Seal is a symbol of quality that reflects a health care organization's commitment to providing safe and quality patient care.

Throughout your joint replacement experience, you can expect first-class treatment by staff that is committed to the highest quality patient care.

The specialty surgeons, nurses, therapists, and caregivers provide care in a supportive 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.



Contact information

Surgeons' office

573-681-3585 SSM Health
573-635-8000 JCMG

Total joint coordinator

Rachel Holterman
573-681-3768

Pre-admission testing (PAT)

573-681-2981

Insurance | Billing | Information

855-989-6789
Monday - Friday
8 am - 5 pm

Day of surgery check-in

On the day of surgery, check in at outpatient registration, which is located on the right through the outpatient entrance. Once you register and receive your armband from outpatient registration, take the elevators to the second floor. On the second floor, go straight ahead to the desk in the Same Day Surgery waiting room.

If you are asked to arrive before 6 am, go straight to the Same Day Surgery desk instead of outpatient registration.

If you have any problems on the day of surgery, please call SSM Health St. Mary's Hospital at 573-681-3000.

Bring your patient education booklet with you the day of surgery.



Welcome

Welcome to SSM Health Orthopedics, a first-class experience in patient care! We are committed to the highest quality clinical outcomes and patient satisfaction.

We have a dedicated service line of surgeons, nurses, therapists, and support staff. We provide education for you and your family to aid your recovery and rehabilitation.

Our goal is to prepare you to go home where you can return to a healthy and active lifestyle as quickly as possible. This booklet provides an overview of what you need to know about your total joint replacement.

Thank you for choosing SSM Health Orthopedics. We look forward to working with you!

Our Mission

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

Vision

Peace, hope, and health for every person, family, and community, especially those most in need.

Values

Compassion | Respect | Excellence
Stewardship | Community

ssmhealth.com/orthopedics



SSMHealth®

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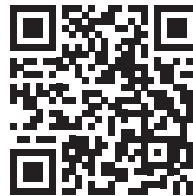
Important information/instructions:

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

Scan this QR code or visit ssmhealth.com/mychart and select **ACCESS YOUR MYCHART** or **ENROLL IN MYCHART**.



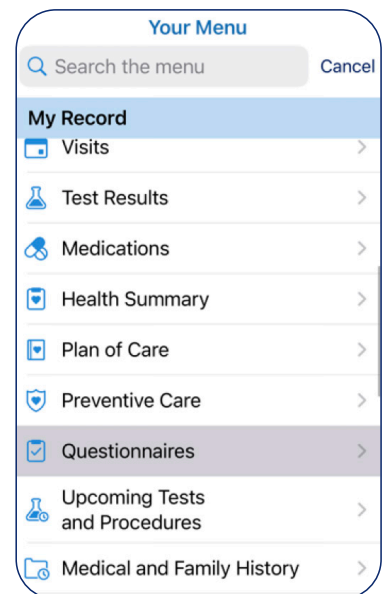
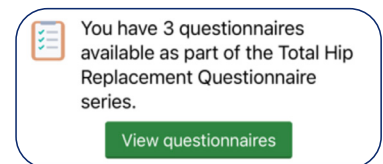
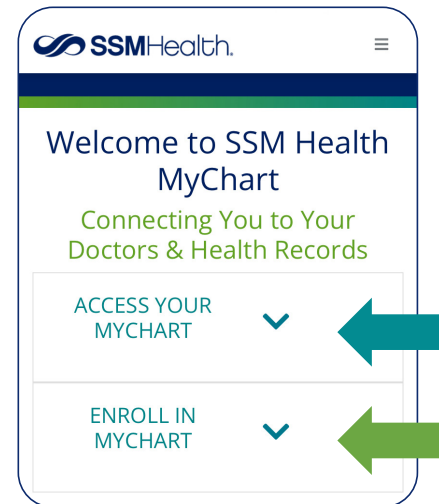
1. When you are within 90 days of your scheduled surgery, or you have received notification from MyChart, log in to your **SSM Health MyChart** account with your username and password, using the link or QR code provided above.
2. On the **Welcome/home screen**, locate the link to the questionnaires on 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. The questionnaire may be one or more questions. Complete all questions before surgery.

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

In addition to the questionnaires before surgery, you will receive a notification in MyChart approximately one year after surgery to answer additional questions about how your joint replacement currently feels. Medicare requires this additional survey to be completed by patients ages 65 years and older.



Introduction

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 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), ceramic, and plastic (polyethylene). The metal parts are attached to the bone, a ceramic ball replaces the top of the femur, and the plastic parts replace your worn cartilage.

After surgery

The surgical procedure will take approximately one to two hours. Some patients will be able to go home the day of surgery, and some patients 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; precautions; 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 steps 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 condition 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 opioid (sometimes called narcotic) pain medication for your joint pain or other chronic pain condition, talk with your prescribing provider about seeing a pain management physician to reduce 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 be off all opioid medication 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). If you are unable to eat food for a meal, drink a nutritional supplement.

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.



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 contact information page given with 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 3-6 months after your joint replacement. After your surgery is complete, please check with your surgeon about taking antibiotics before going to the dentist.

Surgery scheduling

The staff at your surgeon's office will schedule your surgery. You will receive a call from the hospital to confirm the time of your procedure and when to arrive at the hospital for check-in on the day of your surgery.

Joint replacement education class

Please watch a 30-minute preoperative patient education class to help you prepare for surgery. Scan the QR code below with your phone or tablet camera, then click on the link to view the class. This class can be viewed as many times as you wish.



Your surgeon requires that you watch this class with a **PAL** (your **Personal Assistance Leader** who is a responsible adult family member or friend). Your PAL(s) should be willing and able to:

- Drive you home after surgery when you are discharged from the hospital.
- Help you into and out of the car and into the house
- 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 3 months after discharge from the hospital.

A nurse and a therapist will discuss how to prepare for surgery and what to expect after surgery and during the recovery period. Please bring this book to the hospital on the day of your surgery.

Pre-surgical evaluation

Pre-surgical testing appointments should be completed 4-6 weeks before your surgery date to allow enough time to review your testing results and avoid possible cancellation of your surgery.

Surgeons may require medical, cardiac, or dental clearances before your surgery.

- It is important that your hospital record includes a current list of all your medications.
- For safety and accuracy, please bring all of your current prescription and nonprescription medications, including herbal medications, prescription eye drops, and inhalers in their original containers, to your pre-surgical testing appointment.
- After a nurse reviews your medications at this visit, all your medications will be returned to you.

Preoperative exercises

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

Please do the five exercises demonstrated in the online class. Start these exercises now and do 1-2 times each day, 10 repetitions each, as tolerated, until your surgery.

Medications

All blood-thinning medications need to be discontinued as instructed by your physician 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 when 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.

You do not need to contact your prescribing physician but the following medications thin your blood or interact with anesthesia 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 vitamin D supplement until the night before surgery unless your surgeon instructs you differently.



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 of 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 the day of 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 Roxicodone® (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®, 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 in 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

After surgery a physical therapist will make sure you are able to go up and down a few steps, go to and from the bathroom, and move around using a walker.

Most patients are ready to be discharged directly home after surgery 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 if your surgeon recommends it.

Very few patients 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 loose carpet or flooring, move electrical and phone cords, and make sure a walker can fit into the space around your bed, chair, and 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 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.

Checklist

What to bring the day of surgery

❑ **Driver's license, medical insurance card, and any necessary copayments**

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 if you are 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 eyedrops 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.

❑ **Walker**

If you have a walker at home, do not bring it into the hospital at the time of surgery. One will be available for you to use during your hospital stay. Have the walker in the car to use for your transfer to home at the time of discharge. If you need assistance to make sure the walker is properly fitted for you, please ask your care team before discharge.

What not to bring the day of surgery

❑ **Wallet or money except copayment**

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.

❑ **Jewelry**

Please remove all jewelry including wedding bands and earrings or any other piercings and leave them at home.

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 a new bar of Dial® 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.
- Do not use lotions, creams, or powders.

DO NOT eat anything after midnight the night before surgery. No mints, candy, lozenges, nicotine products, or gum.

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 reduce postoperative nausea and vomiting and help your recovery after surgery. The guidelines for liquids have changed to encourage you to drink a low-sugar sports hydration drink (at least 20 oz) the day before surgery. On the morning of surgery, drink another sports hydration drink and any other approved clear liquid until 4 hours before your surgery time.

Approved clear liquids include:

- Gatorade® or Powerade®. Patients with diabetes, use a low-sugar electrolyte drink
- Water or noncarbonated flavored water
- Tea, unsweetened hot or cold
- 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

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 contact information page.

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 two common types of anesthesia for total joint replacement surgery are general anesthesia and spinal 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 one to two 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.

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 therapy team will provide instructions about hip precautions from your surgeon specific to your hip replacement surgery. Continue to do the breathing exercises for at least a week after surgery.
- The 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 as you sleep while also maintaining hip precautions.

Medications after surgery

- The 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

- You will be instructed to do breathing exercises with the incentive spirometer after surgery. Continue to do the breathing exercises for at least a week 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

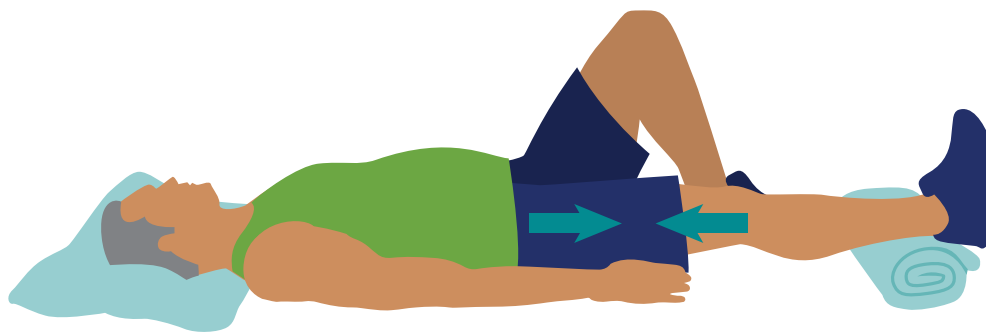
Strengthening and mobility exercises

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 3 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.

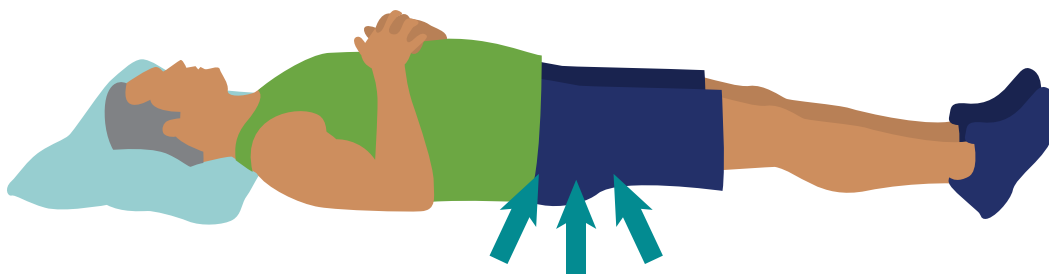
- 1. Ankle pumps** – Bend your ankles up and down, alternating your feet.



- 2. Quad sets** – Lie with a pillow under the heel of your affected leg. 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.



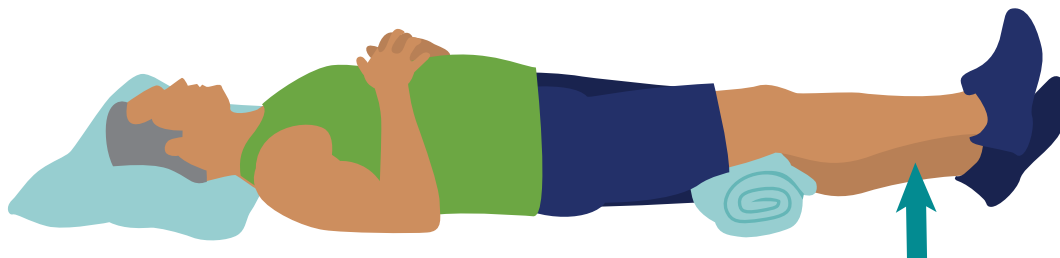
- 3. Gluteal squeezes** – While lying flat, squeeze your buttocks muscles as tightly as possible while counting aloud for 5 seconds, then relax your muscles.



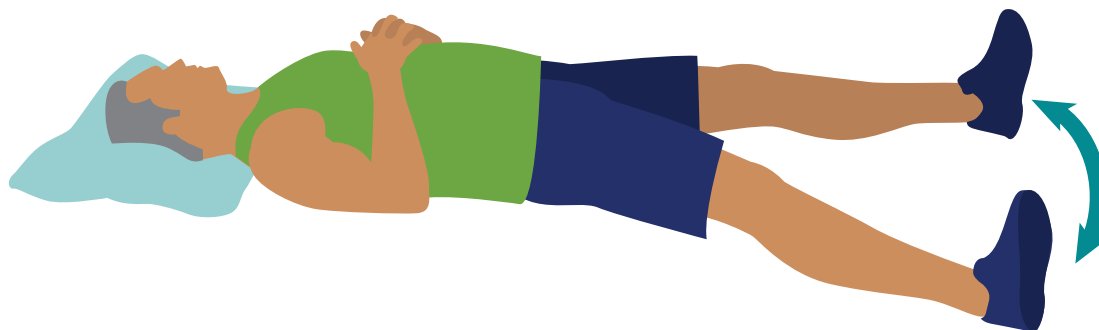
4. **Heel slides** - While lying flat, bend your affected leg and pull your heel toward your buttocks. Lower your leg slowly to the extended position, sliding your heel along the bed.



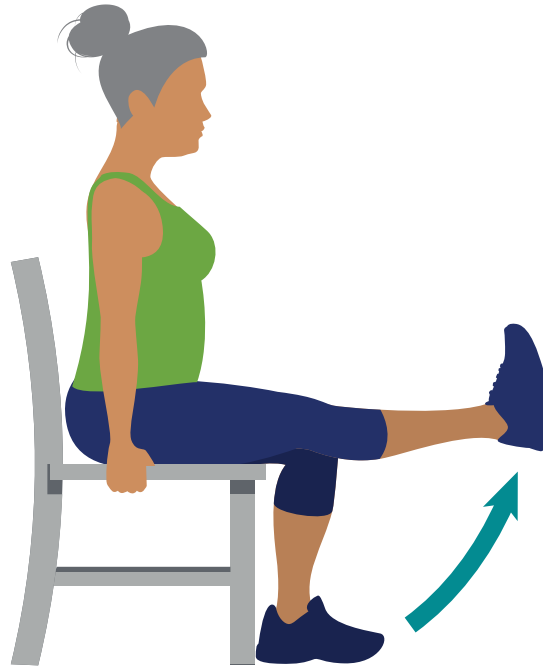
5. **Short arc quads** - While lying on your back with a rolled towel (about 6 inches wide) under your affected leg, slowly straighten your knee to a fully extended position. Hold this position for 5 seconds, then relax your muscles.



6. **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.



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 after surgery.
- You will be given an approximate 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 9.**

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.
- The effects of anesthesia and 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, it will be covered with a clear plastic dressing. This dressing will come off on its own.
- If your skin is closed with staples, they will be removed a few weeks after surgery.
- A bandage is applied to protect the incision. Do not touch or remove the bandage unless instructed by your care team.
- Your care team will provide instructions on dressing changes.
- Do not shower after surgery until your care team tells you it is safe (no tub baths are allowed until the incision 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 incision 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 wash the skin around the incision. Always use a clean towel to pat dry the area around the incision. Do not use the same washcloth or towel around your incision that you use on the rest of 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 along the incision, call your surgeon's office or your care team.

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

Preventing infection

- Do not touch or pick at your surgical dressing. Follow all incision care instructions as given by your care team.
- If you are instructed to change your surgical dressing, wash your hands before and after dressing changes.
- Use proper hand washing 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 bedding immediately.
- Ask your surgeon about taking antibiotics before any invasive dental work after your surgery.
- Shower as instructed. NO tub baths. Always use a clean washcloth to clean the skin around the incision. Always use a clean towel to pat dry the area around the incision. Do not use the same washcloth or towel around your incision that you use on the rest of your body for at least 6 weeks.

Swelling

- Swelling is expected after surgery 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.
- Elevate the surgical leg in bed to help reduce swelling. Place a couple pillows under the leg from the thigh to the ankle so the leg is above the level of the heart.
- 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.
- Avoid applying heat to your surgical leg 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:

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



Medications

- Prescriptions and instructions for pain and blood-thinning medications will be given to you when you are discharged from the hospital.
- Patients usually take some kind of pain medication for a few weeks after hip replacement surgery. Every week you should reduce the amount of prescription pain medication used.
- 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.

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.

Return to exercise

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

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.
- You need to inform airport 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 do not need to take antibiotics before routine dental cleaning and check-up appointments. You will need to take antibiotics before invasive dental work following your surgery.
- 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 months after surgery. This may be delayed if your surgeon has any concerns about the healing of your skin incision.

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 prescription pain (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 have difficulty sleeping (insomnia), is this normal?

- 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.
- If insomnia continues, talk with your doctor about other suggestions.

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 another 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.

