

GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT
MELBOURNE REGIONAL MEDICAL CENTER



**Melbourne Regional
Medical Center**

A STEWARD FAMILY HOSPITAL

Steward



GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

Table of Contents

Section One – Before Surgery

| | |
|--|----|
| Hip Replacement | 3 |
| Patient Checklist | 4 |
| Medication List..... | 5 |
| Discharge Planning Assessment..... | 6 |
| Chlorhexidine Gluconate Shower (CHG) | 7 |
| Welcome to Melbourne Regional Medical Center | 8 |
| Using the Guidebook | 8 |
| Orthopedic Center Overview | 8 |
| Your Joint Replacement Team | 9 |
| Get Started - Six Weeks Before Surgery..... | 10 |
| Plan for Leaving the Hospital..... | 10 |
| Joint Care Team Call..... | 10 |
| Medical Clearance..... | 10 |
| Labwork/Tests | 10 |
| Medications That Increase Bleeding | 10 |
| Herbal Medicine..... | 10 |
| Coaches/Patient Checklist | 11 |
| Healthcare Decisions | 12 |
| Stop Smoking | 12 |
| Get in Shape for Surgery | 13 |
| Start Pre-operative Exercises..... | 13 |
| Exercising Before Surgery | 13 |
| Pre-operative Hip Exercises | 14 |
| Prepare Your Home | 19 |
| Breathing Exercises..... | 19 |
| Surgery Timeline | 20 |
| Four Weeks..... | 20 |
| Two to Three Weeks | 20 |
| Ten Days | 20 |
| Two Days | 20 |
| Day Before..... | 20 |
| Night Before..... | 21 |
| Day of Surgery | 21 |
| Items to Take to the Hospital..... | 21 |
| Special Instructions | 21 |

Section Two – At The Hospital

| | |
|-------------------------------------|----|
| Understanding Anesthesia | 22 |
| Anesthesiologists..... | 22 |
| Types of Anesthesia..... | 22 |
| Side Effects | 22 |
| Understanding Pain..... | 22 |
| Pain Scale..... | 22 |
| Hospital Care – What to Expect..... | 23 |
| Before Surgery..... | 23 |
| During Surgery..... | 23 |
| After Surgery..... | 23 |
| Outpatient..... | 24 |
| Inpatient Status | 24 |

GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

Table of Contents

| | |
|---------------------------------|----|
| Physical Therapy Schedule | 25 |
| Discharge Options | 26 |

Section Three – At Home After Surgery

| | |
|--|----|
| Caring for Yourself at Home | 27 |
| Be Comfortable | 27 |
| Body Changes | 27 |
| Blood Clots..... | 27 |
| Compression Stockings | 27 |
| Incision Care..... | 27 |
| Recognizing and Preventing Potential Complications | 28 |
| Infection | 28 |
| Blood Clots..... | 28 |
| Pulmonary Embolism..... | 28 |

Section Three – At Home After Surgery (Continued)

| | |
|-----------------------------------|----|
| Post-operative Goals | 29 |
| Weeks One to Two | 29 |
| Weeks Two to Four | 29 |
| Weeks Four to Six..... | 29 |
| Weeks Six to 12 | 29 |
| Post-operative Exercises | 30 |
| At Home Exercises | 30 |
| Advanced Exercises | 30 |
| Hip Precautions | 31 |
| Activities of Daily Living | 32 |
| Standing/Sitting With Walker..... | 32 |
| Bed Transfers..... | 33 |
| Walking | 34 |
| Stair Climbing | 35 |
| Tub Transfers | 35 |
| Car Transfers | 36 |
| Getting Dressed..... | 37 |
| Around the House | 38 |
| Dos and Don'ts | 39 |
| What to Do..... | 39 |
| Exercise | 39 |
| Lifetime Follow-up Visits | 40 |
| Frequently Asked Questions..... | 41 |

Section Four – Appendix

| | |
|------------------------------------|----|
| Glossary | 44 |
| Post-Operative Surgical Tips | 45 |
| Discharge Instructions | 46 |

GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

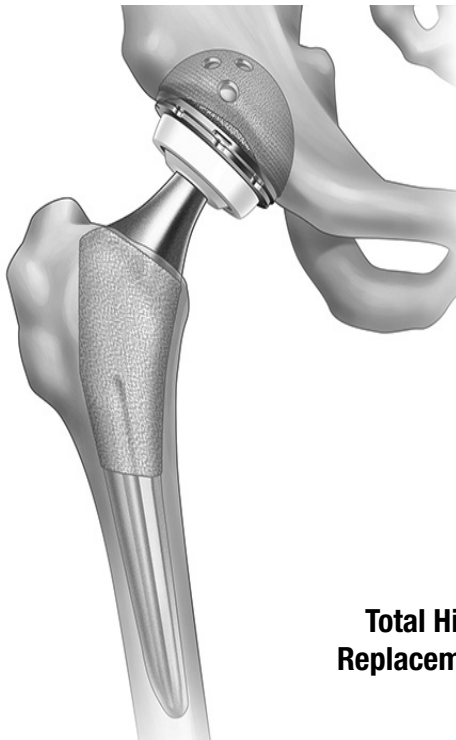
Hip Replacement



Healthy Hip



Arthritic Hip



**Total Hip
Replacement**

Melbourne Regional Medical Center

A STEWARD FAMILY HOSPITAL



THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

PATIENT CHECKLIST

Congratulations on choosing to have hip replacement surgery and thank you for choosing The Orthopedic Center at Melbourne Regional Medical Center

To be completely prepared for your joint replacement surgery, you will need to schedule your Preadmissions Testing Appointment and your Pre-Operative Education Class.

- Please call 321-752-1427 to schedule your pre-op class.

THESE MUST BE DONE PRIOR TO SURGERY.

The Pre-Admission Nurse will call you 3-4 days prior to your surgery to complete your Nursing Assessment.

My Joint Pre-Operative Education Class:

Prior to Pre-Admission Nursing assessment you must:

- ☐ Get pre-op labs done
- ☐ Make an appointment to get clearance from your primary care doctor
- ☐ See your Cardiologist and/or any other specialists if directed by surgeon
- ☐ Make a list of all your medications or bring them with you to your appointment

Prior to surgery you must:

- ☐ Pre-Admission Nursing assessment (this may be in person or you may receive a phone call)
- ☐ Pre-Operative Education Class. It is Mandatory that you attend in person or watch the video online.
- ☐ Have pre-registered for the hospital (they will call you several days prior to surgery to pre-register you)
- ☐ Have co-payments ready if applicable
- ☐ Read your Guidebook
- ☐ Choose a 'coach' to assist in your recovery
- ☐ Plan your discharge and obtain your rolling walker
- ☐ Prepare your home for after surgery
- ☐ Stop taking any over-the-counter medications/supplements, vitamins and any anti-inflammatories (such as ibuprofen, naproxen, etc.) 7-10 days prior to surgery
- ☐ Stop taking any blood thinners 7-10 days prior to your surgery (unless directed differently by your physician)
- ☐ Start your Chlorhexidine Soap as instructed

GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

Medication List

Please fill out the Medication list with the requested information and bring to Pre-Admission Testing (P.A.T.) appointment.

| Name: | | Family Doctor: | |
|---|---|-------------------------------------|---------------------------------------|
| Medication Name/Dosage | Instructions | Reason for Therapy | Duration |
| What is the name of your medication? What is the dosage? | When and how do you take this medication? | Why are you taking this medication? | Name of Doctor prescribing medication |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

DISCHARGE PLANNING ASSESSMENT

Patient's Name: _____ Date of Birth: _____ Surgery Date: _____

Patient's Address: _____

City: _____ State: _____ Zip Code: _____

Patient's Phone Number: (____) _____ Height: _____ Weight: _____

Patient's email address: _____

Name of Family Member/Caregiver/Coach: _____

Family Member/Caregiver/Coach Phone Number: _____

Area of Surgery: HIP or KNEE (circle one) RIGHT LEFT BOTH (circle one)

Surgeon's Name: _____

Insurance Company: _____

Preferred Discharge Plan: _____

Outpatient Therapy Preferred Provider: _____

Preferred Home Health Care Provider: _____

Preferred Rehab Facility: (ONLY IF YOU QUALIFY WHICH CAN ONLY BE DETERMINED AFTER SURGERY)

Preferred Medical Equipment Provider: _____

Circle any equipment you already have at home: Bedside Commode 2 Wheel Walker

- If you have a 2 wheel walker, please bring it to the hospital on the day of surgery

How many stairs do you have in your home: _____

Please provide any other information that may affect your discharge plan (transportation issues, etc.)

GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

Chlorhexidine Gluconate Shower (CHG)

Because skin is not sterile, we need to be sure that your skin is as free of germs as possible before your surgery. You can reduce the number of germs on your skin and decrease the risk of a surgical site infection by preparing your skin with a special soap called Chlorhexidine Gluconate (CHG).

Please follow the instructions below:

If you are allergic to CHG or for any other reason washing with CHG is not possible, please follow the instructions attached and use antibacterial soap (such as Dial).

INSTRUCTIONS:

START SOAP 2 DAYS PRIOR TO SURGERY AND CHANGE BED SHEETS ON _____.

Shower with CHG daily 48 hours prior to surgery: 2 days before you will wash with the CHG soap, change your sheets and sleep in clean pajamas.

Repeat the following night (night before surgery—you do not have to change your sheets again).

And repeat again the morning of surgery.

1. Wash your hair, face, and body, with your normal shampoo and soap. Rinse completely.
2. Turn off the shower.
3. Apply the CHG soap everywhere below your neck and avoid your genital area.

NOTE: NEVER USE THE CHG SOAP NEAR YOUR EYES, IN YOUR EARS OR MOUTH. DO NOT USE AROUND THE GENITAL AREA.

4. Leave CHG soap on for 3 minutes.
5. Turn on the shower and rinse the liquid soap off your body.
6. Towel dry.

NOTE: One 8-ounce CHG bottle should be divided equally between the 3 showers

STOP USING THE SOAP AND CALL YOUR DOCTOR IF YOU HAVE A SKIN REACTION SUCH AS SEVERE BURNING, ITCHING, REDNESS, BLISTERING, PEELING, SWELLING, RASH OR ANY OTHER SEVERE IRRITATION.

GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

Before Surgery

Welcome

We are pleased you have chosen The Orthopedic Center at Melbourne Regional Medical Center to have your joint replacement surgery.

Our Program is designed to return you to your active lifestyle as quick as possible. Most patients will be able to walk the day of surgery, and move towards normal activity in 6 to 12 weeks.

The Orthopedic Center at Melbourne Regional Medical Center has implemented a multidisciplinary course of treatment. Our goal is to involve you in your care through each step of our program.



Using the Guidebook

The Guidebook will assist you with:

Education, Preparation, Communication and Continuity of Care that is essential to excellent outcomes. This Guidebook is designed to educate and prepare you for...

- What to expect before, during and after your joint replacement surgery
- What you need to know
- How to care for your new knee
- After care for the rest of your life

The Orthopedic Center Overview at Melbourne Regional Medical Center

We offer a unique program to encourage discharge from the hospital same day to 1-2 days after surgery. Program features include:

Dedicated Orthopedic Nurses and therapists trained to work with joint patients

- Casual clothes
- Private rooms
- Family and friends as “coaches”
- Joint Care Team who coordinates pre-operative care and discharge planning
- Patient Guidebook

*We strive to
enable patients to
walk the day of
surgery and resume
normal activity in
6 to 12 weeks.*

GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

Your Joint Replacement Team

Orthopedic Surgeon – will perform the procedure to repair your damaged joint.

Hospitalist – Internal medicine physician who specializes in taking care of patients in a hospital setting. Your surgeon may consult with a hospitalist to effectively manage your medical needs.

Registered Nurse (RN) – Responsible for your daily care while in the hospital. Your nurse will ensure that orders given by your doctor are followed, including pain management medications, your home medications and monitoring of your vital signs.

Physical Therapist (PT) – will guide you through functional daily activities and teach you exercises to regain your strength/motion. They will show you how to use your walker and recliner chair to support proper exercises.

Occupational Therapist (OT) – will teach you how to complete daily living tasks as independently as possible (i.e. getting in and out of bed, dressing, maintaining personal hygiene, and completing household chores).

Joint Care Team will:

- Review at-home needs after surgery, if required.
- Make daily rounds to check on your care.
- Coordinate discharge plan.
- Act as your advocate throughout treatment.
- Answer questions and coordinate hospital care with the team members at The Orthopedic Center at Melbourne Regional Medical Center

Case Managers – will work closely with you and the Joint Care Team to help you plan your discharge.



GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

Get Started - Six Weeks Before Surgery

Plan for Leaving the Hospital

The Joint Care Team will develop a discharge plan that meets your needs. Patients should expect to go directly home to recover in the privacy and comfort of their own surroundings.

Joint Care Team Call

After surgery has been scheduled, call 321-752-1427 to make an appointment for pre-op class.

- Schedule your pre-operative class and verify appointments for medical testing.
- Act as a liaison for coordination of your pre-operative care.
- Verify you have made an appointment, if necessary, with your doctor and have obtained pre-operative tests your doctor ordered.
- Answer questions and direct you to hospital resources.

Medical Clearance

If medical clearance is required, your surgeon's office will communicate this with you and assist with scheduling an appointment to have this completed.

If you need to see your medical doctor, it will be for pre-operative medical clearance. This is in addition to seeing your surgeon before surgery. You may require additional medical testing in order to be medically cleared for surgery and anesthesia.

Labwork/Tests

You may require additional labwork done prior to your procedure. You will receive instructions from your surgeon's office. The anesthesiologist or physicians may order additional testing which may include, but are not limited to, CBC, BMP, MRSA screen, urine, or an EKG.

Medications That Increase Bleeding

Usually about 10 days before your surgery, you will stop taking medications such as anti-inflammatory medications like aspirin, Motrin®, Naproxen, Vitamin E, etc. These medications may increase bleeding. If you are taking a blood thinner, you will need instructions for continuing or stopping the medication from the Physician that has originally ordered you to take the medication. During your pre-op appointment, you will receive instructions about your other medications.

Herbal Medicine/Supplements

Herbal medicines and supplements can interfere with other medicines. You will need to stop taking them 10 days before surgery.

Examples of herbal medicines: echinacea, ginkgo, ginseng, ginger, licorice, garlic, valerian, St. John's wort, ephedra, goldenseal, feverfew, saw palmetto, and kava-kava.



GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

Every patient will need a coach:

Coaches/Patient Checklist

- ☐ Find out about anticoagulant medication: monitoring, dosing, and precautions
- ☐ Pain medication dos and don'ts
- ☐ Signs and symptoms of infection
- ☐ How to put on the TED stockings
- ☐ How often the stockings should be removed and for how long
- ☐ Signs and symptoms of a blood clot and Pulmonary Embolism
- ☐ How to use the incentive spirometer and how often
- ☐ Movement restrictions
- ☐ How to assist the patient out of bed
- ☐ How to assist the patient up and down stairs
- ☐ The exercise program to follow at home
- ☐ Diet restrictions and recommendations
- ☐ Equipment use: walkers, potty chairs



Importance of Your Coach

Involving a friend or relative as your coach is very important.

Your coach should plan to come with you to your pre-operative class and to visit during your hospital stay to provide support during exercise classes, and keep you focused on healing.

They will also assist you at home once you are discharged.

GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

Healthcare Decisions

Advance Medical Directives are printed instructions that communicate the patient's wishes regarding healthcare. There are different directives. Consult your attorney concerning the legal implications of each.

- **A Living Will** explains your wishes if you have a terminal condition, irreversible coma, and are unable to communicate.
- **Appointment of a Healthcare Agent** (sometimes called a Medical Power of Attorney) lets you name a person (your agent) to make medical decisions if you become unable to do so.
- **Healthcare Instructions** are your choices regarding use of life-sustaining equipment, hydration, nutrition, and pain medications.

If you have an Advance Medical Directive, bring a copy of the document with you to the hospital.

Stop Smoking¹

Smoking:

- Delays your healing process.
- Reduces the size of blood vessels and decreases the amount of oxygen circulated in your blood.
- Can increase clotting which can cause heart problems.
- Increases blood pressure and heart rate.

***Smoking can impair
oxygen circulation to your
healing joint.
Oxygen circulation is
vital to the healing
process.***

If you quit smoking before surgery, you will increase your ability to heal. If you need help quitting, ask about hospital resources.

When you are ready:

- Decide to quit.
- Choose the date.
- Limit the area where you smoke; don't smoke at home.
- Throw away all cigarettes and ashtrays.
- Don't put yourself in situations where others smoke.
- Reward yourself for each day without cigarettes.
- Remind yourself that this can be done – be positive!
- Take it one day at a time – if you slip, get back to your decision to quit.
- Check with your doctor if you need products like chewing gum, patches or prescription aids.

¹Smoking Threatens Orthopedic Outcomes. Negative effects should prompt orthopedists to address the issue with patients. S. Terry Canale, MD; Frank B. Kelly, MD; and Kaye Daugherty <http://www.aaos.org/news/aaosnow/jun12/cover2.asp> Motrin is a registered trademark of McNeil-PPC, Inc. All rights reserved by trademark owner.

GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

Get in Shape for Surgery

- Eat nutritious foods
- If you are overweight, your surgeon may recommend a weight loss program

Start Pre-operative Exercises

Many patients with arthritis of the hip avoid using their painful leg. Muscles become weaker, making recovery slower and more difficult. Beginning an exercise program before surgery can help make recovery faster and easier.

It is important to be as flexible and strong as possible before having hip surgery.



Exercising Before Surgery

Consult your doctor before starting pre-operative exercises. Twelve exercises are listed that your doctor may instruct you to start doing and continue until your surgery. Take 15 to 20 minutes, twice a day to do your exercises. Perform exercises on both legs.

It is also important to strengthen your entire body, not just your legs, before surgery. Strengthen your arms by doing chair push-ups because you will be relying on your arms when walking with the walker; getting in/out of bed and chairs; and on/off the toilet. Perform light endurance activities for your heart and lungs – walking for 10 to 15 minutes each day.

GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

Pre-operative Hip Exercises

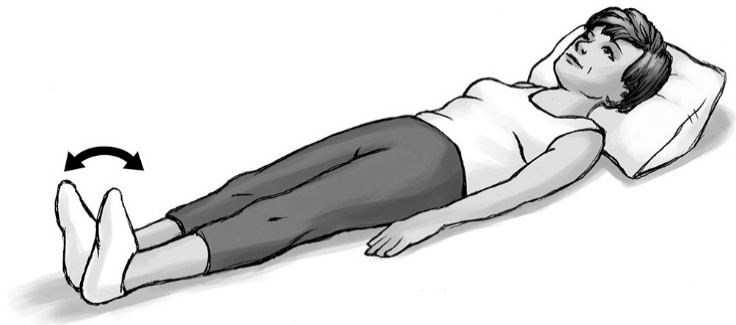
(Do not do any exercise that is too painful.)

1. Ankle Pumps
2. Quad Sets
3. Gluteal Sets
4. Abduction and Adduction
5. Heel Slides
6. Short Arc Quads
7. Long Arc Quads
8. Standing Heel/Toe Raises
9. Standing Rock Over the Affected Leg
10. Standing Mini Squats
11. Standing Knee Flexion
12. Armchair Push-ups

1 Ankle Pumps

Flex and point your feet.

Perform 20 times.



2 Quad Sets (Knee Push-Downs)

Lie on your back and press knees into mat by tightening muscles on the front of the thigh (quadriceps). Hold for a 5 count. Do NOT hold breath. **Perform 20 times.**



GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

3 Gluteal Sets (Bottom Squeezes)

Squeeze bottom together. Hold for a 5 count. Do NOT hold breath.

Perform 20 times.



4 Hip Abduction and Adduction (Slide Heels Out and In)

Lie on your back with toes pointed to ceiling and knees straight. Tighten thigh muscles and slide leg out to side and back to starting position. DO NOT CROSS MIDLINE! After surgery, your therapist will advise how and when to start this exercise. **Perform 20 times.**



5 Heel Slides (Slide Heels Up and Down)

Lie on your back; slide heel up surface bending knee.

Perform 20 times.



GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

6 Short Arc Quads

Lie on your back, place a 6-8 inch rolled towel under knee. Lift foot from surface, straightening knee as far as possible. Do not raise thigh off rolled towel.

Perform 2 sets of 10.



7 Knee Extension - Long Arc

Sit with back against chair and thighs fully supported. Lift foot up, straightening knee. Do not raise thigh off chair. Hold for a 5 count.

Perform 2 sets of 10.



8 Standing Heel/Toe Raises

Stand, with a firm hold on a stationary object. Rise up on toes then back on heels. Stand as straight as possible.

Perform 2 sets of 10.

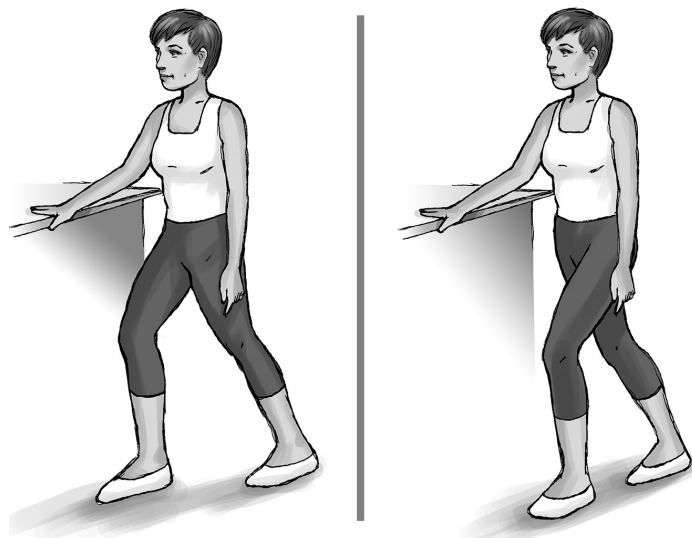


GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

9 **Standing Rock Over Affected Leg**

Stand sideways to countertop and hold on. Keep affected leg and heel firmly planted on floor; step forward with other leg to feel a slight stretch in calf and thigh. Make sure your knee does not go past your toes. Step back. Concentrate on shifting weight to affected side and on equal step distance. **Perform 10 times forward and 10 times back.**



10 **Standing Mini Squat**

Stand, with feet shoulder width apart, and holding on to a stationary object. Keep heels on floor as you bend knees to a slight squat. Make sure your knees do not go past your toes. Return to upright position tightening buttocks and quads. Keep body upright, heels on floor and do not squat past 90 degrees hip flexion. **Perform 2 sets of 10.**



11 **Standing Knee Flexion – Hamstring Curls**

Stand, with feet shoulder width apart, toes pointing forward and holding onto stationary object. Tighten gluteal muscles, and bend surgical knee lifting foot off floor. Do not bend forward, or let hip bend. Try to keep a straight line from ear through shoulder to hip and knee. **Perform 2 sets of 10.**

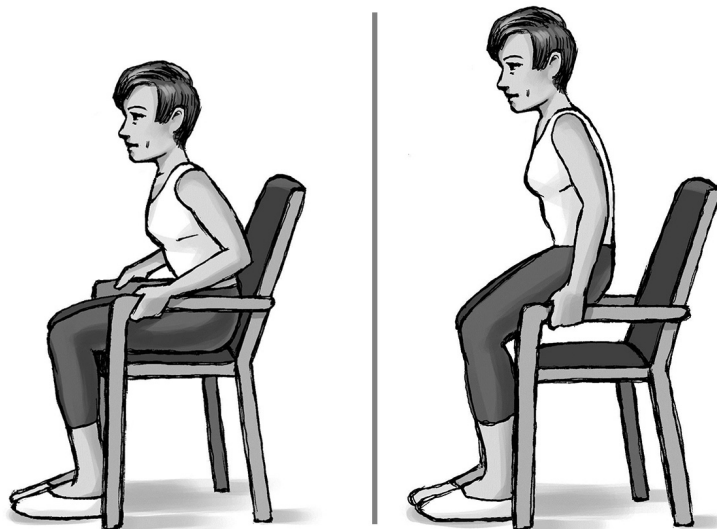


GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

12 **Armchair Push-ups**

Sitting in sturdy armchair with feet flat on floor, scoot to front of seat and place hands on armrests. Straighten arms raising bottom up from seat as far as possible. Use legs as needed to lift. Progress to using only arms and non-surgical leg to perform push-up. Do not hold breath or strain too hard. **Perform 2 sets of 10.**



GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

Prepare Your Home

- Put things you use often on a surface that is easy to reach.
- Check railings to make sure they are not loose.
- Complete house cleaning, do laundry, and put it away.
- Put clean linens on the bed.
- Prepare meals and freeze them.
- Cut the grass, tend the garden and other yard work.
- Pick up throw rugs and tack down loose carpeting.
- Remove electrical cords and other obstructions from walkways.
- Install nightlights in bathrooms, bedrooms, and hallways.
- Install grab bars in the shower/bathtub and put adhesive slip strips in the tub.
- Arrange to have someone collect your mail and take care of pets.



Breathing Exercises

To prevent problems such as pneumonia, practice breathing exercises using the muscles of your abdomen and chest.

Deep Breathing

- Breathe in through your nose as deep as you can.
- Hold your breath for five to 10 seconds.
- Breathe out as if you were blowing out a candle. Notice your stomach going in. Breathe out for 10 to 20 seconds.
- Take a break and then repeat the exercise 10 times.

Techniques such as deep breathing, coughing, and using an Incentive Spirometer may help prevent respiratory complications after surgery.

Coughing

- Take a slow deep breath. Breathe in through your nose and fill your lungs completely.
- Breathe out through your mouth and concentrate on your chest emptying.
- Repeat.
- Take another breath, but hold your breath and then cough hard. When you cough, focus on emptying your lungs.
- Repeat all steps twice.

GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

Surgery Timeline

Four to Six Weeks Before Surgery

Schedule appointments for surgical clearance:

- Primary Care Physician for surgical clearance
- Any other clearances you may need (cardiologist, pulmonologist, etc.)
- Pre-Admission testing: A Pre-admission testing nurse will call you 3-4 days prior to surgery. You may also complete necessary lab testing and other tests ordered by the surgeon (MRSA screen, urine, EKG).
- Pre-op Class: Schedule by calling 321-752-1314. This is a mandatory class to be done prior to surgery
- Labs/X-rays/CT scans

Start Vitamins, Iron

You may be instructed to take iron. Iron helps build up your blood count which may help prevent the need for a blood transfusion. Follow your surgeon's instructions regarding what to take before surgery. Please keep in mind that one of the side effects of taking iron is that it may cause constipation.

Two to Three Weeks Before Surgery

Pre-operative Medical Testing Appointment - (SEE PATIENT CHECKLIST ON PAGE 4.)

Nurse will call 3-4 days prior to surgery.

Pre-operative Class

Attend a class for joint surgery patients. Bring your coach. This is a mandatory class.

| | | |
|----------------------|---|---|
| Class Outline | <ul style="list-style-type: none">• Pre-op Education• What to Expect from Coach/Caregiver and hospital stay• Pain Management• How to care for yourself at home | <ul style="list-style-type: none">• Review Pre-operative Exercises• Learn About Assistive Devices and Joint Protection• Discharge Planning/Insurance/Equipment• Anesthesia |
| | | |

Obtain a rolling walker - Get a prescription from your surgeon and any other equipment you may need. You must have this prior to surgery.

Ten Days Before Surgery

Pre-operative Visit to Surgeon

You will have an appointment in your surgeon's office seven to 10 days before surgery. Follow the surgeon's office's recommendations regarding follow up before your surgery.

Two Days Before Surgery

Shower Prep

The nurse during your pre-operative class will discuss showering with a special soap that is required 48 hours before, day before, and morning of surgery. **(SEE INSTRUCTIONS ON PAGE 7.)**

Day Before Surgery

Find Out Your Arrival Time at the Hospital

You will receive a call the day before surgery (or Friday if surgery is Monday) between 4-7 pm to find out what time your procedure is scheduled, and when you need to arrive at the hospital.

GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

Night Before Surgery

The joint care team will provide instructions for the night before surgery. Generally: Do not eat or drink anything after midnight, EVEN WATER, unless otherwise instructed.

Day of Surgery

Please arrive at the hospital two hours before surgery to give staff adequate time to start IVs, prep, and answer questions. It is important you arrive on time as occasionally the surgery time is moved up.

Items to Take to the Hospital

- Rolling Walker
- Personal hygiene items (toothbrush, deodorant, razor, etc.)
- Slippers with non-slip soles that stay on securely; flat shoes or tennis shoes
- Clothing—loose fitting clothes (T-shirts/shorts/baggy pants), undergarments
- Shorts should be nylon material. It will be more comfortable for exercising and moving.
- This Guidebook
- Copy of Advance Medical Directives (if you have one)
- Insurance card, driver's license, or photo I.D.
- Co-payment required by insurance company
- A list of all medications you are currently taking
- List of all allergies
- CPAP Machine and supplies (if applicable)
- Bring your inhaler (if applicable)

Special Instructions

- Check with the joint care team regarding diabetes and any medication you should NOT take the day of surgery.
- Leave jewelry, valuables, and large amounts of money at home.
- Remove makeup before procedure.
- Do not apply body lotion.

GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

Section Two:

At the Hospital

Understanding Anesthesia

Anesthesiologists

The Operating Room, Post Anesthesia Care Unit (PACU), and Intensive Care Unit at the hospital are staffed by qualified anesthesia providers.

Types of Anesthesia

- **General anesthesia** - produces temporary unconsciousness.
- **Regional anesthesia** - involves the injection of a local anesthetic providing numbness, loss of pain, or loss of sensation to the body (spinal blocks, epidural blocks and leg blocks).

Side Effects

Your anesthesiologist will discuss the risks and benefits associated with each anesthetic option, as well as complications or side effects that can occur.

You will be given medications to treat nausea and vomiting which sometimes occurs with the anesthesia. The amount of discomfort you experience will depend on several factors, especially the type of surgery. Your discomfort should be minimal, but **do not** expect to be totally pain free. Staff will teach you the pain scale to assess your pain level.

Understanding Pain

Pain can be chronic (lasting a long time) or intense (breakthrough) — and pain will change through the recovery process.

Pain Scale

Using a number to rate your pain can help your Joint Team understand and help manage it. “0” means no pain and “10” means the worst pain possible. With good communication, the team can make adjustments to make you more comfortable.



From Wong D.L., Hockenberry-Eaton M., Wilson D., Winkelstein M.L., Schwartz P.: Wong's Essentials of Pediatric Nursing, ed. 6, St. Louis, 2001, p. 1301. Copyrighted by Mosby, Inc. Reprinted by permission.

GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

Hospital Care - What to Expect

Before Surgery

- Your surgeon will see you and will mark the correct surgical site. They will also answer any last minute questions.
- Your anesthesiologist will review your information to evaluate your general health to determine the type of anesthesia best suited for you. This includes your medical history, laboratory test results, allergies, and current medications.
- Intravenous (IV) fluids will be started and pre-operative medications may be given.
- Before you receive the anesthesia, monitoring devices will be attached (blood pressure cuff, EKG, and other devices).
- You will be asked to sign surgical and anesthesia consent forms.

During Surgery

- The anesthesia provider will manage vital signs — heart rate and rhythm, blood pressure, body temperature and breathing — as well as monitor your fluid and need for a blood transfusion if necessary.

After Surgery

- You will be taken to the Post Anesthesia Care Unit (PACU). Your pain level will be assessed, vital signs monitored, and an X-ray of your new joint may be taken.
- Depending on the type of anesthesia used, you may experience blurred vision, a dry mouth, and chills.
- You will either be taken to The Orthopedic Center on the second floor or you will go to Phase 2 Recovery and be discharged same day depending on whether you are outpatient or inpatient. This is determined by your insurance.
- As expected after surgery, discomfort may occur, so you may receive pain medication.
- Most patients will be seen by a physical therapist and/or occupational therapist, who will evaluate you and assist you out of bed to walk or sit in a chair. Mobility helps to relieve discomfort. It is important you begin ankle pumps. This will prevent blood clots from forming in your legs.
- Begin using your Incentive Spirometer and do the deep breathing exercises you learned.
- Begin your pre-op exercises even while you're in bed (i.e. ankle pumps).

GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

Hospital Care - What to Expect

Outpatient - Going home the same day

Phase II Recovery

Phase II Recovery for 4-6 hours. everyone recovers from anesthesia at different rates. You will be able to drink shortly after coming to Phase II and the nurse will help you to order your meal. Physical therapy will also see and evaluate you about 2 hours after arriving to Phase II.

You must meet certain criteria prior to being discharged home.

- 1) Vital signs stable
- 2) No bleeding, dressing area dry and intact
- 3) No active nausea/vomiting
- 4) Physical therapy has cleared you as safe for discharge home
- 5) Urination prior to discharge

Inpatient - Admitted to the Orthopedic floor for at least 1 night

Post-op Day One

- Expect to be out of bed, bathed, dressed in your own clothes, and seated in a recliner by breakfast.
- Your surgeon **or** physician's assistant will visit.
- The therapist will get you walking with a walker. Please bring your walker from home.
- Pain medication will be given if requested.
- Intravenous (IV) pain medication will likely be stopped; you may begin oral pain medication.
- If evaluations were not completed on day of surgery, physical therapy will complete individual assessments.
- Group therapy classes will occur in the morning at 10AM. Please note, Group class is only held if there are 3 or more participants. If less than 3, you will be seen individually. Please have your coach attend.

GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

Physical Therapy Schedule

Note: Times are approximate and represent a typical schedule. The therapists will advise patients and family members if times change.

| | |
|---------------|---|
| Post-op Day 0 | Most patients may be seen by the physical and/or occupational therapist today for their post-operative evaluation. |
| Post-op Day 1 | For patients not evaluated on day of surgery, a therapist will come to your room to evaluate you in the morning. You may attend a morning group therapy session followed by a discharge class. Coaches are encouraged to attend exercise and discharge education classes. Class will only be held if there are 3 or more participants. Otherwise, you will be seen individually in your room. |

GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

Discharge Options

When you are medically ready, your physician will provide a discharge order.

Going Directly Home

- You will know in advance the approximate time of departure so you can arrange for transportation home.
- You will receive discharge instructions concerning medications, physical therapy, activity, etc.
- Take your Guidebook with you
- Your care team will coordinate with the surgeon for outpatient or Home Health physical therapy visits.

Going to a Sub-acute Rehabilitation Facility

- Sub-acute stays must be approved by your insurance company and can **only be determined after surgery**. You must meet certain admissions criteria established by your insurance or Medicare.
- If sub-acute rehabilitation is not approved, you may still choose to go there and pay privately or the hospital will make alternate arrangements for home care.

Hip surgery is considered an elective surgery by most insurance providers. You are responsible for contacting your insurance provider to determine your qualification for a sub-acute rehabilitation facility. The majority of patients that participate in the Orthopedic Program at Melbourne Regional Medical Center have optimal surgical outcomes and can go directly home after surgery.



GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

Section Three:

At Home After Surgery

Caring for Yourself at Home

Things you need to know for safety, recovery, and comfort.

***Try not to nap during
the day so you will
sleep at night.***

Be Comfortable

- Take pain medicine at least 30 minutes before physical therapy.
- Wean off prescription medication to non-prescription pain reliever such as Extra-strength Tylenol® tablets up to four times per day.
- Change position frequently (every 45 minutes to 1 hour) to prevent stiffness.
- Use ice for pain control at least 30 minutes each hour. Use before and after exercise program.

Body Changes

- Appetite may be poor, but your desire for solid food will return.
- Drink plenty of fluids.
- May have difficulty sleeping.
- Energy level will be low. This may last for up to the next four weeks.
- Pain medication that contains narcotics promotes constipation. Use stool softeners or laxatives, if necessary.

Blood Clots

You will be given a blood thinner to avoid blood clots in your legs. What you will be given will depend on your health history, your Body Mass Index (BMI), and what your surgeon prescribes (i.e. Aspirin 81mg, Xarelto, Eliquis).

Compression Stockings

You may wear special stockings to compress veins in your legs. This helps keep swelling down and reduces the chance for blood clots.

- If swelling in operative leg is bothersome, elevate leg for short periods. Lie down and raise leg above heart level.
- Wear stockings continuously during the day. Follow your discharge instructions.
- Notify your doctor if pain or swelling increases in either leg.
- Wear stockings for four weeks after surgery; ask surgeon when you can discontinue.

Incision Care

- Dressing- you will be given instructions for care on a separate discharge sheet provided by your nurse, keep dressing dry and clean.
- NO tub baths, saunas, or pools until there are no open areas. (Usually about four-six weeks after surgery).
- Continue to use ice to the surgical site several times a day.
- Notify your surgeon if increased drainage, redness, pain, odor, or heat is around the incision.
- If you feel warm or sick, take your temperature. Call your surgeon if temperature/fever exceeds 101 degrees.

GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

Recognizing and Preventing Potential Complications

Infection

| | |
|-------------------|--|
| Signs | <ul style="list-style-type: none">• Increased swelling and redness at incision site.• Change in color, amount, and odor of drainage.• Increased pain in knee.• Fever greater than 101 degrees. |
| Prevention | <ul style="list-style-type: none">• Take proper care of incision by keeping the dressing/incision dry and clean.• Notify dentist, doctor or surgeon before having dental work or other invasive procedures done. Prophylactic antibiotics are generally prescribed. |

Blood Clots

Surgery may cause the blood to slow and coagulate in veins of legs, creating a blood clot. If a clot occurs, you may need to be admitted to the hospital to receive intravenous blood thinners.

| | |
|-------------------|--|
| Signs | <ul style="list-style-type: none">• Swelling in thigh, calf, or ankle that does not go down with elevation.• Pain, heat, and tenderness in calf, back of knee, or groin area.• Blood clots can form in either leg. |
| Prevention | <ul style="list-style-type: none">• Perform ankle pumps.• Walk several times a day.• Wear compression stockings.• Take blood thinners as directed. |

Pulmonary Embolism

An unrecognized blood clot could break away from the vein and travel to the lungs. This is an emergency — **CALL 911.**

| | |
|-------------------|--|
| Signs | <ul style="list-style-type: none">• Sudden chest pain.• Difficult and/or rapid breathing.• Shortness of breath.• Sweating.• Confusion. |
| Prevention | <ul style="list-style-type: none">• Follow guidelines to prevent blood clot in legs. |

GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

Post-operative Goals

Weeks One to Two

Goal is discharge from the hospital within one to two days. Most patients go directly home, but some may go to a rehabilitation center.

- Continue with walker unless otherwise instructed.
- Walk at least 150 feet with walker or support.
- Perform exercises twice a day for 20 minutes.
- If you have stairs, discuss stair climbing with your therapist.
- Gradually resume homemaking tasks.

Weeks Two to Four

Goal is to gain more independence. Follow home exercise program to achieve the best results.

- Continue with exercise progression as instructed by your therapist.
- Gradually add distance to your walks.
- Shower and dress yourself.
- Gradually resume homemaking tasks.

Weeks Four to Six

Goal is recovery to full independence. Home exercise program is important as you receive less supervised therapy.

- Continue with exercise progression as instructed by your therapist.
- Gradually add distance to your walks. Continue home exercise program twice a day.
- You will need permission from your surgeon before you may resume driving.

Weeks Six to 12

Goal is to resume all of your activities.

- By week 12, be able to walk and climb stairs normally, with or without an assistive device (walker, cane, crutch).
- Improve strength to 80%.
- Resume activities including dancing, bowling, and golf.

GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

Post-operative Exercises

Some hip exercises may need to be deleted or modified based on the physician surgery technique.

Exercise is important to achieve the best results from hip surgery. Consult your doctor before starting an exercise program. Receive exercises from a physical therapist, at an outpatient facility, or participate in a home exercise program.

At Home Exercises

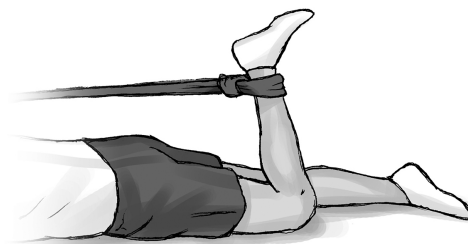
Continue all pre-op exercises and add advanced exercises as tolerated.

Advanced Exercises

To be added by the surgeon after surgery.

Stomach Lying – Hamstring Curl/Quad Stretch

Lie on your stomach with legs extended and strap on foot. Keeping thigh on bed, bend knee until you feel a slight stretch in front of thigh. As tolerated, gently pull foot further. Hold for 30 seconds. **Repeat 2 times.**



Bridges

Lie on your back with knees bent and feet flat on surface; push down on feet as you tighten buttocks and hamstring muscles and lift hips from surface. Concentrate on pushing equally through both feet. Hold for 5 count then return to start position. **Perform 2 sets of 10.**



Standing Marches – Balance Practice

Standing, holding on to countertop, slowly lift surgical knee, concentrating on support leg balance. Balance/hold for 10 seconds. Repeat by standing on surgical leg concentrating on balance. As you progress, hold very lightly with fingertips, then eventually having your hands hovering just above countertop. Progress to doing with eyes closed. **Perform 20 times.**



GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

Hip Precautions

Anterior Approach Hip Precautions

Care must be taken to protect your new hip. You should avoid extension (don't kick your leg backwards any further than a normal step), abduction (no wide steps to the side) and external rotation at the hip (do not turn your foot/toes away/out from your body). Do not bend past 90 degrees and twist (no combined movements).



Posterior Approach Hip Precautions

Care must be taken to prevent the new hip from coming out of socket or dislocating from pelvis. Simple precautions will keep the risk at a minimum. Do not lie on surgical hip.



DO NOT cross your legs



DO NOT bend past 90°



DO NOT twist

- Do not cross legs.
- Do not bend at waist beyond 90 degrees.
- Do not lift knees higher than hips.
- Do not twist over surgical leg – pick feet up and do step turns.
- Do not turn feet inward or outward – keep toes pointing forward in line with nose.
- When lying down, do not bend forward to pull blankets from around feet.
- Avoid low toilets or chairs that would cause bend at waist beyond 90 degrees.
- Do not bend over to pick things up – use a reacher.

GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

Activities of Daily Living

Standing With Walker

Do NOT pull up on walker to stand! Sit in a chair with armrests.

1. Extended surgical leg so knee is lower than hips.
2. Scoot hips to front edge of chair.
3. Push up with both hands on armrests. If a chair doesn't have an armrest, place one hand on walker while pushing off side of chair with other. Balance before grabbing for walker.



Sitting With Walker

1. Back up, taking small steps to avoid overextending, to center of chair until you feel chair on back of legs.
2. Slide out foot of surgical knee, keeping strong leg close to chair for sitting.
3. Reach back for armrest one at a time.
4. Slowly lower body to chair, keeping surgical leg forward as you sit.



GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

Bed Transfers

Getting Into Bed

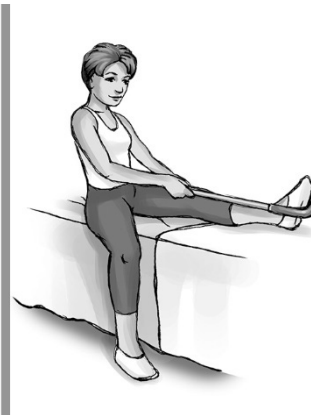
1. Back up, using small steps to avoid overextending, to bed until you feel it on back of legs (need to be midway between foot and head of bed).
2. Reaching back with both hands, sit down on edge of bed and scoot back toward center of mattress. (Silk pajama bottoms, satin sheets, or sitting on plastic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



Back up until you feel leg on bed.



Sit keeping knee lower than hip.



Scoot back on bed lifting leg onto bed.

Getting Out of Bed

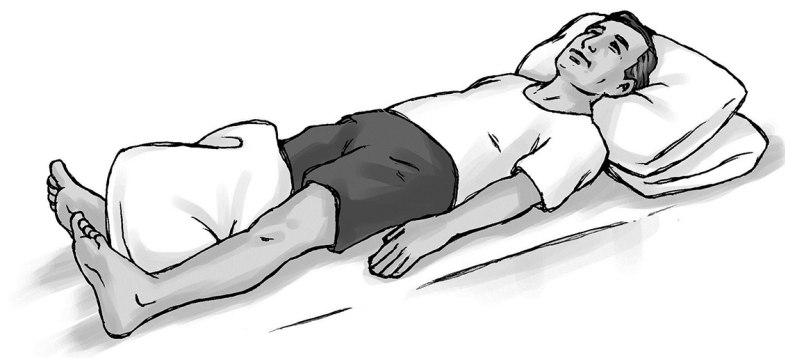
1. Scoot hips to edge of bed.
2. Sit up while lowering non-surgical leg to floor.
3. If necessary, use leg-lifter to lower surgical leg to floor.
4. Scoot to edge of bed.
5. Use both hands to push off bed. If bed is low, place one hand in center of walker while pushing off bed with other.
6. Balance before grabbing walk



GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

Lying in Bed



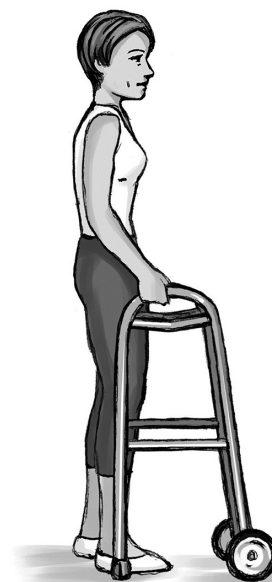
Position leg so toes are pointing to ceiling – not inward or outward. If posterior hip, keep pillow between your legs when lying on your back.

Walking

1. Push rolling walker forward.
2. Step forward placing foot of surgical leg in middle of walker area.
3. Step forward with the non-surgical leg. Do NOT step past front wheels of walker.

Note:

- Take small steps. Keep walker in contact with floor, pushing it forward like shopping cart.
- If using a rolling walker, advance from basic technique to normal walking pattern. Holding onto walker, step forward with surgical leg, pushing walker as you go; try to alternate with equal step forward using non-surgical leg. Continue to push walker forward. When you first start, this may not be possible, but you will find this gets easier. Make sure your foot does not go past the front of the walker when taking a step. Ideally, the foot should land in the center of the walker.



GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

Stair Climbing

1. Begin climb (ascend) with non-surgical leg first (up with good).
2. Go down (descend) with surgical leg first (down with bad).
3. Always hold on to railing!

Tub Transfers

Getting Into Tub Using Bath Seat

1. Select bath seat that is tall enough to ensure hip precautions can be followed.
2. Place bath seat in tub facing faucet.
3. Back up to tub until you feel it at back of knees. Be sure you are in line with bath seat.
4. Reach back with one hand for bath seat. Keep other hand in center of walker.
5. Slowly lower onto bath seat, keeping surgical leg out straight.
6. Move walker out of way, but within reach.
7. Lift legs over edge of tub, using leg lifter for surgical leg, if necessary. Hold onto shower seat or railing.

Getting Out of Tub Using Bath Seat

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



- Note:
- Although bath seats, grab bars, long-handled bath brushes, and hand-held showers make bathing easier and safer, they are typically not covered by insurance.
 - Use rubber mat or non-skid adhesive on bottom of tub or shower.
 - To keep soap within reach, make soap-on-a-rope by placing bar of soap in toe of old pair of pantyhose and attach it to bath seat.

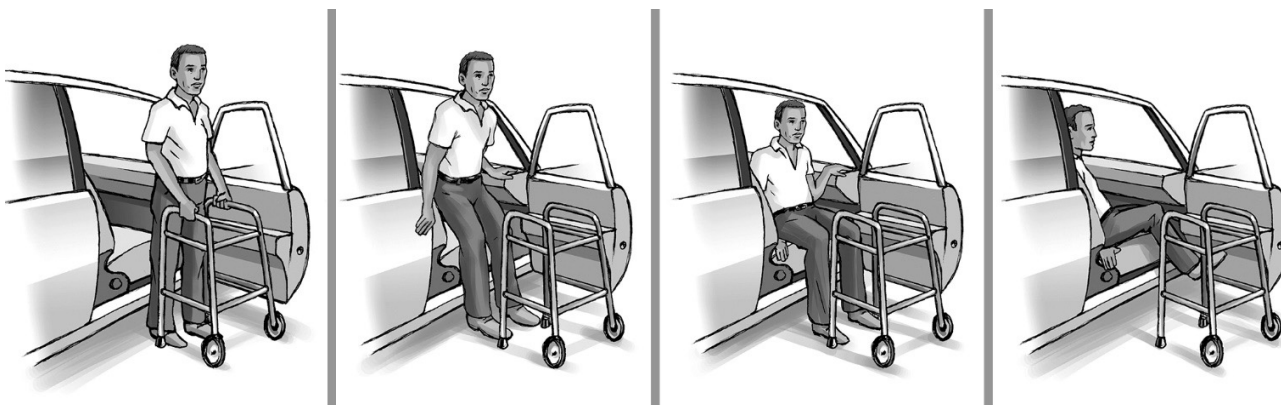
GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

Car Transfers

Getting Into the Car

1. Push car seat all the way back; recline seat back to allow for adequate room to get in and out, but always have it upright for travel.
2. Place plastic bag on seat to help you slide.
3. Back up to car using small steps until you feel it touch back of leg.
4. Hold on to immovable object – car seat or dashboard – and slide surgical foot out straight. Watch your head as you sit down. Slowly lower yourself to car seat.
5. Lean back as you lift surgical leg into car. Use cane, leg lifter, or other device to assist.



Getting Out of the Car

Bring your legs out one at a time. Lead with your hips and shoulders and do not twist your back. Place your right hand on back of the seat and the left hand on the frame or dashboard. Push up to stand. Reach for the walker when you are stable.



GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

Getting Dressed

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

Putting on Pants and Underwear

1. Sit down. Put surgical leg in first and then non-surgical leg. Use reacher or dressing stick to guide waistband over foot.
2. Pull pants up over knees.
3. Stand with walker in front to pull pants up.



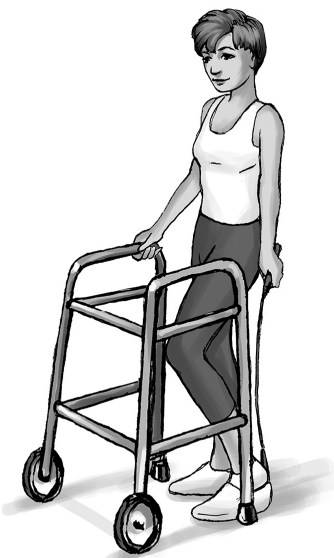
Taking off Pants and Underwear

1. Back up to chair or bed.
2. Unfasten pants and let them drop to floor. Push underwear down to knees.
3. Lower yourself down, keeping surgical leg out straight. Take non-surgical leg out first and then surgical leg.



Using Sock Aid

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



Using Long-handled Shoehorn

- Use reacher, dressing stick, or long-handled shoehorn to slide shoe in front of foot.
- Place shoehorn inside shoe against back of heel.
- Lean back as you lift leg and place toes in shoe.
- Step down into shoe, sliding heel down shoehorn.

This can be performed sitting or standing. Wear sturdy slip-on shoes or shoes with Velcro closures or elastic shoelaces. Do NOT wear high-heeled shoes or shoes without backs.

GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

Around the House: Saving Energy and Protecting Your Joints

Kitchen

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



Bathroom

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

Safety Tips and Avoiding Falls

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

GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

Dos and Don'ts for Rest of Your Life

What to Do

- Notify your dentist or other doctor/surgeon in advance if you are having dental work or other invasive procedures. Generally, antibiotics are taken prior to procedure.
- Although risks are low for post-operative infections, the risk remains. A prosthetic joint could possibly attract bacteria from an infection located in another part of your body.
- If you develop a fever of more than 101 degrees or sustain an injury such as a deep cut or puncture wound, you should clean it as best you can, put a dressing or adhesive bandage on it, and notify your doctor. The closer the injury is to your prosthesis, the greater the concern. Occasionally, antibiotics may be needed. Superficial scratches may be treated with topical antibiotic ointment. Notify your doctor if area is painful or reddened.
- When traveling, stop and change positions hourly to prevent your joint from tightening.

Exercise

With permission from your Orthopedic Surgeon and primary care doctor, you should be on a regular exercise program three to four times per week, lasting 20 to 30 minutes.

- Impact activities such as running and singles tennis may put too much load on the joint and are generally not recommended.
- High-risk activities such as downhill skiing are discouraged because of risk of fractures around the prosthesis and damage to the prosthesis itself.

Exercise – Do

- Choose low impact activity.
- Recommended exercise classes.
- Home program outlined in Guidebook.
- Regular one to three mile walks.
- Home treadmill (for walking).
- Stationary bike.
- Aquatic exercises.
- Regular exercise at fitness center.
- Low-impact sports such as golf, bowling, gardening, dancing, swimming, etc.
- Consult surgeon or physical therapist about specific sport activities.



Exercise – Don't

- Do not run or engage in high-impact activities or activities that require a lot of starts, stops, turns, and twisting motions.
- Do not participate in high-risk activities such as contact sports.
- Do not take up new sports requiring strength and agility until you discuss it with your surgeon or physical therapist.

GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

Importance of Lifetime Follow-up Visits

When should you follow-up with your surgeon?

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

There are reasons for routine follow-up visits with your Orthopedic Surgeon.

If you have a cemented hip, the integrity of cement needs to be evaluated. With time and stress, cement may crack. A crack in cement does not necessarily mean you need another surgery, but it means things need to be followed more closely.

Your hip could become loose and this might lead to pain. Alternatively, the cracked cement could cause a reaction in the bone called osteolysis, which may cause the bone to thin out and cause loosening.

Second reason for follow-up is bearing surfaces in hip prosthesis may wear. Tiny wear particles combine with white blood cells and may get in the bone and cause osteolysis (similar to what can happen with cement).

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

If you are unsure how long it has been or when your next visit should be scheduled, call your doctor.



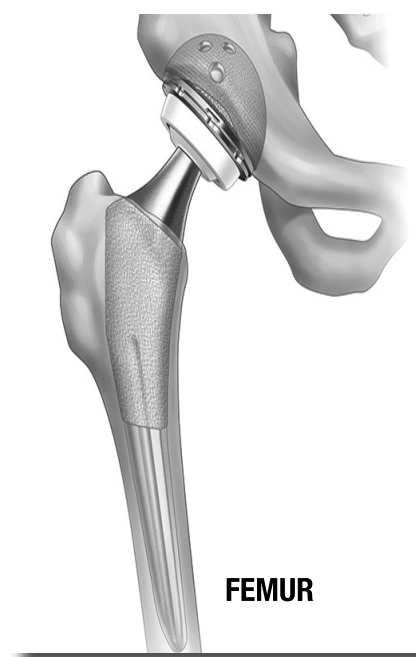
GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

Frequently Asked Questions (FAQs)

What is osteoarthritis and why does my hip hurt?

Osteoarthritis, the most common form of arthritis, is a wear and tear condition that destroys joint cartilage. Joint cartilage is tough, smooth tissue that covers the ends of bones where joints are located. It cushions the bones during movement, and because it is smooth and slippery, it allows for motion with minimal friction. Trauma, repetitive movement, or for no apparent reason, the cartilage wears down exposing the bone ends. Over time, cartilage destruction can result in painful bone-on-bone contact, swelling and loss of motion.



What is total hip replacement?

The term total hip replacement is misleading. The hip is not replaced, but rather an implant is used to re-cap the worn ends of the bone.

- Head of femur is removed.
- Metal stem is inserted into femur shaft and topped with a metal or ceramic ball.
- Worn socket (acetabulum) is smoothed and lined with a metal cup and either a plastic, metal, or ceramic liner.
- No longer does bone rub on bone, causing pain and stiffness.

How long will my new hip last and can a second replacement be done?

All implants have a limited life depending on an individual's age, weight, activity level, and medical condition(s). A joint implant's longevity will vary in every patient. An implant is a medical device subject to wear that may lead to mechanical failure. There is no guarantee that your implant will last for any specified length of time.

What are the major risks?

Most surgeries go well, without complications. However, infection and blood clots are two serious complications. To avoid these complications, your surgeon may use antibiotics and blood thinners.

GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

What if I live alone?

Two options are available to you.

- Return home and receive help from a relative or friend.
- Have a home health nurse and physical therapist visit you at home for two or three weeks.

What happens during surgery?

Hospital reserves approximately one to two hours for surgery. Time will be taken by operating room staff to prepare you for surgery. You may have general anesthetic - "being put to sleep." Some patients prefer a spinal or epidural anesthetic, which numbs the legs and does not require you to be asleep. The choice is between you, your surgeon, and the anesthesiologist.

Will surgery be painful?

You will have discomfort following surgery, but we keep you comfortable with appropriate medication. Most patients will receive oral pain medication with some additional IV medication for "breakthrough" pain.

How long and where will my scar be?

Type of surgical technique will determine location and length of scar. Traditional approach is to make incision lengthwise over the side of your hip. Your surgeon will discuss which type of approach is best for you. There may be some numbness around scar after it is healed. This is normal and numbness disappears with time.

Will I need a walker, crutches, or a cane?

Yes. You will need a walker after surgery and then most will transition to a cane. The length of time varies and will be determined by your physical therapist and surgeon. (Average time is 4-6 weeks.)

Where will I go after discharge from the hospital?

Most patients are able to go home directly after discharge. Some patients may transfer to a sub-acute rehabilitation facility. The Joint Care Team physical therapist and surgeon will help with this decision and make necessary arrangements.



GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

Will I need help at home?

For the first few days or weeks, depending on your progress, you will need someone to assist you with meal preparation, etc. Family or friends need to be available to help. Preparing before surgery can minimize the amount of help needed. Having laundry done, house cleaned, yard work completed, clean linens, and single portion frozen meals will reduce the need for help.



Will I need physical therapy when I go home?

Yes, you will have either outpatient or in-home physical therapy. Patients are encouraged to utilize outpatient therapy. Your Case Manager will help arrange for these appointments. If you need home physical therapy, we will arrange for a physical therapist in your home. Following this, you may go to an outpatient facility several times a week to assist in your rehabilitation. Length of time for this type of therapy varies with each patient.



Will my new hip set off security sensors when traveling?

Your joint replacement is made of metal alloy and may or may not be detected when going through some security devices. Inform the security agent you have a metal implant. The agent will direct you on the security screening procedure. You should carry a medic alert card indicating you have an artificial joint. Check with your surgeon on how to obtain one.

GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

Section Four:

Appendix

Glossary

- **Abdomen:** Part of body commonly thought of as the stomach; it's situated between hips and ribs.
- **Ambulating:** Walking.
- **Assistive Devices:** Walker, crutches, cane, or other device to help you walk.
- **Compression Stockings:** Special stockings that encourage circulation, i.e.: TEDS™.
- **Dorsiflexion:** Bending back foot or toes.
- **Dressings:** Bandages.
- **Embolus:** Blood clot that becomes lodged in a blood vessel and blocks it.
- **Incentive Spirometer:** Breathing tool to help exercise lungs.
- **Incision:** Wound from surgery.
- **IV:** Intravenous.
- **Osteolysis:** Condition in which bone thins and breaks down.
- **OT:** Occupational therapy.
- **Prothrombin:** Protein component in blood that changes during clotting process.
- **PT:** Physical therapy.

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

POST OPERATIVE SURGICAL TIPS

Constipation

- Take non-stimulant stool softener twice a day while on pain medications.
- Purchase a laxative (Miralax) and take once a day while you are on pain medications. One of the side effects of pain medication is constipation.

TED Hose

- Use a quart size Ziploc bag and place over your foot to help slide the TED hose on easier.

Pain Medication

- Your pain medication is ordered every 4 hours. If you need them, please take them. We are only allowed to prescribe them to you for 90 days. If taking them as prescribed, they will not be habit forming. You need them to be able to do all of your Physical Therapy.

Driving

- If your right hip/knee has had surgery then you have to wait for 30 days and be off narcotic pain medication.
- If your left hip/knee has had surgery then you have to wait for two weeks and be off narcotic pain medication.

Swelling and Bruising

- It is not uncommon to have swelling and bruising around the surgical area -- from your hip to your toes. Ice and elevation will help with this. Remember, if you are on your feet you are going to have swelling in your ankles and toes.

Return to work

- Return to work will be discussed at your post-op appointments. Remember, you need to give yourself enough time to heal.

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

DISCHARGE INSTRUCTIONS

WOUND CARE

- A. Inspect your dressing/incision daily.
- B. Follow your surgeon's instructions regarding dressing and incision care.
- C. No tub baths, saunas, pools until there is no open areas. No scabs may be present. Usually about three weeks after surgery.
- D. Continue to use ice to the surgical site several times a day.

DVT PROPHYLAXIS (DEEP VEIN THROMBOSIS)

- A. You will be sent home with a blood thinner (i.e. Aspirin 81mg, Xarelto, Eliquis).
- B. Continue to wear your TED hose for four weeks from surgery date.
- C. Continue doing your exercises including ankle pumps and butt squeezes.
- D. Notify your doctor of swelling or pain in the thigh, calf or ankle. These may be signs of a blood clot.
- E. Continue low impact activities such as walking, cycling.
- F. Do not sit for more than 1-2 hours at a time while awake.

THINGS TO REPORT TO YOUR DOCTOR

- A. Bright redness around your incision.
- B. Temperature 101.0 or above.
- C. Pain unrelieved by pain medications.
- D. Any wound drainage.
- E. Calf pain or tenderness.
- F. Difficulty breathing or chest pain, call 911.

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

DISCHARGE INSTRUCTIONS

DISCHARGE PLAN/REMINDERS

- A. Remind your Doctor or Dentist that you have had a “Joint Replacement”
- B. You are being discharge to _____
- C. Post-op appointment is on _____

POSTERIOR HIPS ONLY

- Do not cross your legs when lying, sitting or standing. Do not bend past 90 degrees.

ANTERIOR HIPS ONLY

- Do not step backwards with affected leg. Do not twist or rotate when bending greater than 90 degrees.

KNEES ONLY

- Elevate your surgical leg frequently for the first few weeks. Do not put a pillow under your knee at any time. Be sure to change positions of your leg during the night.
- Walk up and down stairs with support. Try one step at a time. Use railing when possible. Avoid excessive stair climbing.

GUIDEBOOK FOR HIPS

THE ORTHOPEDIC CENTER AT MELBOURNE REGIONAL MEDICAL CENTER

NOTES

[illegible]



Melbourne Regional Medical Center

A STEWARD FAMILY HOSPITAL

