

Your Total Hip Joint Replacement Guide



CORAS HOSPITAL

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Welcome to Coras Hospital. We are honored to care for you. We hope this information helps you prepare for your surgery and recovery. If you have questions, please call and ask any one of your healthcare team to get your questions answered.

This book is a guide. Your surgeon, nurses, or therapists may change some information in this book to meet your needs.

About My Surgery

Surgery date _____

Check-in location _____

Arrival time _____

No food or drink, except water, the morning of surgery unless you are given different instructions from your surgeon. You may drink water until _____

Drink your pre-surgical drink (if told by your surgeon) at: _____ (Time)

My surgeon _____

My doctor _____

My coach _____

Emergency contact and phone number _____



About Your Hip

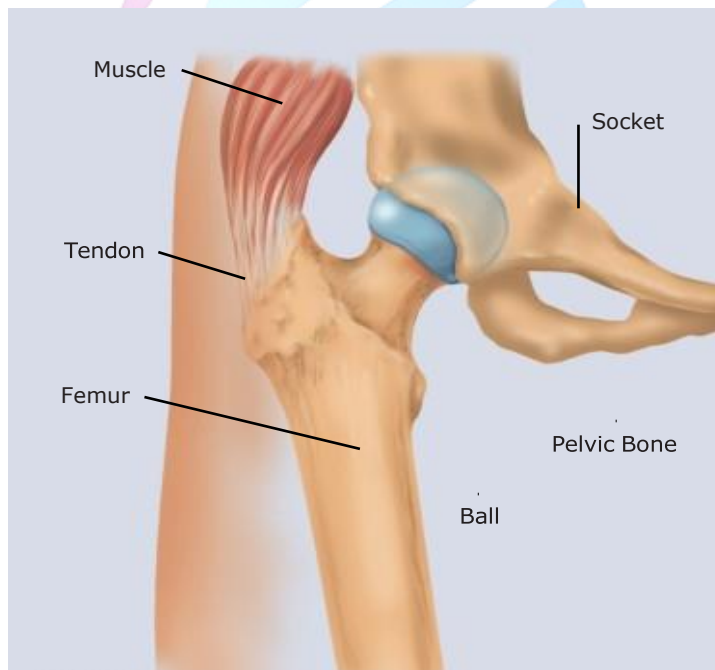
Knowing about your hip and how it works will help you to understand about your hip surgery. Your hip is one of the largest weight-bearing joints. When your hip is healthy, it will help you to walk and turn without having pain.

A Healthy Hip

Your hip is made of two parts, the head of the long bone of your thigh (femur), and the cup (socket) in the pelvic bone. This is called a ball and socket joint. They work together to make sure there is smooth motion and function. When the hip joint is damaged, it will require replacement.

A healthy hip is made up of the following parts:

- **Cartilage** – a slippery, strong flexible tissue. It is found where the bones meet. The cartilage helps the bones to glide over each other when the hip joint bends.
- **Tendons** – tough bands of tissue that attach the muscles to the bones.
- **Muscles** – are needed to help move and support the hip joint.



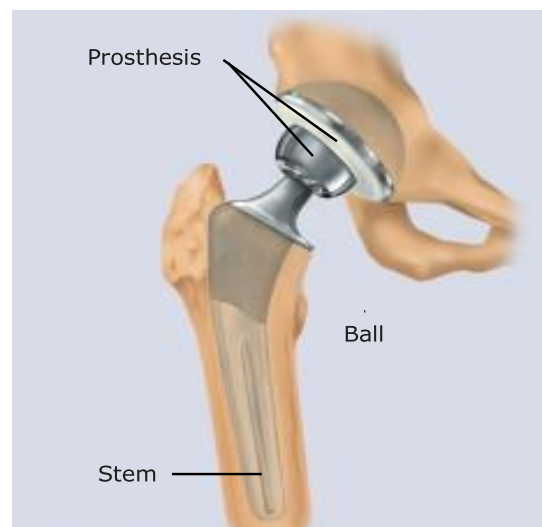
Total Hip Replacement Surgery

Total joint replacement surgery is also called total hip arthroplasty (ar thro-plas te). There are different ways to do this surgery. You and your surgeon will develop a treatment plan that is right for you. In this surgery, the damaged joint and the diseased cartilage are removed and new artificial joint surfaces are inserted. Your orthopedic surgeon will replace the head of the femur with an artificial ball. The hip socket in your pelvis will be lined with metal and plastic. The new ball will glide normally in the newly lined hip socket.

How is Total Hip Surgery Done?

1. The femur (thighbone) is separated from the pelvis' socket joint.
2. The damaged ball is cut off the femur bone.
3. The damaged cartilage and bone are removed from the hip socket.
4. A metal shell is pressed into the socket of the pelvic bone. It may be held in place with screws or cement.
5. A plastic liner is locked into the metal shell. The artificial socket is complete.
6. The end of the femur is hollowed out. Sometimes, cement is used to improve fixation if needed.
7. The metal implant is placed into the hollowed femur.
8. A metal ball or ceramic ball is attached to the stem. This works like the original ball on the femur.

Having hip replacement surgery is very safe and effective, but every surgery has both benefits and risks. Your surgeon will talk to you about the benefits and risks.



Your Orthopedic Healthcare Team

Your healthcare team helps get you back on your feet by preparing you for surgery and recovery. You and your family are important members of the care team. Please let us know if you need anything. We have many team members who work with you and your coach for a successful recovery. Your team may include the following:

- **Orthopedic surgeon** performs your hip surgery and manages your care.
- **Resident** (a doctor in training) may be assisting your surgeon as part of the care team.
- **Physician Assistant** may assist the orthopedic surgeon with your surgery and helps in managing your care.
- **Nurse Practitioner** may assist the orthopedic surgeon with your surgery and helps in managing your care.
- **Anesthesiologist** gives you medicine during surgery to prevent you from feeling pain.
- **Medical doctor/hospitalist** may help in managing your care.
- **Coach** is a person you choose to support you in preparing for and recovering from your joint replacement surgery. This person can be a spouse, friend, or family member. Your coach will provide support and encouragement throughout your experience.
- **Nursing staff** will care for you before, during, and after your surgery. They will help keep you comfortable and safe while you are with us.
- **Physical Therapists (PT)** will guide you through an exercise program to improve your strength, range of motion, and walking. They will teach you how to use a walker or crutches, how to go up and down stairs safely.
- **Occupational Therapists (OT)** teach you the best and safest ways to do daily activities such as:
 - Getting dressed
 - Getting on and off the toilet
 - Doing household tasks, such as cooking, cleaning, and pet care
 - Getting in and out of a chair, bed, tub, or shower
 - Helping you choose equipment needed during your recovery
- **Case management team** will help plan your move from the hospital to your home or next level of care. They will also arrange for any equipment or services you will need.
- **Pharmacist** will oversee your home and hospital medicine. If needed, they will teach you about your medicine before you leave the hospital.

Other team members may include dietitians, chaplains, lab technicians, transporters, and respiratory therapists. The healthcare team works together to help you recover as quickly as possible.

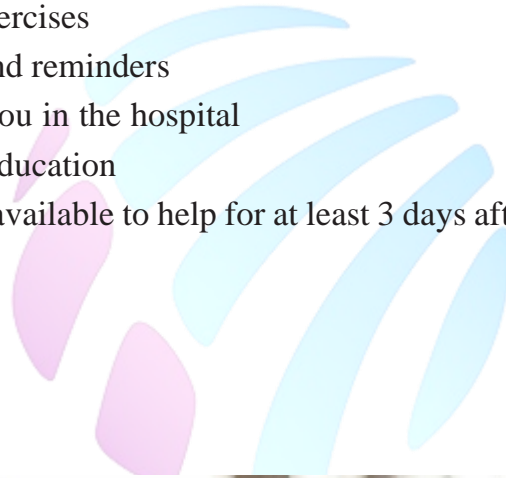
Your Role

When it comes to preparing for and recovering from surgery, much of the work is up to you. Your healthcare team will help as much as they can, but **you** have the biggest role in making your surgery successful. You will need to get your home and body ready for surgery. Following your doctor's orders before and after surgery will make a big difference in your recovery.

Coach Responsibilities

Your coach also plays an important part in your surgery and recovery. This person should be a spouse, relative, significant other, or friend who will be able to support you before, during, and after your hospital stay. Your coach will **not** be expected to lift or carry you. If you are under 18 years old, you **must** bring a parent or legal guardian with you. They should plan to:

- Attend the pre-op (before surgery) joint replacement class with you
- Help with pain management
- Help you with your exercises
- Give you directions and reminders
- Attend therapy with you in the hospital
- Attend **all** discharge education
- Stay with you and be available to help for at least 3 days after you leave the hospital



Preparing for Your Surgery

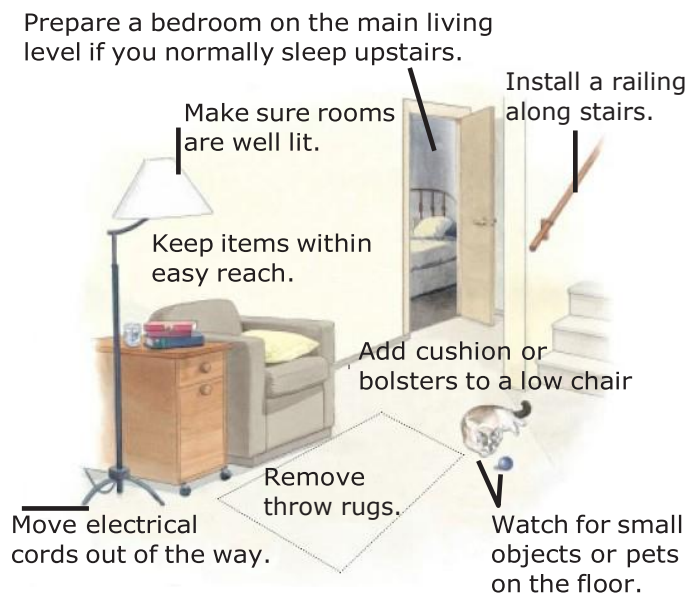
Preparing Your Home

Make your home safer and more comfortable for your recovery. Ask a friend or family member to help you. Do as much as you can before your surgery.

Home Safety

Prevent falls and other injuries by making a few simple changes around your home.

- Always keep your cell phone or cordless phone with you.
- Keep your walker, cane, or other assistive walking device within reach at all times.
- Use chairs with straight backs and sturdy arm rests which make it easier to stand.
- Raise the seat height of a low chair by adding a cushion.
- Clear clutter from pathways so you do not fall.
- Ask someone to help clean up spills.
- Remove throw rugs.
- Tape down electric cords or tuck them behind furniture.
- Use a night-light or have a light source in every room.
- Move the items you use most often to counter height to avoid excess bending or reaching.
- Do your laundry before having surgery.
- Clean your house before having surgery or ask others to help you clean.
- Tie a bag to your walker to carry your items.
- Wear shoes that fit and will not fall off your feet when you walk. Do not walk around in your socks.



Kitchen

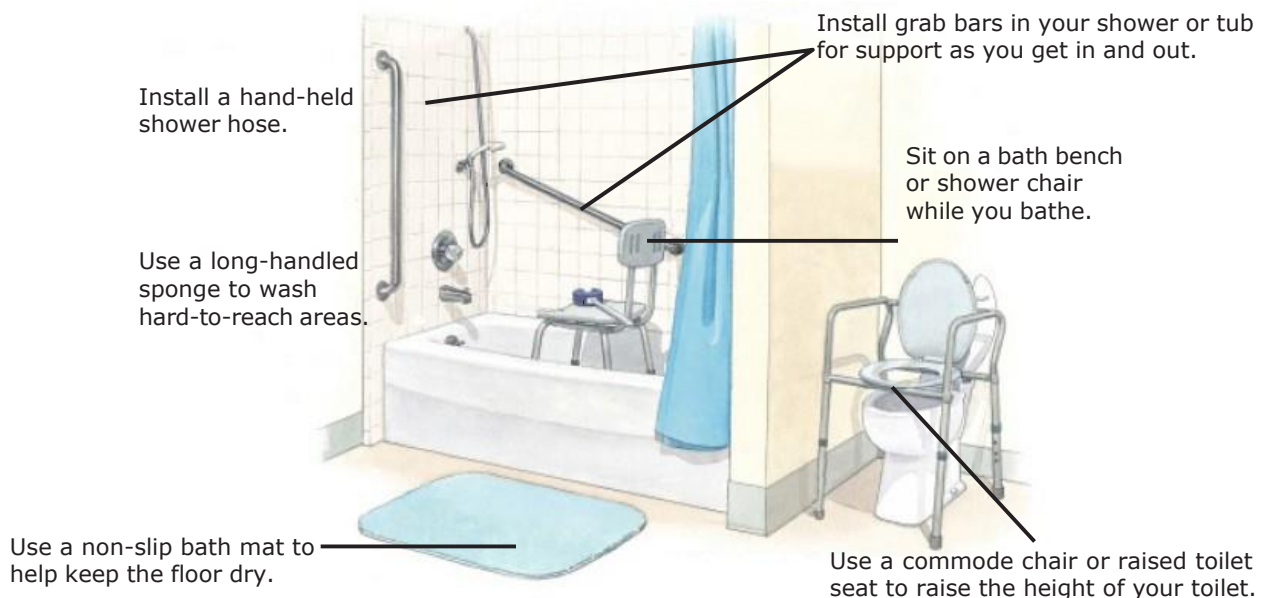
- Plan some easy-meal menus and shop in advance.
- Make and freeze meals ahead of time. After surgery, you may want bland/comfort foods.
- Stock up on foods that are easy to prepare.
- Do not carry hot or heavy items while using a walker or crutches.
- Many grocery stores will deliver an order right to your door. Contact your local grocery store for more information.

Bedroom

- Sleep on a bed that you can get in and out of easily.
- Consider installing a bed rail to make getting in and out easier.
- Consider having a bedroom on the main level.

Bathroom Tips

- Prevent slips and falls by installing railings and non-slip surfaces.
- Check existing grab bars for strength and stability, and repair if needed.
- You and your therapist may discuss safe ways to get in and out of your tub or shower and raise the height of your toilet seat.
- Make bathing easier by using a shower hose, liquid soap, a long-handled sponge, and a bath bench or shower chair without a back. That way you will not have to bend at the hip to bathe.
- Watch out for hazards, such as wet floors.
- Dry off in the shower to prevent bringing water out onto the floor.
- Stock up on toiletries and other items you will need during recovery.



Stairs

- Arrange things so you do not have to use the stairs often.
- Make sure stairs have handrails that are securely fastened to the wall.
- Fix loose or uneven steps.
- Cover bare wood stairs with nonskid strips. If there is carpet, be sure it is firmly attached.

Outdoors

- Try not to walk on uneven sidewalks or ground.
- Make sure outside stairs have a handrail that is securely fastened.
- When stepping off a curb, be aware of its height.
- You may want to use your cane or walker if the weather is bad, such as on windy or rainy days or when there is snow on the ground.
- Add more outdoor lighting if needed.
- Watch for pets that could trip your feet, jump on you, or lie in your walking path.
- Plan for a pet sitter or dog walker if needed.
- Arrange for help with yard work or snow removal ahead of time.
- Decide which of your vehicles you can get in and out of the easiest. Be sure you have enough legroom.

Help at Home

In the first weeks after surgery, you may want some help at home. Arrange for this now. Family and neighbors may be able to help with meals, cleaning, laundry, driving, and other demands. Check into community services available in your area.

Special Equipment

Before buying any equipment, consider borrowing from others or looking into retail options. Your therapists will talk with you during your hospital stay about what equipment you may need to use after surgery. Some of these may include:

- Walkers, crutches, cane
- Toilet riser or commode
- Hand held shower head
- Shower chair
- Grab bars
- Reacher and dressing stick
- Elastic shoe laces
- Sock-aid
- Extra cushions to raise the seat of your favorite chair

Getting Ready for Surgery

Sanford Health has created a booklet called **Getting Ready for Surgery**. This booklet will answer some questions you may have about having surgery at Sanford.

- How does Sanford keep me safe?
- How do I get ready for surgery?
- What will the day of surgery be like?
- How will my pain be managed?
- How can I recover well?

In that booklet, you will also find:

- A list of questions that will be answered by a nurse before surgery. This may be during a phone call or a visit to a surgery center. Write down any special instructions in the space provided at the end of the book.
- A checklist of the steps needed to help you get ready for surgery.



Things to Bring to the Hospital

Paperwork

- Forms required by your insurance carrier.
- A copy of your Healthcare Directive or Durable Power of Attorney for Healthcare if you have one. If you do not have one of these and would like more information, talk with your healthcare team.
- **This book** and any other education material you were given about your surgery.

Money

- You may need a form of payment (cash, check, credit card) for discharge medications and equipment.

Personal items

- Cases for your glasses, dentures, and/or contact lenses. Label the containers with your name to keep them safe when not in use.
- Things that help you feel comfortable and support your healing. Some examples may be music, pictures, or religious material.
- Loose, comfortable clothes.
- Walking shoes.

Medicine

- Depending on where you have your surgery, you will be asked to bring all of your home medicine in their original bottles or a complete list of the medicine you take at home. This includes vitamins, herbals, dietary supplements, inhalers, ointments, eye drops, and nitroglycerin. Ask your healthcare team how they want you to bring your current medicine. A nurse or pharmacist will review the medicine with you.
- We may request that your family take your medicine back home again.

Personal Medical Equipment

- If you use a CPAP machine for sleep apnea, bring the machine and cord. Also, bring your CPAP tubing, mask, and settings.
- Bring devices you use to walk at home such as a cane, walker, or brace.

Options to Protect Your Valuables

- Leave your valuables at home, as you will be spending time in therapy and away from your room. **You are responsible to keep track of your items.**
- Have a family member take your checkbook, wallet, credit cards, large amounts of cash, jewelry, and sentimental items, or consider leaving at home.
- Ask your nurse to place your valuables in the hospital safe.

Your Surgery

Being prepared will help your joint replacement surgery go more smoothly. Make a checklist of things you need to know. Then write down your questions. Your healthcare team will answer your questions.

Before Surgery

There are things that must be done before your surgery.

- Schedule an appointment for your physical exam with your primary doctor. You may have more appointments with specialists as needed. It is important to talk with your doctor about the risks and benefits of having joint replacement surgery. Report any injuries, rashes, breaks in the skin, or signs of infection to your doctor or nurse right away. Surgery may need to be re-scheduled until any possible source of infection is treated.
- Follow your doctor or nurse's advice for taking medicine.
- Talk to your healthcare team about needed dental care. Schedule an appointment with your dentist as directed by your doctor. Your mouth could have bacteria that would be harmful to a new joint.
- Complete tests as ordered by your doctor.
- Attend a joint replacement education class.
- Review this book.
- Begin your exercise program as instructed.
- Start preparing your home.
- Talk to your family about the care you will need when you return home. You should have someone with you for **at least** 3 days after you return home.
- Contact your insurance company for pre-authorization, pre-certification, a second opinion, or referral form as needed.
- Have the following information ready for pre-registration:
 - Your Social Security Number.
 - Name of insurance company, mailing address, policy and group number.
 - Your employer, address and phone number.

Quitting Tobacco Use

Tobacco use, whether in cigarette, e-cigarette, pipe, cigar, or chew form greatly increases the risk of complications from surgery. If you use tobacco, now is the time to quit. Your immune system, your circulation, your airways, and your lungs are damaged by tobacco use.

Reasons to Quit

- Your recovery may go better. Tobacco raises your chances of having problems after surgery. Those who use tobacco have an increased risk of:
 - Bones not healing
 - Total joint failure
 - Pain needing more narcotic use
 - Medical complications after surgery (Examples: Blood clots, increased blood pressure, increased heart rate, and risk of infection)
 - Osteoporosis
- You will lower your risks of heart attack, stroke, many forms of cancer, and lung disease.
- You will feel better and breathe easier.

Resources to Help You Quit

Quitting is hard, but do not give up. It may take more than one try to quit for good. It is important to have a plan. Ask your doctor, nurse, respiratory therapist, or pharmacist for help.

- Freedom from Smoking Online: www.ffsonline.org
- National on-line website: www.smokefree.gov
- Guide to Quitting Smoking: www.cancer.org

Alcohol

Before your surgery, you may need to stop or reduce the amount of alcohol you drink.

- Alcohol can impair your vision or your ability to walk.
- Alcohol may impair healing and increase the risk for infection.
- Ask your doctor if you need to quit or limit alcohol intake.

Maintaining Healthy Bones

Nutrition

Good nutrition helps wound healing. Vitamins in fruits and vegetables and protein in meat and fish will build new tissue and prevent infection. It is important to get enough calories and protein in your diet to heal.

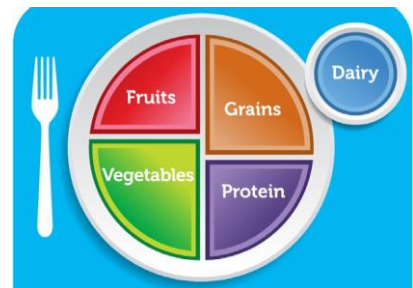
Your Appetite

For a few weeks after surgery, you may notice that you do not have an appetite or that food tastes different. Your appetite will improve over time. Calories are needed for healing and for energy. Your recovery is not a time to try to lose weight. If needed, a weight loss program can be started after you have recovered from your surgery.

- If your appetite is poor, eat smaller meals instead of large ones. Eating smaller portions 5 or 6 times a day may help you get the nutrition that you need. Aim for 3 meals and 2 snacks every day.
- Try a nutritional supplement, such as protein bars or protein shakes, for a snack.
- Eat something before physical therapy.
- It is important to drink plenty of fluids such as water, juice, and non-caffeinated beverages.

Eat a Balanced Diet

The My Plate website can help you choose the best types and right amounts of foods to eat. Your nutrition needs may be different depending on your gender, age, and activity level. Visit www.fao.org/ to find specific guidelines for you.



Why You Need Calcium

Calcium is important to prevent osteoporosis. If you have osteoporosis, your bones can become weak and break easily.

Healthy habits can affect how well the body is able to use calcium.

- Exercise helps the body to use calcium and makes the bones stronger.
- Your body needs vitamin D and vitamin K for healthy bones.

Day Before Surgery

- A nurse will call you the day before your surgery. If your surgery is on a Monday, you will be called the Friday before. The nurse will tell you what time to come in for your surgery.
- Pack your bag.
- Shower as instructed.
- Eat a light supper and a bedtime snack.

Day of Surgery

- Shower as instructed.
- Brush your teeth.
- Wear clean, comfortable clothes.
- Do not use any perfume, deodorant, cream, lotion, powder, or nail polish.
- Take only the medicine that you were instructed with a small sip of water.

You will be given specific instructions about showering before your surgery.



After Surgery

- Your orthopedic surgeon will speak with your family after your surgery.
- A volunteer will help or direct your family to your room on the orthopedic unit.

In Your Hospital Room

After surgery, you will be taken to a hospital room where your coach can join you. You will begin moving your hip joint and most often will start therapy the day of surgery. Your plan of care will be reviewed with you. You will be watched closely to keep you safe.

Equipment Used in the Hospital

Here is some of the equipment that **may be used**:

- An IV line to give fluids and medicine
- Oxygen tubing and oxygen monitor
- An incentive spirometer to help you breathe deeply and prevent respiratory infections like pneumonia
- An ice therapy machine or ice pack to reduce pain and swelling
- A sequential compression device (SCD) to help blood flow in your legs and prevent blood clots
- A commode chair or raised toilet seat

Pain Management

All patients will have pain after surgery. Our goal is to help manage your pain. You will be asked to rate your pain on a scale of 0 to 10 (10 being the worst). Your surgeon will decide which type of pain medicine is best for you. You will be given pain medicine that has been ordered by your surgeon. When your pain is well managed, you are better able to perform your daily activities. Tell your nurse if your pain is **not** controlled well by these medicine.

Pain Medicine After Surgery

It is important to work with your healthcare team for good pain management. When you begin therapy, your nurse will give you a pain pill about 30 minutes before your session. Tell your nurse or surgeon about:

- Your pain. Do not wait until your pain becomes severe.
- The pain control methods or medicines that have helped you in the past.
- Any concerns you have about taking pain medicines.

Other Methods for Pain Management

Here are other ways to have good pain control:

- Using cold therapy or ice
- Changing your position or walking
- Listening to music
- Using integrative therapies such as aromatherapy, acupuncture, guided imagery, or the music relaxation channel on the television
- Anything you have found helpful at home

Preventing Falls During Your Hospital Stay

Call Don't Fall! Do not get up without help.

Our goal is to keep you safe from a fall. After joint replacement surgery, you are at a high risk of falling.

Falls can happen because of:

- Changes in your balance caused by the surgery – muscles and tendons that support your new hip need time to heal
- Using new equipment like walkers or crutches
- Taking pain medicine

Call the nurse before you get out of bed and when you are done in the bathroom. We may use a bed alarm during your stay to remind you to call for help. Staff will check on you often to keep you safe. A fall may result in a longer stay in the hospital or even another surgery. Remember, the hospital is not your familiar environment. You may be connected to cords, pumps, or other equipment. Even if you no longer need therapy, you still need to ask for help to get up or walk.

Preventing Falls at Home

It is important to do what you can to lower your risk of falling. See the section Preparing Your Home at the beginning of this book for things you can do to make your home safer and prevent falls.

Preventing Dislocation

Moving safely and following your hip precautions will help to prevent your hip from dislocating. If this happens, your leg will feel unsteady. Most often, the surgeon can put the hip joint back into place. Some patients may need to wear a brace. In very rare cases, surgery is needed to solve this problem. The time of greatest risk for dislocation is in the first 2–3 months after surgery.

Hip Precautions

It is important to take care of your new hip joint. You will receive instructions about how to care for your new hip. **Depending on the way your surgeon performed your hip surgery, you may need to follow these hip precautions:**

Posterior (Back) Approach

- No bending past 90 degrees
- No crossing your legs or ankles
- No twisting your leg inward

- Do **not** bend or lean over at the hip or waist more than 90 degrees.
 - Keep your knee lower than your hip on your surgical side. To pick something up or put lower body clothing on, use your long-handled reacher.
 - Do **not** sit on low beds, chairs, sofas, or toilets.
 - If your toilet seat is low, use an elevated toilet seat.
 - Choose firm straight-back seats with armrests.
 - Do **not** lean forward to get out of a seat. Scoot forward, keeping your surgical leg straight. Use your arms to lift yourself up.
- Do **not** cross your legs
 - Place a pillow between your legs as a reminder.
- Do **not** twist your leg or turn inward.
 - Keep your toes pointed forward.
 - Do **not** pivot on your surgical leg. Take small steps to turn around.
- Do **not** jolt your hip. No running, jumping, or bouncing. Move smoothly and take your time.
- Do **not** sit or stand in one place for too long. Walk around to stretch your legs.

Anterior (Front) Approach

- Do not swing your leg backward and out at the same time similar to the motion needed to get on a bike or horse.
- Do not stretch or push your hip back behind your body.
- Do not jolt your hip. No running, jumping or bouncing. Move smoothly and take your time.
- Do not sit or stand in one place for too long. Walk around to stretch your legs.

Preventing Infection

A replacement joint is not as good at fighting germs as a natural joint. Infection can be a serious problem after joint replacement surgery. If a new joint gets infected, it is hard to cure. Sometimes the new joint must be removed. You can help prevent infection by:

- Cleaning your hands with soap and water or hand sanitizer.

Clean your hands:

- Before touching your incision (surgical cut) or changing your dressing
- After using the toilet or blowing your nose
- After doing laundry, housework, or yard work
- After petting or caring for animals



- Making sure your healthcare team washes their hands before and after they take care of you.
- Making sure your family and friends wash their hands.
- Getting your teeth checked by a dentist. Bacteria from cavities or gum disease can be a source of infection. Repair any dental problems before surgery. Brush your teeth 2 times a day. It is important to talk with your surgeon about your dental care after having surgery.
- Being aware of any cuts, scrapes, sores or redness. These could be a path for germs to get into your system.
- Recovering from colds or sinus trouble. This is another common place for germs to be in the body.
- Treating bladder infections. If you have cloudy urine, your urine smells strongly or it burns when you pass your urine, you may have a bladder infection. This will need to be treated before surgery. Tell your surgeon if you have any of these symptoms after surgery.

Care of Your Incision

Normally, it takes about 2 weeks for your incision to heal enough to stay closed. If you have sutures or staples, they will be removed about 2 weeks after surgery. Over the next 6 to 8 weeks, your incision may feel tight and itchy, which is part of normal healing. **It is common to have more swelling and pain 4 to 7 days after surgery**, which is often after you leave the hospital. After about a week, swelling and pain will get better day by day. You will continue to have some swelling over the next 6 to 12 months. To care for your incision:

- **Keep your dressing clean and dry.**
- You may shower (consider a shower chair). Refer to the instructions you were given.
- Do not soak the hip or take baths until your surgeon tells you it is okay.
- Wear loose clothing that is easily washed and does not rub or irritate the incision.
- Never dab lotion, ointment, powders, or perfume on the incision.

Preventing Pneumonia

Take deep breaths every hour while you are awake to clear the anesthesia from your lungs and help prevent pneumonia. You will start this in the hospital. You will need to continue at home until you are walking around your home about every hour during the day. If you have an incentive spirometer, use it as directed.

Preventing Blood Clots

A deep vein thrombosis (DVT) is a blood clot that can form in a leg vein after hip replacement surgery. A piece of the clot can break off, travel through the blood stream to the lung, and can cause death. Your doctors may tell you to use:

- A sequential compression device (SCD) that improves your blood flow by gently squeezing and releasing your leg or foot.
- Compression stockings (TED hose) or ACE wraps.
- Medicine to prevent clotting.
- Activity to help increase circulation:
 - Ankle pumps while lying in bed
 - Walk often

Preventing Constipation

A side effect of taking pain medicine is constipation. Decreased activity can also lead to constipation. To avoid becoming constipated:

- Gradually increase your intake of fiber-rich foods such as fruits, vegetables, and whole grains.
- Drink 8 or more 8 oz. glasses of fluids each day.
- Stay as active as you can.
- Consider drinking prune juice each day.
- Take a stool softener or laxative as instructed by your provider. Many of these are available over-the-counter at your local store. If you have questions, ask your doctor or pharmacist.

If constipation problems continue, call your doctor. Check with your doctor or nurse before giving yourself an enema.

Rest or Sleep

After surgery, you may have a hard time sleeping. Taking your pain pills around bedtime controls your pain so you can stay asleep. Rest will help you get your strength back more quickly. Here are some tips to help you rest:

- Go to bed at the same time each night.
- Stop and rest for a few minutes after activity.
- Take short naps or rest periods when you are feeling tired.

When to Call Your Surgeon

Call your orthopedic clinic if:

- Your lower leg or toes feel numb, tingly, cool to the touch or are pale
- You have a fever over 101 degrees Fahrenheit (38.3 degrees Celsius)
- Your incision:
 - Has increased redness
 - Is hot to touch
 - Is more painful than it has been
 - Oozes new drainage or smells bad
 - Bleeds enough to come through your bandage
- Your pain medicine is not managing your pain
- You have side effects from your medicine such as an upset stomach, throwing up, redness, rash, or itching
- You have pain or swelling in the calf of either leg
- The edges of your incision come apart
- You have any questions or concerns about your health

Preparing to Go Home

It is common to feel anxious when you think about caring for yourself away from the hospital. The more you learn, the more confident you will feel. It is best if you have someone stay with you when you first go home. Most often, you will be ready to go home when you are able to walk safely and do your exercises. Your surgeon will decide when you are ready to leave the hospital. A nurse, case manager, or social worker will visit you in the hospital to discuss any help you may need.

Before you leave, you can expect to be given:

- Written instructions for how to care for yourself and when to call the surgeon
- Prescriptions for pain and blood thinner medicine as ordered by your surgeon
- Follow-up appointments

Leaving the Hospital

Your doctors and therapists will decide when you are able to go home. After you have been given all of the needed instructions, you will be ready for the trip home. It is normal for you to feel tired and worn out. Plan rest periods in-between your activities. Your energy level will improve in the days and weeks ahead.

- Remember to ask for a pain pill before you leave the hospital. This will make the ride home more comfortable.
- Plan on wearing loose-fitting street clothes that do not have tight elastic at the waist or ankles. Put your operated leg in your pants first.
- Sit in the front passenger seat of the car and recline the backrest a little.
- Always wear your seatbelt.
- If you are traveling a long distance, plan to get out of the car and stretch every hour. This will keep you from getting too stiff and will also help prevent blood clots in your legs.
- Do **not** drive until your surgeon tells you it is ok to do so.

Using a Walker or Crutches

Before you leave the hospital, you will need to learn how to use a walker or crutches. It is important to follow all the instructions you were given. When you are learning to use your walking device, always have someone close by you. You may want to use a gait belt.

Safety Tips

- Use good posture. Hold your head up and shoulders back.
- Keep your movements slow and smooth. Check your balance.
- Get plenty of rest. Using a walker or crutches is harder and riskier when you are tired.
- Make sure the tips of the walker feet or crutches are clean and dry.
- Always hold onto the hand grips on the side of the walker, never the front crossbars.
- Avoid loose rugs or wet spots on the floor or any slippery surfaces.
- Be careful on uneven, wet, or icy sidewalks.

Using a Walker

Walkers can give you balance and support when you walk. Never use the walker to pull yourself to a standing position. Use your arms to boost yourself up instead.

Walking

1. Place your walker an arm's length in front of you.
2. Step forward one step with your surgical leg.
3. Then, step forward with your stronger leg so that it steps past your surgical leg.
4. Repeat these steps to keep walking.



Sitting and Standing

Sit to Stand with a Walker

1. Slide to the edge of the chair or bed.
2. Put your surgical leg forward, place your other foot back underneath you.
3. Place your walker in front of you.
4. Push yourself up to standing, using the armrests of the chair.
5. Then reach for your walker.

Stand to Sit with a Walker

1. Get close to the chair or bed.
2. Move back until you feel the edge of the chair or bed against the back of your legs.
3. Put your surgical leg forward; keep it relaxed.



4. Reach for the chair and lower yourself slowly, using your arms and stronger leg.

Going Up and Down Curbs

Up Curbs

1. Bring your feet and the walker as close to the curb as you can.
2. Put your weight on both of your legs.
3. Lift your walker onto the sidewalk.
4. Step onto the sidewalk with the non-surgical (good) leg.



5. Use the walker to support your weight, lift up the foot of your surgical leg.

Down Curbs

1. Bring your feet and the walker as close to the edge of the curb as you safely can.
2. Move your walker onto the street.
3. Keep the back legs of the walker against the curb.
4. Using the walker to support your weight, lower the surgical leg.
5. Step down with the other foot.

Going Up and Down Stairs

Use a handrail when you go up and down stairs.

1. Grip the handrail with one hand.
2. Hold the walker sideways with your other hand, so that the opening faces toward you.
3. Place your walker so that 2 of the walker legs are on the step you are on and 2 are on the next step.
4. **To step up:** lead with your stronger leg. Follow with the surgical leg, so that you are taking one step at a time. Hold onto the front handgrip.
5. **To step down:** lead with your surgical leg. Follow with the stronger leg, so that you are taking one step at a time. Hold onto the back handgrip.

Tip for Curbs and Stairs: Up with the good leg and down with the bad.



Using Crutches

Crutches will help you get around while your surgical leg heals. They do not provide as much stability and support as a walker. Benefits depend on proper fit and safe use.

Things to know when using crutches:

- Stand up straight.
- Place the tops of the crutches 2 finger widths below your armpits.
- Never lean on the top of a crutch with your armpit. Use your hands to hold your weight. You can damage a nerve by putting pressure on your armpit.
- Press the top of the crutches against your rib cage.
- Slightly bend your elbows.
- Crutch tips stay to the side about 6 to 8 inches from your feet.

Walking

6. Move the crutch tips forward.
7. Bring your surgical leg forward even with the crutch tips.
8. Step forward with your stronger leg until you are a step in front of your surgical leg.
9. Repeat these steps to keep walking.



Going Up or Down Stairs or Curbs

When you climb stairs, use a hand railing whenever you can. Hold both crutches on one side. Grip the hand railing with your other hand.

Going Up

10. Step up with your stronger leg.
11. Then follow by stepping up onto the same step using the surgical leg and crutch at the same time.

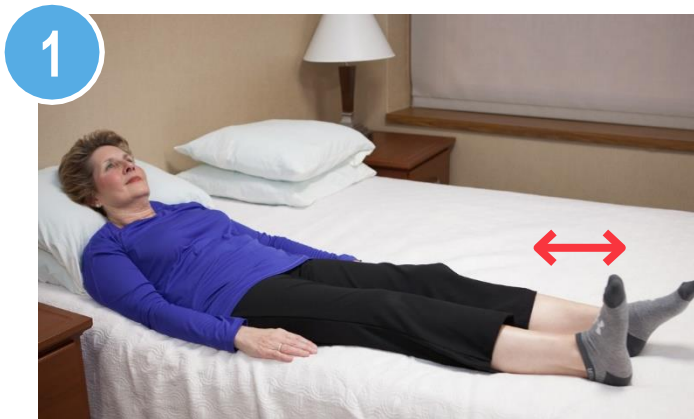


Going Down

12. Bend your stronger leg slightly at the hips and knee.
13. Step down, first with your crutch, then your surgical leg.
14. Follow with your stronger leg onto the same step.

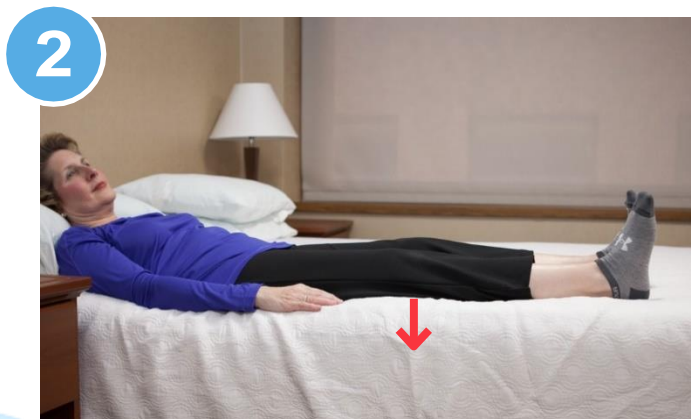
Total Hip Exercises

Do each exercise 10 to 20 times, 1 to 2 times each day.



Ankle Pumps

Pump your ankles up and down as far as you can.



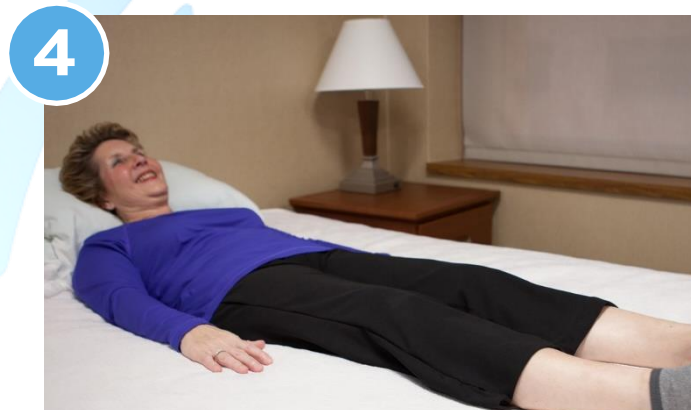
Quad Set

Tighten the muscles on the top of your surgical thigh, pushing the back of your knee down into the bed. Hold for 5 seconds.



Hamstring Set

Bend your surgical knee slightly. Dig your heel into the bed and pull back like you would take a shoe off. Hold for 5 seconds.



Gluteal Set

Squeeze your bottom together. Hold for 10 seconds.



Heel Slide

Slide your surgical heel towards your buttock bending your knee as far as you can. Hold for 5 seconds. Use a sheet or elastic leg lifter to help you. For ease, use a cookie sheet or plastic bag under your heel.

6



Hip Abduction

Only do this exercise if your surgeon or therapist told you to.

Slide your surgical leg out to your side and back to the middle. Keep your toes pointed to the ceiling.

7



Knee Straightening (Lying)

Place a towel roll or coffee can under your surgical knee. Lift your foot off the bed by straightening your knee. Hold for 5 seconds. Make sure the knee remains on the roll.

8



Straight Leg Raise

Only do this exercise if your surgeon or therapist told you to.

Keeping your surgical knee straight, lift your leg 6 to 8 inches off the bed. Use a sheet or elastic leg lifter to help you as needed. Bend your non-surgical leg to ease back strain.

9



Knee Straightening (Sitting)

Sit on a chair that will not roll or bed. Scoot back so your thigh is fully on the chair. Lift your surgical foot to straighten your knee fully. Hold for 5 seconds. Use a sheet or elastic leg lifter to help if needed.

10



Leg Rotation

Only do this exercise if your surgeon or therapist told you to.

Place your surgical leg flat on the bed with your toes pointed to the ceiling: relax letting your leg roll out. Then, return to pointing your toes toward the ceiling. Place a pillow in between your knees to stop your knee from turning in.



Total Hip Exercises | Standing

Do each exercise 10 to 20 times, 1 time each day.

1



Hip Flexion

Bend your surgical hip and knee as if you are marching. Return your foot back to the ground. Do this while following the hip precautions for your surgical leg.

2



Hip Abduction

Keeping your surgical knee straight, lift your whole leg out to your side keeping your toes pointed forward. Return your leg back to the ground. Keep your chest upright as you move your leg.

3



Hip Extension

Only do this exercise if your surgeon or therapist told you to.

Keeping your surgical knee straight, lift your whole leg back. Return your foot back to the ground. Keep your chest upright as you move your leg.

4



Hamstring Curl

Lift your surgical heel towards your buttocks. Return your foot back to the ground.

5



Heel Raises

Rise up on your toes then back down.

6



Small Knee Bends

Slowly bend your knees slightly while keeping both feet flat on the floor. Return to standing.



Plan for the Day

About every 1 to 2 hours, walk a distance that you are able. Follow the instructions from your healthcare team about how often to do your exercises. Elevate your surgical leg and ice your hip as you were taught by your healthcare team.

Time	Exercises	Ice
6 a.m.		
7 a.m.		
8 a.m.		
9 a.m.		
10 a.m.		
11 a.m.		
12 p.m.		
1 p.m.		
2 p.m.		
3 p.m.		
4 p.m.		
5 p.m.		
6 p.m.		
7 p.m.		
8 p.m.		
9 p.m.		
10 p.m.		



Checklist Before You Leave the Hospital

Check off the items on the list below when you know the answers. Ask your nurse or doctor if you need more information.

- When to Call the Surgeon
- Medicine Safety
 - The names of my medicine
 - When and how to take each medicine
 - Common side effects of my medicine
 - What to do about side effects
- Pain Control
 - How to take my pain medicine
 - Side effects of my pain medicine
 - Other ways to help manage my pain
- Food and Drink - What foods I can eat - How much liquid I should drink

- Incision
 - Signs and symptoms of an infection
 - How to care for my incision
 - When my stitches or staples should be removed
- Deep Vein Thrombosis (DVT) Prevention
- Edema (swelling management)
 - Techniques to manage swelling
- Activity Safety
 - Lifting
 - Driving
 - Bathing
 - Walking
 - Sex
 - Work restrictions (limits) and time off from work
 - Getting in and out of bed
 - Getting in and out of a chair
- My Recovery
 - My health condition or surgery
 - Follow-up appointments with my doctor or surgeon
 - Lab work that I need and where to have it done
 - Tools to stop smoking or using tobacco
 - The importance of washing my hands and avoiding sick people – preventing infection and getting sick
 - How to prevent blood clots and constipation
 - The importance of rest and how often to rest
 - Community support resources
- Emotions
 - You may have feelings of sadness or depression after surgery. These emotions are common.
 - Call your doctor if these feelings do not go away. Call 911 if you feel like hurting yourself or someone else.

Notes

