Total Hip Replacement Surgery Handbook

It may be helpful to bring this book with you to the hospital.

Updated December 2016
Welcome

Thank you for choosing St. Joseph’s Hospital for your joint replacement surgery! You are about to become a member of an elite group of people who have received a new joint from the hospital that does more joint replacements than any other in Upstate New York.

Our team of doctors, nurses, rehabilitation therapists, case managers, and many others are here to help you achieve the best results from your operation.

The most important person on this team is you!

This book and the Total Joint Replacement Class will help you:
• Get your home and yourself ready for surgery
• Learn about what to do in the hospital
• Do the exercises that will help you
• Prepare for your discharge from the hospital

Please do not hesitate to ask any questions that will help you!
Contents

Part 1: Prepare for Your Surgery pg 7
  • Important Dates and Times
  • Hospital Checklist
  • Prepare Your Home
  • Prepare Yourself

Part 2: Your Hospital Stay pg 11
  • Before and After Your Surgery

Part 3: Precautions and Activity/Exercises pg 20
  • Precautions
  • Activity/Exercises

Part 4: Tips for Home/Discharge pg 36
  • Planning Your Discharge
  • Managing Your Pain
  • How to Go From One Place to Another
  • How to Get Dressed
  • Helpful Homemaking Tips
  • Adaptive Equipment You May Need
  • Returning Home after Hip Replacement
  • A copy of your Discharge Instructions

Part 5: Frequently Asked Questions pg 52

Part 6: Notes/Questions pg 54
  • Phone Numbers
Your Total Hip Replacement

A total hip replacement is an operation to replace the worn or damaged parts of your hip joint. The surfaces of the diseased joint are removed and replaced with a mechanical, artificial joint called a prosthesis. This surgery can relieve the pain and stiffness in your hip joint.

Pain in your hip or leg prevents you from doing your usual activities. Your x-rays show irregular surfaces at the hip. When more conservative treatments like medication and physical therapy can no longer relieve your pain and disability, it is time to consider having a total hip replacement.

Your orthopedic surgeon will often encourage you to use your new joint as soon as possible after your operation. Patients often stand and begin walking the day of or day after surgery. You will initially walk with a walker, then crutches or cane. Most patients have some temporary pain after joint replacement as the tissues heal and muscles regain strength. This pain should go away in a few weeks or months.

With your new hip replacement and the help of your orthopedic team, you may be able to resume some of the activities you once enjoyed. You may be permitted to go on long walks, dance, play golf, garden and ride a bicycle. Total joint replacement has an excellent track record for improving quality of life, allowing greater independence and reducing pain.
The Normal Joint

Your hip is a ball and socket joint where the hip bone (pelvis) meets the hip bone (pelvis). A healthy hip has layers of smooth cartilage that cover the ball-shaped end of the femur and socket part of the pelvis. The cartilage acts as a cushion and allows the ball of the femur to glide easily the socket of the pelvis. The muscles around the joint support your weight and help move the joint smoothly so that you can walk without pain.

The Degenerated Hip Joint

The smooth cartilage layers can wear down on the ball of the femur and the pelvic socket. This is called degeneration. It can happen because of arthritis, injury, or as a side effect from medicines, such as steroids. When the joint wears down, the smooth surfaces become rough and irritated like sandpaper. Instead of gliding smoothly with leg movement, the ball grinds in the socket causing pain and stiffness.
Your Replacement Hip Prosthesis

Your new hip prosthesis has femur and pelvic parts made from metals and plastics. The cup replaces the worn hip socket of your pelvis. The ball replaces the worn end of your thigh bone (femur). The ball is attached to a stem that fits into your femur. The cup and stem are sometimes cemented in place with a special bone cement, or the metals may have a porous surface that bone will grow into and create a tight fit.

Talk to your doctor or other knowledgeable members of your health care team if you have questions or concerns. We hope that the written materials provided will help to answer many of the questions that you may have.
PART 1: PREPARE FOR YOUR SURGERY

Important Dates and Times:

1. Your Surgery is on
   Date: _______________
   Time: _______________
You will receive a phone call on the evening before your surgery (Monday surgery patients will be called Friday). If you have not received a phone call by 7PM, please call 315-448-5520 and ask to speak with a nurse. OR times are not finalized until 5PM the business day before and are, up until that point, subject to change.

Use “Get Ready for the Hospital Checklist” (pg. 8)

2. On the day of surgery you must arrive at the hospital by ______.
   • Go to the Main Lobby
   • You will be directed to 1-1Ambulatory Care Unit
Get Ready For the Hospital Checklist

☐ Follow the instruction provided by Pre-Admission Testing about eating food and drinking liquids on the day of surgery
☐ Stop aspirin, medicines with any aspirin in them, coumadin and anti-inflammatory (NSAIDS) medicines 5 days before surgery or as directed
☐ Take any medications as instructed on the morning of surgery

Please bring the following with you to the hospital; your family will need to hold on to your personal belongings while you are in the operating room.

☐ Eye glasses, dentures, hearing aid
☐ Personal toiletries if you prefer to use your own
☐ This book
☐ Supportive rubber soled shoes or sneakers if you have them. No backless footwear. You may use these in Physical Therapy (PT). Most of the time you will wear the slipper socks that the hospital supplies
☐ Loose fitting clothes, shorts, or sweat suit to wear in PT (no jeans)
☐ A credit card for the phone &/or TV service
☐ Health Care Proxy form if you have not already given it to us

Do not bring anything valuable
Prepare Your Home

1. Prepare your home

Get furniture and equipment ready before you come for your surgery. Make a path through your furniture wide enough for a walker (about 3 feet).

- Take all throw rugs, clutter and telephone wires out of this path. Make sure this path is not on waxed or slippery floors.

- Plan to keep your dog or cat away from you while you are walking. They can trip you and cause a fall.

- Plan on limiting use of stairs. Move bed to first floor if no bathroom upstairs or move frequently used items to where the bed and bathroom are located.

- Make sure your bathroom door is wide enough to get a walker through or you will need a commode.

2. Borrow or buy the equipment you need

Please check with your insurance company regarding coverage of these items; most are not covered by insurance. We can supply you with a walker, raised toilet seat or commode, and a hip kit if you need them upon discharge.

- Put a purse or a bike basket on your walker to carry supplies like your water bottle or insulated cup with a lid, cordless phone, snacks or TV remote. This will help keep both your hands free to use the walker properly.
- A commode or raised toilet seat and a bath chair.
- A night light for bathroom trips.
- A firm chair with arm rest.
- A captain’s chair works great. The seat should be high enough to touch above the back of your knee. You may need to place a pillow or pad on the seat to make it high enough. This will make it easier to sit down and get up from the chair.

**Prepare Yourself**

**Do**
- Ask a family member or friend to help you for the first week or two. This does not have to be 24 hours a day.
- Freeze prepared meals or buy frozen meals that can be cooked in the microwave. If friends are looking for some ways to help they can bring over meals.
- Place your clothes at waist level – either on a counter or a high drawer.
- Plan on wearing loose fitting clothing and comfortable rubber sole shoes such as sneakers.

**Do Not**
- Do not shave the area to be operated on for 3 days before the day of surgery.
- Do not use any skin care products (lotion) or hair care products (gel, hairspray) on the day of surgery.
**PART 2: YOUR HOSPITAL STAY**

**Day of Surgery**

**Before Surgery:**
- You will change into a hospital gown.
- An IV (a tiny catheter) will be inserted into a vein in your hand or arm. This will be connected to a bag of fluid.
- Your surgical area will be scrubbed with a cleansing soap.
- You may receive medicines such as antibiotics, antacids, pain medications, and/or medications for nausea.
- You will be taken to the Operating Room approximately 1 hour before your scheduled time.

**The Operating Room:**
- You may first stay in the “pre-induction” or “holding area.” Here your Anesthesiologist will talk with you about the type of anesthesia for your surgery. A spinal may be placed in your lower back for pain control/anesthesia.

**Family Surgical Waiting Room/Visiting Hours:**
- Your family will be directed to the family Surgical Waiting Room (SWR). Your surgeon will call there to speak with your family after your surgery. A volunteer in the SWR will tell your family what room you will be returning to on the orthopedic unit 4-1/4-2.
- Visiting hours on 4-1/4-2 are open and we encourage family members to visit and stay with you as long as possible if it will aid in your recovery.
- We have a mix of private and semi-private rooms. Our goal is to provide private rooms for our joint replacement patients (as soon as available).
After Surgery:
After surgery you will be taken to the Post Anesthesia Care Unit (PACU) where you will stay until you are ready to go to your room.

You will have this equipment:
- Oxygen given through small tubes in your nose (nasal cannula) or a mask on your nose or mouth.
- An IV in your arm with fluid running. We can also use this for pain medication if needed.
- Intermittent Compression System includes sleeves which are placed on your feet to help circulation and prevent clots.
- Elastic stockings (anti-embolic) are used to decrease swelling and prevent clots.

You may have this equipment:
- Foley Catheter (a tube into your bladder to drain urine).
- Hemovac is a small accordion shaped container to drain fluid from your surgical wound.
- Your nurses will explain what you have if it differs from the information in this book.

When you are in your room:
- You should take deep breaths and cough.
- Use your incentive spirometer device 10/hr to help you breathe deeper, this will help to prevent post-operative pneumonia.
- Your diet starts with fluids moving to solids when you are ready.
- You may stand at the bedside or walk with assistance after your initial physical therapy (PT) evaluation is completed.
- You may get up out of bed this day depending on what time you return to the unit after your surgery
- Pain control is important please talk with your nurse about your pain

Please let your nurse know about your pain; we give medications to help with pain they do not always work for everyone the same way.
Day 1
- Use incentive spirometer 10x every hour while awake
- IV bag may be disconnected (the tiny catheter will remain in your arm for medication)
- Diet should be solid food
- Bathe yourself except places you cannot reach
- Pain level should be at or below 3
- Nurse Case Manager will visit to discuss your plan for discharge
- Begin Physical Therapy – Exercise is very important!
  - Do arm exercises
  - Do first three leg exercises
  - Walk with help
- Begin Occupational Therapy (OT). The OT will review equipment needs with you and teach you strategies to get dressed and to function as safely and independently as possible at home (see page 42 for examples of equipment).

Day 2
- Bathe yourself except places you cannot reach
- Get out of bed for meals
- Pain level should be at or below 3
- Continue Physical Therapy
- Walk at least twice with assistance
- Stair training (if needed)
- Exercise

Day 3
- Out of bed for meals
- Pain level should be at or below 3
- Independent as possible in bathing
- Plan on discharge to home or short term rehabilitation
- Continue Physical Therapy
- Walk at least 100 feet with assistance
- Stair training (if needed)
- Exercise
My Recovery Book
Total Hip Replacement

I __________________________ agree to be an active participant in my recovery from joint replacement surgery. This book contains key components crucial to my recovery. I understand that I will be working along with my Care Team to ensure positive outcomes post joint replacement surgery, and as a team we will work to make the environment comfortable and conducive to healing while you are at SJHHC. My Care Team consists of Doctors, PAs, Residents, Nurses, Physical Therapists (PT), Occupational Therapists (OT), Case Managers, Discharge Planners, Social Workers, Pharmacists, Nutrition, and many other dedicated healthcare professionals.

Name: ______________________
Surgeon: ____________________
Date of surgery: _____________

You will check off key points in this booklet as you participate in your care.

Thank you for choosing us for your joint replacement needs.
Day 0:

- Pain control: let nursing know your pain level (scale 0-10). If the meds you receive are not controlling your pain, ask for an alternative. While you may not be pain free, we want you to be comfortable so you can participate in physical therapy.

- Incentive spirometer (IS): use frequently (10x every hour). If the device is not within reach, ask nursing for it. Helpful hint: if you do this 3 times during every commercial, you will have done it 10x an hour without realizing it.

- If applicable: participate in a PT evaluation.

- Review hip precautions.

- Foot Pumps: use these at all times while in bed, if nursing or PT does not put them on, remind them to do so.

- Cold therapy: ice will be changed every 4 hours on the operative hip to help with comfort.

*We understand that you may be groggy and tired immediately postoperatively we will take this into consideration when we work with you to complete this booklet.*
Post Op Day #1:

☐ Pain control: let nursing know your pain level (scale 0-10). If the meds you receive are not controlling your pain, ask for an alternative. While you may not be pain free, we want you to be comfortable so you can participate in physical therapy.

☐ Incentive spirometer (IS): use frequently (10x every hour). If the device is not within reach, ask nursing for it. *Helpful hint: if you do this 3 times during every commercial, you will have done it 10x an hour without realizing it.*

☐ PT: participate in PT twice a day, ask for pain meds prior.

☐ OT: participate in OT as determined by the occupational therapist.

☐ Hip precautions: review hip precautions based on the surgery performed with PT and nursing.

☐ Foot Pumps: use these at all times while in bed, if nursing or PT does not put them on, remind them to do so.

☐ Cold therapy: ice will be changed every 4 hours on the operative hip to help with comfort.

☐ Discharge: review pre-printed discharge instructions this evening. Ask your nurse any questions that you may have.

☐ Questions: write down questions for your providers:
Post Op Day #2:

- Pain control: let nursing know your pain level (scale 0-10). If the meds you receive are not controlling your pain, ask for an alternative. While you may not be pain free, we want you to be comfortable so you can participate in physical therapy.

- Incentive spirometer (IS): use frequently (10x every hour). If the device is not within reach, ask nursing for it. *Helpful hint: if you do this 3 times during every commercial, you will have done it 10x an hour without realizing it.*

- PT: participate in PT twice a day, ask for pain meds prior.

- OT: participate in OT as determined by the occupational therapist.

- Hip precautions: state appropriate hip precautions.

- Foot Pumps: use these at all times while in bed, if nursing or PT does not put them on, remind them to do so.

- Cold therapy: ice will be changed every 4 hours on the operative hip to help with comfort.

- Discharge: you may go home today, make sure that you have a walker and a raised toilet seat or commode to be discharged with. Discuss discharge questions or concerns with nursing.

- Questions: write down questions for your providers:
Post Op Day #3:

- **Pain control:** let nursing know your pain level (scale 0-10). *Around the clock meds stop now...ask for pain meds!!!* While you may not be pain free, we want you to be comfortable so you can participate in physical therapy.

- **Incentive spirometer (IS):** use frequently (10x every hour). If the device is not within reach, ask nursing for it. *Helpful hint: if you do this 3 times during every commercial, you will have done it 10x an hour without realizing it.*

- **PT:** participate in PT twice a day, ask for pain meds prior.

- **OT:** participate in OT as determined by the occupational therapist.

- **Hip precautions:** state appropriate hip precautions.

- **Foot Pumps:** continue to use while in bed.

- **Cold therapy:** ice can be used on the operative hip to help with comfort as needed.

- **Discharge:** you should go home this day. Make sure that you have the equipment you need to be discharged with. Discuss discharge questions or concerns with nursing.

- **Questions:** ________________________________
  ________________________________
  ________________________________

*Show this book to your nurse.*
Congratulations on a job well done!

Pain Control…Do not expect to be pain free…

Pain Scale

- 0: no pain
- 10: the worst pain you could imagine

We use various oral medications

- This may be adjusted based on your specific need
- Asking one hour before PT is an option
- If you have spasms, can’t sleep, uncontrolled pain:
  - There are more therapies/orders that can be used

Other comfort measures include

- Mobility, other therapies can help (music, imagery, etc) as well
- Cold therapy/ice packs on your surgical site
- Ask your nurse!
**PART 3: Activity**

Full recovery from your total hip replacement surgery is going to take months. The information in this section will help you understand your recovery and care at home. Exercises and precautions to protect your new hip are included to help you be an active partner in your care and recovery.

**Hip Precautions**

Based on the type of surgery you had done, you may need to follow hip precautions. These are limits to protect your new hip joint and allow for healing. Your doctor or therapist will tell you if you need to follow these precautions.

- Hip precautions are often to be followed for 3 weeks unless otherwise instructed by your doctor.
- Your new hip has a limited range of motion right after surgery.

By following these guidelines, you can protect your new hip from sliding out of position or dislocating while the muscles heal.

**Direct Anterior and Lateral Precautions**

- Avoid hyperextension (lifting leg behind) and external rotation (turning toe outward) of the surgical leg for 3 weeks

**Direct Superior and Posterior Precautions**

- Avoid flexion (your knees must be lower than your hips when sitting) combined with internal rotation (turning toes inward) of the surgical leg for 3 weeks.

If you have any additional questions for your physical therapist or nurse, please ask so that you know what you can and cannot do when you get home.
Exercises for Hip Replacement
Ankle Pumps

• With your legs stretched out in front of you, point your toes and hold for one second
• Bend your ankles to bring your toes toward your shin and hold for one second
• Repeat 10-20 times
• You can increase exercise repetition as you recover and gain strength at home
Quad Sets

• With your legs stretched out in front of you tighten your thigh muscle pressing your knee down to the bed
• Hold for 5 seconds
• Repeat 10-20 times
• You can increase exercise repetition as you recover and gain strength at home
Glut Sets

- While lying down, tighten your buttocks muscles
- Hold for 5 seconds
- Repeat 10-20 times
- You can increase exercise repetition as you recover and gain strength at home
Heel Slides

- Lie down with your legs stretched out in front of you
- Slowly bend your hip and knee
- Hold for 5 seconds
- Repeat 10-20 times
- You can increase exercise repetition as you recover and gain strength at home
Hip Abduction

- Lie down with your legs stretched out in front of you
- Slowly bring your surgical leg out to the side without bending your knee
- Repeat 10-20 times
  - You can increase exercise repetition as you recover and gain strength at home
Short Arc Quads

- Lie on your back with a towel roll under your surgical leg at the knee
- Use your thigh muscle to straighten out your knee
- Hold for 5 seconds
- Repeat 10-20 times
- You can increase exercise repetition as you recover and gain strength at home
Seated Hip Adduction

• Sit with both feet on the floor
• Place a plastic ball between your knees
• Squeeze your knees together and hold for 5 seconds
• Repeat 10-20 times
• You can increase exercise repetition as you recover and gain strength at home
Seated Knee Extension

- Sit with both feet on the floor
- Straighten your surgical knee as far as possible and hold for 5 seconds
- Repeat 10-20 times
- You can increase exercise repetition as you recover and gain strength at home
Heel and Toe Raises

- Stand with you feet at shoulder width holding a counter or chair for balance
- Slowly raise up on your toes and lower to flat
- Slowly pull your toes up in the air without rocking your body backwards and lower to flat
- Repeat 10-20 times
- You can increase exercise repetition as you recover and gain strength at home
Hip Flexion

- Stand with your feet shoulder at width holding a counter or chair for balance
- Lift your surgical leg bending at the hip and knee
- Repeat 10-20 times
- You can increase exercise repetition as you recover and gain strength at home
Hip Abduction

• Stand with your feet shoulder width apart holding a counter or chair for balance
• Slowly bring your surgical leg straight out to the side without bending your knee
• Do not lean your body to the side
• Repeat 10-20 times
• You can increase exercise repetition as you recover and gain strength at home
Hip Extension

- Stand with your feet at shoulder width holding a counter or chair for balance
- Slowly bring your surgical leg straight back without bending your knee
- Do not lean forward
- Repeat 10-20 times
- You can increase exercise repetition as you recover and gain strength at home
Knee Curl

• Stand with your feet at shoulder width holding a chair or counter for balance
• Bend your surgical leg at the knee towards your buttocks
• Repeat 10-20 times
• You can increase exercise repetition as you recover and gain strength at home
Mini Squats

- Stand with your feet at shoulder width holding a counter or chair for balance
- Slowly lower your body bending your knees keeping your weight through your heels
- Repeat 10-20 times
- *Never let your knees go past your toes when doing this exercise
- You can increase exercise repetition as you recover and gain strength at home
PART 4: TIPS FOR HOME/ DISCHARGE
PLANNING FOR YOUR DISCHARGE

Most people stay in the hospital 3 days after surgery. Because your stay is short you will need a plan for the first few weeks after discharge. We encourage you to recover at home if possible. Your plan may be either to go home or to short term rehabilitation at an area nursing home.

Home
If you want to go home after discharge it is important that you arrange for someone to assist you the first several days, this does not have to be 24hrs a day. You may have home care services ordered by your surgeon. A Nurse Case Manager/Discharge Planner will set up these services before your discharge and home PT will be set up unless you choose outpatient PT. Home care services may include visits from:
  • Nurse
  • Physical Therapist
  • Home Health Aides

Outpatient Physical Therapy
You may require outpatient physical therapy for several weeks to achieve full function of your new joint. Most insurance companies and Medicare reimburse for treatment. Ask your doctor if he feels you could benefit from outpatient therapy to maximize your recovery.

Short Term Rehabilitation at an area Nursing Home
At short term rehabilitation you will receive physical therapy and occupational therapy twice a day in addition to 24 hour nursing care. You must qualify according to Medicare or your insurance company’s guidelines in order to go to short term rehabilitation. This means that you still need significant help getting out of bed and walking. Living alone is not enough to qualify for short term rehabilitation. If you have private insurance your benefits will be checked. Your insurance company will need to authorize short term rehabilitation depending on your physical needs.
Managing Your Pain

Make sure that you take your pain medication before you exercise. This will help to ease any pain you may feel when you exercise. You should feel a little better every day as you get stronger and your body heals.

- If you have new pain or swelling that is different from the pain you had in the hospital, please let your doctor and/or physical therapist know.

- When you are at home, use your ice bags and binder on your sore area for 20 minutes. Make sure that you put a dry washcloth against your skin or dressing and then put the ice bag on the washcloth.

   **How to go from one place to another**

Getting into and out of the bed:
- Use a firm, high bed.
- You may need a strap to help lift your affected leg on and off the bed.
- Sit down about one-third of the way down the bed. Do this as if sitting in a chair.
- Lift your legs one at a time onto the bed as you are lying down. When moving in bed, try to move your body as a whole, keeping your legs apart.
- To get out of bed, move your legs off the bed as you slide your body toward the edge of the bed. Stand up just like getting out of a chair (see instructions below).

Getting in and out of a chair:
- Remember to keep your affected leg out in front of you at all times. You may bend your knee if tolerated.
• To sit down, back up to the seat until you can feel the back of your knees touching the chair. Reach back for the armrests. If you are using crutches put both crutches in one hand and use your other hand to reach for the armrest. Sit down slowly.

• To stand up, move forward in the seat. Push up to standing using the armrests. If you are using crutches hold both crutches in one hand and use your other hand to push from the armrest.

Walking:
• Make sure that you keep the proper weight bearing on your affected leg. Your doctor and/or physical therapist will tell you how much weight you can put on your leg.
• Do not take a step until all four (4) walker legs are touching the floor.
• Do not pivot on your affected leg. Take small steps to turn.
• To go up and down stairs, remember that “the good go up to heaven, the bad go down to h---.” This means to go up the stairs, your “good” leg goes first, then your “bad” leg and the cane or crutches. To go down the stairs, the cane or crutches go down first, then your “bad” leg, then your “good” leg.

Getting On and Off the Toilet or Commode:
• Do it the same way as you did getting in and out of the chair.
• If you are using a raised toilet seat, keep one hand on the walker or crutches while reaching back for the edge of the raised seat with the other hand. Get your balance before grabbing the walker or other crutch when you stand up.

Getting Into and Out of the Shower (Tub Transfers):
Depending on the style of shower (tub versus walk-in), there are several strategies for getting into the shower. In addition, you may want grab bars or a shower chair. The OT or home care therapist can educate you on the safest strategies depending on the setup of your bathroom and individual needs.
Getting into the Car:
• Put a plastic trash bag on the car seat to help you get in and out of the seat.
• If you are able, get in the front passenger seat of a 4-door car with the seat pushed back as far as possible and semi-reclined.
• Do it the same way as you did getting in and out of the chair.
• When you sit down you need to duck your head. Remember to keep your affected leg out in front of you at all times.
• Lift your legs one at a time into the car. You may need a strap to help lift your affected leg into the car.
• To get out of the car, lift your legs one at a time out of the car using a strap to lift your affected leg if you need to. Stand up like you would get out of a chair, just don’t bump your head.

If you have any questions or concerns, please talk with your doctor or physical therapist.

How to get dressed
An Occupational Therapist will review dressing strategies and teach you how to use adaptive equipment.
Please remember these points when you are getting dressed:
• Make sure that you do not bend over too far or twist your affected leg when you are getting dressed.
• When putting on slacks or underwear, dress your affected leg first.
• When taking off slacks or underwear, undress the affected leg last.
• Wear slip-on shoes or shoes with elastic shoelaces to make it easier to put them on and take them off.
• You will be taught how to use adaptive equipment, such as the sock aide shown in this picture.
Helpful homemaking tips

- Use an apron with many pockets. The pockets will hold small items that you may need.
- Put hot liquids in containers with covers. An insulated cup with a lid works well.
- Slide objects along the countertops, instead of carrying them.
- If you have a cart with wheels at home, use this to move supplies (like laundry, dishes, food, etc.) from one place to another. This can be placed in front of your walker, keeping your hands free to use your walker safely.
- Sit on a high stool when preparing meals or doing work at a countertop.
- Use a reacher to pick up objects from the floor. Do not bend down to pick them up.
- Use Velcro® to attach the reacher to the walker on your dominant side. (The dominant side is the side that you write with.) The reacher will fit very well on the front leg of your walker.
Adaptive Equipment for Joint Replacements

Here are examples of equipment that you may need

OT will help you determine what you need

(From left) Long shoe horn, dressing stick, sock-aide, long sponge, reacher

Raised Toilet Seat
Commode

Tub Transfer Bench
Shower Chair
Returning Home After Total Joint Replacement

In these past weeks, you have been waiting to enter the hospital for surgery. Now your surgery is done and you start a period of readjustment as you return home. For the next 6 to 8 weeks, your new joint will continue to heal. You will need to learn to balance your exercise periods and with your rest periods.

**Do not overdo or push yourself beyond the limits of pain!**

**Discharge Information**

- You will be discharged 2-3 days after surgery. When you leave the hospital will be decided by all of your team members including doctors, nurses, case manager, and physical therapists. We will go over your specific discharge instructions with you and a follow up appointment will be scheduled. We strive to discharge you in a timely manner to get you home as soon as possible.

Your follow up appointments are very important.

- You will be given prescriptions for medicines you will need at home if you were not given them before your surgery. The nurses will review your medications with you and instruct you what to take and will discuss what prescriptions you may need. Start taking any medicines you were taking before surgery unless your doctor instructs you not to take them.

- You may need some help when you go home. We will help you choose what is needed for you to be discharged safely. Some patients are discharged to a short term rehab facility for additional therapy. If you need such therapy, your case manager and nurse will help with the arrangements.
• You must be home bound to receive home care services for nursing or therapy. Tell your home care therapist or nurse if you will be out for any doctor’s appointments so they can adjust the time of your visit.

• It is also very important to use your walking devices as instructed. While you are in the hospital, you will use various assistive devices. What you need at the time of discharge will be determined by your team of physical therapists, nurses, and you.

Care of Your Wound
• Your incision may be closed with staples or stitches you can see, or be closed under the skin.
• Your wound may have special tapes called steri-strips holding the incision edges together. These will loosen and peel off in 4 to 10 days.
• If the tapes have not peeled off after 10 days, you should remove them.
• Please follow instructions for care of your wound as ordered by your doctor.

Please report any of these signs to your doctor:
• Redness
• Swelling
• Drainage at the incision site
• Fever of $\geq$101 degrees
• Edges of the wound start to separate
• Coldness of the leg
• Leg turns pale or blue in color
• Tingling or numbness
• Leg pain

Your Care after Discharge
• Be sure to tell all doctors or dentists you see that you have had a joint replacement.
• An infection in another part of your body such as in the lungs, kidneys, mouth or skin can spread to the new joint through the bloodstream.
• Contact your family doctor for general medical problems such as any infections. As a preventative measure, you may need to take an antibiotic.
• You will need antibiotics before having any surgical procedure and some medical procedures.
• Dental care on a regular basis every 6 months is important to prevent infection from your teeth. Do not neglect this important aspect of health care. Before your dental appointment, contact your dentist to get a prescription for a preventative antibiotic.

Swelling
• Swelling (edema) is common following total joint replacement. Some people have swelling while still in the hospital. Others may notice it once they are home and become more active. Some people never have swelling. Areas most likely to become swollen are the foot, ankle, knee and at times, the thigh.
• To prevent swelling, elevate your feet higher than heart level while you are lying down. **Your toes should be higher than your nose.** Do not place pillows under bent knees. Do this during rest periods for 45 minutes to 1 hour, 2 to 3 times a day. If your swelling does not decrease after sleeping all night and elevating your legs during the day, please call your doctor’s office.
• You may have white elastic stockings to help reduce swelling. Please wear the stockings during the day and remove them at night. Wash the stockings regularly with soap and water and hang them to drip dry over a towel during the night.

Anticoagulation medicines, also called blood thinners
• Some patients will leave the hospital with a prescription for an anticoagulant medicine. This decision is made by your surgeon.
Anticoagulants slow down the process of blood clotting. Using controlled amounts of medicine reduces the risk of blood clot formation. This medicine is often taken for 1 to 6 weeks, but your doctor will decide how long you should take it.

Aspirin and other arthritis medicines are also anticoagulants. **Do not take aspirin or products with aspirin while you are on anticoagulants.** Two anticoagulants should not be combined without a doctor’s approval.

**Sitting**
Do not sit longer than 30 minutes at a time. Get up often, walk and change your position. During long car trips, stop every 30 minutes to get out of the car and move around. If you do not take breaks, you will become stiff and have swelling, which may lead to blood clot formation.

**Walking**
**Do not walk without your walker or crutches until your doctor tells you that it is allowed.** You may feel you can do without these devices, but remember that healing is occurring and it takes time. Use of an assistive device protects the healing of your joint. Walk often on level ground and go outdoors if weather permits or choose a large indoor area such as a shopping mall.

**Walking in a pool**
When your doctor feels your incision is well healed (often 6 weeks after surgery), water walking may be recommended. **Do not walk in water unless you have your doctor’s permission.** If you have access to a pool, water walking is relaxing and strengthens the muscles in the hip and leg. Enter the pool to chest high water. Hold onto the side of the pool and walk for 15 to 20 minutes. Repeat 3 to 5 days each week.

**Climbing stairs**
Stair climbing is allowed in moderation. Follow the directions you have been given on how to climb stairs. During the first few weeks at home, try to limit the climbing of stairs to one round trip a day.
Driving and riding in a car
If you are riding in a car, stop every 30 minutes and get out of the car to stretch. Do your ankle pumping exercises while you are riding in the car. You may drive a car in about 6 weeks after your release from the hospital, with your doctor’s permission. Only drive if you can completely control your operative leg and you are no longer taking pain medicine.

Air travel
For the first year after your joint replacement, use these precautions to protect your new joint and reduce your risk of problems.

- When booking your flight, tell them you have a total joint in place and request a bulkhead seat so you have more room to stretch out your leg.
- Be sure to tell the officers at the security check points that you have a total joint in place.
- Request assistance to travel through the airport.
- Wear your TED stockings during any flight if you were instructed to wear them postoperatively.
- Stand frequently and do your ankle pumping exercises during the flight as you are able

Long term activity restrictions
Your new joint can be damaged or worn out by rough treatment. You will always need to exercise to keep your muscles and ligaments strong. You will need to avoid activities that may cause excess stress to the joint and thus cause it to loosen.

- Activities to avoid include:
  Jogging or running
  Jumping rope
  Pushing weights with your leg
  Contact sports
  Racket sports

Recommended activities include:
- Exercises taught by your physical therapist
- Swimming
- Walking or using treadmill
- Bike riding
- Golf
• Excess weight on your joint also should be avoided. Try to keep at a healthy weight. Talk to your doctor about strategies.

**Participating in sports**

*Do not participate in any sports until you have your doctor’s approval.* Sports may eventually include golfing, swimming, bowling, bicycling and dancing. Please ask about other sports in which you are interested. *Do not* use exercise equipment, whirlpools or spas until approved by your doctor. Talk with your doctor about weight lifting with your operative leg.

**Using water beds**

Do not use a water bed until approved by your doctor.

**Sexual activity after total joint replacement**

Many patients and their partners have a great deal of anxiety about resuming sexual activity after a total joint replacement. This section will address these issues and hopefully relieve your anxieties and answer your questions.

• **Hip Replacement**

  • *What affect will total hip replacement have on sexual relations?*

    Patients who need total hip replacement often have a great deal of pain and stiffness before their joint replacement that can interfere with their sexual activity. Total hip replacement will relieve a lot of the pain and stiffness so sexual activity is more comfortable.

  • *When may I resume sexual intercourse?*

    The soft tissue around the hip, namely the skin incision and the muscles, require about 4 to 6 weeks for healing. It is most often safe to resume sexual activity in about 4 to 6 weeks after surgery. However, if you have no problems after surgery and have little to no hip pain, you may resume sexual activity at an earlier time. Please openly discuss this issue with your doctor.

  • *What positions are safe and what precautions should be followed during sexual activity?*
Total hip replacement precautions have been outlined for you by your surgeon, nurse and physical therapist. These precautions should be followed in all activities of daily living. As your hip heals, you may assume a more active role. After several months you can resume sexual activity in any comfortable position. You may also ask your doctor, physical therapist or nurse for more information.

- **What should I tell my partner?**
  Your partner should know the hip precautions and should understand the effect of those motions. Tell your partner openly and freely about your level of comfort, concerns and anxieties.

Your individual discharge plan will be reviewed with you prior to your discharge from the hospital. Please ask your doctor, nurse, or physical therapist any questions you may have.
Hip and Knee Joint Replacement
General Patient Instructions

These instructions provide you with general information on caring for yourself after you leave the hospital. You will receive specific instructions by your surgeon upon discharge titled After Visit Summary (AVS). If you have any problems or questions after discharge, please call your surgeon. Your Joint Surgery handbook has this information as well.

**ACTIVITY**
- Weight bear as instructed by your MD or physical therapist
- This can be found on your After Visit Summary

**INFECTION PREVENTION**
Hand washing is the best way to prevent the spread of infection.
- Wash your hands after using the restroom, coughing, or sneezing and before meals
- Proper care of your incision can help prevent infection
- Eating a healthy diet can also help prevent infection and promote healing

**INCISION CARE**
It is important to check your dressing/incision every day.
- You will receive instructions about your dressing on the After Visit Summary (AVS)

**Once your dressing is off**
- Wash your hands before touching the incision if you have to touch the incision for any reason
- Wash your incision and the skin around it gently with soap and water
- Pat incision dry with clean towel
- Do NOT rub the towel over your incision
- NO tub baths, avoid swimming pools and hot tubs until incision is completely healed (about 3 weeks)
- Do NOT use any creams, lotions, ointments, or alcohol on or near your incision
- Keep fresh incision covered if you are going to be around pets or small children
- Avoid smoking while the incision is in the healing phase
  If you have diabetes, better management of your blood glucose levels will help with wound healing

**CALL YOUR SURGEON**
Call your surgeon for any of the following:
- Temperature > 101° F
- Increased redness or swelling or drainage from or around your incision
- Pain not relieved by pain medication
- Nausea or vomiting
- Questions/concerns

Call 911 for any of the following:
- Chest pain or sudden shortness of breath
- Severe calf pain
**PHYSICAL THERAPY AT HOME**
- You may have in-home physical therapy for 3 to 7 days after discharge, then outpatient physical therapy

  **OR**

- You may start outpatient physical therapy. Make sure you have a prescription prior to discharge
- Call the office for an outpatient physical therapy prescription when you are ready to start outpatient therapy

**PHYSICAL THERAPY AT REHAB**
- If you are discharged to a rehab facility you will have physical therapy while you are there as ordered by your MD.
- They will give you instructions for home when you are discharged.

**COMFORT/PAIN**
- Apply ice/cold packs to affected hip/knee as needed for discomfort or swelling
- Take pain medication when needed as prescribed by your surgeon
- Don’t wait until the discomfort has the best of you to take medication
- It may be helpful to keep a written record of when you take your pain medicine (include the time, medication and amount)
- As you have less discomfort, start to decrease how many pain pills you are taking and how often you are taking them. Eventually, you will no longer need pain medication.
- Do not drink alcohol or drive while taking pain medication

**ACETAMINOPHEN**
- DO NOT take more than a total of 4 grams (4000 milligrams) of acetaminophen (Tylenol) in a 24 hour period. Some pain medications have Tylenol in them, it is important to know this when you are calculating your daily dose of Tylenol. Check with you doctor or pharmacist to be sure.

**MEDICATIONS**
The medications you will be taking will be listed on the After Visit Summary. Your nurse will review the complete list with you before you leave the hospital.

**PREVENTING CONSTIPATION**
- Pain pills can cause constipation.
- To prevent constipation
  - Increase fluids
  - Increase fiber (fruits/vegetables/bran)
  - Prunes, prune juice
  - Increase walking
- Stool softeners will make it easier to have a BM without the laxative effect
- You may use over the counter laxative if needed (Miralax, Milk of Magnesia, etc)
BLOOD THINNERS (anticoagulants)
These are typically used for six weeks after your surgery. While on blood thinners:

- Avoid razors-use an electric shaver
- If you get cut, apply pressure to the site and call your MD if the bleeding won’t stop
- Avoid Aspirin unless otherwise instructed by your MD

NON-STEROIDAL ANTI-INFLAMMATORY DRUGS
Do not take any non-steroidal anti-inflammatory drugs (NSAIDS) including ibuprofen (also known as Advil and Motrin) or Naproxen (Aleve) until follow up visit, unless otherwise instructed by your MD. (Note: hip resurfacing patients will take Indocin for 6 weeks.)

Do not take any herbal medications until follow up visit (fish oil, glucosamine, etc) unless otherwise directed

TED STOCKINGS
- Recommended to wear for one month while at home
- Put them on in the morning and remove them for sleep
- The stockings increase circulation, which helps to prevent blood clots and decrease swelling
- They can be washed in the washing machine

OTHER INSTRUCTIONS
TRAVEL
- Please review your handbook for detailed information regarding car and air travel
- Check with your surgeon if you have trips planned in the near future to see if it is acceptable

DENTAL PROCEDURES/OTHER PROCEDURES
- No dental procedures for 6 weeks (includes teeth cleaning)
- For dental procedures, other surgeries, or any test/procedure where bleeding may occur (cardiac cath, biopsy, etc), it is recommended that you take antibiotics prior to the procedure.
- Your surgeon will provide the prescription
- You will be given a card to show your dentist/doctor about the need for antibiotics

QUESTIONS
It is very important to your physician that you are kept informed. Please bring any questions or worries to the attention of your nurse or physician assistant so that your concerns can be addressed.
PART 5: FREQUENTLY ASKED QUESTIONS

• How long will I be in the hospital?
  You will be discharged from the hospital on the 2nd or 3rd day after your surgery.

• How long will I be in the operative area?
  You will be in the pre induction or holding area about one hour. The surgery takes about one hour. You will be in the recovery room for 1 to 1 1/2 hours. The total time is about 4 hours.

• How soon will I be walking?
  You will start to walk the day of your surgery or the next day with the help of a physical therapist and/or nurse.

• How long will I need to use my walker or crutches?
  You will use your walker or crutches 2-4 weeks after surgery.

• When can I put all my weight on my leg?
  Your surgeon will tell you when you can put more weight on your leg.

• How long do I have to follow hip precautions?
  Your surgeon will tell you how long you have to follow your hip precautions.

• When can I lie on my operated side?
  Your surgeon will tell you when it is OK.

• When can I take a shower?
  Unless otherwise instructed by your MD, you can take a shower when you get home. You will cover the dressing that is over your incision with “Glad press & Seal”.

• When can I get into the bathtub?
You can take a bath only when your surgeon says it is okay. You will be taking sponge baths until then. You may wash around your staples with mild soap and water. Pat this dry with a clean towel. See “When can I take a shower?”

• How long do I need to use the commode or raised toilet seat?
You will need to use the commode or raised toilet seat until you do not have to follow your hip precautions anymore.

• How long does it take to recover from joint replacement surgery?
This varies person to person. Short-term recovery takes about 6-12 weeks and long-term recovery could take up to 6 months or longer.

• When can I drive?
Do not drive for 6 weeks, unless otherwise instructed by your surgeon. Your surgeon will discuss this with you at your follow up appointment.

• When can I go back to work?
You can go back to work in 3-8 weeks depending on what your job is.

• When can I play golf again?
You will be able to play golf in 6-12 weeks.

• Are there any activities I will not be able to do?
You should not do any activities like running, jumping, or other activities that “pound” on the joint.

• When can I begin having sex again?
  • Knee Replacement- As soon as you feel able to
  • Hip Replacement- 4 to 6 weeks, though could be sooner
  • Ask your doctor, PT or nurse for additional information

• Will I need antibiotics for dental work after my joint replacement?
Yes. You will need to take an antibiotic before you have any dental work done.
PART 6: Notes/Questions
Phone Numbers

Orthopedic Nursing Unit 4-1: 315-448-5410
Case Manager: 315-448-2772

Person who will assist you at home:
Name: _____________________________ Phone: ________________

Other Resources
• St. Joseph’s Home Care Agency 315-458-2800
• St. Joseph’s Hospital Physical Therapy 315-448-5430

• St. Joseph’s Outpatient Physical Therapy:
  • Northeast Medical Center 315-329-7000
  • Lyncourt 315-455-7203

Smoking Cessation NYS Quitline
1-866-NY QUILTS
1-866-697-8487

Websites
• www.sjhsyr.org
• www.aaos.org
Thank you!

Again, we thank you for choosing St. Joseph’s Hospital Health Center for your joint replacement needs. We hope that this book serves as a reference for you as you recover from your surgery. Please do not hesitate to ask your experienced team of physicians, nurses, and physical therapists if you have any additional questions.

Pages 14-18 of this book are a workbook for you to complete with your Nurses and Physical Therapists.

We offer informational sessions about surgery and we encourage you to attend one if you are able to do so. They are about one hour in length.

Best wishes to you for a speedy recovery.

We welcome your feedback. Please let us know how we are doing. There are suggestion boxes in our rooms and at any time, you can ask to speak to a manager, coordinator, or any of our nurses to give us your feedback.