



# Hip Replacement

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## Patient Handbook



Trinity Health  
Mid-Atlantic

Nazareth  
Hospital

# Welcome



This booklet provides you with general information concerning your hip replacement surgery. It explains what you can do to prepare for your admission before you come to the hospital. It also reviews what you can expect in the hospital, before and after surgery, and how to prepare for the discharge. Each person is unique and therefore, your instructions may vary slightly depending on your specific needs.

We suggest that you read this booklet before you come to the hospital. You may find it helpful to write down any questions you may have in the space provided at the back of the book.

**Please bring this booklet with you when you go to your preadmission testing appointment, the total joint replacement class and to the hospital the day of your surgery. The orthopedic team will refer to it often.**

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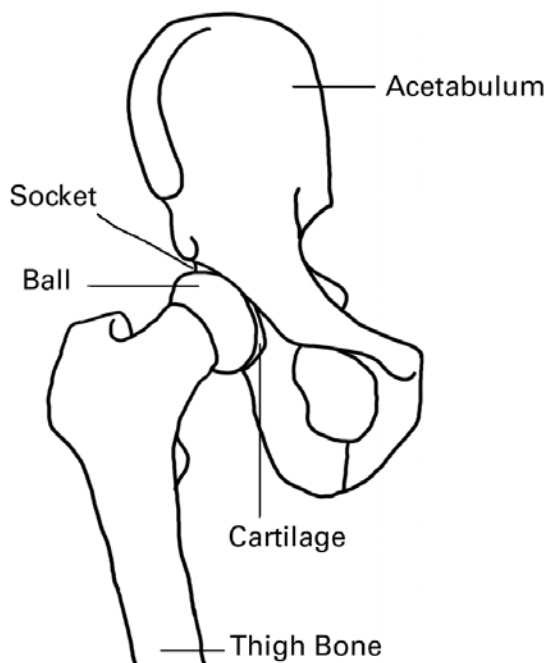
# What is Total Hip Replacement?

Your hip is a ball and socket joint that allows you to move your leg in many different directions. The ball (femoral head) is the upper end of the thighbone that fits into the socket of your pelvis (acetabulum). In a healthy hip, a thick layer of smooth cartilage covers the ends of the bones. When it is in good working order, your hip helps you walk and move your leg easily and without pain.

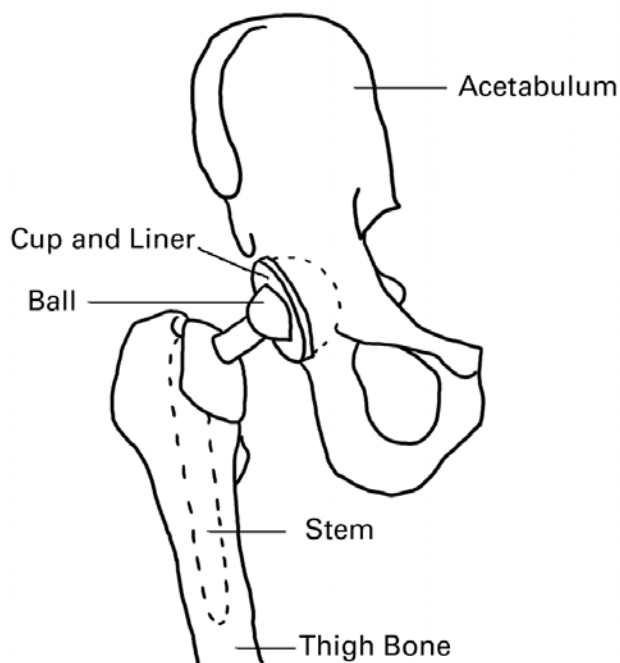
When the cartilage wears away, the bones rub together, causing pain and inflammation of arthritis. Arthritis is an inflammation of a joint causing pain, swelling, stiffness, instability and often deformity. Severe arthritis interferes with a person's activities and limits his or her lifestyle. When your hip joint can no longer do its job, an artificial joint can relieve your pain and stiffness and improve your mobility. An artificial ball and metal stem replaces the worn head of the thighbone (femoral head) and a metal cup replaces the worn socket of your pelvis.

You will most likely be receiving cement-less hip replacement. Cement-less total hip replacements have rough surfaces, which allow your own bone to grow into them. Occasionally, a cemented hip replacement will be required – your doctor will explain to you the times this may be necessary.

Your hip replacement joint also has smooth surfaces, like cartilage, that allow you to move easily and without pain. Your hip replacement can relieve your pain and stiffness, improve your mobility and restore your quality of life. For a short period of time after surgery, the healing of muscles and tissues around your hip will create some limitations in your ability to perform various activities. Therefore, you may require walking aids, such as a walker, crutches or a cane. In addition, you may find high toilet seats helpful. Certain other restrictions in your activity may be applied in special circumstances.



**Hip Joint**



**Hip Replacement**

## Which patients should have a total hip replacement?

Total hip replacement is recommended for patients with arthritis who have severe pain and limited function, which significantly affects quality of life. While most arthritic hips are the result of degenerative arthritis or osteoarthritis, other conditions such as rheumatoid arthritis, trauma, prior surgeries and tumors can also be relieved by total hip replacement.

## What is the long-term prognosis of total hip replacement?

On an individual basis, it is impossible to predict how long a hip replacement will last. With newer materials and techniques, the lifespan of hip replacements continues to increase. Over time, a certain percentage of patients having a total hip replacement will require revision surgery. Although uncommon, implants can develop mechanical problems such as loosening, fracture or wear. Other problems such as infection or dislocation can occur, which may lead to the need for revision surgery.

## Is revision total hip replacement surgery different?

Yes and no. The technical aspects of revision surgery are more difficult than the original surgery. However, the preparations for surgery and in-hospital care remain the same. We have extensive experience with total hip replacement revision surgery and our state-of-the-art equipment and team of professionals will ensure the best possible care.

## Potential Medical and Surgical Complications

While we attempt to fully explain the nature and purpose of hip replacement, its benefits, possible alternative non-surgical methods of treatment, the risks involved, and the possible complications, we cannot guarantee or assure that complete restoration of function will be achieved as a result of your hip replacement. The risks and potential medical and surgical complications include, but are not limited to the following: infection, phlebitis (blood clot formation in the legs), pulmonary embolism (blood clot in the lungs), death, paralysis, dislocation, persistent pain, stiffness, instability, limp, weakness, breakage of bone or parts, leg length difference, uncontrolled bleeding, nerve injury, blood vessel injury, delayed wound healing, wear, loosening and pressure sores. Anesthetic risks are also present as well as the risk of needing a blood transfusion. A more detailed list is contained in the surgical consent form.

**We strongly encourage you to attend our education program. The program covers all topics including preparing for surgery, in-hospital care and life with your new joint.**

**For more information or to register for this important class, speak with your surgery scheduler who can give you the dates and times of the classes. You may also call 215.335.6313 to register.**

# Preparing for Surgery

## Medications

- Stop taking aspirin and nonsteroidal anti-inflammatory medicines (NSAIDS), such as Ibuprofen, Indocin, Advil and Aleve, one week before your surgery. This is required to reduce the amount of bleeding at the time of surgery.
- If you are taking fish oil, Glucosamine/Chondroitin, or herbal medications, these supplements should be stopped two weeks prior to surgery.
- If you are taking Celebrex, it does not have to be stopped.
- If you are not sure which of your medications needs to be discontinued, check with your surgeon.
- If your pain medication is discontinued, you may receive a prescription from your doctor to help control your pain preoperatively.
- If you take aspirin, Coumadin, Plavix, or any other blood thinner, please contact your surgeon for further instructions before discontinuing the blood-thinning medication.

Please bring a list of your routine medications with dosage and frequency listed with you to the hospital on the day of preadmission testing and on the day of surgery.

## Medical Doctor

You may need to visit a medical doctor and possibly a specialist such as a cardiologist to be sure you have no health problems that could interfere with your surgery. The surgery scheduler will arrange this appointment for you. That doctor will confer with your family physician about any specific medical problems you may have. Special tests may be required to be certain that your medical status is optimized prior to your surgery. This doctor will also follow your medical status after your surgery for up to six weeks.

## Preadmission Testing and Evaluation

Your surgery scheduler will arrange an appointment for you to have a preadmission evaluation. Your preadmission evaluation may include some or all of the following:

- |  |                     |
|--|---------------------|
| • Medical history and physical examination by a nurse practitioner/physician | • Electrocardiogram |
| • Anesthesia interview   | • X-rays            |
| • Blood and urine tests  | • Patient teaching  |
|  | • Echocardiogram    |

## Nutrition

It is important to maintain a healthy diet. Diabetic patients should maintain a healthy blood glucose prior to surgery. If your surgeon prescribes you a carbohydrate drink for the evening prior to your day of surgery, please follow the instructions provided to you from the surgeon. Otherwise please remain NPO, or nothing by mouth after, midnight.

## Preoperative Physical Therapy

Preoperative physical therapy can improve the ease and speed of your recovery after hip replacement surgery. A specific preoperative program is available from your surgeon. Please check with your surgeon and surgery scheduler regarding this program.

## Cleansing Before Surgery

Preparing or “prepping” skin before surgery can reduce the risk of infection at the surgical site. To make the process easier, Nazareth Hospital has chosen disposable cloths moistened with a rinse-free 2% Chlorhexidine Gluconate antiseptic solution designed to reduce the bacteria on the skin. You will bathe as usual and wait 30 minutes before using the wipes. You will wipe your entire body from neck to toes the day before and the morning of surgery unless instructed to do otherwise. The pre-admission nurse will review the instructions with you during your visit.

## The Evening Before Your Surgery

- **Do not eat any solid foods after 9:00 p.m.**
- **Do not drink any liquids after midnight**
- **Stop smoking**
- **Don't drink alcohol**

**If you do not follow instructions about not eating and drinking, your surgery may be cancelled.**

## Disability Papers

Many employers have specific paperwork that needs to be filled out. Please contact your employer and allow the surgeon's office (not the hospital) adequate time (at least one week) to complete the paperwork and return it to you. After surgery, return to work notes will be completed upon request by the surgeon's office staff. There is an additional charge for processing disability papers.

## Preparing Your Home

Before coming to the hospital, you can do some things to prepare your home so that your daily activities will be easier and more comfortable after your surgery. These suggestions may help you:

- Place the telephone in a convenient area, such as near the bed or a chair.
- Prepare food or purchase easy-to-prepare foods before you are admitted.
- Rearrange or move food, pots, pans and other cooking utensils to easy to reach shelves or counter tops.
- Place shoes, clothing and toiletries at a height where you can reach them without bending.
- Remove or secure any throw rugs so you will not trip over them.

## Equipment Needs

Your therapists and surgeon may also prescribe several types of medical equipment to help you function safely and comfortably at home. Insurance coverage for equipment can vary from one company to another and may change over time. You should check with your insurance company to find out if you have coverage for durable medical equipment (DME), such as a walker, cane, crutches, and commode, so you can prepare for any co-pay for equipment that may not be covered.

The therapists and care coordinator will help order the equipment and verify your insurance coverage. Your medical equipment will be ordered in the hospital before your discharge and will be delivered to your home or hospital room. If delivered to your home, you will need to arrange for someone to be home to accept the delivery.

### **Medical equipment may include:**

- Tub seat or tub bench that can be used in the bathtub or shower
- Walker, crutches or cane
- 3-in-1 portable commode
- Raised toilet seat

Hospital beds and hip chairs are not routinely required.



## Transportation

You must arrange for transportation home from the hospital by family or friend. Transportation home or to a rehabilitation facility by ambulance is not typically covered by insurance. Research has confirmed that it is safe to ride as a passenger in a car after surgery if you follow proper body mechanics. The physical therapists will instruct you on getting in and out of a car safely. Discharge time is typically after 2:00 p.m., so you may receive all your therapy before discharge.



## What to Bring to the Hospital

**For your comfort, you will want to bring your own toiletries to the hospital. Also, pack a three-day supply of underwear, nightgowns and comfortable, loose-fitting clothing. Your clothing should be loose enough so the orthopedic team may see your incision and so it will not hinder your therapy. You will also need slippers with rubber soles, or soft, low-heeled shoes with closed backs, such as sneakers, walking shoes or loafers. Please bring shoes that are already worn and broken in.**

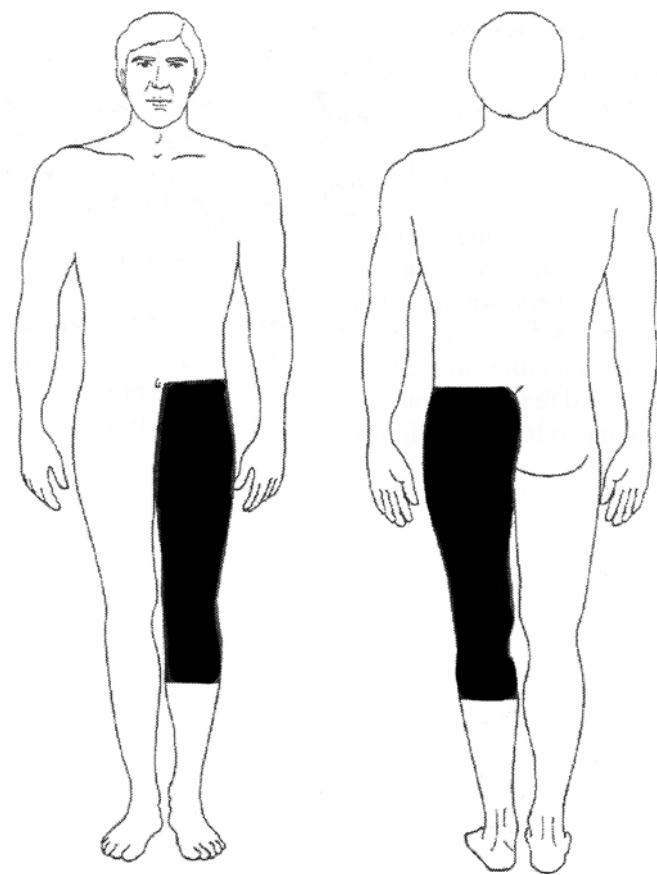
**Please do not bring any valuables to the hospital. If you have equipment such as a walker, or long-handled reacher, you may want to have someone bring it in after your surgery. Please label all your equipment with your name.**

# What to Expect in the Hospital

## Morning of Your Surgery

Report to the Short Procedure Unit at your designated time. Based on current hospital policy, visitors may come with you the morning of your surgery (please limit the number to one or two people). The nurse will direct them to the family waiting area adjacent to the Short Procedure Unit. The surgeon will call or visit them after your surgery. Your family should take your personal belongings with them to the waiting area and then later bring them to your assigned room. The operation may take one to three hours, while the total time – from preadmission to surgery to post-anesthesia care unit (PACU) – maybe be three to seven hours.

To prepare for surgery, the nurse will ask you to remove your clothing, including underwear and socks, and put on a hospital gown. In addition, you should remove any contact lenses, dentures, wigs, hairpins, jewelry (including wedding bands), artificial limbs or eyes. You should give these to your family members.



The area around your hip will be clipped to trim body hair, and scrubbed.

You may be asked to empty your bladder before you leave for the operating room. An escort will transport you to the operating room Holding Area on a stretcher about one hour before your surgery. Once you are there, you will meet many people, including nurses, anesthesia personnel, physician assistants, nurse practitioners and your surgeon. Nurses will confirm your identity and the surgical procedure. An intravenous line will be placed in your arm. Anesthesia personnel will review the details of your anesthesia. A member of the operative team will mark your surgical site.

## After Your Surgery

After surgery, you will be taken to the Post Anesthesia Care Unit (PACU) or “recovery room” to recover from the anesthesia. While in the recovery room, the nurse will frequently monitor your vital signs (heart rate, blood pressure,

temperature and respiratory rate). The nurse will also check your dressing and the circulation and movement in your toes and legs.

Recovery times vary by patient and may take several hours.



## Hospital Care

Each patient's experience is different in terms of length of stay in the hospital. Most patients will be discharged directly to their homes. It is the goal of your surgeon for you to go home after you have recovered from your surgery and it is safe for you to go home. The care coordinator, social worker and home care coordinator will set up your home care and equipment needs. However, if it is not in your best interest to go directly home, your surgeon and therapists may recommend that you stay at one of our rehabilitation facilities. The care coordinator and social worker, in conjunction with the orthopedic team, will coordinate your transfer to the rehabilitation facility.

The goal of your care after surgery is to help you become independent so you can return directly home. By the time of discharge, you should be able to walk with a walker or crutches, be independent with self-care and have minimal discomfort. To help you reach these goals, the staff will help you as needed, but they will encourage you to actively participate and do as much for yourself as possible.

The therapists and nurses will assist you in getting out of bed after your surgery and will begin your activity program in your room either the day of surgery or the next morning. The therapy activity program includes leg exercise, walking, stair climbing, and activities of daily living such as bathing and dressing, and home management. While a daily recovery schedule has been organized for your hip surgery, we encourage you to progress forward at your own pace as quickly, comfortably and safely as possible.

## Dressings

When you return from surgery, you will have a hip dressing covering your incision. Aquacel Waterproof dressing may be used; therefore, patients can shower the same day and subsequent days. Dressing to remain in place for three to seven days based on surgeon preference. You will have staples along your incision. The incision will be cleansed by the nurses as directed by your surgeon. As soon as you feel capable, and once the dressing has been removed, you may shower.

## Positioning

During your hospital stay, your goal will be to be out of bed most of the day. When you are in bed, the nurses will help you reposition yourself and shift your weight every two to three hours. This is important so you will not develop bedsores by lying in the same position for too long. You may raise or lower your head to a level that feels comfortable. You may lie on your back or side as comfort allows. Should you need it, please feel free to ask your nurse to help you reposition yourself in bed.

## Keeping You Comfortable (Pain Management)

The amount and type of pain you will have will vary and may be sharp, dull or achy. We will ask you to rate your pain on a scale from 0 to 10. Zero (0) means no pain at all, ten (10) means the worst pain you have ever felt. Please notify your nurse when your pain is a three (3) or above.

If surgery was performed using spinal anesthesia, a strong pain medication was injected in your back at the time of surgery in an effort to reduce your pain.

Another method of pain control is to receive pain medication as needed by mouth. Oral pain medication, when taken on a specific schedule, is more effective than IV pain medication.

Should pain relief be inadequate, ask your nurse for additional medication. Medications will be adjusted, as needed, to provide you comfort.

## Intravenous (IV) Therapy

An intravenous line (IV) in your arm will give you fluid and nourishment. Once you resume eating and drinking, these IV fluids will be stopped.

You will also receive an antibiotic through your IV before and after your surgery to prevent infection. The IV should not be painful. If it is, please let your nurse know.

## Diet

You will be allowed to have clear liquids once you have returned to your room. You will progress from liquids the day of your surgery to regular as soon as you are able to tolerate eating.

## Medications

You will receive blood thinning medications, stool softeners, and iron supplements each day. Laxatives and sleeping pills will also be available to you if you need them. Please ask your nurse or doctor any questions or concerns you have about your medications.

You may also be given a medication used to prevent calcification of the muscles around the hip. This medication needs to be taken for several days after the surgery, and you will continue taking it upon discharge for a total of 10 days. You may receive a prescription for this medication upon discharge if needed.

Your surgeon will order most of the medications you were taking at home as long as it does not interfere with other medications you are taking at the hospital. Some medications you may be taking at home are not available through the hospital pharmacy. If so, you will be instructed to bring those medications with you to the hospital.

## Preventing Breathing Problems

Your nurse will teach you how to use an incentive spirometer, a device that helps you breathe deeply. You should use the incentive spirometer ten (10) times every hour while you are awake.

## Preventing Blood Clots (Phlebitis)

Maintaining good circulation in your legs after hip surgery is very important as a way of preventing blood clot formation (phlebitis). You can help your circulation by doing leg exercises and walking. In addition, you will receive a dose of blood thinning medication each day. Blood samples will be taken each morning so the medical staff can monitor the level of medication in your blood. All patients will continue taking blood thinning medication at home.

# Activity Following a Total Hip Replacement

Activity is the most important part of your recovery after total hip replacement. Your activity program will include exercises, getting out of bed, walking and activities of daily living. Physical therapists, occupational therapists, and nurses will help you achieve these goals.

The goal of physical therapy (PT) in the hospital is to help you walk correctly with a walker or crutches, climb stairs and perform exercises. A physical therapist will work with you twice a day after your initial evaluation to help you recover.

The goal of occupational therapy (OT) is to help you care for yourself (bathing and dressing) and to do simple household chores and leisure activities. You may need to modify these activities or learn how to use special equipment. An occupational therapist will work with you once a day.

Your therapists will evaluate how well you can perform important daily activities and make recommendations for services you may need after discharge.

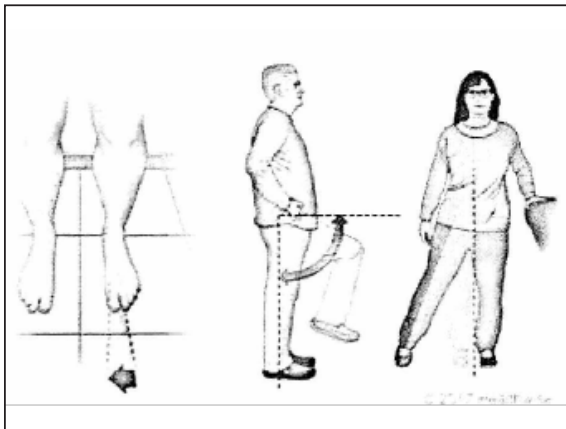
## Hip Guidelines (Activity Modification or Total Hip Precautions)

You will need to be careful to protect your new joint after hip replacement surgery. Along with doing your physical therapy exercises, there are many things you can do to help your hip heal. Your recovery may be faster if you follow these precautions.

Try to keep your hip within the safe positions while it heals. Some leg and foot movements may increase the risk of dislocating your hip. Try to avoid those positions.

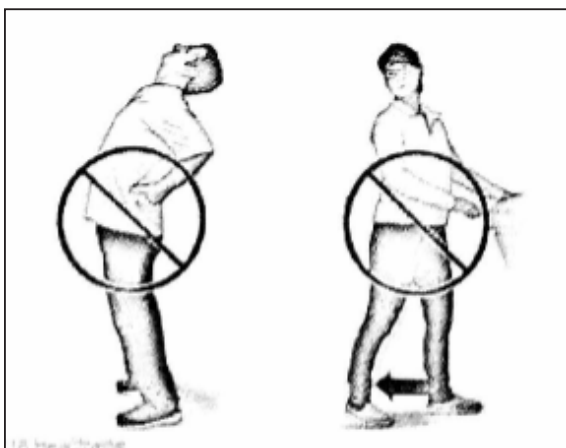


### How can you care for yourself at home?



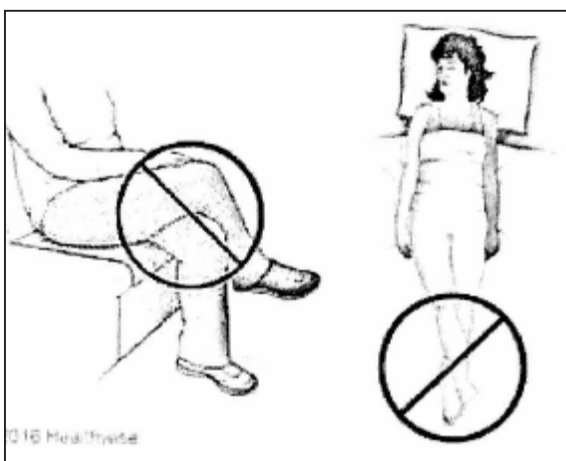
#### Safe positions for your hip

1. Keep your toes pointing forward or slightly in. Don't rotate your leg too far out to the side.
2. Move your leg or knee forward. Try not to step back.
3. Keep your knees apart. Don't cross your legs.



#### Try not to stretch your hip too far back

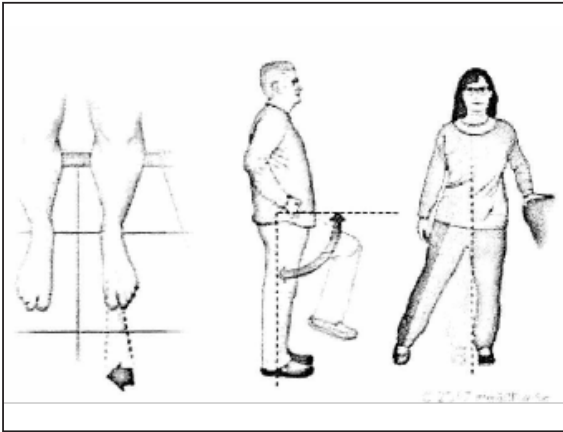
1. Don't step backward or bend backward.
2. Avoid lying on your stomach.



#### Don't cross your legs

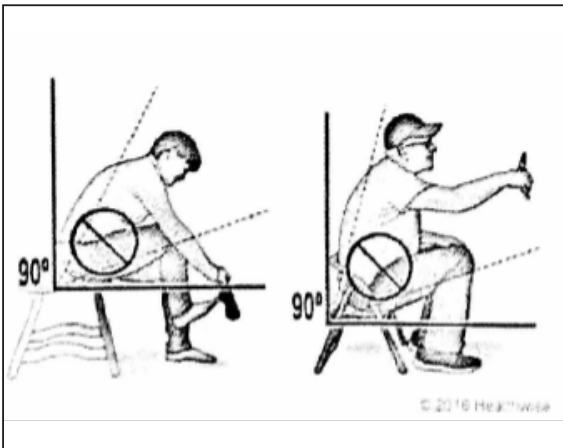
1. Imagine there is a line running down the middle of your body. Keep your legs from crossing over it.
2. Don't cross your legs when you sit.
3. Don't cross your ankles while lying down.
4. It may help to keep a pillow between your knees when you're in bed.

## How can you care for yourself at home?



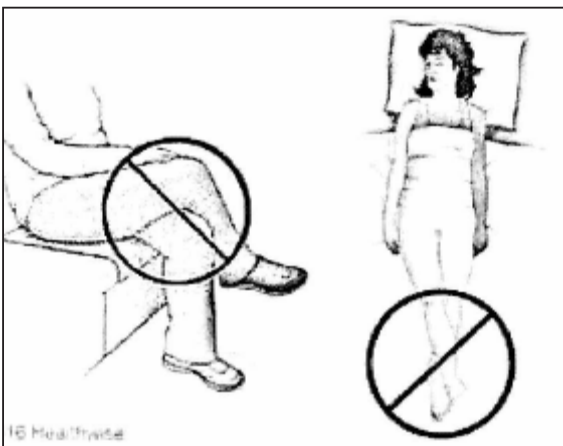
### What are some precautions for self-care after hip replacement surgery (posterior)?

1. Keep your toes pointing forward or slightly out. Don't rotate your leg too far.
2. Move your leg or knee forward. Try not to step back.
3. Keep your knees apart. Don't cross your legs.



### Hip Replacement (Posterior) precautions: Don't bend your hip too far

1. Don't lean forward while you sit down or stand up, and don't bend past 90 degrees (like the angle in a letter "L"). This means you can't try to pick up something off of the floor or bend down to tie your shoes.
2. Don't lift your knee higher than your hip.
3. Don't sit on low chairs, beds or toilets. You may want to use a raised toilet seat for a while. Sit in chairs with arms.



### Hip Replacement (Posterior) Precautions: Don't cross your legs

1. Imagine there is a line running down the middle of your body. Keep your legs from crossing over it.
2. When you get into a car, back up to the seat of the car and then sit and slide across the seat toward the middle of the car with your knees about 12 inches apart. A plastic bag on the seat can help you slide in and out of the car.
3. Don't cross your legs when you sit.
4. Don't cross your ankles while lying down.
5. It may help to keep a pillow between your knees when you're in bed.

### Other tips

- Go slowly when you climb stairs. Make sure the lights are on. Have someone watch you, if possible. When you climb stairs:
  - Step up first with your unaffected leg. Then bring the affected leg up to the same step. Bring your crutches or cane up.
  - To go down the stairs, reverse the order. First, put your crutches or cane on the lower step. Then bring the affected leg down to that step. Finally, step down with the affected leg.
- You can ride in a car, but stop at least once every hour to get out and walk around.
- You may want to sleep on your back. Don't reach down too far to pull up blankets when you lie in bed.
- If your doctor recommends exercises, do them as directed. Cut back on your exercises if your muscles start to ache, but don't stop doing them.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

## Exercises

A preoperative physical therapy program can be helpful in speeding your recovery after surgery. Your surgery scheduler can help you arrange this therapy program if requested by your surgeon. Physical therapy will also be discussed at your preoperative class.

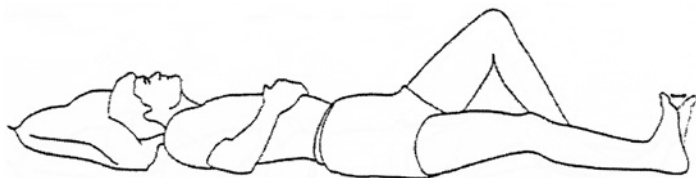
After surgery, your activity program will be determined by how you feel, but occasionally will be modified by your doctor based on the type of surgery you received.

In addition to walking, your physical therapist will give you exercises to perform. You should do these exercises as frequently as possible (we recommend three times a day, three sets of 10 each). You should practice these exercises before your surgery. However, you have to understand that returning to normal activities after surgery is perhaps the best form of physical therapy. You may need home care from a nurse and/or therapist. Home care can help you manage your pain and medications, and help you continue to improve your range of motion, strength and walking until you are strong enough to transition to outpatient therapy.



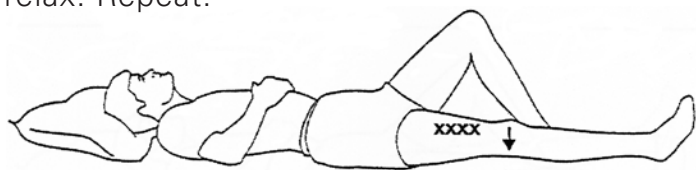
### Ankle pumps

Lying on your back or sitting, move your ankles up and down as far as possible without moving your legs. This helps increase circulation. You may also move your ankles in circles.



### Quadriceps setting exercises

Lying on your back, tighten your thigh muscle by pushing the back of your knee onto the bed. Hold for a count of five seconds and relax. Repeat.



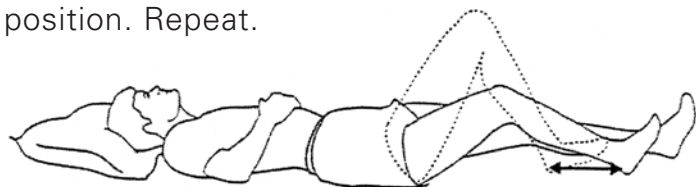
### Gluteal setting exercises

Lying on your back, squeeze your buttocks together. Hold to the count of five and relax. Repeat.



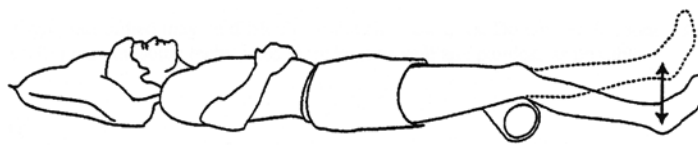
### Heel slide

Lying on your back with your unoperated leg flat on the bed, slide the heel of your operated leg halfway up towards your buttocks. Return your leg to a straight position. Repeat.



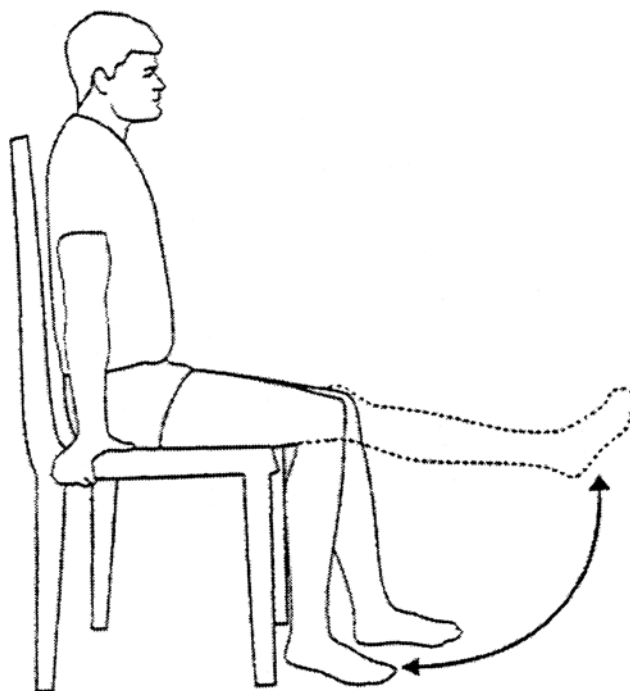
### Short arc quads

Lying on your back, place a pillow under the thigh of your operated leg. Keep your thigh resting on the pillow and lift your heel from the bed a short distance to straighten your knee. Lower your leg to the bed. Repeat.



### Knee extension while sitting

While sitting, straighten your knee completely. Hold for a count of five then lower slowly.

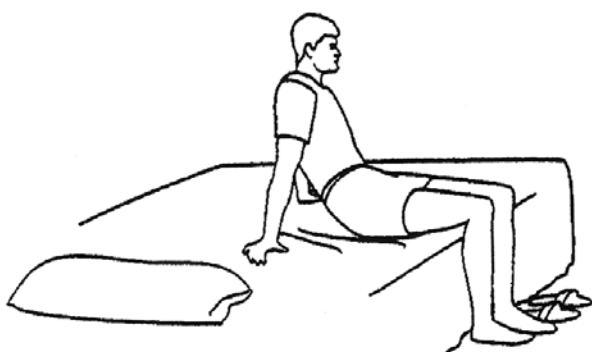
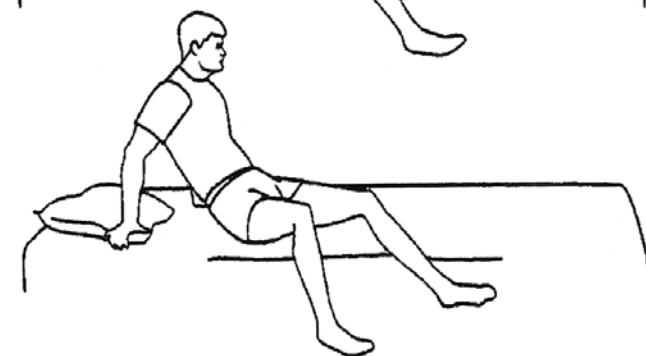
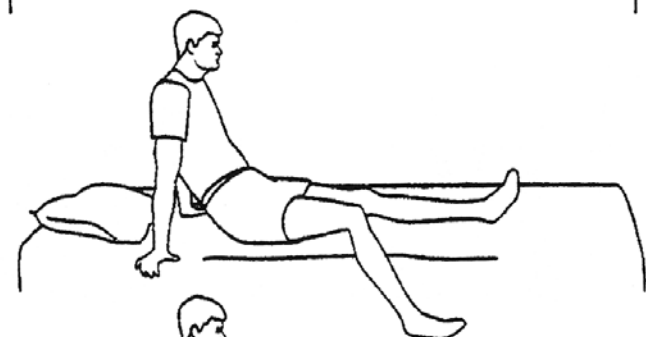
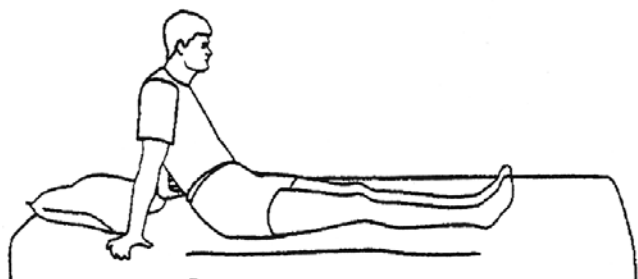
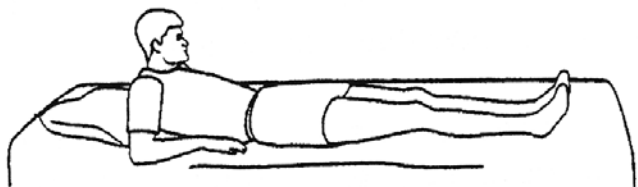
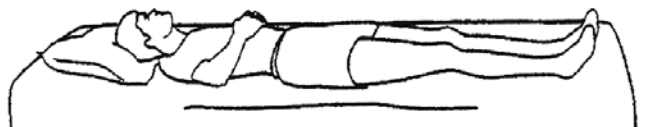


### Standing

In most cases, you will be able to place as much weight as you can tolerate on your operative leg while standing or walking. This is called "weight bearing as tolerated," (WBAT). However, there may be a specific situation prescribed by your surgeon where you are not allowed to WBAT. The physical therapist will instruct you in these special circumstances.

## Getting in and out of bed

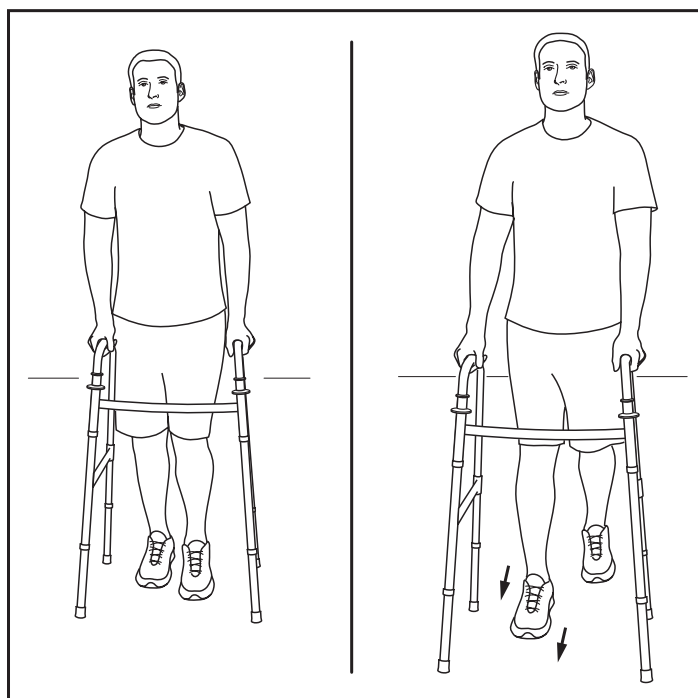
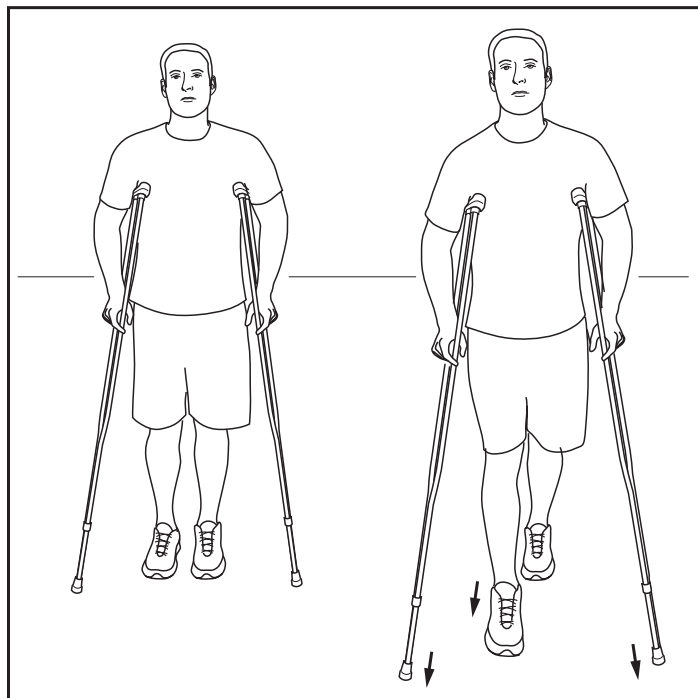
Getting in and out of bed may be difficult for the first few days. Do not get discouraged. Your therapists will teach you some techniques to make it as safe and easy as possible.



## Walking

Your physical therapist will show you how to walk using a walker, crutches or cane. The goal is to advance to a cane as soon as possible after surgery.

To walk, first move your walker or crutches forward, then step forward with your operated leg, followed by your non-operative leg.

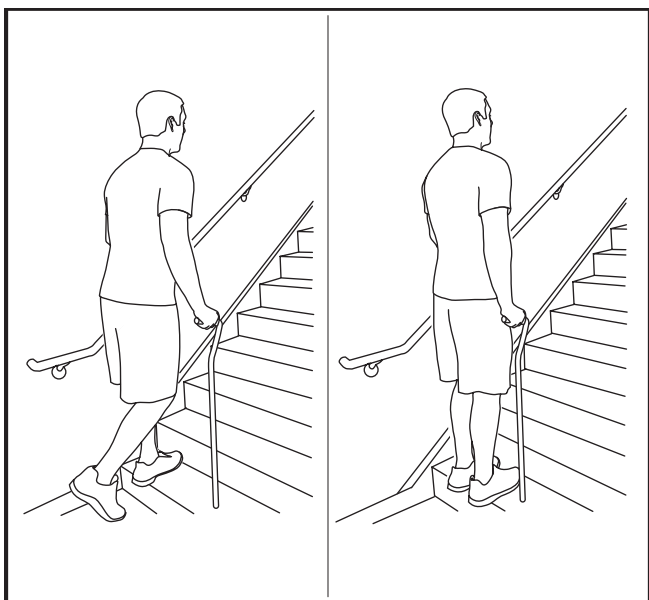


### Stairs

Your physical therapist will teach you the safest and easiest way to go up and down stairs.

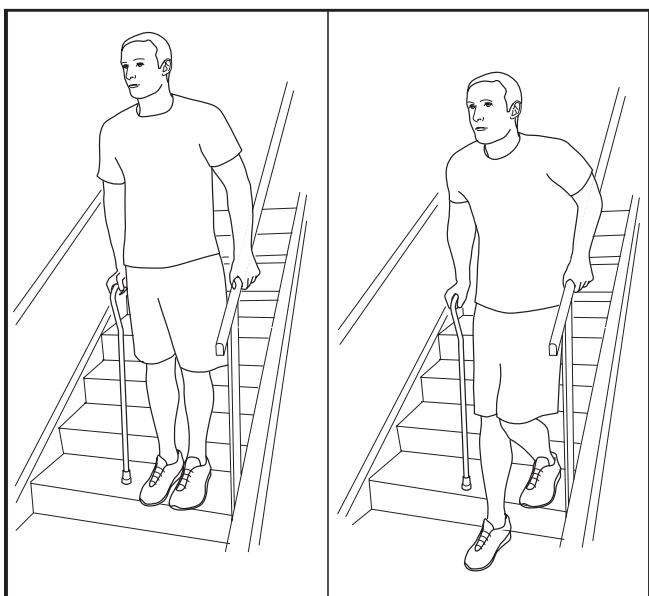
#### Going up stairs

Step up with your non-operated leg first, followed by your operated leg. If there is no railing, your therapist will teach you to use a cane or crutches for support.



#### Going down stairs

Reverse the sequence. Step down with your operated leg first, followed by the non-operated leg. If there is no railing, your therapist will teach you to use a cane or crutches for support.

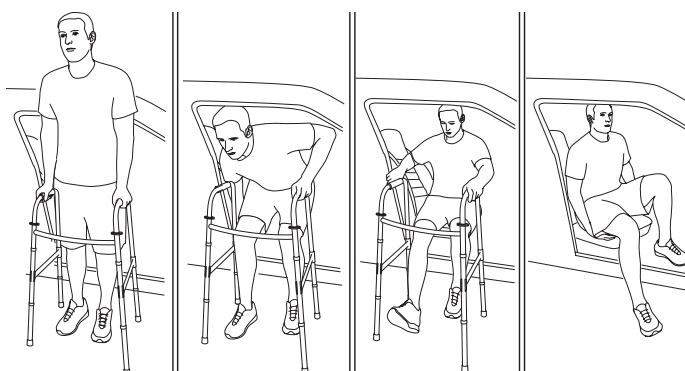


### Sitting

Find a chair that is comfortable and use it. Higher chairs seem to provide the highest level of comfort. An elevated or raised toilet seat will be provided to you in your hospital room. This is yours to take home with you.

### Car/Travel

Your physical therapist will teach you how to get in and out of a car safely. While you may travel in a car, as a passenger, at any time postoperatively, do not drive until cleared by your surgeon to do so.



### Sexual Activity

As with all your activities of daily living, you will need to follow activity modifications during sexual activity. Any member of your orthopedic team will be able to answer your questions about sexual activity and positioning.

### Home Management

Your occupational therapist will teach you how to move about safely in your home, especially in the bathroom, bedroom and kitchen. Place items that you use frequently – such as dishes, pots, clothing and shoes – on shelves or drawers that are within easy reach. That way, you can get them without bending or reaching and with much less discomfort.

## Self-Care

When bathing and dressing your lower body, you must learn to practice special care techniques that can reduce your discomfort after hip surgery. You may need to use assistive devices to get dressed, especially for putting on socks and shoes. Your occupational therapist (OT) will teach you how to use necessary equipment at home. These may include:

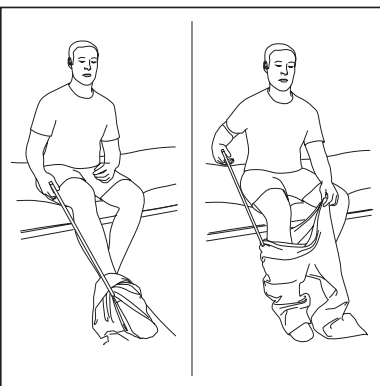
- **Long handled sponge** – to wash your operated foot and leg below the knee.
- **Sock/stocking aid** – to put on socks or stockings.



- **Dressing stick** – to push off socks and shoes and to pull on pants and underwear.
- **Long handled shoe horn/elastic shoe laces** – to put on shoes without excessive bending.



- **Reacher** – to retrieve objects from the floor and to put on pants and underwear.



**The OT will provide this equipment to you if needed.**

# Discharge Instructions

A member of the care coordination team will visit you during your hospital stay to help you make your discharge plans. Depending on your needs after surgery, your discharge plans may include post-acute rehab, transitional care and/or home health.

## What you should expect after total hip replacement surgery

Your hip may remain warm to the touch and appear swollen for several months after your surgery. In fact, your whole leg may swell for several months after surgery. This is normal. The swelling may vary as you increase your activity. You may also have bruising which may get worse initially but will improve over time. The skin below that incision may have some numbness or sensitive areas. Your hip may click from time to time. This will gradually go away as your leg becomes stronger. All these signs are normal and will diminish over several months. If you have any doubts about what to expect, please ask your surgeon or any member of the orthopedic team.

## Incision Care

The nurse will teach you how to care for your incision. You will have staples on your incision at the time of discharge. Your staples will be removed in the surgeon's office, about two weeks after surgery. Once the staples are removed, small pieces of tape, called steri-strips, may be placed over your incision. These strips will fall off on their own, so do not remove them yourself. You may shower and wash your incision with a mild soap when you are comfortable getting into the shower. Please do not use any antibacterial soaps or soaps with perfumes in them. They will irritate your incision.

## Activity

Activity is very important part of your recovery. Continue to use your walker, crutches or cane and put as much weight on your operated leg as you can tolerate unless told otherwise by your surgeon. Walk as much as you like. When you begin to tire, take it easy and rest. You can advance to a cane if okay with your surgeon as soon as you and the therapist feel that you have the strength to do so. Go up and down stairs at home the way the therapist taught you in the hospital.

Exercise is an important aspect of successful total hip replacement surgery. You should continue to do the leg exercises you were taught in the hospital. You may need home care from a nurse and/or therapist. Home care can help you manage your pain and medications, and help you continue to improve your range of motion, strength and walking until you are strong enough to transition to outpatient therapy.

It may take several months to gain full confidence and trust with your new hip. The greater the level of your activity, the better you will feel.

## Outpatient Therapy

Outpatient therapy is important for the success of your total hip replacement. Upon discharge from the hospital, you may receive home therapy until your staples are removed from your incision, usually 10 – 14 days after surgery. As soon as your staples are removed, you can transition to outpatient therapy. You should have had at least two weeks of outpatient therapy before returning to the office to see your surgeon.

Depending on your insurance company, you may be “capitated” to a facility chosen by your primary physician. You can find out by calling your primary physician’s office.

Call the outpatient therapy you plan to use before your surgery to make sure you have all the appropriate paperwork in place. You may receive a prescription for outpatient therapy the day you are discharged from the hospital.

You will be encouraged to call the outpatient therapy center of your choice while you are in the hospital. It can take 7 – 10 days before you will get an appointment. If you need assistance calling outpatient therapy while you are in the hospital, please notify your care coordinator.

## Infection Precautions

At the first visit to the surgeon after surgery, you will be given a prescription for an antibiotic which you should take as directed prior to any dental procedure.

## Blood Thinners

Until your first office visit after your surgery you will be on a blood thinner, so do not plan any surgical procedures, foot work, or dental work during this period. Your surgeon will want you to continue to take blood thinners to prevent blood clots from forming. The care coordinator will make arrangements for blood studies to be drawn at home, if necessary. Your medical doctor or cardiologist will monitor your blood studies, if needed, and regulate the dose of your medication.

Check with your doctor before taking any new medications. Even over-the-counter medications can affect how blood thinners work.

Be sure to tell your dentist or any other doctor who may be caring for you that you are on a blood thinner.

## Report any of the following signs to your doctor:

- Red or brown urine
- Red or black bowel movements (stool)
- Unusual bleeding from any part of the body
- Cuts that do not stop bleeding
- Nosebleeds
- Bruises that increase in size
- Pregnancy
- An unusually heavy monthly period/menstruation
- Bleeding gums

# When to Call Your Doctor



Please call your surgeon if you notice any of the following symptoms or you are worried or have any questions.

- Sudden shortening of the length of your operated leg and difficulty moving your leg or walking. These may be signs that your hip has dislocated.
- Increase in redness, swelling, warmth or tenderness of your operated hip or drainage from your incision.
- Persistent fevers
- Chest pain, cough or shortness of breath
- Signs and symptoms of bleeding

# Maintaining Your Total Hip Replacement for Your Lifetime



The following information will be reviewed with you at your first surgeon's office visit and at all your follow-up visits.

## Exercise Daily

Usual activities such as walking, housekeeping, gardening, driving, and dancing are encouraged. Exercise is important on a regular basis. We recommend low impact activities such as walking, swimming, and biking. High impact activities such as jogging will reduce the lifespan of your hip replacement and should be avoided as a means of fitness.

## Maintain Your Ideal Weight

Increased forces on your hip may lead to wear or loosening; your weight is directly correlated with the amount of force on the hip joint.

## Periodic Office Visits

Patients receiving total hip replacement should see their surgeon periodically after surgery. This varies depending on the individual. This follow-up helps diagnose any potential complications that may arise and allows us to monitor the success and failures of all total hip replacements. During these follow-up visits you will be seen by a professional staff person and your orthopedic surgeon. If you live out of the Philadelphia area, keep in contact by telephone or email. Please inform your surgeon's office of any changes in your status or address.



# Frequently Asked Questions About Hip Replacement Surgery

## When should I return for my first visit after surgery?

Your appointment is usually scheduled 4 – 6 weeks from the date of your surgery. Please call to verify the date of the appointment as soon as you are home.

## When will my staples or sutures be removed?

Approximately 10 – 14 days from the date of surgery. Staples are removed at home by a visiting nurse.

## How long will I be on anticoagulation (blood thinners)?

They are prescribed up to five weeks after surgery as directed by your surgeon.

## Is swelling of my knee, leg, foot and ankle normal?

Yes, it is normal for your leg to be swollen for several months. To decrease swelling, elevate your leg as often as possible and apply ice for 20 minutes at a time (3 – 4 times a day).

## Is it normal to feel numbness around the hip?

Yes, it is normal to feel numbness around your hip incision.

## Why is my leg bruised?

It is common to have bruising. It is normal accumulation of blood after your surgery.

## What exercise should I perform at home?

Please do exercises as instructed by your physical therapist. Please refer to specific recommendations in this booklet.

## How long will I need to use a cane or walker?

This varies with each patient. You may need some type of assistive device for several months after surgery.

## May I go outdoors prior to my postoperative visit?

Yes, we encourage you to do so.

## May I drive or ride in a car before my six week visit?

Yes, you may ride in a car as your level of comfort allows. However, you may drive only when cleared by your surgeon and you are not taking any pain medications.

## My leg feels long – is this normal?

Yes, muscle tightness and post-surgery swelling may cause this sensation.

## How long will my activities be restricted?

Most restrictions will be discontinued at your six-week follow-up visit.

# Patient Notes and Questions



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