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Make Your Stay a VIP Affair!
Alvarado Hospital offers a free loyalty program called the Alvarado Advantage Club. Members receive several benefits and perks, including prioritized parking, newspaper delivery when hospitalized, 10% discount at Alvarado Café, Gift Shop and Medical Plaza Pharmacy, area hotel discounts and more! Sign up online at AlvaradoHospital.com today!
Section One:

General Information
Welcome

We are pleased you have chosen the Advanced Spine & Joint Institute at Alvarado Hospital. Your decision to have elective joint replacement surgery is the first step toward a healthier lifestyle.

Each year, more than 700,000 people make the decision to undergo joint replacement surgery. This surgery aims to relieve your pain, restore your independence, and return you to work and other daily activities.

The program is designed to return you to an active lifestyle as quickly as possible. Most patients will be able to walk the first day after surgery and move towards normal activity in six to twelve weeks.

The Advanced Spine & Joint Institute has planned a comprehensive course of treatment. We believe that you play a key role in promoting a successful recovery. Our goal is to involve you in your treatment through each step of the program. This guide will give you the necessary information to promote a more successful surgical outcome.

Your team includes physicians, nurses, OR technicians, certified nursing assistants, case managers, and physical and occupational therapists specializing in total joint care. Every detail—from perioperative teaching to post-operative exercising—is considered and reviewed with you. Our care coordinator will help plan your individual treatment program and act as your guide.

Using the Guidebook

Preparation, education, continuity of care, and a pre-planned discharge are essential for optimum results in joint surgery. Communication is essential to this process. This Guidebook is a communication tool for patients, physicians, physical and occupational therapists, case managers, and nurses. It is designed to educate you so that you know:

- What to expect every step of the way
- What you need to do
- How to care for your new joint

Remember, this is just a guide. Your physician, nurses, case manager or therapists may add to or change any of the recommendations. Always use their recommendations first and ask questions if you are unsure of any information. Keep your Guidebook as a handy reference for at least the first year after your surgery.

The information in the Guidebook covers a lot of details, so it may look overwhelming. As it will assist you with your surgery, we recommend reading the entire guide at a pace that suits you.
Overview of the Advanced Spine & Joint Institute

Our program is unique. Each step is designed to encourage the best results leading to a discharge from the hospital one to three days after surgery. Features of the program include:

- Dedicated nurses and therapists trained to work with joint patients
- Freedom to wear casual clothes from home (no drafty gowns)
- Private rooms
- Emphasis on group activities
- Family and friends participating as “coaches” in the recovery process
- A care coordinator who helps coordinate pre-surgical care and assists case management with discharge planning
- A comprehensive patient guide for you to follow from six weeks before surgery until three months after surgery and beyond
- Quarterly reunion luncheons for former patients and coaches
- Daily newsletters while in the hospital

Your Joint Replacement Team

Orthopedic Surgeon - The orthopedic surgeon is the skilled physician who will perform the procedure to repair your damaged joint.

Registered Nurse (RN) - Much of your care will be provided by a nurse responsible for your daily care. Your nurse will assure orders given by your physician are completed, including medications and monitoring your vital signs.

Physical Therapist (PT) - Physical therapists guide your return to functional daily activities. They will train you and your coach in safe transfer techniques, provide gait training, and teach exercises designed to regain your strength and motion after surgery.

Occupational Therapist (OT) - Occupational therapists guide you on performing daily tasks, such as bathing and dressing with your new joint. They may demonstrate special equipment used in your home after you receive your replacement; including shower benches, rails and raised toilets.

Case Manager - The case manager will assist you with discharge planning, answer questions about insurance coverage, as related to discharge planning, and assist with obtaining equipment you might need at home.
Your Care Coordinator

The care coordinator is responsible for making sure your care needs are met from the surgeon’s office, to the hospital, and home. The care coordinator will:

- Assist in planning for your specific care needs for surgery.
- Act as your advocate throughout the course of treatment from surgery to discharge.
- Answer questions and coordinate your hospital care with the Advanced Spine & Joint Institute team members.

Patient Checklist

On the next page, we have provided you with a patient checklist that you can use to ensure you met all the prerequisites prior to surgery and are prepared for surgery, recovery and return to home.

Notes:
Patient Checklist

Thank you for choosing to have your surgery at Alvarado Hospital. We are proud to be ranked consistently among America’s 100 Best Hospitals™ for Orthopedic and Spine Surgery by Healthgrades. To be completely prepared for your surgery, you will need to schedule your pre-surgical evaluation. The care coordinator will call you to schedule a pre-surgical education class.

☐ Call (619) 229-5207 to schedule your pre-surgical evaluation

☐ If you have questions, call the care coordinator at (619) 229-4548

My pre-surgical evaluation appointment is__________________________________

My pre-surgical education class is_________________________________________

_Prior to Pre-Surgical Evaluation appointment, you must:_

☐ See your cardiologist if directed by surgeon

☐ Make a list of all your medications or bring them with you to appointment

_Prior to surgery you should:_

☐ Attend pre-surgical evaluation appointment

☐ Attend pre-surgical education class

☐ Have registered at Alvarado Hospital (completed at pre-surgical evaluation appointment)

☐ Have co-payments ready if applicable

☐ Review your patient guidebook

☐ Choose a “coach” to assist in your recovery, if someone is available

☐ Prepare your home for after surgery

☐ Follow your surgeon’s orders for iron/multi-vitamin supplements

☐ Stop taking any blood thinners (Aspirin, Xarelto, Coumadin, Pradaxa, Plavix, etc.) 5-7 days prior to your surgery (unless directed differently by your physician)

☐ If your nares swab was positive, start the medication as prescribed by your physician five days before your surgery
Section Two:

Before Surgery
**YOUR JOINT REPLACEMENT CALENDAR**

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
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</table>

**Six Weeks before Surgery**

**Planning for Leaving Alvarado Hospital**

Understanding your plan for discharge from the Advanced Spine & Joint Institute is an important task in the recovery process. You can expect help from your case manager to develop a plan that meets your particular needs. Most patients should expect to be able to go directly home, as is usually best to recover in the privacy and comfort of your own surroundings.
After your surgeon’s office has scheduled you for joint surgery, you will be contacted by a member of the Joint Care Team to:

- Schedule your pre-surgical joint class and verify appointments for medical testing
- Act as a liaison for coordination of your pre-surgical care between the doctor’s office, the hospital, and the testing facilities, if necessary
- Verify that you have made an appointment, if necessary, with your medical doctor and have obtained the pre-surgical tests your doctor has ordered
- Answer questions and direct you to specific resources within the hospital

You may call the care coordinator at any time before to ask questions or raise concerns about your pending surgery. You will find a business card for the care coordinator in a pocket in the front of this Guidebook or you can reach her at (619) 229-4548.

**Obtain Medical and Anesthesia Clearance**
When you were scheduled for surgery, you should have received direction from your surgeon, as to whether you need to see your primary care physician and/or a specialist. Please follow these instructions. You will most likely need to see your primary care doctor for pre-surgical medical clearance. (This is in addition to seeing your surgeon.)

**Obtain Laboratory Tests**
When you were scheduled for surgery, you should have received orders for laboratory testing from your surgeon to give to your primary care physician.

**Stop Medications That Increase Bleeding**
Discontinue all anti-inflammatory medications such as Aspirin, Motrin®, Naproxen, Vitamin E, etc. These medications may cause increased bleeding. If you are taking a blood thinner (Aspirin, Xarelto, Coumadin, Pradaxa, Plavix, etc., you will need special instructions for stopping the medication. Your physician will instruct you about what to do with your other medications.
Stop Taking Herbal Medicine
There are herbal medicines that can interfere with other medicines. Check with your doctor to see if you need to stop taking any of your herbal medicines before surgery.

Examples of herbal medicines include, but are not limited to: echinacea, ginkgo, ginseng, ginger, licorice, garlic, valerian, St. John’s wort, ephedra, goldenseal, feverfew, saw palmetto, and kava-kava.

Put Your Healthcare Decisions in Writing
It is our policy to place patient’s wishes and individual considerations at the forefront of their care and to respect and uphold those wishes.

What are Advance Medical Directives?
Advance Directives are a means of communicating to all caregivers the patient's wishes regarding healthcare. If a patient has a Living Will or has appointed a healthcare agent and is no longer able to express his or her wishes to the physician, family, or hospital staff, Alvarado Hospital is committed to honoring the wishes of the patient as they are documented at the time the patient was able to make that determination.

There are different types of Advance Directives and you may wish to consult your attorney concerning the legal implications of each.

- LIVING WILLS are written instructions that explain your wishes for healthcare, if you have a terminal condition or irreversible coma and are unable to communicate.
- APPOINTMENT OF A HEALTHCARE AGENT (sometimes called a Medical Power of Attorney) is a document that lets you name a person (your agent) to make medical decisions for you, if you become unable to do so.
- HEALTHCARE INSTRUCTIONS are your specific choices regarding use of life sustaining equipment, hydration and nutrition, and use of pain medications.

On admission to the hospital, you will be asked if you have an Advance Directive. If you do, please bring copies of the documents to the hospital with you, so they can become a part of your Medical Record. Advance Directives are not a requirement for hospital admission.

Notes:
Stop Smoking
It is essential to stop smoking before surgery. Smoking impairs oxygen circulation to your healing joint. Oxygen circulation is vital to the healing process. Smoking delays your healing process and reduces the size of your blood vessels and decreases the amount of oxygen circulated in your blood. Smoking can also increase clotting which can cause problems with your heart. Smoking increases your blood pressure and heart rate. If you quit smoking before you have surgery, you will increase your ability to heal and reduce your risk of complications.

Tips to Aid in Quitting Smoking
- Decide to quit
- Choose the date
- Cut down the amount you smoke by limiting the area where you can smoke
- Give yourself a reward for each day without cigarettes

When you are ready…
- Throw away all your cigarettes
- Throw away all ashtrays
- Don’t smoke in your home
- Don’t put yourself in situations where others smoke, like bars and parties
- Remind yourself that this can be done – be positive
- Take it one day at a time – if you slip – just get right back to your decision to quit
- If you need to consider aids to quit like over-the-counter products like chewing gum, patches or prescription aids. Check with your doctor

Notes:
Three:

Getting Ready for Surgery
Start Pre-Surgical Exercises

Many patients with arthritis favor their painful leg. As a result, the muscles become weaker, making recovery slower and more difficult. For this reason, it is very important to begin an exercise program before surgery, as you will learn the exercises at the optimal time and initiate the work toward improving strength and flexibility. This can make recovery faster and easier.

Exercising before Surgery
It is important to be as flexible and strong as possible before undergoing a total hip replacement. Always consult your physician before starting a pre-surgical exercise plan. Twelve basic exercises are listed here that your physician may instruct you to start doing now and continue until your surgery. You should be able to do them in 15-20 minutes and it is typically recommended that you do all of them twice a day. Consider this a minimum amount of “training” prior to your surgery.

Remember that you need to strengthen your entire body, not just your legs. It is very important that you strengthen your arms by doing chair push-ups (exercise #13), because after surgery you will be relying on your arms to support you when walking with the walker or crutches. You will also rely on your arms to help you get in and out of bed and chairs, as well as on and off the toilet. You should also exercise you heart and lungs by performing light endurance activities – for example, walking for 10-15 minutes each day.

Pre-surgical Hip Exercises (See Section 5, page 29, Pre- and Post-op Exercises and Goals)
1. Ankle Pumps
2. Quad Sets
3. Gluteal Sets
4. Abduction and Adduction
5. Heel Slides
6. Short Arc Quads
7. Long Arc Quads
8. Standing Heel/Toe Raises
9. Standing Rock over the Affected Leg
10. Standing Mini Squats
11. Standing Knee Flexion
12. Standing Marches
13. Armchair Push-ups

Do NOT do any exercise that is too painful!
Register for Pre-Surgical Class

A special class is held weekly for patients scheduled for joint surgery. The care coordinator will schedule this class for you 2-3 weeks prior to your surgery. You will only need to attend one class. Members of the team will be there to answer your questions. It is strongly suggested that you bring a family member or friend to act as your "coach." The coach's role will be explained in class.

If it is not possible for you to attend, please inform the care coordinator. The outline of the class is as follows:

- How to Prepare for Surgery
- Role of your "Coach"/Caregiver
- What to Expect Day of Surgery Through Discharge
- Possible Complications and Ways to Prevent Them
- Learn Your Breathing Exercises
- Reviewing Your Pre-Surgical Exercises
- Learn About Assistive Devices and Joint Protection
- Discharge Planning/Obtaining Equipment

Register for Pre-Surgical Evaluation

Once your surgery is scheduled, you will need to call the hospital to schedule your pre-surgical evaluation with a nurse at (619) 229-5207.

Prepare Your Home for Your Return from Alvarado Hospital

It is important to have your house ready for your arrival back home. Use this checklist:

- Put things that you use often (like an iron or coffee pot) on a shelf or surface that is easy to reach.
- Check railings to make sure they are not loose.
- Clean, do the laundry and put it away.
- Put clean linens on the bed.
- Prepare meals.
- Cut the grass, tend to the garden, and finish any other yard work.
- Pick up throw rugs and tack down loose carpeting.
- Remove electrical cords and other obstructions from walkways.
- Have night-lights in bathrooms, bedrooms, and hallways.
- Consider installing grab bars in the shower/bathtub. Put adhesive slip strips in the tub.
- Arrange to have someone collect your mail and take care of pets.
Breathing Exercises

To prevent potential problems such as pneumonia, it is important to understand and practice breathing exercises. Techniques such as deep breathing, coughing, and using an Incentive Spirometer (breathing tool to help you exercise your lungs) may also help you recover more quickly.

Deep Breathing

- To deep breathe, you must use the muscles of your abdomen and chest.
- Breathe in through your nose as deep as you can.
- Hold your breath for 5 to 10 seconds.
- Let your breath out slowly through your mouth. As you breathe out, do it slowly and completely. Breathe out as if you were blowing out a candle (this is called “pursed lip breathing”). When you do this correctly, you should notice your stomach going in. Breathe out for 10-20 seconds.
- Take a break and then repeat the exercise 10 times.

Coughing

To help you cough:

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

Make Your Stay a VIP Affair!

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What to Bring to Alvarado Hospital

Bring personal hygiene items and a comfortable outfit to wear during the day (ex. shorts and a top), which is easy to get on and off. For safety reasons, DO NOT bring electrical items. You may bring battery-operated items. You do not need to bring a walker, we will provide a walker for you to use, while in the hospital.

Bring the following to the hospital:

✓ Your Patient Guidebook
✓ A copy of your advance directives, if you have one
✓ Your insurance card, driver's license or photo I.D., and any co-payment required by your insurance company

Special Instructions

You will be given specific instructions from your surgeons regarding medications, skin care, and showering.

✓ DO NOT take medication for diabetes on the day of surgery.
✓ Please leave jewelry, valuables, and large amounts of money at home.
✓ Makeup must be removed before your procedure.
✓ Nail polish may be left on.

Notes:
**Personal Medicine List**

<table>
<thead>
<tr>
<th>Medication Name/Dosage</th>
<th>Instructions</th>
<th>Reason for Therapy</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the name of your medication? What is the dosage?</td>
<td>When and how do you take this medication?</td>
<td>Why are you taking this medication?</td>
<td>How long have you been taking this medication?</td>
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Four Weeks before Surgery

Start Iron, Vitamins
Prior to your surgery, you may be instructed by your surgeon to take multivitamins as well as iron. Iron helps build your blood.

Read "Anesthesia" (Page 49)
Total joint surgery does require the use of either general anesthesia or regional anesthesia. Please review "Anesthesia" on page 49. If you have questions, please contact the care coordinator or your surgeon's office.

Importance of Your Coach
In the process of a joint replacement, the involvement of a relative or friend acting as your coach can be helpful. Your coach can be with you from the pre-op process through your stay in the hospital and to your discharge to home. They can attend pre-op classes, give support during exercise classes, and keep you focused on healing. They can assure you continue exercising when you return home.

Seven to 10 Days before Surgery

Pre-surgical Visit to Surgeon
You should have an appointment in your surgeon's office seven to 10 days before surgery.

Pre-surgical Evaluation
On the day of your pre-surgical evaluation, report to the information desk in the main lobby of Alvarado Hospital. Let the volunteers at the desk know that you are here for your pre-surgical evaluation. You will sign in at the front desk and be directed to the admitting office on the first floor to register and then you will be taken to the same day surgery center located on the second floor. You will meet with a pre-op nurse and complete a brief history. Please bring a completed list of the medications you are currently taking or the medications. The nurse will review your pre-surgery instructions, including when you should arrive to the hospital on the day of surgery. If you have not completed your blood work or other tests needed, you will complete during this visit.
**Please notify your surgeon, if the week before surgery you have any signs of an infection (such as, an upper respiratory infection, fever >100.5, abscessed tooth) or have any skin changes (such as, a rash, deep cut or open wound). Bacteria travels to foreign objects and could lead to your joint replacement becoming infected.

The Day before Surgery

Shower Prep Prior to Surgery
You will need to shower with a special soap once the day before surgery and once the morning of surgery. You will receive the soap from the nurse on your pre-admission visit.

Directions:
1. Pour the special soap on a washcloth.
2. Wash all areas of your body, except face and peri-anal area, with the special soap.
3. Thoroughly wash the area where you are going to have surgery.
4. Rinse as usual. Dress as usual.

Your surgeon recommends this special soap to reduce the number of germs on your skin prior to surgery.

Night before Surgery

Do not eat or drink! Do not eat or drink anything after midnight, EVEN WATER, unless otherwise instructed to do so.

Depending on your surgeon, you may be able to have water and other clear liquids (plain black coffee, plain tea, clear juices, clear sport drinks) until 4 hours prior to your scheduled surgery. You must follow the instructions given at your pre-surgical evaluation appointment.
Section Four:
At the Hospital
Alvarado Hospital Arrival

At your pre-surgical evaluation, you will be told when you should arrive at Alvarado Hospital on the day of surgery. You will be asked to come to Alvarado Hospital two hours before the scheduled surgery to give the nursing staff sufficient time to start IV’s, prep and answer questions. If you are the first case, you will be instructed to be at the hospital by 5 a.m.

It is important that you arrive on time to the hospital, as occasionally the surgical time is moved up at the last minute and your surgery could start earlier. If you are late, it may create a significant problem with starting your surgery on time.

Hospital Care Day of Surgery – What to Expect

- Patients are prepared for surgery, including starting an IV, scrubbing your operative site, giving any medication ordered prior to surgery. You will also meet your anesthesiologist in the same day surgery center, along with your surgeon, who will mark the operative site or answer any questions you may have before you are taken into the operating room. While you are in surgery, your family may relax in the surgical waiting room, where your surgeon will speak to them following surgery.

- Following surgery, you will be taken to a recovery area, where you will remain for one to two hours. During this time, pain control is typically established, your vital signs monitored, and an X-ray may be taken of your new joint. Dependent on the type of anesthesia used, you may experience muscle weakness, numbness, blurred vision, a dry mouth or chills. The team will work to make you as comfortable as possible.

- You will then be taken to the Advanced Spine & Joint Institute unit, where a nurse will care for you. Most of the discomfort occurs the first 12 hours following surgery, so during this time, you may receive pain medication through your IV. Your blood pressure, pulse, and breathing will be checked frequently. It is very important that you begin ankle pumps on this first day. This will help prevent blood clots from forming in your leg. Wearing your compression stockings and the venous pump (sleeves wrap around your calves that inflate and deflate to help keep blood from pooling in your legs) while in bed will also aid in preventing blood clots. You should also begin using your incentive spirometer and doing the deep breathing exercises.
If you arrive to the floor before 2 p.m., you will receive a physical therapy evaluation. Each day you will receive “Hip Hints,” a daily newsletter outlining the day’s activities.

Additionally
- You may have an ice bag placed against your hip to help relieve pain and to prevent swelling and bleeding.
- You may have supplemental oxygen for one or two days.
- A drain may be present to remove drainage around the operative site. It is usually removed within two days.
- A foam wedge or pillow may be in place to keep your legs positioned with the knees apart.
- You may have a catheter in your bladder to drain urine. It is usually removed the morning after surgery.

Understanding Pain
All patients have a right to have their pain managed. Pain can be chronic (lasting a long time) or intense (breakthrough). Pain can change through the recovery process. If you need more help with your pain management, talk to your nurse, the care coordinator or your doctor.

Pain Scale
Using a number to rate your pain can help the Joint Team understand the severity of your pain and help them make the best decision to help manage it.

Your Role in Pain Management
Using a pain scale to describe your pain will help the team understand your pain level. If “0” means you have no pain and “10” means you are in the worst pain possible, how would you rate you pain? With good communication about your pain, the team can make adjustments to make you more comfortable. Try to relax, when you are relaxed, medication works better.

After Surgery - Day One
In the morning on day one after surgery, you can expect to be assisted out of bed and seated in a recliner in your room. Your surgeon will visit you sometime today. The physical therapist may assess your progress and get you walking with a walker. Intravenous (IV) pain medication will likely be stopped and you may begin oral pain medication. Group therapy typically begins in the morning. Occupational therapy may begin, if needed. Your coach is encouraged to be present as much as possible. Some patients will be discharged after group therapy.
After Surgery - Day Two
On Day Two after surgery you will be assisted out of bed and may dress in the loose clothing you brought to the hospital. Shorts and tops are usually best; long pants are restrictive. Your day will start with a morning walk with your physical therapist or nurse. There will be group therapy this a.m. and it would be helpful if your coach can attend. In the afternoon, you will have a second group therapy session, if needed. You may begin walking stairs on this day. Most patients will be discharged on day two, following group therapy.

Day Three - Discharge Day
If you are still hospitalized, day three is like day two in the morning and you should walk on stairs. You most likely will be discharged a short time after the morning group therapy class.

Going Directly Home
Please have someone arrange to pick you up. You should receive written discharge instructions concerning medications, physical therapy, activity, etc. We will arrange for equipment needed. Take this Guidebook with you. Patients going home will either begin therapy at an outpatient physical therapy facility or be discharged with home health. If the care team determines that home health services are needed, the hospital will arrange for this.

Going to a Skilled Nursing Facility
Most our patients do so well that they do not meet the guidelines to qualify for short-term placement at a skilled nursing facility. A patient’s stay in a facility must be done in accordance with the guidelines established by Medicare and must be approved by your insurance company. If you do meet medical necessity to qualify for placement at a skilled nursing facility, this option will be presented to you, if recommended, by your physician.

If you are going to a skilled nursing facility, expect to stay for several days. Every attempt will be made to have this decision finalized in advance, but it may be delayed until the day of discharge.

The hospital can help you arrange for transportation, usually by ambulance. Your transfer papers will be completed by the nursing staff. Either your primary care physician or a physician from the skilled nursing facility will be caring for you in consultation with your surgeon. Upon discharge home, the skilled nursing facility staff will also give instructions to you. Take this Guidebook with you.
Section Five:

Living with Your Joint Replacement
Caring for Yourself at Home

When you go home, there are a variety of things you need to know for your safety, your recovery, and your comfort.

Be Comfortable

- Take your pain medicine at least 30 minutes before physical therapy.
- Gradually wean yourself from prescription medication to a non-prescription pain reliever. You may take two Extra-strength Tylenol® in place of your prescription medication up to four times per day.
- Change your position every 20-30 minutes.
- Use ice for pain control. Applying ice to your affected joint will decrease discomfort. It is recommended for at least 15 minutes each hour. You can use it before and after your exercise program. A bag of frozen peas wrapped in a kitchen towel works well because the bag will easily mold to the shape of your hip. Mark the bag of peas and return them to the freezer so they can be used again later.

Try Not to Nap Too Much

While you are recovering, try not to nap during the day so that you will sleep better at night. You may have difficulty sleeping, which is normal.

Body Changes

- Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return.
- Your energy level will be decreased for at least the first month.
- Pain medication that contains narcotics promotes constipation. Use stool softeners or laxatives, if necessary.

Blood Clots and Anticoagulants

You may be given a blood thinner to help avoid blood clots in your legs. Be sure to take as directed by your surgeon.

Compression Stockings

You may be asked to wear special stockings. These stockings are used to help compress the veins in your legs. This helps to keep swelling down and may reduce the chance for blood clots.

- If swelling in the operative leg is bothersome, elevate the leg for short periods throughout the day. It is best to lie down and raise the leg above heart level.
- Wear the stockings during the day and remove in the evenings, if desired.
• Notify your physician if you notice increased pain or swelling in either leg.
• Normally you will wear the stockings for one to two weeks after surgery. Ask your surgeon when you can discontinue stockings.

Caring for Your Incision
• Keep your incision dry.
• Keep your incision covered with a dry dressing as instructed by a surgeon until your staples are removed, usually in about 7-14 days.
• You may shower with a waterproof cover over dressing, unless instructed otherwise.
• Notify your surgeon if there is increased drainage, redness, pain, odor, or heat around the incision.
• Take your temperature, if you feel warm or sick. Call your surgeon if it exceeds 100.5 degrees.

Dressing Change Procedure
1. Wash your hands.
2. Open all dressing change materials. Remove stocking and old dressing.
3. Inspect incision for the following:
   a. increased redness
   b. increase in clear drainage
   c. yellow/green drainage
   d. odor
   e. surrounding skin is hot to touch
4. Pick dressing ordered by one corner and lay over incision. Be careful not to touch the inside of the dressing that will lie over the incision.
5. If needed, tape dressing in place.
Recognizing & Preventing Potential Complications

Infection

Signs of Infection
- Increased swelling and redness at incision site
- Change in color, amount, odor of drainage
- Increased pain in hip
- Fever greater than 100.5 degrees

Prevention of Infection
- Take proper care of your incision as explained.
- Take prophylactic antibiotics when having dental work or other potentially contaminating surgical procedures.
- Notify your physician and dentist that you have a joint replacement.

Blood Clots in Legs

Surgery may cause the blood to slow and coagulate in the veins of your legs, creating a blood clot. This is why you take blood thinners after surgery. If a clot occurs despite these measures, you may need to be admitted to the hospital to receive intravenous blood thinners.

Signs of Blood Clots in Legs
- Swelling in thigh, calf, or ankle that does not go down with elevation.
- Pain, heat, and tenderness in calf, back of knee or groin area.
  **NOTE:** blood clots can form in either leg.

To Help Prevent Blood Clots
- Perform ankle pumps
- Walk several times a day
- Wear your compression stockings
- Take your blood thinners as directed

Pulmonary Embolus

An unrecognized blood clot could break away from the vein and travel to the lungs. This is an emergency and you should **CALL 911** if suspected.
Signs of a Pulmonary Embolus
- Sudden chest pain
- Difficult and/or rapid breathing
- Shortness of breath
- Sweating
- Confusion

Prevention of Pulmonary Embolus
- Prevent blood clot in legs
- Recognize if a blood clot forms in your leg and call your physician promptly

Pre- and Post-Surgical Exercises and Goals

Activity Guidelines
Exercising is important to obtain the best results from total hip surgery. Always consult your physician before starting a home exercise program. You may receive exercises from a physical therapist at an outpatient facility or at home. In either case, you need to participate in an ongoing home exercise program as well. After each therapy session, ask your therapist to recommend changes to your program that will keep you moving toward the goals listed on the next few pages.

Weeks 1-2
After one or three days, you should be ready for discharge from Alvarado Hospital. Most joint patients go directly home, but you may be advised to go to a rehabilitation center for several days. During weeks one and two of your recovery, typical goals are to:
- Continue with walker, crutches or cane, unless otherwise instructed.
- Walk at least 300 feet with support.
- Climb and descend a flight of stairs (12-14 steps) with a rail once a day.
- Independently sponge bath or shower (after staples are removed) and dress.
- Gradually resume homemaking tasks.
- Do 20 minutes of home exercises twice a day, with or without the therapist, from your program.

Post-surgical Exercise Plan (begins on page 31)
1. Ankle Pumps
2. Quad Sets
3. Gluteal Sets
4. Abduction and Adduction
5. Heel Slides
6. Short Arc Quads
7. Long Arc Quads
8. Standing Heel/Toe Raises
9. Standing Rock Over the Affected Leg
10. Standing Mini Squats
11. Standing Knee Flexion
12. Standing Marches
13. Armchair Push-ups
**Weeks 2-4**

Weeks 2-4 will see you gain more independence. Even if you are receiving outpatient therapy, you will need to be very faithful to your home exercise program to be able to achieve the best outcome. Your goals for the period are to:

- Achieve one to two week goals.
- Move from full support to a cane, single crutch, or independently, as instructed.
- Walk at least one-quarter mile
- Climb and descend a flight of stairs (12-14 steps) more than once daily.
- Independently shower and dress.
- Resume homemaking tasks.
- Do 20 minutes of home exercises twice a day with or without the therapist.
- Begin driving if left hip had surgery. You will need permission from therapist.

**Weeks 4-6**

Weeks 4-6 will see much more recovery to full independence. Your home exercise program will be even more important as you receive less supervised therapy. Your goals are to:

- Achieve one to four week goals.
- Walk with a cane, single crutch, or independently.
- Walk one quarter to one half mile.
- Begin progressing on a stair from one foot at a time to regular stair climbing (foot over foot).
- Drive a car (either right or left hip had surgery).
- Continue with home exercise program twice a day.

**Weeks 6-12**

During weeks 6-12 you should be able to begin resuming all of your activities. Your goals for this time period are to:

- Achieve one to six week goals.
- Walk with no cane or crutch and without a limp.
- Climb and descend stairs in normal fashion (foot over foot).
- Walk one-half to one mile.
- Improve strength to 80%.
- Resume activities including dancing, bowling, and golf.
Pre- and Post-Surgical Exercises
Range of Motion and Strengthening Exercises

(1) Ankle Pumps
Flex and point your feet. **Perform 20 reps.**

(2) Quad Sets - (Knee Push-Downs)
Lying back, press knees into the mat by tightening the muscles on the front of the thigh (quadriceps). Hold for a 5 count. Do NOT hold breath. **Perform 20 reps.**
(3) **Gluteal Sets - (Bottom Squeezes)**
Squeeze bottom together. Hold for a 5 count. Do NOT hold breath. **Perform 20 reps.**

(4) **Hip Abduction and Adduction - (Slide Heels Out and In)**
Lying back, with toes pointed to ceiling and knees straight. Tighten the thigh muscles and slide leg out to side and back to the starting position. **DO NOT CROSS MIDLINE!** After surgery, your therapist will advise you on how and when to start this exercise. **Perform 20 reps.**
(5) **Heel Slides - (Slide Heels Up and Down)**
Lying back; slide your heel up the surface bending your knee. **Perform 20 reps.**

(6) **Short Arc Quads**
Lying back, place a 6-8 inch roll under the knee. Lift the foot from the surface, straightening the knee as far as possible. Do not raise thigh off roll. **Perform 2 sets of 10 reps.**
(7) **Knee Extension - Long Arc**

Sit with back against chair and thighs fully supported. Lift the affected foot up, straightening the knee. **Do not raise thigh off of chair.** Hold for a 5 count. **Perform 2 sets of 10 reps.**

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(8) **Standing Heel /Toe Raises**

Stand, with a firm hold on the kitchen sink. Rise up on toes then back on heels. Stand as straight as possible! **Perform 2 sets of 10 reps.**
(9) Standing Rock Over Affected Leg
Stand sideways to kitchen sink and hold on. Keep affected leg and heel firmly planted on the floor; step forward with other leg to feel a slight stretch in calf and thigh. Make sure your knee does not go past your toes. Step back. Concentrate on shifting weight to affected side and on equal step distance. **Perform 10 times forward and 10 times back.**

(10) Standing Mini Squat
Stand, with feet shoulder width apart, and holding on to the kitchen sink. Keep your heels on the floor as you bend your knees to a slight squat. Return to upright position tightening your buttocks and quads. Keep your body upright, heels on the floor and do not squat past 90 degrees hip flexion. **Perform 2 sets of 10 reps.**
(11) Standing Knee Flexion – Hamstring Curls
Stand, with feet shoulder width apart, toes pointing forward and holding onto the kitchen sink. Tighten your gluteal muscles, and bend the operated knee lifting your foot off the floor. Do not bend forward, or let your hip bend. Try to keep a straight line from the ear through the shoulder to the hip and knee. Perform 2 sets of 10 reps.

(12) Standing Marches – Balance Practice
Standing, holding on to the sink, slowly lift the operated knee, concentrating on your support leg balance. Balance/hold for 10 seconds. Repeat by standing on the operated leg concentrating on your balance. As you progress, hold very lightly with your fingertips, then eventually to holding hands just above the sink. Progress to doing with eyes closed. Perform 20 reps.

(13) Armchair Push-ups
Sitting in a sturdy armchair with feet flat on the floor, scoot to the front of the seat and place your hands on the armrests. Straighten your arms raising your bottom up from seat as far as possible. Use your legs as needed to help you lift. As you get stronger, progress to using only your arms and the “non-operated” leg to perform the push-up. This will be how you will get up from a chair after surgery. Do not hold your breath or strain too hard. Perform 2 sets of 10 reps.
Activities of Daily Living

Hip Precautions
Care must be taken to prevent your new hip from coming out of the socket or dislocating. Following some simple hip precautions will help keep the risk of a dislocation at a minimum. Your doctor will advise you on how long you may need to follow these precautions

- Do not cross your legs.
- When lying down, do not bend forward to pull the blankets from around your feet.
- Don’t bend at the waist beyond 90 degrees, until instructed by your surgeon.
- Do not lift your knees higher than your hips, until instructed by your surgeon.
- Do not twist over the operated leg – pick your feet up and do step turns.
- Keep your toes pointing forward in line with your nose, when walking.
- Avoid low toilets or chairs that would cause you to bend at the waist beyond 90 degrees.
- Do not bend way over to pick up things on the floor – use your reacher.

Standing up from chair
Do NOT pull up on the walker to stand!
Sit in a chair with arm rests when possible.
1. Extend your operated leg so the knee is lower than your hips.
2. Scoot your hips to the edge of the chair
3. Push up with both hands on the armrests. If sitting in a chair without armrest, place one hand on the walker while pushing off the side of the chair with the other.
4. Balance yourself before grabbing for the walker.
Stand to sit:
1. Back up to the center of the chair until you feel the chair on the back of your legs.
2. Slide out the foot of the operated hip, keeping the strong leg close to the chair for sitting.
3. Reach back for the arm rest one at a time
4. Slowly lower your body to the chair, keeping the operated leg forward as you sit.

Transfer – Bed

When getting into bed:
1. Back up to the bed until you feel it on the back of your legs (you need to be midway between the foot and the head of the bed).
2. Reaching back with both hands, sit down on the edge of the bed and then scoot back toward the center of the mattress. (Silk pajama bottoms, satin sheets, or sitting on a plastic bag may make it easier.)
3. Move your walker out of the way, but keep it within reach.
4. Scoot your hips around so that you are facing the foot of the bed.
5. Lift your leg into the bed while scooting around (if this is your surgical leg, you may use a cane, a rolled bed sheet, a belt, or your elastic band to assist with lifting that leg into bed).
6. Keep scooting and lift your other leg into the bed using the assistive device. Do not use your other leg to help as this breaks your hip precautions.
7. Scoot your hips towards the center of the bed.
Lying in Bed – how to maintain hip precautions.

Keep a pillow between your legs when back lying. Position your leg such that your toes are pointing to the ceiling – not inward or outward.

To roll from your back to your side, bend your knees slightly, and place a large pillow (or two) between your legs so that your operated leg does not cross the midline. Roll onto your side.

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

Transfer – Tub

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

**NOTE:**
- Although bath seats, grab bars, long-handed bath brushes, and hand-held showers make bathing easier and safer, they are typically not covered by insurance.
- Use a rubber mat or non-skid adhesive on the bottom of the tub or shower.
- To keep soap within easy reach, make a soap-on-a-rope by placing a bar of soap in the toe of an old pair of pantyhose and attach it to the bath seat.
Getting out of the tub using a bath seat:
1. Lift your legs over the outside of the tub.
2. Scoot to the edge of the bath seat.
3. Push up with one hand on the back of the bath seat, while holding on to the center of the walker with the other hand.
4. Balance yourself before grabbing the walker.

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

NOTE: Take small steps; keep the walker in contact with the floor, pushing it forward like a shopping cart.
NOTE: If using a rolling walker, you can advance from this basic technique to a normal walking pattern. Holding onto the walker, step forward with the surgical leg, pushing the walker as you go; then try to alternate with an equal step forward using the non-operated leg. Continue to push the walker forward as you would a shopping cart. When you first start, this may not be possible, but as you “loosen up” you will find this gets easier. Do not walk forward past the walker center or way behind the walker’s rear legs.

Stair climbing
1. Ascend with non-surgical leg first (up with the good).
2. Descend with the surgical leg first (down with the bad).
3. Always hold onto the railing!
Transfer - Car

Getting into the car:
1. Push the car seat all the way back; recline the seat back to allow access and egress, but always have it in the upright position for travel.
2. Place a plastic bag on the seat to help you slide.
3. Back up to the car until you feel it touch the back of your leg.
4. Hold on to an immovable object – car seat, dashboard and slide the operated foot out straight. MIND YOUR HEAD as you sit down. Slowly lower yourself to the car seat.
5. Lean back as you lift the operated leg into the car. You may use your cane, leg lifter or other device to assist.

Stay Motivated!

Ability is what you're capable of doing.
Motivation determines what you do.
Attitude determines how well you do it.

- Lou Holtz
Personal Care - Using a "reacher" or "dressing stick."

Putting on pants and underwear:
1. Sit down.
2. Put your surgical leg in first and then your non-surgical leg. Use a reacher or dressing stick to guide the waistband over your foot.
3. Pull your pants up over your knees, within easy reach.
4. Stand with the walker in front of you to pull your pants up the rest of the way.

Taking off pants and underwear:
1. Back up to the chair or bed where you will be undressing.
2. Unfasten your pants and let them drop to the floor.
3. Push your underwear down to your knees.
4. Lower yourself down, keeping your surgical leg out straight.
5. Take your non-surgical leg out first and then the surgical leg.

A reacher or dressing stick can help you remove your pants from your foot and off the floor.
How to use a sock aid:

1. Slide the sock onto the sock aid.
2. Hold the cord and drop the sock aid in front of your foot. It is easier to do this if your knee is bent.
3. Slip your foot into the sock aid.
4. Straighten your knee, point your toe and pull the sock on. Keep pulling until the sock aid pulls out.
If using a long-handled shoehorn:

1. Use your reacher, dressing stick, or long handled shoehorn to slide your shoe in front of your foot.
2. Place the shoehorn inside the shoe against the back of the heel. Have the curve of the shoehorn match the curve of your shoe.
3. Lean back, if necessary, as you lift your leg and place your toes in your shoe.
4. Step down into your shoe, sliding your heel down the shoehorn.

**NOTE:** This can be performed sitting or standing. Wear sturdy slip-on shoes, or shoes with Velcro closures or elastic shoelaces. DO NOT wear high-heeled shoes or shoes without backs.
Around the House

Saving energy and protecting your joints

Kitchen

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

Bathroom

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

Safety and Avoiding Falls

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

Whether you have reached all the recommended goals in three months or not, you need to have a regular exercise program to maintain the fitness and the health of the muscles around your joints. With both your orthopedic and primary care physicians' permission, you should be on a regular exercise program three to four times per week lasting 20-30 minutes.

Impact activities such as running and singles tennis may put too much load on the joint and are not recommended. High-risk activities such as downhill skiing are likewise discouraged because of the risk of fractures around the prosthesis and damage to the prosthesis itself. Infections are always a potential problem and you may need antibiotics for prevention.

What to Do in General

- Take antibiotics when you have invasive dental work or other invasive procedures.
- Although the risks are very low for post-operative infections, it is important to realize that the risk remains. A prosthetic joint could possibly attract the bacteria from an infection located in another part of your body. If you should develop a fever of more than 100.5 degrees or sustain an injury such as a deep cut or puncture wound, you should clean it as best you can, put a sterile dressing or an adhesive bandage on it and notify your doctor. The closer the injury is to your prosthesis, the greater the concern. Occasionally, antibiotics may be needed. Superficial scratches may be treated with topical antibiotic ointment. Notify your doctor if the area is painful or reddened.
- When traveling, stop and change positions hourly to prevent your joint from tightening.
- See your surgeon yearly unless otherwise recommended.

What to Do for Exercise

Choose a Low Impact Activity:

- Recommended exercise classes
- Home program as outlined in your Patient Guidebook
- Regular one to 3 mile walks
- Home treadmill (for walking)
- Stationary bike
- Aquatic exercises
- Regular exercise at a fitness center
- Low-impact sports such as golf, bowling, walking, gardening, dancing, swimming, etc. Consult with your surgeon or physical therapist about returning to specific sport activities.
What Not to Do

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

Notes:
Section Six:
Helpful Resources
Understanding Anesthesia

Who are the anesthesiologists?
The operating room, post-anesthesia care unit (PACU) and intensive care units at the hospital are staffed by board certified and board eligible physician anesthesiologists. Each member of the service is an individual practitioner with privileges to practice at Alvarado Hospital.

What types of anesthesia are available?
Decisions regarding your anesthesia are tailored to your personal needs. The types available for you are:

- **General Anesthesia** provides loss of consciousness.
- **Regional Anesthesia** involves the injection of a local anesthetic to provide numbness, loss of pain, or loss of sensation to a large region of the body. Regional anesthetic techniques include spinal blocks, epidural block and arm and leg blocks. Medications are also given to make you drowsy and blur your memory.

Will I have any side effects?
Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options as well as any complications or side effects that can occur with each type of anesthetic. Nausea or vomiting may be related to anesthesia or the type of surgical procedure. Although less of a problem today because of improved anesthetic agents and techniques, these side effects continue to occur for some patients. Medications to treat nausea and vomiting will be given if needed.

The amount of discomfort you experience will depend on several factors, especially the type of surgery. Your doctors and nurses will do everything possible to relieve pain and keep you safe. Your discomfort should be minimal, but do not expect to be totally pain-free. The staff will teach you the pain scale to better assess your pain level.

What will happen before my surgery?
You will meet your anesthesiologist immediately before your surgery. Your anesthesiologist will review all information needed to evaluate your general health. This will include your medical history, laboratory test results, allergies, and current medications. With this information, the anesthesiologist will determine the type of anesthesia best suited for you. He or she will also answer any further questions you may have.

You will also meet your surgical nurses. Intravenous (IV) fluids will be started and pre-operative medications may be given, if needed. Once in the operating room, monitoring devices will be attached such as a blood pressure cuff, EKG, and other devices for your safety.

At this point, you will be ready for anesthesia.
**During surgery, what does my anesthesiologist do?**

Your anesthesiologist is responsible for your comfort and well-being before, during, and immediately after your surgical procedure. In the operating room, the anesthesiologist will manage vital functions, including heart rate and rhythm, blood pressure, body temperature, and breathing. The anesthesiologist is also responsible for fluid and blood replacement when necessary.

**What can I expect after the operation?**

After surgery, you will be taken to the Post-Anesthesia Care Unit (PACU) where specially trained nurses will watch you closely. During this period, you may be given extra oxygen and your breathing and heart functions will be observed closely.

**Blood Thinners**

A medication to thin your blood and prevent blood clots is routinely used for total hip replacement. These medications, also called anti-thrombotics and anti-coagulants, prevent your body from developing harmful blood clots, which can lead to lower extremity and even pulmonary problems. These same medications, however, can lead to excessive bleeding, resulting in wound and healing problems. Your doctor will assess your risk of developing blood clots and your risk of bleeding to determine which medication is best for you.

It is important to report any signs of bleeding to your physician, while taking a blood thinner, such as, easy bruising, bleeding from gums, nose bleeds, prolonged bleeding from wounds, vomiting blood or blood in urine or stool.

**Physical Therapy Daily Schedule**

Physical therapy will evaluate the patients on the day of surgery, if they arrive on the surgical unit by 2 p.m.

On the morning after surgery, the patient will be evaluated by physical therapy, if they haven’t been evaluated already, and will attend an afternoon group therapy session. Coaches are encouraged to attend as many group therapy sessions as possible. We understand that some coaches cannot be here for all the sessions due to work schedules.

Once the initial evaluation is done by physical therapy, patients can expect to attend two group therapy sessions, one in the morning and one in the afternoon each day. On the day of discharge, patients are usually discharged sometime after the morning or afternoon group therapy session.
View of a Healthy Hip
The Importance of Lifetime Follow-up Visits

Over the past several years, orthopedic surgeons have discovered that many people are not following up with their surgeons on a regular basis. The reason for this may be that they do not realize they are supposed to, or they do not understand why it is important.

So, when should you follow up with your surgeon?

These are some general rules:

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

There are two good reasons for routine follow-up visits with your orthopedic surgeon: If you have a cemented hip, we need to evaluate the integrity of the cement. With time and stress, cement may crack. You probably would be unaware of this happening because it usually happens slowly over time. Seeing a crack in cement does not necessarily mean you need another surgery, but it does mean we need to follow things more closely.

Why? Two things could happen. Your hip could become loose and this might lead to pain. Alternatively, the cracked cement could cause a reaction in the bone called osteolysis, which may cause the bone to thin out and cause loosening. In both cases, you might not know this for years. Orthopedists are continually learning more about how to deal with both of these problems. The sooner we know about potential problems, the better chance we have of avoiding problems that are more serious.

The second reason for follow-up is that the bearing surfaces in your hip prosthesis may wear. Tiny wear particles combine with white blood cells and may get in the bone and cause osteolysis, similar to what can happen with cement. Replacing a worn liner early and grafting the bone can keep this from worsening.

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

We are happy that most patients do so well that they do not think of us often. However, we enjoy seeing you and want to continue to provide you with the best care and advice. If you are unsure how long it has been or when your next visit should be scheduled, call your doctor. We will be delighted to hear from you.
Glossary

**Abdomen**: The part of the body commonly thought of as the stomach; it is situated between the hips and ribs.

**Ambulatory**: Walking.

**Assistive Devices**: Walker, crutches, cane or other device to help you walk.

**Compression Stockings**: Special stockings that encourage circulation.

**Dorsiflexion**: Pulling up foot and toes.

**Dressings**: Bandages.

**Embolus**: Blood clot that becomes lodged in a blood vessel and blocks it.

**Incentive Spirometer**: Breathing tool to help exercise your lungs.

**Incision**: Wound from your surgery.

**Osteolysis**: A condition in which bone thins and breaks down.

**OT**: Occupational therapy.

**Prothrombin**: A protein component in the blood that changes during the clotting process.

**PT**: Physical therapy.

**PCA Pump**: Patient-controlled analgesia pump – pain medicine tool that you control.

**SNF**: Skilled nursing facility
Frequently Asked Questions

We are glad you have chosen Advanced Spine & Joint Institute at Alvarado Hospital to care for your hip. People facing joint surgery often have the same questions. If there are any other questions that you need answered, please ask your surgeon or the care coordinator. We are here to help.

What is osteoarthritis and why does my hip hurt?
Joint cartilage is a tough, smooth tissue that covers the ends of bones where joints are located. It helps cushion the bones during movement, and because it is smooth and slippery, it allows for motion with minimal friction. Osteoarthritis, the most common form of arthritis, is a wear and tear condition that destroys joint cartilage. Sometimes, as the result of trauma, repetitive movement, or for no apparent reason, the cartilage wears down, exposing the bone ends. Over time, cartilage destruction can result in painful bone-on-bone contact, along with swelling and loss of motion. Osteoarthritis usually occurs later in life and may affect only one joint or many joints.

What is total hip replacement?
The term total hip replacement is somewhat misleading. The hip itself is not replaced, as is commonly thought, but rather an implant is used to re-cap the worn bone ends. The head of the femur is removed. A metal stem is then inserted into the femur shaft and topped with a metal or ceramic ball. The worn socket (acetabulum) is smoothed and lined with a metal cup and either a plastic, metal, or ceramic liner. No longer does bone rub on bone, causing pain and stiffness.

How long will my new hip last and can a second replacement be done?
All implants have a limited life expectancy depending on an individual’s age, weight, activity level, and medical condition(s). A total joint implant's longevity will vary in every patient. It is important to remember that an implant is a medical device subject to wear that may lead to mechanical failure. While it is important to follow all your surgeon’s recommendations after surgery, there is no guarantee that your particular implant will last for any specified length of time.

What are the major risks?
Most surgeries go well, without any complications. Infection and blood clots are two serious complications. To avoid these complications, your surgeon may use antibiotics and blood thinners. Surgeons also take special precautions in the operating room to reduce the risk of infection.

How long will I be in the hospital?
Most hip patients will be hospitalized for one to three days after surgery. There are several goals that must be achieved before discharge.
What if I live alone?
You may return home and receive help from a relative or friend. You may also stay in a skilled nursing facility following your hospital stay, but only if you meet medical necessity guidelines and your insurance company provides authorization. Insurance companies do not authorize personal care services. For approximately $22/hour you may hire an agency that provides home care services.

What happens during the surgery?
The hospital reserves approximately one to two hours for surgery. Some of this time will be taken by the operating room staff to prepare for surgery. You may have a general anesthetic, which most people call “being put to sleep.” Some patients prefer a spinal or epidural anesthetic, which numbs the legs and does not require you to be asleep. The choice is between you, your surgeon, and the anesthesiologists. For more information, read “Anesthesia” in your Guidebook.

Will the surgery be painful?
You will have discomfort following the surgery, but we will try to keep you as comfortable as possible with the appropriate medication. After surgery, most patients receive pain medication through their IV on the first day and then switch to oral medication on the second day. For more information, read “Understanding Anesthesia” in this Guidebook.

How long and where will my scar be?
There are different techniques used for hip replacement surgery. The type of technique will determine the exact location and length of the scar. The traditional approach is to make an incision lengthwise over the side of the hip. Your surgeon will discuss which type of approach is best for you. Please note that there may be some numbness around the scar after it is healed. This is perfectly normal and should not cause any concern. The numbness usually disappears with time.

Will I need a walker, crutches, or a cane?
Patients progress at their own rate. Normally, a front-wheeled walker (FWW) is recommended from four to six weeks. The case manager can help arrange for them, if necessary. Patients can also benefit from a raised toilet seat; however, most insurance companies no longer authorize the raised toilet seat or shower chairs. Front wheeled walker, raised toilet seats and shower chairs may be obtained from outside vendors.

Where will I go after discharge from Alvarado Hospital?
Most patients go home directly after discharge. Some patients may transfer to a skilled nursing facility, where they will stay from three to five days. It is determined if a skilled nursing facility is an option based on physical therapy and physician recommendations. The case manager will make the necessary arrangements, if needed. You should check with your insurance company to see if you have skilled nursing facility benefits.
Will I need help at home?
Yes, for the first few days or weeks, depending on your progress, you may need someone to assist you with meal preparation, etc. This is not covered by insurance companies. You might want to arrange for a family member or friend to be available to help, if possible. Preparing ahead of time, before your surgery, can minimize the amount of help needed. Having the laundry done, house cleaned, yard work completed, clean linens put on the bed, and single portion frozen meals will help reduce the need for extra help.

Will I need physical therapy when I go home?
In most cases, you will have either outpatient or in-home physical therapy. Patients are encouraged to use outpatient physical therapy. Your case manager will help you arrange for an outpatient physical therapy appointment. If you need home physical therapy, we will arrange for a physical therapist to provide therapy in your home. Following this, you may go to an outpatient facility three times a week to assist in your rehabilitation. The length of time for this type of therapy varies with each patient.

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

Make Your Stay a VIP Affair!
Alvarado Hospital offers a free loyalty program called the Alvarado Advantage Club. Members receive several benefits and perks, including prioritized parking, newspaper delivery when hospitalized, 10% discount at Alvarado Café, Gift Shop and Medical Plaza Pharmacy, area hotel discounts and more! Sign online at AlvaradoHospital.com.