



HIP REPLACEMENT GUIDEBOOK

ROCHESTER
REGIONAL HEALTH

Clifton Springs
Hospital & Clinic

Hip Replacement Guidebook

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Hip Replacement Guidebook

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WHAT YOU
SHOULD KNOW

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Using the Guidebook

We designed this guidebook to help you prepare for your surgery, understand the recovery process and educate yourself about:

- What to expect each step of the way
- Your role throughout the process
- How to care for your new joint

Please note that this guide is intended to provide a general overview of the process with common recommendations. Your surgeon, physician assistants, nurses or therapists may modify these recommendations based on your individual circumstances. Always use their recommendations first and ask questions if you are unsure of any information. Keep your guidebook as a handy reference during the months after your surgery. It covers many topics and may seem a little overwhelming, but it will be of help to you both before and after surgery. We recommend you take the time to read it in its entirety.

Greetings From The Joint Center Team

Thank you for choosing The Joint Center at Clifton Springs Hospital and Clinic. Your decision to have elective joint replacement surgery is a big first step toward a healthier lifestyle.

Each year, nearly 2 million people decide to have joint replacement surgery. The surgery aims to relieve your pain, restore your independence and return you to work and other daily activities.

Our program is designed to return you to an active lifestyle as quickly as possible. Most hip replacement patients will be able to walk the day of surgery, and all can move toward normal activity within a few months.

The team at The Joint Center at Clifton Springs Hospital and Clinic has planned a comprehensive course of treatment. We believe that you play a key role in your successful recovery. We will involve you in your treatment through each step of the program. This guide gives you the information you need to ensure a successful surgical outcome.

Your team includes your surgeon, physician assistants, nurses, an orthopaedic social worker, patient care technicians and physical and occupational therapists who specialize in total joint care. Every detail, from preoperative teaching to postoperative exercising, is considered and reviewed with you. Our dedicated orthopaedic team will help plan your individualized treatment program.

This guide and the attached PowerPoint include information on your hospital stay, walking and exercise tips, options for discharge from the hospital, and commonly asked questions. Patients who review this information gain a better understanding of the surgery and recovery process thereby promoting a better overall experience. You also will receive a link in your email or MyCare account for educational videos. A link to access these videos can also be found in the PowerPoint.

Congratulations on taking this life-changing step! If you have any questions, please feel free to call or email us. Our team is looking forward to caring for you!

Sincerely,

Alex B. Metcalfe, PT, DPT

Lead Physical Therapist

The Joint Center at Clifton Springs Hospital and Clinic

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8am-4pm

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Surgical Services Clinical Resource Nurse

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WHAT YOU SHOULD KNOW

Surgery at The Joint Center at Clifton Springs Hospital and Clinic

Day of Surgery

Your joint replacement surgery will be performed at Clifton Springs Hospital & Clinic
2 Coulter Rd, Clifton Springs, NY 14432

Date: _____

Surgeon: _____

Pre-Admission Testing

The pre-admission testing office is located on the ground floor of Clifton Springs Hospital & Clinic.
Please park and enter at the South entrance.

Date: _____ Time: _____

Post-Surgery Appointments

Your surgeon will want to see you periodically after your discharge from the hospital.

Date/Time: _____

Location/Provider: _____

Date/Time: _____

Location/Provider: _____

About Clifton Springs Hospital & Clinic

Clifton Springs Hospital & Clinic, an affiliate of Rochester Regional Health, is a 154-bed community hospital that serves Ontario County and the Finger Lakes. Clifton Springs Hospital & Clinic's campus also includes Clifton Springs Nursing Home, a full-service rehabilitation center and skilled nursing facility.

In 2020 Clifton Springs Hospital & Clinic underwent a renovation that created brand new patient access just inside the South Entrance. This renovation also included the surgical suite with beautiful preoperative and postoperative areas along with new state of the art operating rooms equipped with cutting edge equipment. All inpatient rooms are private and spacious.

Getting Here

Address to use:

2 Coulter Rd, Clifton Springs, NY 14432

Parking at Clifton Springs Hospital & Clinic is free. Recommended parking lots are located near the South Entrance. Handicapped parking is also available near all entrances.



WHAT YOU SHOULD KNOW

Contacts

Surgical Services

P 315 462 1800

Physical Therapy & Occupational Therapy

P 315 462 1540

Social Work/Care Management

P 315 462 0503

Admissions

P 315 462 0557

1200/Joint Center Post-Operative Unit

P 315 462 1200

Pre-Admission Testing Center

P 315 462 1821

Your Joint Center Team

Orthopaedic Surgeon

Your orthopaedic surgeon is the skilled physician who will perform the procedure to replace 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 that your physician's orders are completed, including medication administration and monitoring of your vital signs.

Physical Therapist (PT)

Your physical therapist will guide your return to functional daily activities. He or she will train you in safe transfer techniques, provide gait training, and teach exercises designed to help you regain strength and motion after surgery.

Occupational Therapist (OT)

Your occupational therapist will guide you in performing daily tasks with your new joint, such as bathing and dressing. He or she may show you how to use special equipment in your home including shower benches, rails and raised toilets.

Orthopaedic Social Worker

An orthopaedic social worker is available to assist you and your family with any concerns and to help you plan services you may need after your hospital stay.

Orthopaedic Physician Assistant (PA)

The orthopaedic physician assistant, under the direction of the orthopaedic surgeon, is responsible for your post-operative recovery. He or she will assess you on a daily basis to monitor your care.

Hip Replacement Guidebook

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Learn About the Process

Your date for surgery

Your surgeon's office staff will tell you the date of your admission and surgery. If you become ill (cold, flu, fever, etc.) before surgery, call both your surgeon and the hospital (315-462-1800) as soon as possible.

Pre-Operative Education

Attend one of our Joint Replacement Pre-Operative Education classes prior to your surgery. The class is very informative and provides answers to many basic questions regarding your joint replacement journey before, during and after hospitalization. See Page 15 **Joint Replacement Education Opportunities** for more information.

Pre-Admission Testing

Pre-admission Testing is done prior to your scheduled surgery. You will be notified when your pre-admission testing is scheduled. See Page 16 **Pre-Admission Testing** for more information.

Your anticipated length of stay in the hospital

Plan to be in the hospital overnight. Based on your progress and in collaboration with your health care team, your surgeon will determine when you will be discharged.

In general:

If your surgery is on	Your anticipated discharge date will be
Monday	Tuesday
Tuesday	Wednesday
Wednesday	Thursday
Thursday	Friday
Friday	Saturday

When your pain is controlled and you have cleared physical therapy, you will be cleared for discharge. See **Your Hospital Stay** section for more information.

Keeping you safe for surgery - Infection control

Staphylococcus aureus or "Staph" is a germ that lives on the skin and in the nose of some healthy people. Your skin naturally protects you from these germs. When you have surgery, these germs may enter your body through your surgical incision and cause infection.

What do we do about these germs before surgery?

You will use cleansing wipes or solution to help get rid of the germs. This can help prevent a post-operative surgical site infection. Proper and timely use of the wipes or solution will help remove the germs from your skin and greatly reduce the chance of infection.

PREPARING FOR SURGERY

Learn About the Process

How do we screen for Staph?

Your skin and nose have different types of Staph. Everyone needs to use the wipes or solution.

We will swab your nose to see if you have a type of Staph called “MRSA.” The results are available in 1-2 days.

A positive test does *not* mean you have an active infection. Your surgery will not be canceled or delayed.

If my Staph MRSA test is positive, what happens?

If your test is positive, you will be told the morning of your surgery.

If I have MRSA, will I be treated differently in the hospital?

No, but some additional safety measures will be taken and you will receive specific intravenous antibiotics before and after surgery.

Anesthesia

All patients will have either general or regional anesthesia. General anesthesia is when you are asleep, while regional anesthesia provides numbness to the area that is being operated on.

There are many factors which help determine what type of anesthesia is best for you.

Some of these factors include:

- Past surgical experience
- Past reactions to anesthesia
- The risks of different anesthesia
- Your overall health and physical condition
- Input from you and surgical team

Your anesthesiologist will discuss which option is best for you on the day of surgery. If you have had prior post operative problems with nausea and vomiting with general anesthesia, let the team know in advance since preoperative medication may be used to minimize this from occurring following your joint replacement.

Learn About the Process

Discharge Planning

Discharge planning will begin before your admission.

- Investigate what assistive equipment you may need and whether your insurance will pay for it. See Page 24 for an **Assistive Equipment Checklist**.
- Our goal is to get you independent and back home as soon as possible after your procedure. Talk to your surgeon about discharge options and which might be likely for you. Options include:
 - Home (possibly with home care if needed).
 - A skilled nursing facility for rehabilitation.
- Find out what post-operative care will be paid for by your insurance company and what you will have to pay out of pocket. See Page 18 **Insurance** for more information.
- Make sure you have a friend or family member at home to help you. Be sure to involve them early and share this book with them. They should be as knowledgeable as you are about your needs. You should discuss the role each of you will play during your recovery, especially when traditional family roles may be reversed.
- If it is not safe for you to be home alone, you may need the services of a skilled nurse facility.
 - Although you will not be able to make a reservation at a facility, you may want to visit it before your surgery and meet some of the staff.
 - If you know you will need short term care, let the health care team at the Pre-Operative Education Class know so they can help you to start working with Social Services on arrangements.
- Think about your home care needs so you can get help in rearranging the rooms to make it easier to move about safely. See Page 25 for a **Home Safety Checklist**.
- If you will require a handicapped parking permit during rehabilitation, please obtain the necessary forms from your state department of motor vehicles. Bring these forms to your surgeon's office for completion and signature.

PREPARING FOR SURGERY

Optimize Your Health

Appointments with Your Primary Care Physician and Specialist(s)

An important first step in preparing for surgery is to make sure your overall health is as good as possible and any medical conditions you may have are being appropriately treated. Talk to your primary care physician as soon as your surgery is scheduled. If you have a cardiologist, make an appointment with him or her as well.

Pre-Surgical Exercise

Being as physically fit as possible at the time of surgery will make recovery from surgery easier. Your surgeon may recommend specific exercises for you before your surgery or send you for physical therapy. See Page 20 for a list of **Strengthening Program Exercises** that your therapist can use to pick out those that are right for you.

Smoking Cessation

If you smoke, cut down or quit. Smoking increases the level of carbon monoxide in your blood, decreasing oxygen. It increases your risk for breathing problems and other complications, delays healing and slows recovery. The ideal action is to quit smoking four or more weeks prior to your surgery. Please talk to your primary care physician for help. You may also want to contact The New York State Smokers' Quit line (866.697.8487 or <http://www.nysmokefree.com/>), a free, comprehensive service staffed by specialists who are trained to provide information and consultation on cessation smoking techniques and medications.

Please note: Smoking is not allowed anywhere on hospital grounds.

Drug/Alcohol Cessation

A healthy lifestyle is key to a successful surgery and recovery, as well as maintaining your health after surgery. If you feel you need help with drug or alcohol cessation prior to your surgery, please talk to your physician and your surgeon to determine your best treatment options.

Diet

If you are overweight, your surgeon may recommend a weight loss program to minimize the stress on your new joint and possibly decrease the risks of surgery. However, do not restrict calories or diet prior to your surgery unless your surgeon specifically recommends that you do so. If weight loss is a goal before surgery, your primary care doctor can refer you to a dietitian.

Eat a well-balanced diet that includes calcium and iron-rich foods to help build red blood cells and to build and strengthen your bones.

Pre-Surgical Dental Care

Because poor dental care has been associated with an increased risk of post-surgical infection, and because bacteria can enter the bloodstream during dental procedures, you should consider a visit with your dentist a few months before your joint replacement surgery.

Note that some dental procedures after surgery can increase the risk of complications and should not be performed without first talking to your surgeon.

Joint Replacement Education Opportunities

We want to ensure that you're thoroughly prepared for your joint replacement surgery and that you know what to expect throughout the process.

- I. You and your family are encouraged to attend a two-hour education class hosted by our orthopaedic team featuring content developed by our orthopaedic nurses, physical and occupational therapists and social workers. There is no fee for this class.

Classes are Designed to Address:

- | | |
|---|--|
| <ul style="list-style-type: none">• Pre-surgical planning<ul style="list-style-type: none">- Nutrition- Exercise- Pre-admission testing- Pre-surgical medication- Hospital admission- Preparing your home• Hospitalization<ul style="list-style-type: none">- Pain management- Safety tips- Mobility tips | <ul style="list-style-type: none">• Discharge<ul style="list-style-type: none">- Discharge planning- Wound care- Potential postoperative complications- Use of assistive devices- Exercise- Training in activities of daily living (bathing, dressing, etc.)- Nutrition- Medications |
|---|--|

The classes are interactive and provide ample opportunities for questions and answers.

Please Contact Alex Metcalfe at 315-573-2268 for current information regarding class dates and times.

- II. Online valuable information provided by the American Academy of Orthopaedic Surgeons.

www.OrthoInfo.org

- Scroll through the topic headings, or click on a highlighted body part, or simply use the 'Search' bar (located next to the magnifying glass) to find articles related to total joint replacement, total hip replacement and arthritis.
- Be sure to view the short videos and animations related to some topics including total hip replacement, joint replacement and knee osteoarthritis.
- Explore other topics of interest at the top right of the page in the sections entitled 'Disease and Conditions', 'Treatment', 'Recovery', and 'Staying Healthy'.

PREPARING FOR SURGERY

Pre-Admission Testing Appointment

If you've had blood or urine tests or an EKG in the 30 days prior to your pre-admission appointment, you may not need to repeat those tests. If you've had any tests that were not done at Rochester Regional Health affiliated labs, bring the results to your pre-admission meeting.

The Pre-Admission Department performs the necessary pre-surgical medical testing and paperwork for hospital registration.

You will be contacted when your appointment is scheduled*.

Please Bring the Following to Your Appointment:

- A complete list of medications, including over-the-counter medications, with dosages and how often you take them. You may be required to bring all original bottles of your current medications.
- Photo identification.
- Your insurance card(s).
- Your **Health Care Proxy or Living Will**, if you have one. See Section 6 for blank forms.

Your Appointment May Take 1 Hour. During this Appointment, you May Need to:

- Have a medical exam by an Advanced Practice Provider
- Fill out a medical history form
- Get an EKG
- Get a blood test and urinalysis
- Get a chest X-ray

Pre-Admission Staff will be able to answer questions and provide important information specific to your care, such as information about diet restrictions and medications to be taken the morning of surgery.

**A co-pay may be required for this appointment.*

Advance Directives (Health Care Proxy/Living Will)

Adults in New York State have the right to accept or refuse medical treatment, including life-sustaining treatment. This means that you have the right to request or consent to treatment, to refuse treatment before it has started and to have treatment stopped once it has begun.

You can make decisions and issue directives now that will ensure that your wishes are followed in the event you become incapable of making important decisions about the medical care you receive. It is the policy of the Rochester Regional Health affiliates to follow the wishes you have expressed in a properly executed Health Care Proxy and/or Living Will.

Health Care Proxy

You can appoint someone you trust to decide about treatment if you become unable to decide for yourself by filling out a form called a Health Care Proxy.

You can give the person you select, your “health care agent,” as little or as much authority as you want.

- You can allow your health care agent to decide about all health care or only about certain treatments.
- You may also give your agent instructions that he or she has to follow.

Hospitals, doctors and other health care providers must follow your agent’s decisions as if they were your own. See Section 6 **Forms** for a **Health Care Proxy** form.

Advance Care Directive (Living Will)

If you have no one you can appoint to decide for you, or do not want to appoint someone, you can also give specific instructions about treatment in advance. Those instructions can be written, and are often referred to as a Living Will.

Living Wills must be clear and specific. You should document the kind of treatment that you do not want, such as a respirator or chemotherapy, and describe the medical condition when you would refuse treatment, such as when you are terminally ill or permanently unconscious with no hope of recovering.

See Section 6 **Forms** for an **Advanced Care Directive** form.

PREPARING FOR SURGERY

Insurance

Joint replacement surgery is usually covered by health insurance. However, many insurance companies require pre-certification from the physician's office before allowing a patient to undergo the procedure. Some insurance companies also require patients to pay a co-payment for the hospital stay.

Please look over the terms of your plan and talk with your insurer or your employer's insurance liaison to determine the appropriate steps to take and if your insurance covers:

- Surgery
- A rehabilitation facility (Check how many days are available and if transportation to or from the facility will be covered)
- Home care services
- Assistive equipment such as a walker, crutches and cane. See Page 24 for an **Assistive Equipment Checklist**.

Rochester Regional Health accepts most major insurance plans.

One to Two Weeks Before Surgery

Take care not to injure yourself, especially the limb being operated on, as any skin sores or skin infections could delay your surgery. If you become ill (cold, flu, fever, etc.) before surgery, call your surgeon.

Your team can advise you on which medications to stop taking before your surgery. Be certain to tell your physician all the medications that you are taking, including over-the-counter medications.

Transportation

- Arrange for transportation to and from the hospital. Note that you will not be allowed to drive yourself home from the hospital.
- Make sure the vehicle has a passenger seat that reclines and has plenty of leg room. If you've had a hip replacement, your knees must be lower than your hips. Take a pillow along if you plan to travel by cab.
- Fill the gas tank in your own car if a friend or family member will be using it to drive for you.

Medical and Household Equipment

Make plans for the medical assistive devices you'll need during your recovery. Call your insurance company to find out which items will be covered and can be obtained prior to surgery. See Page 24 for an **Assistive Equipment Checklist**.

If you don't already own a cordless phone and television remote control, they will be helpful during your recovery.

Changes at Home

Some changes may be helpful for you to return home safely after surgery. If your bedroom is not on the ground floor, you may want to create a temporary bedroom there. Another option is to stay with a relative or friend temporarily after surgery. See Page 25 for a **Home Safety Checklist**.

Other Personal and Household Tasks

- Fill prescriptions.
- Make arrangements for routine household chores (lawn care, snow removal, garbage removal) to be done.
- Arrange for someone to collect your mail and newspapers, or stop delivery for the time you'll be away.
- Pay bills so they are up to date through a few weeks after your return home.
- Clean the house, including vacuuming the carpets.
- Catch up on laundry.
- Purchase food and supplies that can be used after your return home. It's handy to have bags of frozen peas or corn on hand as they can be used for ice packs.
- Make meals and freeze them in single-serving containers.
- If you have pets, consider asking a friend to house them until you can walk safely.

PREPARING FOR SURGERY

Exercises Before Surgery

Strengthening Program Exercises

Try to do these exercises two times a day, 20 reps per exercise. Stop if the exercises are hurting you and consult with your physician or physical therapist.

1. Deep Breathing

- Inhale deeply through your nose.
- Slowly exhale through your mouth.
- Repeat three times.
- Cough two times.



2. Ankle Pumps and Circles

- Bend both your ankles up, pulling your toes toward you.
- Bend both your ankles down, pointing your toes away from you.
- Rotate your foot clockwise and counterclockwise, keeping your toes pointed toward the ceiling.



3. Buttocks Squeezes (gluteal sets)

- Squeeze buttocks muscles as tightly as possible.
- Hold for 3 seconds.



4. Thigh Squeezes (quadriceps sets)

- Slowly tighten muscles on thigh of straight leg.
- Hold for 3 seconds and relax.



5. Heel Slides (hip and knee flexion)

- Bend knee by sliding your heel up toward your buttocks while keeping your heel on the floor/bed.
- Hold 3 seconds.
- Slide your heel back down to the starting position.
- Keep your kneecap pointed up toward the ceiling during the exercise.

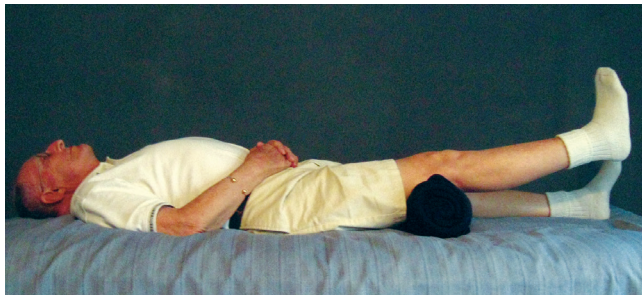
Exercises Before Surgery

Strengthening Program Exercises



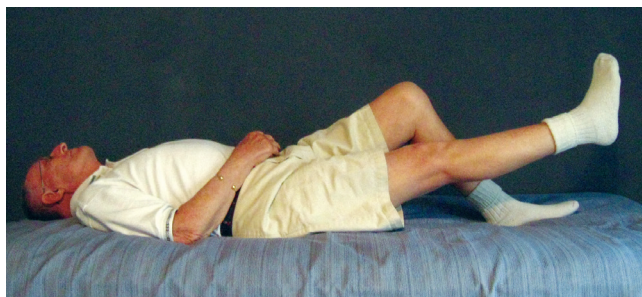
6. Hamstring Sets

- With one leg bent slightly, push heel into bed without bending knee further.
- Hold for a count of 10.



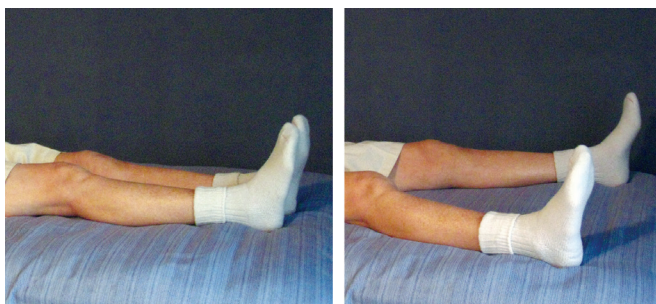
7. Short Arc Quads

- Place a large can (3 lb. coffee can works) or rolled towel under involved knee.
- Straighten involved knee and leg.
- Hold 5 seconds.
- Slowly lower your leg and relax.
- The back of your knee should stay in contact with the can/blanket throughout the exercise.



8. Straight Leg Raise

- Bend your uninvolved leg, placing your foot flat.
- Raise your involved leg 6 – 8 inches with knee locked straight.
- Exhale and tighten thigh muscles while raising leg.
- Slowly lower your leg down and relax.



9. Leg Slides (abduction/adduction)

- Slide your involved leg out to the side, keeping your kneecap pointed up toward the ceiling.
- Slide your leg back to the starting position.

PREPARING FOR SURGERY

Exercises Before Surgery

Strengthening Program Exercises



10. Alternating Steps

- Hold on to stable object.
- Lift leg forward as if marching.



11. Partial Knee Bends

- Hold on to stable object.
- Slightly bend knees and slowly straighten.

Exercises Before Surgery

Strengthening Program Exercises



12 . Standing Hip Abduction

- Hold on to stable object.
- Lift leg out to side.
- Bring back to midline keeping toes forward.



13. Sitting Kicks (long arc quads)

- Sit in a sturdy chair.
- Straighten your knee as much as possible.
- Hold for 5 seconds.
- Slowly lower your leg down and relax.

PREPARING FOR SURGERY

Assistive Equipment Checklist

Some assistive equipment may be covered by your insurance policy with a prescription from your doctor. Check with the medical supply store to make sure they accept your insurance. If assistive equipment or devices are not covered by your insurance, you may be able to borrow them. Check with family, friends or local loan closets. Our social worker can help you obtain equipment prior to leaving the hospital.

- ☐ Tub bench/shower chair. This allows safe transfer and sitting in the shower or tub.
- ☐ Leg lifter. This is a leg positioning aid that allows the user to easily lift a weak leg.
- ☐ Elevated toilet seat or bedside commode. A bedside commode with arms may also fit in your shower.
- ☐ Walker, crutches or cane. The physical therapist will make recommendations while you are in the hospital.
- ☐ Hand-held shower head. This can provide a much more pleasant bathing experience from a tub bench/shower chair than the wall-mounted shower head.
- ☐ Safety bars. Install them in your shower and any other areas where you need to make safe transfers.
- ☐ Reacher/grabber. This allows you to pick up items or manipulate clothing easily with its trigger-action handle.
- ☐ Bath sponge. This foam and plastic device will help you clean hard-to-reach places during bathing.
- ☐ Long-handled shoe horn. This device is ideal for use with slip-on shoes.
- ☐ Dressing stick. This device is lightweight and easy to use. It features a coat hook on one end to pull or push clothes on or off and a C-hook on the other end.
- ☐ Elastic laces. When tied permanently to shoes, these allow you to slip your feet into tie shoes without bending down.
- ☐ Sock donners. There are two types: hard and flexible. Both types keep your sock open so you can put it on without bending down.
- ☐ A basket or bag that can attach to a walker or crutches.
- ☐ A travel mug or thermos with a secure lid.

Home Safety Checklist

Prevent accidents that could prolong your recovery by carefully reading each item in this checklist and correcting any potential problems.

Walkways

- ☐ Remove throw rugs wherever possible to avoid tripping.
- ☐ If you can't remove throw rugs, use rugs with non-skid backing to avoid slipping.
- ☐ Repair or replace torn carpeting to avoid tripping.
- ☐ Make the transition between types of flooring (such as wood floor to carpeted floor) as even as possible.
- ☐ Avoid waxing wood or linoleum floors.

Stairs

- ☐ Make sure handrails are well anchored (or install handrails) on both sides of the stairway.
- ☐ Non-skid treads can be placed on wooden stairs.
- ☐ Make sure carpeting on stairs is secure.

Furniture Layout

- ☐ Arrange furniture so that pathways are not cluttered.
- ☐ Chairs and tables need to be sturdy and stable enough to support a person leaning on them.
- ☐ Avoid furniture with sharp edges and corners. If furniture does have sharp edges or corners, pad them.
- ☐ Chairs with armrests and high backs provide more support when sitting and more leverage when getting in and out.

Lighting

- ☐ Be sure that your lighting is ample to prevent falls and to ensure that you can read medication labels and instructions easily.
- ☐ Light switches should be immediately accessible upon entering a room.
- ☐ Good lighting for hallways, stairs and bathrooms is especially important.

PREPARING FOR SURGERY

Home Safety Checklist

Medicines

- ☐ Keep medicines out of the reach of children.
- ☐ Dispose of expired medicines properly.

Sliding Glass Doors

- ☐ Mark sliding glass doors with stickers to prevent walking into them.

Bathroom Safety

- ☐ Use an elevated toilet seat or commode if you need support getting on and off the toilet.
- ☐ Install grab bars around the toilet if you need more leverage to get on and off the toilet.
- ☐ Install skid-resistant strips or a rubber mat in the shower or tub.
- ☐ Use a bath seat if it is difficult to stand during a shower or too difficult to get up out of the tub.
- ☐ Install grab bars on the side of the tub or shower for balance.
- ☐ **DO NOT** use the soap dish or towel bar for balance – these can pull out of the wall easily.
- ☐ Avoid locking bathroom doors or use only locks that can be opened from both sides.

Kitchen Safety

- ☐ Store frequently used items at waist level. Use a reacher or grabber to avoid standing on a chair or footstool when items are not at eye level.
- ☐ Mark “ON” and “OFF” positions clearly on the dials of the stove.
- ☐ Use the front burners of the stove to avoid reaching over burners (unless there are small children in the home – in that case, use the back burners).
- ☐ Make sure pan and pot handles are not over the burners and not over the edge of the stove.
- ☐ Slide heavy pans across the stove instead of trying to lift them.
- ☐ Keep baking soda near the stove to extinguish small cooking fires, and keep a fire extinguisher in the kitchen.
- ☐ Make sure the sleeves of your clothing are not loose or dangling while cooking.
- ☐ Tables with four legs are more stable than pedestal-type tables.

The Night Before Surgery

If you've been directed to cleanse with wipes prior to surgery, follow these instructions

Chlorhexidine Cleansing

Cleansing the skin before surgery can reduce the risk of infection at the surgical site. Your skin must be cleaned for one day before surgery. You may need help with this.

Before you bath or shower:

1. Carefully read all directions and warnings on the product label.
2. Remove all jewelry and leave off until after surgery.

When you bath or shower:

1. Shower with soap and water.
2. DO NOT shave the surgical site.
3. Dry yourself off well with a towel.
4. DO NOT apply lotion after bathing/showering.
5. Put on clean clothes or pajamas after you have bathed/showered.

Night before surgery use Chlorohexidine (CHG) Wipes:

One hour after shower:

1. Use scissors to open the package, do not use the sponge pad; it is just part of the packaging.
2. Do not allow the wipe to touch your eyes or mouth.
3. Remove one cloth at a time.
4. Use cleaning wipes following instructions provided in this book, which are different than the package.
5. Wipe area for 30 seconds only - **DO NOT** scrub so hard that you create a red or open area on your skin.
6. Allow the areas to air dry for one minute and do not wash off.
7. Do not apply lotions or moisturizers.
8. Re-dress with clean clothing.

Morning of surgery:

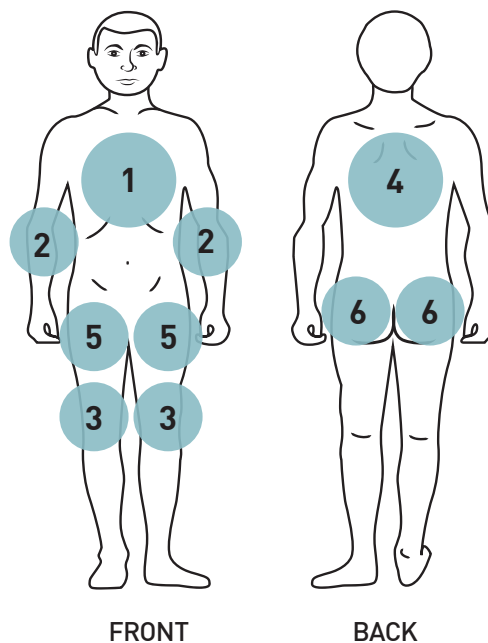
- DO NOT SHOWER THE MORNING OF YOUR PROCEDURE.

PREPARING FOR SURGERY

Chlorhexidine Cleansing Instructions

Prepare Each Area of the Body in the Following Order:

1. Wipe your **neck, chest** and **abdomen**.
2. Wipe both **arms**, starting each with the shoulder and ending at fingertips. *Be sure to thoroughly wipe the armpit areas.*
3. Wipe both **legs**, starting at the thigh and ending at the toes. *Be sure to thoroughly wipe behind your knees.*
4. Wipe your **back**, starting at the base of your neck and ending at your waistline. *You may need help to do this.*
5. Wipe your right and left **hips** followed by your **groin**. *Be sure to wipe folds in the abdominal and groin areas.*
6. Wipe your **buttocks**.



Hip Replacement Guidebook

SECTION

3

YOUR
HOSPITAL STAY

What to Expect the Day of Surgery..... 31

What to Expect During Your Hospitalization 35

Leaving the Hospital..... 36

What to Expect the Day of Surgery

At Home

- Put on clean, dry and comfortable clothing.
- Take medications only as instructed during your pre-admission visit with the smallest amount of water possible. Wear comfortable, loose-fitting clothing and flat, non-slip, walking or athletic shoes.

DO NOT

- Eat or drink anything (you may brush your teeth)
 - Shave your legs or put anything (including lotion, powder, pen or marks) around the surgical area
 - Use any lotions or powders
 - Wear makeup, nail polish or jewelry
 - Wear eye contacts
- Review your **What to Bring to the Hospital** checklist in Section 5 **Checklists & Resources**.

Check-In

- Arrive at the South entrance registration at your scheduled registration time. It's important to arrive at the hospital on time.
- You will complete any needed forms.
- Advise the medical staff of dentures or other prosthetic devices you may be wearing.

Before Surgery

- You'll change into a hospital gown. Because nothing from outside the hospital can go into the operating room, remove socks and underwear, jewelry, eyeglasses, makeup, dentures, hearing aids and any other foreign objects and give to a family member or friend.
- Blood pressure, pulse and temperature will be taken.
- An IV will be placed in your hand or arm for hydration and to administer anesthesia drugs in the operating room.
- You may be given medication to relax.
- You will be placed on a stretcher and an elastic stocking may be fitted to your non-operative leg.
- A pen marking will be made by your surgeon on the surgical site, verified both by you and the surgical consent form.
- The nurse will update your medical information and record any health changes.

YOUR HOSPITAL STAY

What to Expect the Day of Surgery

- You (and one visitor, if desired if there are no visitor restrictions) will be taken to the pre-surgery holding area, where you will:
 - See your surgeon
 - Speak with your anesthesiologist and sign an anesthesia consent form
 - Meet with the nurse who will be in the operating room during your surgery
- When it's time for you to move to the operating room, your visitor(s) will be directed to the Surgical Waiting Area.

Once in the Operating Room:

- Your anesthesiologist will put on standard monitors, such as a blood pressure cuff and EKG leads, and administer anesthesia as discussed with you.
- The surgery will begin with an incision that will expose the joint. Special precision guides and instruments are used to remove the damaged surfaces and shape the ends of the bones to accept your implants.
- When your surgeon is satisfied that he or she has achieved the best possible fit and function of the implants, the incision will be closed.
- Your actual time in surgery will depend on your procedure. Your surgeon can give you an estimate. The amount of time you'll spend in the recovery room will vary by procedure and the type of anesthesia used.

During Surgery

Patient safety and the best possible surgical outcomes are our top priorities for each and every patient.

- Because infection of the joint replacement site can cause serious complications, special precautions are taken to ensure sterility in the operating room.
- Each of our surgeons works with a team of anesthesiologists, nurse specialists and technicians who are specially trained in the intricacies of your joint replacement procedure.

What to Expect the Day of Surgery

Immediately report any symptoms of pain, nausea, constipation, or difficulty urinating.

After Your Surgery is Completed:

- Your surgeon will speak to your designated contact person.
- You'll go to the post-anesthesia care unit for monitoring for up to several hours; nurses will watch you closely until you are stable and then transport you to your private room in the Joint Center at Clifton Springs Hospital and Clinic.
- Your vital signs will be checked frequently.
- There may be an oxygen tube in your nose. For most patients, it will be removed later in the day.
- You will do deep breathing and coughing exercises for several days after surgery. You will be asked to use a breathing exercise device as well. This helps to expand your lungs and improve oxygen flow to your tissues.
- You will be given medication and therapy to prevent complications such as infection and blood clots.

Controlling Pain

Our goal is to keep you as comfortable as possible throughout your stay. Although pain may not disappear completely, it should be significantly diminished.

Your immediate post-operative pain management plan depends on the type of anesthesia you've had.

Regular pain assessment will be a routine part of your care. When vital signs are checked you will be asked to rate your discomfort using a scale of 0 to 10.

0-4

MILD PAIN

5-7

MODERATE PAIN

8-10

SEVERE PAIN

For the best possible assessment, please don't try to hide or ignore your pain. Your medical care team can only help you if they know what you're feeling. Please let them know if you feel that your pain is not adequately controlled.

Your pain may be managed with:

- Pain pills
- Medication through your IV
- Nerve block
- Gentle exercises
- Ice wraps
- Nonsteroidal anti-inflammatory drugs (NSAIDs)
- Walking
- Stretching

YOUR HOSPITAL STAY

What to Expect the Day of Surgery

Movement

Active movement after your surgery helps to prevent possible complications. You will be getting out of bed this day.

- Nurses and therapists will teach you movements that you need to avoid and exercises to strengthen your muscles and help your blood circulate.
- If you've had hip surgery, you may have a foam wedge pillow or regular pillow between your legs. It's to help remind you to keep your legs apart so as not to dislocate your new hip.
- You will be working with the physical therapist two times a day and walking with our team.

Preventing Falls

You are at higher risk of falling in a hospital setting.

- Be cautious, not courageous. Let us help determine whether you can safely navigate alone.
- Call rather than fall. It pays to wait for some assistance rather than fall trying to go it alone.

Food and Fluids

You will have fluids going through your IV at first. Your first meal by mouth may be liquids, and your diet will increase to solid foods as tolerated. Slowly increasing food intake can help to avoid nausea that sometimes happens after anesthesia or with use of pain medication. The IV will be stopped when you are eating and drinking well.

Going to the Bathroom

If you're unable to urinate, you may have a tube (catheter) placed into your bladder. Your nurse will help you get out of bed and go to the bathroom. It may take a day or more to have a bowel movement. Anesthesia and pain medication can cause constipation. Your doctor may prescribe a stool softener or laxative if needed.

Wound Care

There will be a bandage covering your incision and there may be a drain tube coming from the surgical site. The drain will be removed when appropriate. Your incision may have been closed with sutures, staples, steri-strips, or skin adhesive.

What to Expect During Your Hospitalization

Day of Surgery

- Vital signs will be checked frequently and blood work may be performed.
- Your therapist or nurse will help you transfer from the bed to a chair. Depending on your situation, you may begin walking with an assistive device.
- Your therapist will work on daily activities such as dressing, bathing and grooming, and will offer advice on assistive devices.
- You will continue coughing, deep breathing, ankle pump exercises, and thigh and buttocks exercises.
- Your therapist will review instructions on maintaining dislocation precautions.

Day After Surgery

- You will receive physical therapy.
- The surgical dressing may be removed and a new sterile dressing may be applied.
- If you're headed home after discharge, we will review your home care plan with you.
- You will continue breathing and circulation exercises.
- A nurse will provide information about which anticoagulation therapy your doctor has chosen.
- You will be discharged when you have cleared physical therapy and your pain is controlled.

Second Day After Surgery

If you are still here, we will work to get you cleared for discharge.

Discharge from the Hospital

- We'll review discharge instructions with you regarding diet, activity limitations, wound care, physical therapy medications, and the timing of a follow-up appointment with your surgeon.

YOUR HOSPITAL STAY

Leaving the Hospital

Our goal is to provide you with the best and safest discharge plan. Your individual plan is determined by your surgeon in collaboration with the medical team. A nurse will call within one or two days after you leave the hospital to check your progress and answer any questions.

Your doctor and health care team will determine when it's medically appropriate for you to be discharged from the hospital.

- Our goal is for you to be able to return directly home
- Some patients may need temporary rehabilitation at a skilled nursing home

The best and safest individualized discharge plan for you is based on many factors including:

- Who is at home to help you
- Whether you have stairs
- If your bathroom is easily accessible
- How quickly you regain your mobility after surgery

Our care team will work with you to ensure a smooth transition from the hospital to home or a care facility.

At the time of your discharge, you will be asked to sign a discharge form regarding your rights as a patient, and you will receive discharge instructions. Please be sure to review everything thoroughly before leaving and have all your questions answered.

Discharge to Home

If you're going home, you may work with a certified home care agency (such as Rochester Regional Home Care, Rochester Regional/Lifetime Care, Home Care of Rochester or Visiting Nurse Service).

If you need additional equipment not provided by your insurance company, we'll provide you with a list of local medical equipment loan closets.

The person who is picking you up on the day of discharge may come to your room (depending on visitor restriction policies). At that time, they will be given instructions on picking you up in the Discharge Area, and you will be transported by wheelchair to the Discharge Area and assisted into your vehicle.

Discharge to a Skilled Nursing Facility

If there is any possibility of you going to a rehab facility after surgery it is very helpful to make arrangements for that prior to surgery. Our social worker will help you with that process. By doing this before you come to the hospital for your surgery, you'll have one less thing to be concerned about while you're in the hospital.

The social worker will ask you to select your top choices from a list of the facilities we work with; however, we cannot guarantee placement due to space restrictions and other factors out of our control. Your social worker will provide information on the average length of stay, how you will be transported, what you should wear and other pertinent details.

You may need a wheelchair car or ambulance to transfer to the nursing facility. These services can be arranged by the care team at the hospital. Please note that most insurance companies and Medicare do not cover such transportation costs.

Hip Replacement Guidebook

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Urgent Issues – What to Do

Call 911 Immediately if you:

- Fall and sustain an injury
- Start bleeding that does not stop
- Cough up blood
- Have trouble breathing
- Have chest pain
- Experience confusion or unexplained anxiety

Call Your Surgeon if any of the Following Occur:

- Increasing redness, swelling or warmth around your incision
- Redness, swelling or excessive tenderness in your foot, ankle, calf or thigh
- Increased drainage or a green purulent drainage from your incision
- Fever and/or chills
- Nosebleeds
- Red or dark brown urine
- Red or black tarry stools
- Unusual pain or swelling in your abdomen with excessive thirst
- Severe pain that cannot be controlled by the pain medication given to you when discharged

Blood Clots

Techniques to prevent blood clots include:

- Elevating your legs above heart level for short periods throughout the day
- Ankle pump exercises
- Walking

Anticoagulation Medications

You will be sent home on anticoagulation medication. Your doctor will determine which anticoagulant is best for you. Your nurse will instruct you on the anticoagulation medication prior to leaving the hospital. If lab work is needed after you are discharged, it will be scheduled prior to discharge.

AFTER DISCHARGE

Preventing/Recognizing Potential Complications

Hip Dislocation Precautions

Precautions may vary according to the surgical technique, prosthesis type and the surgeon.

For the first 8 weeks after surgery or until cleared by your surgeon,

DO NOT:

- Bend forward more than 90° at the waist
- Sit on low chairs or couches
- Sit in chairs without arms
- Sit in a bathtub
- Lift heavy objects
- Put on socks or shoes without using an assistive device
- Drive a car until authorized by your physician (usually 4 weeks for right hip, less for left).

Infection

There are many things you can do that will greatly improve your chances of recovering from surgery without an infection.

- Wash your hands thoroughly using soap and lukewarm water. Wash for at least 30 seconds before and after caring for your incision.
- Keep your incision clean and dry.
- Do not apply anything to your incision that your physician has not recommended.

Elevated temperature (over 100° F) may be a sign of impending infection. If you get repeated readings over 100° F, contact your doctor.

Call your doctor if you experience excessive swelling at the surgical site, increased pain, drainage from the incision, redness around the incision or fever.

While unlikely, there is always a chance that a distant infection can travel to your joint replacement.

- If you develop an unrelated infection, such as strep throat or pneumonia, notify your physician.
- When having dental work done, tell your dentist that you have had a joint replacement.
- After having a total joint replacement, you should take a preventative antibiotic for all dental procedures for at least six months after surgery.
- Notify your doctors that you have had a total joint replacement to determine if you need antibiotics prior to any other procedures.

Medications

Narcotic Pain Medications

One part of pain management may be the use of narcotic pain medications immediately following joint replacement surgery. Because these types of medications can be addictive and often have side effects, they are meant to be used only for as short a period of time as possible.

While Taking Narcotic Pain Medications DO NOT:

- Take other types of drugs that depress the central nervous system, such as
 - Alcohol
 - Tranquilizers
 - Barbiturates (i.e. sleeping pills)
 - Antihistamines, even over-the-counter cold or allergy medications
- Try not to walk without help if the medication is making you feel sleepy or dizzy
- Stop taking pain medicine suddenly. If you have been taking it longer than 2 weeks, call your physician

DO:

- Ask your pharmacist if you are concerned about potential medication interactions

Over-the-Counter Pain Medications

Ask your doctor before taking nonsteroidal anti-inflammatory drugs (NSAIDs) such as aspirin, ibuprofen (Advil, Motrin, Nuprin) and naproxen sodium (Aleve). NSAIDs may cause bleeding and interfere with Coumadin. Tylenol is typically a safe medication to take as an alternative to narcotics.

For All Medications

- Store all medicines in their original containers so you will not accidentally take the wrong drug
- Take the recommended dose at the recommended times
- Learn why you take each medicine
- Know the side effects
- Be aware of drug interactions
- Check the expiration date – do not use medication that is expired
- If you have questions, ask your doctor or pharmacist
- If you have trouble remembering when you last took your medications, you may want to keep a log at home

AFTER DISCHARGE

Comfort

Pain Control is Multifaceted

Everyone feels pain differently and responds differently to pain control treatments.

Medication

You will be sent home with prescriptions for medications to control pain.

- Take pain medication as prescribed. One part of pain management may be the use of narcotic pain medications immediately following joint replacement surgery. Because these types of medications can be addictive and often have side effects, they are meant to be used only for as short a period of time as possible. If you are concerned about this, talk to your doctor.
- Preventing pain is easier and more effective than controlling established pain. Talk to your doctor about a schedule that will allow you to take pain medicine when you first start to feel pain.
- Please contact your doctor if you consistently experience pain that you cannot manage when taking the prescribed pain medications as directed on discharge.
- As time passes and you have less discomfort, start to decrease how many pain pills you are taking and how often you are taking them.

Elevation and Compression

Elevating the extremity will help control the swelling. In addition, wearing compression stockings or an elastic bandage (if instructed by your physician) may be helpful in controlling swelling and reducing discomfort.

Heat and Cold Therapies

Continue to use ice on your joint as instructed. Never put heat on your surgical site unless directed by your physician.

Rhythmic Breathing and Visualization

Simple breathing exercises can ease pain. It can help when you're waiting for your pain medication to work.

- Relax in a quiet spot
- Breathe in slowly and deeply
- As you breathe out, feel yourself begin to relax
- Think of your favorite place such as a beach or a park
- Breathe in and out slowly at a rate that makes you feel relaxed
- End with a slow deep breath

Comfort

To focus, say to yourself, “In, two, three.” As you breathe out say, “Out, two, three.” Or, each time you breathe, try saying a word such as “peace” or “relax.” Do these steps once or repeat them for up to 20 minutes.

Other

- Listen to soothing music
- Hold a pillow to your surgical site
- Have a family member or friend give you a massage (but not close to the surgical site)

Constipation

Your bowel movements are affected by your:

- Age
- Diet
- How much liquid you consume
- How much you exercise
- The medications you’re taking

Pain medications, in particular, often cause constipation.

You can prevent constipation by:

- Drinking lots of water
- Eating high fiber foods, such as raw fruits and vegetables, whole-grain breads and cereals, dried fruits and nuts
- Walking
- Decreasing narcotic medications

Your doctor may suggest that you take fiber supplements, a mild laxative (such as Dulcolax, Senokot, Milk of Magnesia) or a stool softener (such as Colace), all of which may be purchased without a prescription.

Call your doctor if you experience any amount of rectal bleeding.

Conservation of Energy

Pace yourself. Taking time to think before doing previously automatic activities will help give you the strength to continue progressing.

Rest

- Try to get back to your normal sleep pattern at night
- Take a nap in the afternoon if needed
- Take 5- to 10-minute breaks during activities
- While resting (or any activity), change your position every 20 minutes to avoid stiffness

AFTER DISCHARGE

Comfort

Plan

- Plan your schedule and stick to it.
- Schedule top priorities first.
- Alternate heavy and light activities.
- Save the more difficult activities for times when you have the most energy.
- Allow for frequent rest breaks.

Prepare

- Prepare work spaces before beginning an activity.
 - Eliminate excess clutter and gather all necessary materials.
 - Use good lighting, good ventilation, comfortable shoes with good support and loose clothing.
 - Mentally and physically relax.
- Organize work spaces with relevant supplies.
 - Store soaps, sponges and cleaning agents in a carryall basket near the sink.
 - Keep staples, utensils, spices, bowls, can openers and other tools near counter tops.
 - Keep skillets, pots, pans and utensils near the stove.

Position

- Work at proper heights.
- Store frequently used supplies within easy reach (between shoulder height and knee height).
- Sit whenever possible.
- When sitting, make sure table height is at the elbows when shoulders are relaxed.
- Eliminate unnecessary bending, reaching and stretching by using long-handled dust pans, sponge mops, shoe horns, etc.

Protect

- Change positions frequently.
- Use both hands whenever possible.
- Use gravity (use laundry chutes; slide objects along countertops).
- Use carts with wheels to transport things.

Incision Care

- If you have a bandage, it should be changed as instructed.
- Inspect the incision or bandage twice daily. Do not twist to see the incision or bandage for yourself. Use mirrors to view it if necessary.
 - There will be some swelling initially, especially after exercise.
 - There should be no odor, increased drainage or opening of the incision. Call your surgeon's office if you notice those changes.
- You may shower as directed by your surgeon. Do not take a tub bath or submerge yourself in water until instructed. Pat your incision dry with a soft towel to avoid irritation.
- Wear loose clothing over the incision site to maintain comfort and prevent skin irritation.

Exercises

Exercises that increase your strength and range of motion are extremely important after surgery to help prevent complications. See Section 5 **Checklist & Resources** for a list of **Exercises** that your therapist can use to pick out those that are right for you.

- Breathing exercises should be done every two hours until you're fully mobile. Practice as follows:
 - Take a slow, deep breath in through your nose; hold for the count of five; slowly blow the air out through your mouth. You can tell when you are taking a deep breath if you place your hand on your chest and feel your chest rise and fall as you take the air in and out.
 - Repeat the above five times.
 - During the last breath, hold the air in and tighten the muscles in your chest and stomach; then cough to let the air out. To be effective, the cough must come from your chest and not your throat.
- Walking will help you to build a normal, comfortable stride. It also keeps you in shape and helps prevent blood clots.
 - Be sure to discuss weight bearing status with your physician and physical therapist. You will be instructed when, where, and how to use your walker, crutches or cane.

AFTER DISCHARGE

Activities of Daily Living

Your therapist may show you different ways to accomplish various tasks different than those outlined below. Follow the instructions you are given.

Weight Bearing

Your surgeon will let you know how much weight you can put on your operated leg.

Do not put more weight on your new joint than your surgeon has ordered.

There are various degrees of weight bearing

- **Non-weight bearing:** No weight should be placed on your operated joint.
- **Toe-touch weight bearing:** Approximately 10% of your body weight may be placed on your operated joint.
- **Partial weight bearing:** Approximately 50% of your body weight may be placed on your operated joint.
- **Weight bearing as tolerated:** You may put as much weight as you can tolerate on your operated joint.

Getting In and Out of Bed

Getting into bed:

- Sit on the edge of the bed with both feet on the ground.
- Make sure you are not bending forward and that your operated hip is not turning in.
- Bearing weight on your hands, scoot your hips backward onto the bed. Keep your shoulders back.
- Lower yourself onto your forearms
- Carefully slide your legs onto the bed, keeping operated leg with knee straight and toes pointed up.

Getting out of bed:

- Slide your legs toward the edge of the bed, keeping operated leg with knee straight and toes pointed up.
- Scoot your hips forward until both feet are on the ground.
- Make sure you are not bending forward more than 90° and that your operated hip is not turning in.

Activities of Daily Living

Showers and Baths

You may shower when directed by your physician. Gently towel the area dry after showering. Do not allow your incision to get wet if there is still some drainage. A shower stool is a good idea for the first 6 weeks after surgery.

- Do not take tub baths until advised by your surgeon in order to avoid motions that could dislocate your joint.
 - Make sure your bathtub/shower has a non-slip surface to prevent falls.
 - Use liquid soap to avoid dropping a bar of soap.
 - Use a long-handled bath sponge to avoid twisting and bending.

Stepping In and Out of the Shower

You may not be able to stand to take a shower. If that's the case, you'll need a special chair in the shower stall. Before you shower, be sure you have everything you'll need within reach.

Getting into the shower:

- Use your walker, cane or crutches for support. Walk up to the edge of the shower stool; then turn so your back is to the stall. Do not step into the shower stall.
- Reach back with one hand for the shower chair back or seat. Leave your other hand on the walker, cane or crutches.
- Lower yourself onto the shower chair.
- Lift your legs over the edge of the shower stall. Turn to sit facing the shower controls.
- Shower and dry off while seated.

Getting out of the shower:

- While seated, turn facing the opening of the shower stall.
- Using your walker, cane or crutches for support, stand and step out of the shower stall.

AFTER DISCHARGE

Activities of Daily Living

Getting In and Out of a Chair



1. Get to the front edge of the chair. Have your walker out in front of you.



2. Push up from the chair, standing straight. Never pull on the walker to get yourself to standing.



3. Reach for your walker.



1. Get to the front edge of the chair. Hold your crutches together in one hand at the hand grips.



2. With your other hand, push up from the chair, standing straight.



3. Get your balance. Place one crutch under each arm.

Activities of Daily Living, cont.

To Sit Back Down With Crutches:

1. Walk straight up close to the chair. Turn and back up to the chair until you can feel it on the back of your legs.
2. Take the crutches out from underneath your arms.

Take the crutches together in one hand at the hand grips. With the other hand, reach back for the chair and sit slowly, sliding the operative leg forward as you sit.

To Sit Back Down With a Walker:

1. Walk straight up close to the chair. Turn and back up to the chair until you can feel it on the back of your legs.
2. Reach back with your hands for the chair and sit slowly, sliding the operative leg forward as you sit.

Dressing

Your occupational therapist will instruct you in the use of adaptive equipment to assist you with dressing

- Avoid bending forward when putting on pants, socks and shoes.
- Do not cross your legs when putting on pants, socks and shoes.
- **Putting on pants:** Using a reacher or dressing stick thread the operated leg into the pant leg first. Then put the non-operated leg into the other pant leg.
- **Removing pants:** First, remove the non-operated leg from the pant leg. Then, remove the operated leg from the other pant leg using a reacher or dressing stick.
- Keep your back touching the back of the chair.
- **Tying shoes:** Use elastic shoelaces or slip-on shoes.
- **Putting on socks or TED stockings:** You will need to use a sock aid or have someone else assist you with this.

AFTER DISCHARGE

Activities of Daily Living

How to Walk With Crutches



1. Place one crutch under each arm.



2. Move the crutches ahead.



3. Step forward with the operative leg, then the non-operative leg.

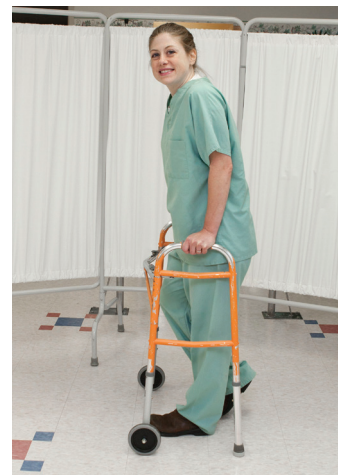
How to Walk With a Walker



1. Move the walker ahead a comfortable distance.



2. Step forward with the operative leg, then the non-operative leg.



3. Repeat steps 1 & 2.

Activities of Daily Living

How to Walk Up Stairs With Crutches



1. Place one crutch under each arm.



2. Step forward with the operative leg, then the non-operative leg.



3. Repeat.

How to Walk Down Stairs With Crutches



1. Place crutches down one step.



2. Step forward with the operative leg, then the non-operative leg.



3. Repeat.

AFTER DISCHARGE

Activities of Daily Living,

How to Walk Up Steps With a Walker



1. Place walker on top of step.



2. Step forward with the operative leg, then the non-operative leg.

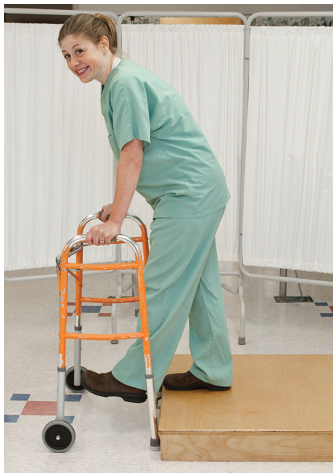


3. Repeat.

How to Walk Down Steps With a Walker



1. Place walker down one step.



2. Step forward with the operative leg, then the non-operative leg.



3. Repeat.

Activities of Daily Living

Intimacy

Talk to your doctor about when you can resume sexual activity.

- It may be helpful to take a mild pain medication about 20-30 minutes before sex. However, do not take medication that may mask warning pain.
- Have pillows and rolled towels nearby to be used for body support.
- Do a few easy stretches within a safe range of motion beforehand.
- Ask your surgeon for advice regarding safe positions to reduce risk to your replaced joint.

Travel

- Do not take extended car or plane trips until cleared by your surgeon as prolonged sitting increases your risk of blood clots.

Getting In and Out of a Car

Getting Into a Car:

- Be sure the passenger seat is pushed all the way back
- Recline the seat back as far as possible
- With your walker in front of you, slowly back up to the car seat
- Sit on the car seat
- Swing your legs into the car (placing a plastic bag on the seat can help)
- **Lean back if you need in order to avoid bending at the hip more than 90°**
- When traveling, make frequent stops and get out and walk around

Getting Out of a Car:

- Push the seat all the way back
- Recline the seat all the way back
- Lift your legs out
- **Lean back if you need in order to avoid bending at the hip more than 90°**
- Place your walker in front of you and stand up on the unaffected leg

AFTER DISCHARGE

Activities of Daily Living

Driving

Talk to your doctor about when you can SAFELY drive. There are three primary criteria that you should meet:

1. You need to have discontinued the use of any narcotic pain medicines.
2. You need to be able to get in and out of the driver's seat comfortably.
3. You must have regained your normal reflexes/strength.

Test drive in an empty parking lot or quiet street before doing any serious driving to get used to moving your foot from pedal to pedal and applying the right amount of pressure.

Home Management

- Talk to your therapist about a tray or a bag for your walker.
- Slide objects along counter tops rather than carrying them.
- Wear a fanny pack to carry small items.
- Use a long-handled reacher to pick up objects on the floor.
- Avoid any unnecessary bending/reaching into cupboards.

Return to Work

The types of activities you perform at work will help determine the length of time you will be away from work. Talk to your doctor about when you can safely return.

AFTER DISCHARGE

Notes:

[illegible]

Hip Replacement Guidebook

SECTION

5

CHECKLISTS
& RESOURCES

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What To Bring to the Hospital Checklist

For Check-In

- ☐ Driver's license or photo ID
- ☐ Insurance card(s)
- ☐ Copayment
- ☐ A copy of your Advance Directives (health care proxy and living will)
- ☐ Your most current list of medications and supplements, noting which ones have been stopped and when. Do not bring your own medications.

For Your Stay

- ☐ Important telephone numbers (include person bringing you home)
- ☐ Hospital gowns are provided for surgery but we welcome you to bring your own clothing (loose pajamas or short nightgown) for your stay.
- ☐ Short, lightweight robe
- ☐ Non-slip slipper socks are provided but you are welcome to bring your own (or walking sneakers/shoes with Velcro® closures or elastic shoe laces).
- ☐ Toothpaste and a toothbrush are provided, but you are welcome to bring your own.
- ☐ Deodorant
- ☐ If you are bringing dentures, eyeglasses or a hearing aide with you, please be sure to tell the admitting nurse that you have these items.

For Discharge

- ☐ Loose-fitting underwear and clothing
- ☐ Comfortable walking shoes with non-slip soles and good support

About Valuables

Please leave jewelry and large sums of money at home. If that's not possible, ask your nurse to have your valuables stored with Hospital Security.

Many patients bring cell phones and laptop computers. We will do everything we can to ensure that they are not lost, but you and your family members will be responsible for their security.

CHECKLISTS & RESOURCES

Exercises After Surgery

Total Hip Exercises

Ask your therapist which exercises are right for you and how often you should do them.



1. Ankle Pumps and Circles

- Bend ankles up and down at the same time
- Repeat 20 Times



2. Quad Sets

- Slowly tighten thigh muscles of both straight legs while counting out loud to five
- Relax



3. Gluteal Squeeze

- Squeeze buttocks muscles as tightly as possible while counting out loud to five

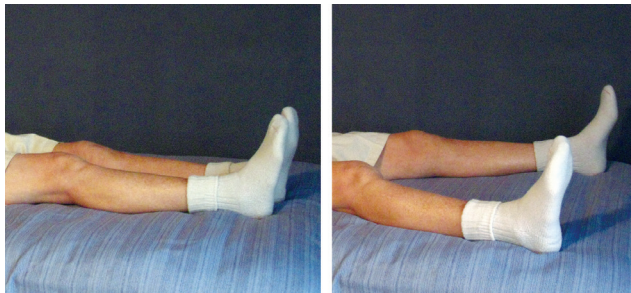
Exercises After Surgery

Total Hip Exercises



4. Heel Slides

- Gently bend knee on operated leg while maintaining your hip precautions.
- Return



5. Leg Slides (Abduction/Adduction)

- Slide operated leg out to side.
- Keep kneecap pointing up.
- Gently bring leg back while maintaining your hip precautions.



6. Long Arc Quad

- Straighten operated leg and try to hold it 3 seconds

CHECKLISTS & RESOURCES

Frequently Asked Questions

Total Hip

People facing joint surgery often have the similar questions and concerns, so we have addressed the most common ones below. If you have other questions, please ask your orthopaedic surgeon or your orthopaedic team. 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. Because it is smooth and slippery, it allows 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 can affect one or several joints.

What is total hip replacement?

The term total hip replacement is somewhat misleading. The surgeon does not replace the hip itself, but rather uses an implant to re-cap the worn bone ends. The surgeon removes the head of the femur (thigh bone) and inserts a metal stem into the femur shaft, topping it with a metal or ceramic ball. The worn socket (acetabulum) is smoothed and lined with a metal cup with a plastic, metal or ceramic liner. The bone no longer rubs on bone, which caused the pain and stiffness.

How long will my new hip last?

Most likely, it will last your lifetime. But, there is no guarantee that your implant will last for any specified length of time. Early failures are most commonly associated with infection, fracture, or dislocation problems. While later failure due to wear and tear of parts can still occur, the improvements in the materials made by the manufacturers of hip replacements have greatly improved their longevity.

What are the major risks?

Most surgeries go well and without major complications. Serious complications include infections and blood clots. 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?

You will get out of bed the evening of surgery and you may take a short walk. The next morning, you will get up, sit in a recliner, and walk with a walker with assistance. Most hip patients are hospitalized overnight. Patients must achieve several goals before they are discharged from the hospital.

Frequently Asked Questions

Total Hip

What if I live alone?

Most likely, you will be able to go directly home, even if you live alone. You should begin thinking about which friends or relatives may be able to help you. A home health nurse and physical therapist will visit you at home two or three times a week, for a few weeks. Occasionally, a short stay in a subacute rehab facility is necessary, depending on your mobility and insurance coverage.

What happens during the surgery?

The hospital reserves approximately one to two hours for surgery, which includes time for the operating room staff to prepare. You may have a general anesthetic (many people refer to this as “being put to sleep”). Some patients prefer to have a spinal tap or epidural anesthetic, which numbs your legs and does not require you to be asleep. The choice is between you, your surgeon and your anesthesiologist.

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. We use a preemptive pain management process to make you more comfortable. You will receive medication for discomfort before you go to the operating room. After surgery, please ask for medication as frequently as needed to maintain your pain level at less than five, on the pain scale of one to 10.

How long and where will my scar be?

There are many different techniques to perform hip replacement surgery. The type of technique will determine the exact location and size of the scar. The traditional approach uses an incision lengthwise over the side of your hip. Your surgeon will discuss which approach is best for you. Please be aware that there may be some numbness around the scar until it is healed. This is perfectly normal and should not cause concern. The numbness usually disappears with time.

Do I need a walker, crutches or a cane?

Patients progress at their own rates. We recommend that you use a walker initially and progress to a cane after a few weeks, with your physical therapist’s recommendation. If you have a two-story home, you may want to borrow a second walker so you can have a walker on each floor.

CHECKLISTS & RESOURCES

Frequently Asked Questions

Total Hip

Where will I go after discharge from the hospital?

Most patients are able to go home directly from the hospital. Some patients may transfer to a rehabilitation facility where they usually stay five to seven days. The orthopaedic social worker will help you with this decision and make the necessary arrangements. Even if you have rehabilitation coverage, your insurance company will make the final determination on whether they will provide payment.

Will I need help at home?

Yes. For the first few days or weeks, depending on your progress, you will need someone to help you with meal preparation and other daily tasks. If you go directly home from the hospital, the orthopaedic social worker will arrange for a home health nurse to come to your house as needed. Arrange for a friend or relative to be available if possible.

When you prepare before your surgery, you can minimize the amount of help you need. If you do your laundry, change your sheets, clean your house, complete yard work and prepare single-portion frozen meals beforehand, then you will need less help after surgery.

Will I need physical therapy when I go home?

You may need therapy. Some individuals will do well with self directed exercise base on guidance given by your therapist during the hospital stay. Others will benefit from either outpatient or in-home physical therapy. Although planning ahead is important, the final plan for this can be decided based on the recommendations of your in-hospital therapists. Generally, we encourage you to use outpatient physical therapy. If you need in-home physical therapy, we will arrange for a physical therapist to come to your home. Afterward, you may go to an outpatient therapy facility three times a week to assist in your rehabilitation. The duration 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 by security devices. Inform the security agent that you have a metal implant. The agent will lead you through the screening procedure. Be sure to plan for additional screening time at the airport.

CHECKLISTS & RESOURCES

Medical Equipment for Purchase Vendors

American Home patient (Webster)	315-781-1632
Apria (Rochester)	585-436-4910
Dobbin Drugs (Lyons)	315-946-6691
Fonte Surgical Supply (Rochester)	585-338-1000
Halprin (Canandaigua)	585-697-3520
Lincare Home Care (Newark)	315-331-8440
Meade Square Pharmacy (Victor)	585-924-7970
Pro Rehab Medical Supplies (Rochester)	585-429-6486
Quinlans Medical Equipment & Supply (Canandaigua)	585-394-2303
Walmart (Canandaigua)	585-394-5300
Walmart (Macedon)	315-986-1584
Walmart (Newark)	315-331-5081
Walmart (Victor)	585-398-6038
Walmart (Geneva)	315-781-3253
Walmart (Waterloo)	315-539-2560
Zoetek Medical (Victor)	800-388-6223

Hip Replacement Guidebook

SECTION 6 FORMS

Health Care Proxy 69

Advance Care Directive (Living Will) 71

Bank of 6

FORMS

HEALTH CARE PROXY

To: My Family, my Physicians, my Lawyer, any Medical Facility in whose care I happen to be, any Individual who may become responsible for my Health Affairs, and All Others Whom It May Concern:

1. **Print Name:** _____

Birth Date: _____

Address: _____

Social Security #: _____

This form is for appointing another person as your agent to make decisions about your medical treatment if for some reason you lose the capacity to make a medical decision. It is **very important** that you discuss your wishes with your agent and your doctor. In particular, **you must** tell your agent what your wishes would be on artificial nutrition and hydration or else your agent cannot decide on your behalf. You are also encouraged to complete an Advance Care Directive (**Living Will.**)

I, _____, hereby name the following person(s) as my Health Care Agent(s).

Name: _____

Address: _____

All Phone Numbers: _____

2. **Alternate Health Care Agent is (optional, to serve if agent is unavailable)**

Name: _____

Address: _____

All Phone Numbers: _____

My health care agent may make any and all health care decisions for me, except to the extent that I state otherwise. This agent shall take effect should I become unable to make my own health care decisions.

3. **Instructions:** I direct my agent to make health care decisions **according to my wishes and instructions which I have shared with my agent.** I have the following limitations or special instructions (for additional space use the last page of this form.) Examples are given in the booklet you received with this document. Discuss your thoughts, feelings and questions about this document with your doctor.

Continue on reverse side

4. Unless I change this, the proxy shall remain in effect indefinitely, or until the date or conditions stated below. This proxy shall expire (specific date or conditions, if desired).

5. **Your signature** (this must be signed in the presence of two (2) adults that are NOT persons you named as your proxy or alternate proxy).

Signed: _____ Today's Date: _____
(Sign and Date this document)

6. **Witness** *(must be two [2] adults.)* I declare that the person who signed this document is known to me and is acting of his/her own free will. He/she signed (or asked another to sign for him/her) this document in my presence.

Witness #1

Your Signature: _____

Print Name: _____ Today's Date: _____

Witness #2

Your Signature: _____

Print Name: _____ Today's Date: _____

Additional Instructions:

1. Let important people in your life know who you have named as your health care agent.
2. Make photo copies of this document and keep original in a safe place.
3. Give copies to: your agent, all doctors involved in your care, lawyer, minister, other family members.
4. Bring a copy with you when you are admitted to the hospital.

ADVANCE CARE DIRECTIVE (LIVING WILL)

To: My Family, my Physicians, my Lawyer, any Medical Facility in whose care I happen to be, any Individual who may become responsible for my Health Affairs, and All Others Whom It May Concern:

1. Print Name: _____

Birth Date: _____

Address: _____

Social Security #: _____

2. I, _____, being of sound mind, make this statement as instructions to be followed if I become permanently unable to participate in decisions regarding my medical care. These instructions reflect my firm decision to **decline** medical treatment under the following circumstances indicated below.

3. If I have an **incurable or irreversible** condition that renders me incapable of making decisions on my own and there is no reasonable expectation that I will recover, then I direct my attending physician to withhold or withdraw treatment that only prolongs my dying.

These instructions only apply if: *(Check those statements you agree with)*

☐ I am in a terminal condition

☐ I am minimally conscious with irreversible brain damage

☐ I have Alzheimer's or another form of dementia

☐ I am permanently unconscious

☐ Other _____

I instruct that my treatment be limited to measures to keep me comfortable and to relieve pain.

While I understand that I am not legally required to be specific about future treatments, if I am in the conditions described above I have strong beliefs about the following forms of treatment:

(Check those statements that you agree with)

☐ I do not want cardiopulmonary resuscitation (CPR).

☐ I do not want mechanical ventilation (respirator).

☐ I do not want artificial nutrition and hydration (intravenous fluids or feeding tube).

☐ I do not want medical treatment (antibiotics/other medications) unless they are necessary for my comfort.

☐ I do not want hospitalization.

Continue on reverse side

4. Other directions/instructions that you wish to add (*for additional space, use the bottom or back of this form*):

5. These express my legal right to refuse treatment, under the law in New York. I intend my instructions to be carried out unless I have changed them in writing or by clearly indicating that I have changed my mind.

Signed: _____ Today's Date: _____

6. **Witness** (*must be two [2] adults.*) I declare that the person who signed this document is known to me and is acting of his/her own free will. He/she signed (or asked another to sign for him/her) this document in my presence.

Witness #1

Your Signature: _____

Print Name: _____ Today's Date: _____

Witness #2

Your Signature: _____

Print Name: _____ Today's Date: _____

QUESTIONS

[illegible]

QUESTIONS

[illegible]

ROCHESTER REGIONAL HEALTH

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