

# Center for Joint Replacement: Hip Guide



Maryland's leader in joint replacement



# WELCOME

Welcome! Thank you for choosing the Center for Joint Replacement at Anne Arundel Medical Center (AAMC) to help you get back to a higher quality of living with your new joint. Your physician and care team are dedicated to your comfort, well-being and smooth recovery.

The Center for Joint Replacement at AAMC offers you a team of skilled specialists who provide care at every step of your hip surgery. AAMC is one of the highest-volume joint replacement programs in the state — performing more than 2,000 surgeries each year. We are proud to be the first program in Maryland to reach this milestone. Research shows that higher-volume hip replacement programs provide patients better outcomes.

People come to our program from all across Maryland — and all over the country — to regain independence and improve their quality of life.

Remember, you play an important role in your recovery. This guide gives you the information you need for a successful surgery, so please read it carefully and ask questions. We involve you in your treatment and recovery through each step, tailoring care to your unique needs.

## **Learn What to Expect**

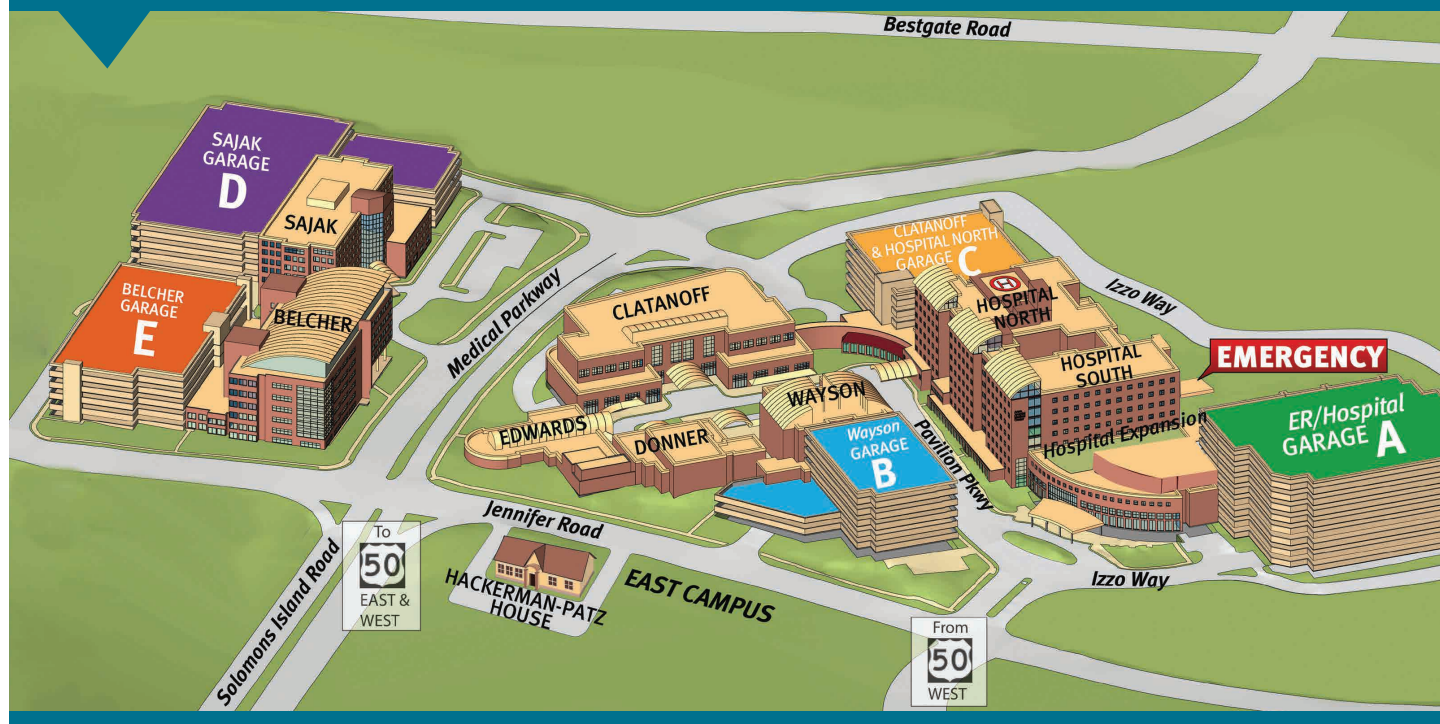
We want you to know what to expect from the moment you choose surgery through the rest of your life with your new joint. Reading this guide is a great first step. Learning as much as you can lessens anxiety, helps avoid complications and allows you to enjoy your new hip. We also understand the importance of keeping family and friends involved in the process to ensure we meet all of your needs.

## **Prepare for Success**

- › Read this patient guide.
- › Enlist a caregiver.
- › Write down your questions to get answers during your pre-operative class.
- › Begin pre-surgical exercises now to prepare for your upcoming surgery.
- › Carry this patient guide with you to the hospital and continue to reference it throughout your recovery.



# Getting Here – AAMC



## From Annapolis and the Eastern Shore

- › Take Route 50 West to Jennifer Road, Exit 23A.
- › Continue straight on to Pavilion Parkway.
- › Make immediate right onto Izzo Way.
- › Follow signs to GARAGE A.

## From Washington, D.C. and Points West

- › Take Route 50 East to Parole, Exit 23.
- › Bear right onto West Street.
- › Turn right on Jennifer Road.
- › Cross over Medical Parkway.
- › Turn left on Pavilion Parkway.
- › Make immediate right onto Izzo Way.
- › Follow signs to GARAGE A.

## From Baltimore

- › Take Route 97 to Route 50 East to Parole, Exit 23
- › Bear right onto West Street.
- › Turn right on Jennifer Road.
- › Cross over Medical Parkway.
- › Turn left on Pavilion Parkway.
- › Make immediate right onto Izzo Way.
- › Follow signs to GARAGE A.

## Anne Arundel Medical Center

2001 Medical Parkway, Annapolis, MD 21401

443-481-1698 | Fax: 443-481-1695 | TDD: 443-481-1235 | [askAAMC.org](http://askAAMC.org)

# IMPORTANT PHONE NUMBERS

Joint Replacement Surgeon: \_\_\_\_\_ Number: \_\_\_\_\_

Primary Care Doctor: \_\_\_\_\_ Number: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Number: \_\_\_\_\_

Physical Therapist: \_\_\_\_\_ Number: \_\_\_\_\_

Nurse Navigator: \_\_\_\_\_ Number: \_\_\_\_\_

## PRE-SURGERY CONTACTS

askAAMC .....	443-481-4000
Joint Center Secretary .....	443-481-1698
AAMC's Pre-Anesthesia Testing Center .....	443-481-3624
Special Dietary Requests .....	443-481-6111
Surgical Scheduling .....	443-481-1796/1800
Johns Hopkins Pharmaquip.....	443-250-4360
Smoking Cessation Program .....	443-481-5366
Hackerman-Patz House Lodging.....	410-571-3100

## SURGERY CONTACTS

On-call Clinical Pharmacist ..... 443-481-1000

## POST SURGERY CONTACTS

AAMC Patient Financial Services Department .....	443-481-6500
AAMG Physical Therapy/Outpatient Rehabilitation ...	443-481-1140
AAMC Advocacy Department .....	443-481-4821
AAMC Wellness Services.....	443-481-5555

## WEBSITES

[askAAMC.org](http://askAAMC.org) | [AAMCevents.org](http://AAMCevents.org)

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## Overview of the Center for Joint Replacement

It is our goal to give you the highest-quality care in a healing environment. That's why we continue to use feedback from people like you to improve our program.

We believe teamwork between you and your care team is critical to your recovery. Before, during and after your stay, you work with many specialists who will introduce themselves and explain their roles in your care:

- › Our Nurse Navigators help coordinate your needs and answer your questions on your journey to recovery.
- › Our Joint Secretary coordinates your pre-operative care between your doctor's office, the hospital and testing facilities. Our joint secretary contacts you once your surgery is scheduled.
- › Our Hospitalists are available 24 hours per day to help manage your medical condition while you're in the hospital. They work closely with your orthopedic surgeon to manage your pain, medications and any existing or acute conditions during your inpatient stay.
- › Our Nurses take care of your daily needs, talk with you about your care and advocate for you during your hospital stay.
- › Our Patient Care Technicians manage your daily needs, like taking vital signs, assisting in the restroom, helping with meals, bathing and providing support for your family.
- › Our Rehabilitation Team increases and improves your mobility. This team may include a physical therapist, physical therapist assistants, occupational therapists and certified occupational therapist assistants.
- › Our Care Coordinators help with your needs outside the hospital, such as home health services and locating community resources.

## About Hip Replacement

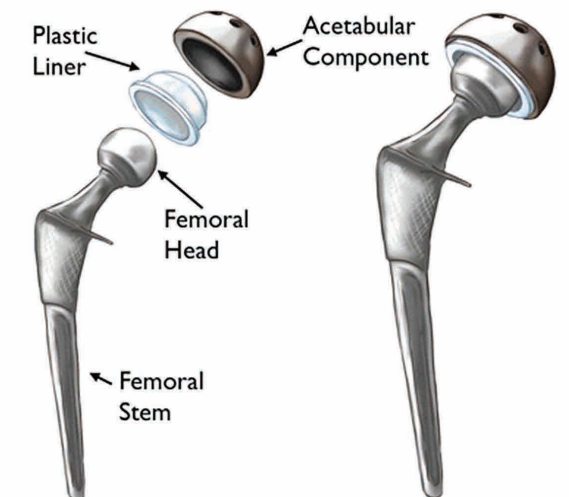
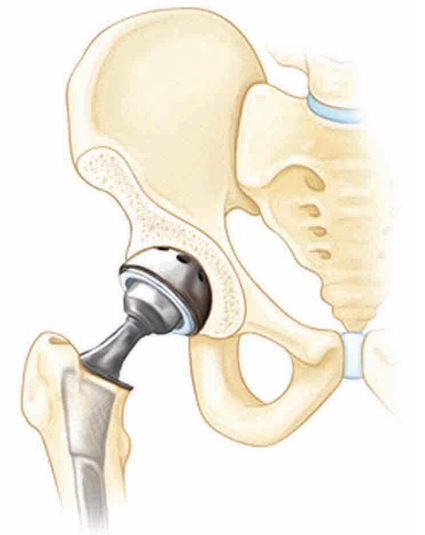
### What is a total hip replacement?

The hip joint consists of the socket (pelvic bone), the ball (femoral head) and the thigh bone (the upper end of the femur). This joint is referred to as a ball and socket joint.

One surgical option is the minimally invasive anterior hip replacement. With this approach, surgeons can access the hip joint by going between the hip muscles (not through), thus reducing post-operative pain and recovery time. You and your orthopedic surgeon will determine if this option is right for you.

After surgery, most people achieve good to excellent results, meaning less discomfort and increased activity and mobility. Hip replacement surgery usually involves the following:

- › A surgeon removes the damaged femoral head and places a metal stem into the hollow center of the femur. The surgeon may either cement or "press fit the femoral stem" into the bone.
- › A surgeon places a metal or ceramic ball on the upper part of the stem. This ball replaces the removed femoral head.
- › The surgeon removes the damaged cartilage surface of the socket (acetabulum) and replaces it with a metal socket. Screws or cement are sometimes used to hold the socket in place.
- › The surgeon inserts a plastic, ceramic or metal spacer between the new ball and the socket to allow for a smooth gliding surface.



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## Four to Six Weeks Before Surgery

### Contact Your Insurance Company

Contact your insurance company before surgery to find out if you need a preauthorization, a pre-certification, a second opinion or a referral form. It's also important to understand what your co-pay may be for pre-surgical, surgery and post-surgical services.

If you have a Health Maintenance Organization (HMO) plan, there is a specific insurance registration process. You must call your HMO once your procedure is scheduled to arrange for pre-admission lab studies.

After your procedure, you receive separate bills from the anesthesiologist, the hospital, the radiology and pathology departments (if applicable), and the surgical assistant. Please ask your insurance plan if they have specific requirements regarding participation status.

Also, you may receive a bill under the name Adfinitas Health, the medical hospitalist service. The hospitalists work closely with your orthopedic surgeon to manage your pain, medications and any existing or acute conditions during your hospital stay.

### Enlist a Caregiver

Choosing the right caregiver is very important for your recovery. A caregiver is someone who can offer support, motivation and assistance during your joint journey. People with caregivers do better after surgery and achieve results faster. Your caregiver should attend your appointments, pre-op class, and be present during your time in the hospital. You may have more than one caregiver.

### Start Pre-operative Exercises

It's important you begin an exercise program before surgery. Studies show people who start pre-surgical exercise programs are stronger during the recovery process. Your surgeon will order pre-surgical physical therapy or recommend a home therapy program. Please see page 40 for a list of pre-surgical exercises you can begin at home.

Smoking, obesity and diabetes can increase your risk of surgery complications. We can help you address these risk factors before surgery for better outcomes. Please see page 56 for a list of resources.

### Register for Pre-operative Class

Anyone scheduled for joint replacement surgery is **required to attend** AAMC's pre-surgical Total Joint Class.

- › This class is held weekly and you can register for a class at [aamcevents.org](http://aamcevents.org). Please register under the heading "coming in for surgery."
- › Click on "joint surgery pre-op class."

**Please call 443-481-1698 for help scheduling your pre-operative class if you don't have computer access.**

#### The pre-operative class covers:

- › What to expect before, during and after surgery.
- › Role of your coach/caregiver.
- › Assistive devices.
- › Discharge planning.

Please arrive a few minutes prior to the start time listed as class starts promptly at that time. Bring your guidebook and a pen.

**Location:** Belcher Pavilion, seventh floor  
2000 Medical Parkway, Annapolis MD  
Free parking is available in Garage E.

### Pre-Register for Surgery

After your surgery is scheduled, someone calls you for pre-registration information. Have the following information ready for the call:

- › Name of insurance holder, his/her address, phone number, work address and work phone number.
- › Name of insurance company, mailing address, policy and group numbers and insurance card.
- › Your employer, address, phone number and occupation.
- › Name, address and phone number of nearest relative.
- › Name, address and phone number of someone to notify in case of emergency (this can be the same as the nearest relative).
- › Remember to bring your insurance card, driver's license or photo ID and any co-payment required by your insurance company with you to the hospital. We accept check, credit card and cash. Contact your insurance company if you are unsure of your co-payment.

### Obtain Dental Clearance

Your surgeon may require you to have dental clearance within three to six months of surgery to verify there is no sign of infection. We recommend you have any needed dental work completed at least two weeks prior to your surgery. It's important that you are free from dental infections prior to surgery. You should not have dental work for at least twelve weeks after surgery, unless you experience a dental emergency. You need antibiotics prior to dental appointments and procedures for at least the first year after surgery and, at your surgeon's discretion, sometimes longer.

### Prepare Your Home

It's important to prepare your home before surgery to maximize your safety and recovery after total hip replacement surgery.

### Pre-Operative Check List

- Arrange for help at home for one week after discharge.
- Remove all throw rugs and other obstacles.
- Install night lights in bathrooms, bedrooms and hallways.
- Have a chair with armrests and make sure height is not too low.
- Have a bed at a comfortable height; get bed risers if needed.
- Install handrails inside and outside (mandatory for bilateral hip surgery).
- Make post-operative physical therapy appointment.
- Prepare meals and freeze them in single-serving containers.
- Tend to any unfinished yard work.
- Arrange for someone to care for pets and get mail.

### Equipment

You can purchase raised toilet seats (3-in-1 commode) through our durable medical equipment vendor. Check with your insurance company for durable medical equipment benefits.

If you don't own a rolling walker and cane, we will issue you one. If you own a rolling walker and cane, bring them to the hospital so a physical therapist can adjust them to the appropriate height.



## Obtain Medical and Anesthesia Clearance

Your primary care physician is required to provide a physical evaluation to clear you for surgery. You'll receive a letter from your surgeon with instructions for this appointment. Schedule this appointment within 30 days prior to surgery. You may see your primary care provider or you may use AAMC's Pre-Anesthesia Testing (PAT) Center for pre-surgical clearance. You'll also see your surgical team before your surgery.

You can receive your required pre-surgical tests, including your physical, lab work, an EKG and chest x-ray all in one visit at AAMC's PAT Center. We can also give you referrals for consultation with a specialist, if needed.

## What to Bring to Your PAT or Medical Clearance Appointment:

- Photo identification
- Insurance card
- A detailed, written list of all medications you are taking, including over-the-counter medications and supplements. Include the name of the medication, the dosage and how often you take it.
- Names of your primary care physician and specialists
- Any medical records associated with your upcoming procedure

## □ Obtain Laboratory Tests

You should receive a lab test order from your surgeon or primary care physician. Follow the instructions in this letter. Check with your insurance to determine which lab they cover. Labs may be covered at AAMC's PAT Center.

## AAMC's PAT Center

To make an appointment, call **443-481-3624** as soon as your surgery is scheduled.

### LOCATION

AAMC, Wayson Pavilion, Suite G60  
Free parking is available in Garage B.

### HOURS

Monday-Friday, 8 am–4:30 pm

## What to Expect at Your PAT Appointment:

- › A customer service representative will welcome you and ask for your insurance information for your records.
- › A nurse will take your medical history and conduct a physical to ensure that you may safely undergo your joint replacement.
- › You will receive instructions about the medications you may take prior to your procedure. You will also learn where and when to report on the day of your procedure.
- › You will complete lab work, a chest x-ray and electrocardiogram, if necessary.
- › An anesthesiologist may consult with you.

## □ Establish Discharge Plans

It's important to start planning for your discharge before your surgery. Your discharge plan is a collaboration between you, your surgeon, your physical therapist, your nurse navigator and your discharge planner. Together, you decide what works for you.

## □ Review Outpatient Services

Outpatient services include physical therapy and lab work, if necessary. You'll need someone available to drive you to physical therapy three days per week. The person driving for you needs to be available until you can drive yourself.

### › Lab Work (for people that will be prescribed Coumadin after surgery)

You do not need to make arrangements for blood work ahead of time. Lab work is done at an independent lab. You need to find out where your insurance company prefers you to have your lab work done. Your care team monitors your lab work twice weekly, on Mondays and Thursdays, for four weeks after you are discharged. Our pharmacist monitors your Coumadin, and will adjust your dose, as needed.

If you are on Coumadin prior to your admission, you will return to the doctor who prescribed you this medication for continued monitoring.

### › PT360

PT360 provides in-home physical therapy evaluations before and after surgery to ensure your successful rehabilitation. An outpatient physical therapist provides recommendations to improve your home setup before your surgery. The therapist also helps with stair and transfer training (car, bed and chair). This helps ensure you're comfortable and safe when you return home. Your surgeon will determine if you meet the qualifications for PT360.

## › Physical Therapy

Outpatient physical therapy is the preferred discharge plan. Make an appointment for outpatient physical therapy two to four weeks BEFORE you have your surgery. You can make an appointment for therapy at any place you choose. We recommend that it is close to your home and accepts your insurance. If you are not aware of where to go to for physical therapy, the AAMC Joint Replacement secretary can provide a list of locations.

**Schedule your first physical therapy session for the next business day after leaving the hospital.**

## › Home Health Services

If you are unable to leave your home for outpatient services, our care management team arranges home health services for you. Home care services may include a nurse coming to the house to draw your blood if you are on Coumadin or to monitor your incision. A physical therapist will come to your house to work with you on your exercises and mobility. These home health services are limited in time and may be limited by location. They do not replace the need to have a caregiver at home. Your insurance benefits determine the services provided.

## › Rehabilitation Facility

We encourage you to plan for care at home for the best outcomes. Discharge to a rehabilitation facility is on a case-by-case basis and depends on medical necessity and your insurance company. Most people choose to have a family member/caregiver drive them in a personal car. If needed, a wheelchair van or ambulance may be available at an additional charge.

**Please remember that your insurance company authorizes and decides the medical necessity of a rehabilitation facility. Therefore, it is important for you to make alternative plans prior to surgery for care at home. Please contact the Nurse Navigator for resources available.**



## □ Review “Exercise Your Right”

The law requires that everyone being admitted to a medical facility have the opportunity to make advance directives concerning future decisions for your medical care. Please refer to the appendix for more information. Please bring copies of your advance directives to the hospital on the day of surgery.

## □ Read “Anesthesia and You”

Total joint replacement surgery requires the use of either general anesthesia or regional anesthesia. Please refer to the appendix for more information. If you have questions or want to request a particular anesthesiologist, please contact the anesthesia company listed.

## □ Exercising to Get Ready for Surgery

It is important to be as fit as possible before undergoing a total hip replacement. Being fit makes your recovery much faster. It's also important to be familiar with the rehabilitation exercises prior to surgery and to have the proper equipment to perform the exercises upon your return home.

Remember that you need to strengthen your entire body, not just your leg. It's very important that you strengthen your arms by doing armchair push-ups because you will rely on your arms to help you get in and out of bed, in and out of a chair, walk, and do your post-operative exercises.

### The following two exercises are performed BEFORE SURGERY ONLY

You should be able to do them in 15–20 minutes. Do all of them twice a day. Consider this a minimum amount of exercise prior to your surgery.

#### 1. Seated Hamstring Stretch

Sit on couch or bed with legs straight. Lean forward and pull ankles up. Stretch until you feel a pull behind the knee. Hold for 20-30 seconds. Keep back straight. Relax.

5 REPS. 2 TIMES/DAY



#### 2. Armchair Push-Ups

Sit in an armchair. Scoot bottom to the front. Place hands on armrests. Place both legs out straight with heel resting on floor. Straighten arms, raising your bottom up and off the chair seat. Bend elbows and slowly lower into chair. Focus on using your arms to lift and to lower instead of your legs.

You can also use the stairs by sitting on a step closest to the bottom and performing the same motion.

10 REPS. 5 TIMES/DAY



## Two Weeks Before Surgery

### □ Complete Pre-operative Visit to Surgical Team

You should have an appointment with your surgical team seven to 14 days prior to your surgery. This will serve as a final check-up and a time to ask any questions that you might have.

You will also receive a Mupirocin (Bactroban) prescription and Chlorhexidine wipes at this visit. Use these as your surgeon directs to prevent post-surgical infection. Please refer to the appendix for more information.

### □ Inform Us of Your Dietary Needs

Our goal is to provide you with quality food and nutrition for your specific needs. If you have a medical condition, allergy or special dietary needs or preferences, contact AAMC's Patient and Food Specialist prior to admission to discuss how we can serve you. Call 443-481-6111.

### □ Stop Medications that Increase Bleeding

Some anti-inflammatory medications may cause increased bleeding. Seven to 10 days before surgery, stop all anti-inflammatory medications such as:

- |                      |                 |
|----------------------|-----------------|
| › Advil              | › Ibuprofen     |
| › Aspirin            | › Mobic         |
| › Aleve              | › Motrin        |
| › Diclofenac         | › Multivitamins |
| › Glucosamine        | › Naproxen      |
| › Herbal Supplements | › Vitamin E     |
|                      | › Relafen       |

If you are on Coumadin, or any other blood thinner, the prescribing doctor should provide special instructions for stopping the medication.

If you are on any of the following medications, please contact your cardiologist so he/she can tell you when to stop taking your chronic blood thinner, examples include:

- |            |           |
|------------|-----------|
| › Aspirin  | › Pradaxa |
| › Coumadin | › Xarelto |
| › Eliquis  |           |



## Medication List

Please fill out the medication list three weeks before surgery. Bring this book to appointments so you can reference your complete medication list with the nurse or doctor.

Name of Medicine	Dose (Mg)	Frequency	Reason for taking Meds	STOP (one to two week(s) before surgery)	TAKE (NIGHT before surgery)	TAKE (MORNING of surgery)



## Reduce Your Risk of Infection

Please inform your primary care physician and surgeon of any infections which, if not promptly treated, could postpone or cancel your surgery. Any infection needs to be addressed, whether it seems significant or not. Infected scratches, cuts, and bug bites have been known to cause delay in surgery if not treated.

## Reduce Your Chance of Infection

- › Apply the Mupirocin (Bactroban) in your nose as directed, starting three days prior to surgery and five days after surgery. Refer to page 72 for instructions on how to use.
- › Use the antiseptic Chlorhexidine wipes as directed. Refer to page 73 for the Chlorhexidine wipes instruction handout.
- › Do not shave the operative leg five days before surgery. Shaving increases the risk of infection.
- › Patients with diabetes need to maintain a normal blood sugar before and after surgery.
- › Wash your hands thoroughly before and after dressing changes.
- › Keep the wound clean, dry and covered.

## Know Risk Factors for Infection

Many things can increase your risk of infection after surgery, including:

- › Previous infections in wounds in other areas.
- › Repeat or revision surgeries.
- › Being overweight.
- › Diabetes, high blood sugars.
- › Smoking.
- › Steroid use, including prednisone.
- › Close contact with others with skin infections.
- › Infections at other sites (such as dental infections, chronic sinusitis, upper respiratory infections, rheumatoid arthritis, history of MRSA infection or colonization).



## The Day Before Surgery

### Arrival Time at Hospital

- › The hospital will call you the business day before your surgery between 2-5 pm to let you know when you should arrive.
- › If your surgery is on a Monday, the hospital will call you on Friday.
- › If you miss the call, you may call **443-481-1796** or **443-481-1800** for your arrival and surgery time.
- › Plan to come to the hospital at least two hours before your scheduled surgery.

### Night Before Surgery — Do Not Eat or Drink

- › Do not eat or drink anything after midnight, **EVEN WATER.**
- › If directed, you may take your morning medications with a **SMALL** sip of water.
- › Do not use chewing gum, breath mints, cough drops, or lozenges.
- › Do not use smoking or tobacco products.

### What to Bring to the Hospital

- Patient guide
- A copy of your advance directives
- Insurance card
- Driver's license or photo ID
- List of current medications and dosages
- Elastic shorts (no buttons), short sleeve shirts, flat comfortable shoes with backing (no flip-flops)
- Personal hygiene items (toothbrush, deodorant, lip balm)
- Hearing aides
- Eyeglasses
- Dentures
- Braces, orthotics, prosthetics
- CPAP machine, if needed
- If you already own a walker that needs to be adjusted, bring it to the hospital
- Your caregiver
- Optional: You may bring a counter to the hospital to help keep track of the exercise repetitions

### Special Instructions

- › Leave jewelry, valuables, cash and weapons at home.
- › No makeup or lotion before your procedure.
- › Avoid dark nail polish. You may keep acrylic nails.
- › Have a driver available on discharge day, before noon.

**Parking is available in Garage A for free.**

**Valet parking is available between 7 am–5 pm for a fee.**

Your caregiver should arrive at the hospital by 8 am the day after your surgery. Your caregiver should plan on staying until you are discharged.





**Hospital Care**

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# The Day of Surgery

## Arrival

When you and your caregiver arrive at the hospital, park in Garage A (see campus map, page 4). Take the elevator in the Hospital Pavilion South to the second floor. Go to the Short Stay unit registration desk.

## Registration

Bring your Insurance card and picture ID.

## Pre-surgical Waiting Area (Short Stay unit):

Here you will prepare for surgery by:

- › Giving surgical consent.
- › Allowing your surgeon to initial your operative site to validate correct location.
- › Receiving one to two intravenous lines for fluid and medicine.
- › Getting lab tests, if needed.
- › Reviewing your medical history with the pre-surgical nurse, operating nurse and anesthesiologist.
- › Receiving pre-surgical medications.

Your caregiver will wait with you as you prepare for surgery. Your caregiver receives a pager that only works within the hospital walls. Your caregiver should return the pager if he/she leaves the hospital during surgery. Please provide the registration desk with your caregiver's phone number. Surgery will last two to three hours.

## After Surgery

### Post Anesthesia Care Unit (PACU)

You will recover in the PACU. Your caregiver remains in the surgical waiting area until you transfer to your room at the Center for Joint Replacement.

- › You stay in the PACU for two hours.
- › Your surgeon speaks with your caregiver/family about your surgery.
- › Nurses monitors your pain and vital signs.
- › You may have an x-ray of your new joint.

### Transfer to Center for Joint Replacement

- › Once you are considered ready to leave the PACU, we will escort you to the Center for Joint Replacement located on the fifth floor of the Hospital Pavilion North.
- › A nurse and patient care technician will greet you at your room.
- › Nurses will take your vital signs and assess your health often.
- › You will begin ankle pump exercises to prevent blood clots from forming in your legs.
- › You will use the incentive spirometer to prevent pneumonia and start deep breathing exercises. You may or may not have a catheter in your bladder.

## After Surgery

### Therapy Evaluation

You may have a physical and occupational therapy evaluation on the day of your surgery depending on your arrival time at the Center for Joint Replacement. Type of anesthesia used for your surgery, and your medical condition.

- › **The evaluation consists of:**
  - › Sitting up on the side of the bed.
  - › Getting into a recliner chair.
  - › Walking in the hallway with a rolling walker.

### Daily Activities

Your caregiver is expected to arrive at 8 am and be present for physical and occupational therapy sessions. It's best for your caregiver to stay for the day as you may be discharged. We encourage ice therapy throughout the day.

- › **Activities include:**
  - › Blood draws.
  - › Bathing and dressing.
  - › Getting out of bed and sitting in a recliner chair by 7 am.
  - › A visit from your surgical team.
  - › Breakfast at 8 am.
  - › A physical therapy session.
  - › An occupational therapy session.
  - › A visit from the care coordinator to discuss plans for discharge.
  - › Potential discharge.

### Daily Reminders

- › Pain, redness, warmth and swelling are a normal part of the healing process following total hip replacement surgery. Continue using your ice therapy to decrease these symptoms.
- › Pain management is a priority throughout your hospital stay.
  - › We offer you narcotic and non-narcotic pain medication prior to physical therapy and throughout each day. Narcotics can be highly addictive and may have side effects. Use the least amount necessary and stop using them as quickly as possible after surgery.
  - › Let your nurse know when you would like your medication. We want you to be as comfortable as possible.

### Journey to Recovery

- › Continue ice therapy.
- › Use the incentive spirometer.
- › Practice deep breathing exercises.
- › Use your compression stockings.
- › Check your wound.
- › Do ankle pumps.



## Pain Relief After Surgery



### ► How much pain will I have following surgery?

It's normal to experience some pain after surgery, but you shouldn't have to deal with severe pain. Pain control after your procedure helps you make a quicker recovery. We will do everything we can to control your pain. If you have concerns about the location or intensity of the pain, speak with your surgeon. Surgical pain should gradually decrease over time.

Please remember that we cannot guarantee to take away all of your pain. You may have some discomfort or pain, even after taking pain medications.

### ► What does effective pain treatment mean?

Our goal is to control your pain after surgery so that you are able to function well enough to walk and continue your exercises as instructed. As you recover from your procedure, you may need to modify your activities for a brief time. This could include: changing sleeping position or location, minimizing stair climbing, having assistance with household duties and even personal care.

### ► How do I manage my pain?

**Use your pain medication only as directed by your surgeon.**

- › Remember oral medications need time to work. Plan at least 30 minutes for them to begin to take effect and for them to generally last three to four hours.
- › Over-the-counter medications may be used, if cleared by your surgeon.
- › Your prescription pain medication refill may be sent into your pharmacy.
- › Please allow 24-48 hours notice on prescription refills.

**Use ice and other ways to manage your pain.**

- › Apply ice to your wound at least six to eight times each day to decrease discomfort and swelling.
- › DO NOT apply heat to the wound after surgery, as this can increase swelling and pain.
- › Walk five minutes of every waking hour to decrease stiffness and pain.
- › Use relaxation techniques, such as meditation and deep breathing.

### ► What are the risks of opioid prescription pain medications (for example, Percocet, hydrocodone, Dilaudid, etc.)?

Opioid prescription pain medications can be an important part of treatment following surgery. These drugs can be helpful for a short time but they have serious risks, including the risks of addiction and overdose. They may cause drowsiness, nausea, constipation, itching or interfere with breathing or urination.

- › Avoid driving or other activities that require alertness when taking opioid pain medications.
- › Do not drink alcoholic beverages when taking opioid pain medications.

Stop taking pain medication and seek medical attention if you experience:

- › Difficulty breathing.
- › Difficulty urinating.
- › Hives or a rash.

## Recognizing and Preventing Blood Clots

### Preventing Blood Clots

Surgery may increase your risk of a blood clot. To prevent clots:

- › Do foot and ankle pumps.
- › Walk.
- › Wear compression stockings.
- › Take your blood thinners as directed including Coumadin, Aspirin, Xarelto, Pradaxa, Eliquis or Lovenox.

### Signs of blood clot in lungs?

- › Sudden chest pain.
- › Difficult and/or rapid breathing.
- › Shortness of breath.
- › Sweating.
- › Confusion.

*Call 911 if you experience any of these symptoms.*

### What are the symptoms of a blood clot?

- › Severe 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.

*Call your surgeon if you experience any of these symptoms.*





## Medications: Blood Thinners

Your doctor may prescribe one of the following post-surgical blood thinners.

### Aspirin (Enteric-coated) 325mg

- › Take 1 tablet twice a day (10 am and 10 pm) for six weeks.
- › Take with food or milk and 8 oz. of water.

#### Precautions:

- › Do not use a straight razor to shave.
- › Do not drink alcohol.
- › Only take the medications listed in your discharge instructions.
- › Wear white Thrombo-Embolic Deterrent (TED) stockings for four weeks.

### Xarelto (Rivaroxaban)

- › Take nightly before bed with or without food.
- › Take only as directed for four weeks.

#### Precautions:

- › Do not use a straight razor to shave.
- › Do not drink alcohol.
- › Avoid grapefruit and grapefruit juice.
- › Only take the medications listed in your discharge instructions.
- › Wear white TED stockings for four weeks.

### Eliquis (Apixaban)

- › Take twice daily; one tablet in the morning and one tablet in the evening.
- › Take only as directed.

#### Precautions:

- › Call your doctor if you notice any of these side effects: allergic reaction, color change in urine (red or pink), red/black tarry stools, or unusual bleeding/bruising/weakness.
- › Do not drink alcohol while on this medication.
- › Only take the medications listed in your discharge instructions.
- › If you have questions about this medication call your orthopedic surgeon's office.

### Enoxaparin (Lovenox)

- › Take at the same time twice each day.
- › Take only as directed until directed to stop.
- › If taking along with warfarin/Coumadin, the Clinical Pharmacist will instruct you when to stop taking.

#### Precautions:

- › Rotate injection sites.
- › Don't expel the bubble prior to administering the injection.
- › Do not use a straight razor to shave.
- › Do not drink alcohol.
- › Only take the medications listed in your discharge instructions.

*Disposal of needles:* The Anne Arundel Department of Health recommends placing needles into a wide-mouthed metal or heavy plastic container with a secure lid such as a coffee can. Pour bleach into the container, seal it with a lid and discard it with household trash.

[www.aahealth.org/programs/env-hlth/housing/disposal-sharps](http://www.aahealth.org/programs/env-hlth/housing/disposal-sharps)

### Coumadin (Warfarin)

- › Take nightly before bed.
- › Take only as directed for four weeks.

#### Precautions:

- › Do not use a straight razor to shave.
- › Do not drink alcohol.
- › Limit food high in vitamin K (ex. leafy green vegetables).
- › Only take the medications listed in your discharge instructions.
- › Wear compression stockings.

## Medications: Blood Thinners

### Coumadin (Warfarin)

Coumadin is a blood thinner that requires regular testing for its blood thinning effect. If you take warfarin, a doctor will monitor you for four weeks.

#### Determining Your Coumadin Dose

You will have a blood test each day while you're at AAMC to check the effectiveness of the Coumadin. This blood test is called the prothrombin time or PT/INR. Your physician or AAMC pharmacist reviews the results and prescribes your dose.

Once you go home, the blood test occurs twice weekly (usually on Mondays and Thursdays) at your lab of choice. You will take Coumadin for four weeks from the date of your surgery.

Our clinical pharmacist calls you every Tuesday and Friday before 5 pm about your dose adjustment.

**Call the on-call Clinical Pharmacist at 443-481-1000 for:**

- › Questions about your Coumadin dose.
- › Excessive diarrhea, vomiting, nose bleeds, bloody urine or black tarry stools.

### Managing your Coumadin After Discharge

- › **Home with Outpatient Physical Therapy**
  - › You will go to a medical lab to have the blood work drawn.
  - › Our AAMC pharmacist and the discharge planner at the AAMC Joint Center coordinate these arrangements.
  - › The pharmacist will get the results and call you the next day to adjust your Coumadin dose.
- › **Home with Home Health Services**
  - › The home health nurse will come out twice a week to draw the blood work.
  - › The AAMC pharmacist receives a call with your blood work results and will call you the next day if your dose needs to be adjusted.
- › **Discharge to Rehabilitation Facility**
  - › Coumadin monitoring is usually done twice a week if you are transferred to a rehabilitation center. The physician caring for you at the rehabilitation center will adjust the Coumadin dose as necessary.
- › **Home After Rehabilitation Facility**
  - › The rehabilitation center staff may arrange upon discharge home health or outpatient blood monitoring.
  - › Contact our pharmacist at 443-481-1000 to tell them you are home from the rehabilitation center.

### Drugs to Avoid While Taking Blood Thinners

Notify the pharmacist if you start an antibiotic. Medications listed below can INCREASE the effect of Coumadin. You should avoid them unless your doctor prescribes them to you.

- › Aspirin
- › Aspirin-containing medications
- › Nonsteroidal medications (Advil, Aleve, Ibuprofen, Mobic, Motrin and Naproxen)
- › Herbal supplements

Inform all of your doctors that you are on Coumadin and consult your pharmacist before taking any over-the-counter medications.



## Discharge

Discharge is a decision between you, your insurance company, orthopedic surgeon, and nursing, medical and rehabilitation teams. You will need to show that you can safely perform specific functional tasks before we can discharge you. Discharge occurs when you meet certain medical criteria:

- › Pain is under control.
- › Nausea and vomiting are controlled.
- › Lab values are normal.
- › Vital signs are stable (blood pressure, heart rate, oxygen).
- › Safe discharge plan is in place.

Your surgeon and medical care team determine the day of discharge. You must be medically stable and have met your therapy goals.

### What are the therapy goals you must meet for safe discharge?

1. Able to walk safely using a rolling walker (with no loss of balance; ability to walk distance from one room to the next in the home).
2. Able to transition from sitting to/from standing safely.
3. Able to get in/out of bed safely.
4. Able to go up/down stairs and a curb step either with supervision if a caregiver is present to assist, or independently if no one will be able to assist at home.

### Why is an early discharge a good thing?

Returning home to your own comfortable environment and getting back to your normal daily routine will promote a faster recovery.

Your nurse will discuss medications and home care instructions with you and your caregiver prior to discharge.

## Patient Discharge Checklist

Do you know how to:

- Take your medication?
- Prevent infections?
- Manage your pain?
- Perform your exercises?

## Caregiver Discharge Checklist

Do you know how to:

- Change the dressing?
- Identify signs and symptoms of infection?
- Put on compression stockings?
- Identify how often stockings should be removed and for how long?
- Use the incentive spirometer and know how often to use it?
- Follow the exercise program at home?

## How to Safely Discharge Home

- › Someone responsible needs to drive you.
- › Use a vehicle with easy entry and exit.
- › A plastic bag over the seat makes it easier to “slide” into a comfortable position.
- › You will receive written discharge instructions concerning medications, physical therapy, activity, etc.
- › Most people go to outpatient physical therapy the day after discharge from the hospital.

**Discharge to a rehabilitation facility is determined by medical necessity and your insurance company.** Most people have family or a caregiver drive them home in a personal car. However, a wheelchair van or ambulance may be available at an additional charge.





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## Caring for Yourself at Home

### Control Your Discomfort

- › Take your pain medicine at least 30 minutes before physical therapy.
- › Gradually wean yourself from prescription narcotic medication to Tylenol.
- › Change your position every hour throughout the day.
- › Use ice for pain control. Applying ice to your hip will decrease discomfort.
- › Use the ice therapy before and after your exercise program and throughout the day.

### Manage Your Recovery

- › Breathe. Do your incentive spirometer at least 10 times every four hours (during waking hours) for two weeks. Cough and breathe deeply. Continue to use your incentive spirometer as directed.
- › Take your temperature at 8 am for one week after discharge. Call your surgeon if your temperature is greater than 101 degrees more than once. It is common to have a slight temperature elevation after surgery.
- › Wear your compression stockings. Compression stockings help compress the veins in your legs. This helps to keep swelling down and reduces the chance for blood clots.
- › Elevate the surgical leg for short periods of time throughout the day to reduce swelling.
- › Remove stockings for one hour twice a day for four weeks (keep on 22 hours a day). Your caregiver will help you with your stockings as they can be difficult to put on.
- › Use your ice therapy. Apply to incision six to eight times per day as needed for pain and swelling.

### Keep in Mind

- › Your appetite may be poor.
  - › Drink plenty of fluids to avoid dehydration.
  - › Your desire for solid food will return.
- › You may have difficulty sleeping. This is normal.
  - › Do not sleep or nap during the day.
  - › Check with your doctor's office before taking any sleeping pills.
- › Your energy level will decrease for the first month.
  - › Try to maintain a normal routine each day.
- › Narcotic pain medication can cause constipation.
  - › Use stool softeners or laxatives while on pain medication.
  - › Stay well hydrated.
  - › Stay active; walk at least every two hours.

### Recognizing and Preventing Complications

Your doctor will recommend any scar therapy you may need at your six week follow up. Do not use creams on your scar before this time. When your doctor approves, your physical therapist can help care for your incision to minimize scarring.

Follow up with your primary care physician if you experience excessive vomiting, persistent coughing or a fever higher than 101° more than once.

Please review infection prevention on page 20.

Please review blood clot prevention on page 27.

- › **Preventing Post-Surgical Pneumonia**
  - › Get up and move.
  - › Use your incentive spirometer at least ten times every four hours during waking hours for two weeks. Cough and do deep breathing exercises to re-expand lungs and help clear mucus.

### › Preventing Post-Surgical Bowel Issues

- › Walk frequently.
- › Inform your nurse of bowel regimen needs.
- › Stay well-hydrated.
- › Take stool softeners and laxatives, as needed.

### › Following Bowel Regimen at Home

- › Narcotic pain medication can cause constipation. Take 1-2 stool softeners in the morning and evening until you have regular bowel movements.
- › If no bowel movement by the second day after discharge, then use Dulcolax suppository (available over-the-counter at local pharmacies).

- › If no bowel movement by the third day after discharge, then use a Fleet enema (available over-the-counter at local pharmacies).
- › If no bowel movement after a Fleet enema, then call your physician.
- › Do not take fiber supplements and bulking agents. These are not substitutes for stool softeners or laxatives.

## Wound Care



### Acticoat

› An acticoat is an anti-microbial dressing with a white strip and clear edges. It stays on for seven days.

› If you have an acticoat dressing, you may shower as soon as you get home.

Be sure to leave the dressing in place.

› Seven days after surgery (or if the dressing is more than 75 percent saturated), remove the dressing and begin daily dressing changes with the ABD dressing.



### ABD Dressing

› Keep your incision dry.

› Keep your incision covered with a dry dressing until your staples are removed in approximately 10–14 days.

› If your incision is dry and not draining, you may shower five days

after surgery (unless instructed otherwise).

› Apply a clean, dry dressing after showering. No lotions, creams or powders.

› Change dressing daily and as needed.

› Remove the dressing before showering, cover the incision after showering.



### Tegaderm

› It is a transparent medical dressing that covers and protects wounds and incisions.

› At discharge, you will receive more instructions on how to care for this dressing.

› This dressing is applied to your incision at the hospital.

### Caring for your incision:

1. Wash your hands.
2. Open the gauze dressing pad.
3. Remove old dressing.
4. Inspect incision for the following:
  - › Increased drainage
  - › Yellow/green drainage
  - › Odor
  - › Significant changes
5. Pick up the gauze pad by one corner and place it lengthwise over the incision. Be careful not to touch the inside of the dressing that covers the incision.
6. Secure the hip dressing by applying paper tape. You can buy this tape at any local pharmacy.



## What to Expect for Recovery

### □ One Week After Surgery

#### You should be able to:

- › Walk with the rolling walker at least 300–500 feet with support, six to eight times a day.
- › Climb a flight of stairs (12–14 steps) once daily, if you have stairs at home.
- › Straighten your hip completely by lying flat on your back with your legs straight.
- › Gradually resume light homemaking tasks.

› **After surgery, most people use a walker for two weeks, and then progress to a cane for up to four weeks.**

› **You should take at least four to six weeks off from work. You can start resuming normal activities, like driving, at your surgeon's discretion. This time may be up to six weeks.**

› **The key to your recovery is following your hip replacement team's prescribed rehabilitation routine — either through outpatient or in-home physical therapy.**

*“I had discomfort the first week after surgery but I took my pain medication and used the ice therapy. These helped tremendously during this time.”*  
—Kurt, right hip replaced

### □ Three to Five Weeks After Surgery

#### You should be able to:

- › Wean from a rolling walker to a cane as your physical therapist instructs you.
- › Walk increasing distances two to three times/day.
- › Climb a flight of stairs (12–14 steps) more than once daily, if you have stairs at home.
- › Straighten your hip completely.
- › Shower and dress by yourself.
- › Resume homemaking tasks.
- › Begin driving (with permission from your doctor), if you had a left total hip replacement and are no longer on narcotic pain medications.

#### Helpful Hints from our Patients:

A plastic sandwich bag over the toes helps the stockings slide on with ease. Once the stockings are pulled up, remove the sandwich bag from the opening at the toes.



## What to Expect for Recovery

### □ Three Months After Surgery

#### You should be able to:

- › Walk without a cane.
- › Climb and descend stairs in a normal fashion (step over step).
- › Improve strength to 80 percent.
- › Resume recreational activities with permission from your doctor.

*“I could see the hard work in physical therapy was paying off. I was glad my caregiver (my Mom) kept me on track and motivated during my recovery.”*  
—Earl, both hips replaced

### □ Six Months After Surgery

You should notice gradual and continuing improvement in your hip. As time goes on, pain should subside. Every person is different and recovery periods vary. A typical full recovery from a total hip replacement is three to 12 months.

*“I began to travel more with my new hip. It feels good to tour places and do my favorite activities without the pain I experienced on my 'old' hip.”*  
—Marion, right hip replaced







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# Exercising to Get Ready for Surgery

It's important to be as fit as possible before undergoing a total hip replacement. This makes your recovery much faster. It's also important to be familiar with the rehabilitation exercises prior to surgery and to have the proper equipment to perform the exercises upon your return home.

Here are 13 exercises that you should start doing now and continue until your surgery. You should be able to do them in 15–20 minutes and do all of them twice a day. Consider this a minimum amount of exercise prior to your surgery. The last eleven exercises listed here are the ones that you will continue to do while in the hospital. These exercises cover the very early phase of your rehabilitation. Remember to breathe while performing exercises: breathe in through your nose, out through your mouth.

Remember that you need to strengthen your entire body, not just your leg. It's very important that you strengthen your arms by doing armchair push-ups because you will be relying on your arms to help you get in and out of bed, in and out of a chair, walk, and to do your exercises post-operatively.

## You will need:

- › Four to six commercial ice packs.
- › A plastic bag, flattened cardboard box, plexiglass or silk sheets. These can be used to prevent friction when performing exercises in bed, if needed.

## The following two exercises are performed BEFORE SURGERY ONLY

### 1. Seated Hamstring Stretch

- › Sit on your couch or bed with your leg straight. Lean forward and pull your ankle up. Stretch until you feel the pull behind your knee. Hold for 20-30 seconds. Keep your back straight. Relax.
- › DO THIS STRETCH FIVE TIMES IN A ROW, TWICE PER DAY.



### 2. Armchair Push-Ups

- › Sit in an armchair. Scoot your bottom to the front. Place your hands on the armrests. Place your surgical leg out straight with your heel resting on floor. Straighten your arms, raising your bottom up off the chair seat. Bend your elbows and slowly lower into the chair. Focus on using your arms to lift and to lower, instead of your legs.
- › You can also use the stairs by sitting on a step closest to the bottom and performing the same motion.
- › DO THIS STRETCH 10 TIMES IN A ROW, FIVE TIMES PER DAY.



## Complete all exercises on pages 41-42, 30 times, 2 times/day except for the standing exercises, which are completed 15 times, 2 times/day.

### 1. Ankle Pumps

- › Gently point your toes up toward your nose and down away from you. Do both ankles at the same time or alternate feet. Perform this exercise lying down or sitting up.



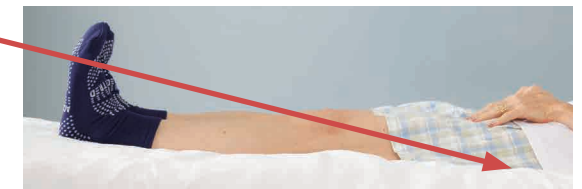
### 2. Quad Sets

- › Lie on your back, tighten your thigh muscles of both legs and push your knees down into the surface. Hold for five seconds.
- › COACH'S NOTE: Look and feel for the muscle above the knee to contract. As strength improves, the heels come slightly off the surface.



### 3. Gluteal Sets

- › Lie on your back and squeeze your buttocks together as tightly as possible. Hold for five seconds.
- › COACH'S NOTE: Encourage the patient to place hands on the right and left buttocks area to feel for equal muscle contractions.



### 4. Abduction and Adduction

- › Lie on your back, tighten your thigh muscles and slide your leg slowly out to the side. Keep your kneecaps pointing toward the ceiling. Slowly bring your legs back to middle. You may do both legs at the same time.
- › COACH'S NOTE: Knees and toes should be pointing toward the ceiling while the thigh muscles are tight.



### 5. Heel Slides

- › Lie on your back. Bend the knee of your surgical leg and pull your heel toward your buttocks, moving slowly.
- › COACH'S NOTE: Make sure the patient actively pulls the heel up using leg muscles first. Assist the slide with a TheraBand or other resistance band, if needed.





## 6. Short-Arc Quads

- › Lie on your back. Place a large can or rolled towel (about 4-5" diameter) under the knee of your surgical leg. Straighten your knee by lifting up your foot and pushing your thigh down into the roll. Hold straight for five seconds.
- › COACH'S NOTE: Work toward a full extension (straightening) of the knee. Assist with the TheraBand, if needed, to achieve full extension.



## 7. Knee Extension (Long-Arc Quads)

- › Sit with your back against a chair. Straighten the knee of your surgical leg. Don't lift your thigh off the chair. Hold for five seconds. Slowly lower.



## 8. Standing Heel/Toe Raises

- › Holding on to a steady surface, slowly rise up on your toes. Come back to a flat foot, and then lift your toes from floor. When lifting your toes up, don't lean backward.



## 9. Standing Knee Flexion

- › Holding on to a steady surface, bend your surgical leg up behind you. Lower your leg back to the floor, putting weight through both legs.
- › COACH'S NOTE: Aim for a straight line from the shoulder to the knee so the patient feels a stretch in the front of the hip.

## 10. Standing Partial Squat

- › Holding on to a steady surface, slowly bend your knees. Keep both feet flat on the floor. Maintain a straight back with your eyes forward. Do not lean forward.

## 11. Standing Hip Stretch

- › Holding on to a steady surface and standing on your surgical leg, step forward with your non-surgical leg, bend your knee and shift weight onto that leg (similar to a lunge). Keep your upper body and your back leg straight. Hold for three seconds, then return to starting position.



# Rehabilitation: Getting Around

You may have a physical therapy evaluation the day of your surgery depending on your arrival time to the Center for Joint Replacement after surgery, type of anesthesia and your medical condition. If you don't receive an evaluation on the day of surgery, you'll receive one the next morning. Occupational therapy also begins after surgery. Early mobility is important for a faster recovery and to prevent post-operative complications.

Your coach needs to be present at 8 am the day after your surgery and stay through discharge to learn and help you with your physical and occupational therapy sessions. Your coach learns the exercises and observes how well you are moving your hip. You and your coach learn how to perform each of the tasks listed below during your therapy sessions.

## Sitting in a Chair or on a Toilet



**1.** Back up to the chair or toilet until you feel it on the back of your legs. Never pivot.



**2.** Slide the foot of your surgical leg out in front of you and bring your non-surgical leg underneath of you.



**3.** Reach back for the armrests one at a time. If you're using a raised toilet seat without armrests, keep one hand on the walker while holding a countertop with the other hand.

**4.** Slowly lower yourself onto the chair or toilet, continuing to slide the foot of your surgical leg forward as you sit.

› **Bilateral hips:** Reach back for armrests or handles one at a time. Walk both legs forward as you slowly lower yourself into the chair.



## Rising From a Chair or a Toilet

Do NOT pull up on the walker to stand. Sit in a chair with arm rests. If using a commode with armrests, use the armrests to push up. If using a raised toilet seat without armrests, place one hand on the walker and push off from a countertop with the other.



**1.** Scoot to the front edge of the chair or toilet.



**2.** Slide the foot of your surgical leg further out and keep your non-surgical leg underneath you.



**3.** Push up with both hands on the armrest or one hand if using a countertop.

**4.** Balance yourself before reaching for the walker.

› **Helpful Tip:** Your 3-in-1 bedside commode can be used at the bedside, over the toilet and in the tub or shower.

› **Bilateral hips:** Place both of your feet out in front. As you start to push with your arms, walk your feet back until firmly underneath you. Find your balance prior to reaching for the walker one hand at a time.



## 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). Slide your surgical leg out in front of you.

**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're facing the foot of the bed.

**5.** Lift your leg onto the bed while scooting around. To lift your surgical leg, you may use an assistive device such as a cane, a rolled bed sheet, a belt or your TheraBand to assist you with lifting that leg into the bed.

**6.** Keep scooting and lift your other leg onto the bed using an assistive device, as above, if this is your surgical leg. If you are a bilateral hip patient, use the cane or leg lifter to bring both your legs into bed.

**7.** Scoot toward the center of the bed.

## Getting Out of Bed

**1.** Scoot your hips to the edge of the bed.

**2.** Sit up while lowering your leg to the floor.

**3.** If necessary, use a leg-lifter, cane, rolled bed sheet, belt or TheraBand to lower your surgical leg to the floor.

**4.** Scoot to the edge of the bed to get your feet on the floor.

**5.** Slide your surgical leg out in front of you and bring your non-surgical leg underneath you.

**6.** Use both hands to push off bed. If the bed is too low, place one hand on the walker while pushing up off the bed with the other.

**7.** Balance yourself before reaching for the walker.



## Getting Into the Tub Using a Bath Seat

1. Place the bath seat in the tub facing the faucet.
2. Back up to the tub with your walker until you can feel the tub on the back of your legs. Be sure you are in front of the tub bench.
3. Reach back with one hand for the bath seat. Keep the other hand on the walker.
4. Slowly lower yourself onto the bath seat, keeping the surgical leg out straight.
5. Move the walker out of the way, but keep it within reach.
6. Lift your legs over the edge of the tub, using a leg lifter for the surgical leg, if necessary.
7. Hold on to the back of the shower 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 seat of the bath seat while holding onto the walker with the other hand.
4. Balance yourself before reaching for the walker.

## Walking with a Rolling Walker

1. Roll the walker forward.
2. Step forward with your surgical leg. Place your foot in line with the back legs of the walker.
3. Step forward with your non-surgical leg. Take small steps initially.
4. Progress to a more natural walking pattern with each foot stepping past the other. With each step, your heel should hit the floor first, your knee should bend slightly and you should roll off your toes.

- › If you have arthritis, consider using biking gloves for cushioning of your palms.



## Important Note

- › While using a bath seat, grab bars, long-handled bath brushes and hand-held showers make bathing easier and safer. They are typically not covered by insurance.



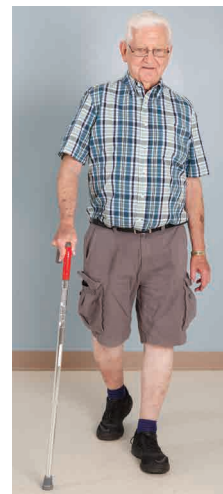
## Helpful Tip

- › Always 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.

## Walking with a Cane

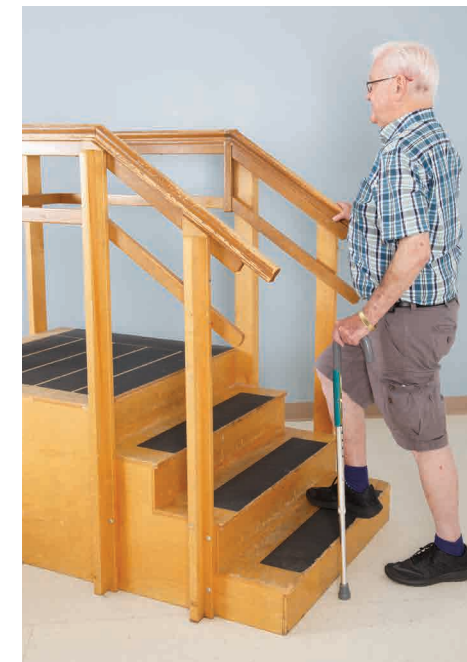
Most people will not use a cane for a few weeks after surgery. Your physical therapist will determine the best time to start using a cane.

1. Hold the cane in the hand opposite the side of your surgery. You should not limp or lean away from your operated hip.
2. When standing up straight, your elbow should be slightly bent when you hold your cane.
3. To start, set your cane about one small stride ahead of you and step off on your surgical leg. Finish the step with your non-surgical leg.



## Climbing Stairs

Most people have one railing at home, so the physical therapist teaches you how to climb stairs with a cane and a railing.

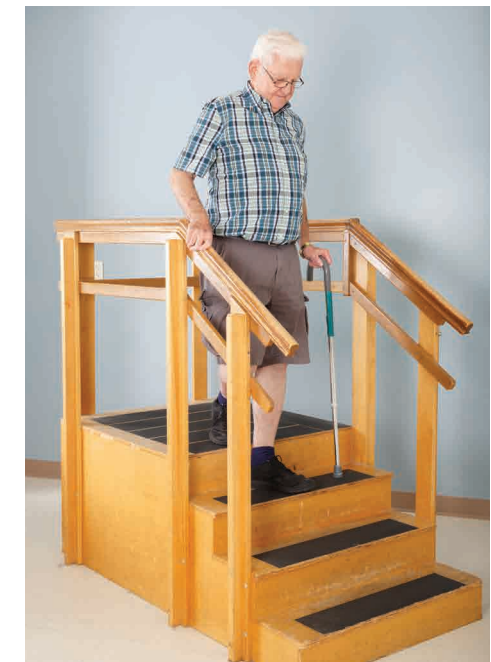


## Going Up Stairs

1. Step up with your non-surgical leg.
2. Step up next with your surgical leg.
3. Bring the cane up.

Have someone assist or spot you as recommended by your therapist. This person should stand behind and slightly to the side of you when going up the steps. When going down the steps, the person should be in front of you.

- › Bilateral hips: Follow these steps for coming down the stairs:
  1. Turn your body to face the handrail.
  2. Put both hands on the handrail.
  3. Step down sideways with the leg closest to the step.
  4. Step down with the other leg.



## Coming Down Stairs

1. Lower your cane to the step below.
2. Step down with your surgical leg.
3. Step down next with your non-surgical leg.

## Helpful Tip

- › Use a handrail and cane for assistance.
- › Go up the steps with your stronger (non-surgical) leg first and down the steps with your weaker, surgical leg first. Remember: "Up with the good, and down with the bad."
- › For bilateral hips, your stronger leg is your "good" leg.
- › Take one step at a time.
- › The cane stays on the same level step as the surgical leg.
- › Keep the steps clear of objects or loose items.
- › Plan ahead so after your surgery you can limit the number of times you need to go up and down steps.



## Negotiating a Curb or Single Step



### When Going Up

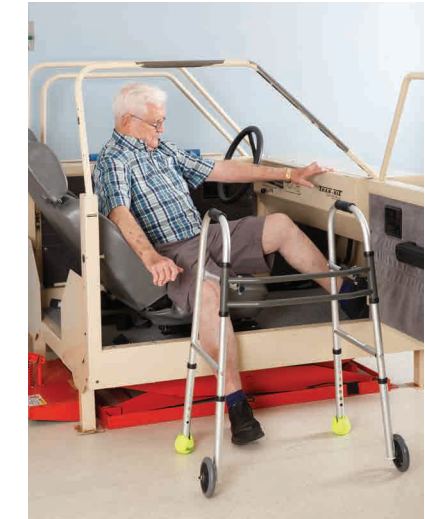
1. Use your rolling walker.
2. Get close to the step or curb.
3. Place the entire walker over the curb and onto the sidewalk.
4. Push down through the walker toward the ground.

5. Step up with the stronger non-surgical leg first.
6. Next, step up with the surgical leg.

### When Going Down

1. Place your walker down first. Make sure all four prongs/wheels are on the ground.
2. Step down with your surgical leg.
3. Next, step down with your non-surgical leg.

## Getting into a Car



1. Push the car seat all the way back. Recline the seat back half way, if possible.
2. Place a plastic trash bag on the seat of the car to help you slide and turn forward.
3. Back up to the car until you feel it touch the back of your legs.

4. Reach back for the car seat, and lower yourself down. Keep your surgical leg straight out in front of you, and duck your head so you do not hit your head on the doorframe. DO NOT hold the door when lowering to a sitting position. You can put one hand on the dashboard to help lower yourself to the seat.

5. Turn forward, leaning back as you lift your leg into the car. You may use your cane or TheraBand to bring the surgical leg into the car.

### Helpful Tip

- › Reclining the car seat allows for more room to get in and out of the car.
- › Return the car seat to the upright position for traveling.
- › Recline the car seat again prior to getting out of the car.
- › It's okay to use running boards. Treat them the same as a step, where you use the stronger leg up first and the weaker leg down first.



## Special Instructions for Bilateral Hip Replacements



### Putting on Pants and Underwear Using a Reacher or Dressing Stick

1. Sit down.
2. Put your more painful leg in first and then your other leg. Use a reacher or dressing stick to guide the waistband over your foot.
3. Pull your pants up over your feet and knees to an area 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 Using a Reacher or Dressing Stick

1. Back up to the chair or bed where you'll be undressing.
2. Unfasten your pants, and let them drop to the floor. Push your underwear down to your knees.
3. Lower yourself down, keeping your legs out straight.
4. Take your least painful leg out first and then the other leg.
5. Use the reacher or dressing stick to remove your pants from your foot and off the floor.



### Using a Sock Aid

1. Slide the sock or TED hose onto the sock aid with the heel of the sock on the bottom of the sock aid where it's hard.
2. Hold the cord, and drop the sock aid in front of your foot. It's 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 on the ropes until the sock aid pulls out.



## Rehabilitation: After Discharge

### Walking

Continue using the rolling walker for about two weeks after you leave the hospital. You must protect your hip while the soft tissue is healing. Don't walk with a cane until your physical therapist clears you.

You may need to adjust your walker/cane height to accommodate your shoes.

Continue to walk throughout the day when you return home. **It's best to take frequent, short walks rather than one long walk during the day.**

#### Important Note

- › Use ice for 20 minutes, at least six to eight times a day.

#### Note for bilateral hips:

- › You may need to use the walker longer than two weeks because each leg must be strong enough to support you before you transition to a cane.

### Exercising at Home

Your therapist advances your home program to work on strength, flexibility, speed and balance. Here are instructions and tips for continuing your exercise program at home:

- › Do your home exercises lying flat in bed twice a day.
- › Take your pain medicine at least 30 minutes before you exercise.
- › Do not use ankle weights until cleared by your therapist.
- › Wean yourself from the TheraBand for exercise.
- › The short-arc quadriceps strengthening exercise can be performed with a 4–5" roll/ball. The height depends on the length of your legs, with taller people using a 5" roll. The roll can be made up of tightly rolled towels, blankets, large plastic juice containers or coffee cans, etc.
- › Use ice therapy throughout the day. Ice reduces swelling and pain in the surgical leg.

#### Helpful Tip

You can use a large, flattened cardboard box, plexiglass, vinyl shower curtain, cookie sheet, silk sheets or heavy plastic board to reduce friction when performing exercises in bed.

### 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 your home. Install night lights in the bathrooms, bedrooms and hallways.
- › Keep extension cords and telephone cords out of pathways.
- › Don't run wires under rugs as this is a fire hazard.
- › Don't wear open-toe slippers or shoes without backs. They don't provide adequate support, which can lead to slips and falls.
- › Sit in chairs with armrests. It's easier to get up.
- › Rise slowly from either a sitting or lying position so as not to get light-headed.
- › Don't lift heavy objects for the first three months, and then only with your surgeon's permission.





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## Get Fit for Life

Your future includes exercising for life. Exercise is important to get the best results from your total hip replacement surgery. You should continue with a fitness program after you are finished with your outpatient physical therapy. Senior centers, community centers and hospitals have wellness programs that can meet your fitness needs.

With both your orthopedic and primary care physicians' permission, you should be on a regular exercise program three to four times per week lasting at least 20–30 minutes. If any exercise program or activity causes you pain, stop and tell your doctor before continuing.

### Choose a Low-Impact Activity

- › Group exercise classes
- › Home exercise program, as outlined in this guide
- › Regular one- to three-mile walks
- › Home treadmill (for walking)
- › Stationary bike
- › Elliptical machine
- › Regular exercise, as approved by your doctor
- › Pickleball
- › Doubles tennis
- › Golf
- › Cross-country skiing
- › Rowing
- › Bowling
- › Swimming or water aerobics (only if your incision has healed and you're cleared by your doctor)

### What Not to Do

- › Don't start any exercise program without first consulting your doctor
- › Don't run or engage in high-impact activities, like singles tennis
- › Don't participate in high-risk activities, such as downhill skiing, due to the risk of fractures around the prosthesis and damage to the prosthesis itself

## Dental Care After Total Hip Replacement

You should not have dental work for at least twelve weeks after surgery, unless you experience a dental emergency. You need antibiotics prior to dental appointments and procedures for at least the first year after surgery and, at your surgeon's discretion, sometimes longer.

Although the risks for post-operative infections are very low, it's important to realize the risk remains. A prosthetic joint could attract the bacteria from an infection located in another part of your body. If you develop a fever of more than 101 degrees, call your primary care provider. If you sustain an injury, such as a deep cut, you should clean it as best you can and tell your primary care provider. The closer the injury is to your prosthesis, the bigger the concern. Occasionally you may need antibiotics. You can treat superficial scratches with topical antibiotic ointment. Alert your primary care provider if the area is painful, swollen, reddened or has drainage.

## Taking Care of Your New Hip

## Traveling after Total Hip Replacement

Ask your orthopedic surgical team and physical therapist for clearance to travel. Long flights or car rides may increase your risk of blood clots.

### Recommendations:

- › Wear your compression stockings for trips over two hours
- › Get up to stretch or walk at least once an hour
- › Perform ankle pumps when taking long trips
- › Your doctor may recommend the use of aspirin when you ask for travel clearance

Due to the sensitivity of the security checkpoint equipment in airports and government buildings, you may set off metal detectors. Please follow the security instructions for each facility. A wallet card or letter is not helpful nor required to travel.

## The Importance of Lifetime Follow-Up Visits

You'll need a lifetime of follow-up with your orthopedic surgeon to ensure a healthy new joint. Orthopedic surgeons have their own individual guidelines regarding how often you should get a checkup. Here are some general rules for checkups:

- › One year after surgery, and then as directed by your physician
- › Anytime you have mild pain for more than a week
- › Anytime you have moderate or severe pain

## Sex after Total Hip Replacement

The topic of sexual activity may be difficult to discuss with your surgeon following your total hip replacement. It's a very common question that many people have. Generally, it's appropriate to wait about six to eight weeks after your surgery and after approval from your surgeon. This allows plenty of time for your incision to heal and for the muscles to begin the healing process. Further into your recovery you'll be able to control your movement and position of your leg during sexual relations.

The recovery process is different for each person. Some people may still experience discomfort for up to eight weeks and may need to take pain medications periodically. The pain medications can cause drowsiness. Having pain, swelling and fatigue may interfere with sexual activities, too. This may add to some of the barriers to resuming sex. Waiting to resume sexual activities until you begin to feel like yourself may enrich your intimacy.

At first, the best position for sex is for the total hip patient to be on the bottom. Positions that are more passive will be more comfortable for your hip. More passive roles allow for less activity, which will help you to maintain more energy. You may use a pillow to support your hip during this time.

If you are interested in more detailed information, visit [recoversex.com](http://recoversex.com).



# Resources

## Smoking Cessation Help at AAMC

For patients undergoing total hip replacement, smoking is associated with an increased risk of infection. If you smoke, we encourage you to consider quitting. AAMC offers resources to help. We hold "Becoming Smoke-Free" classes throughout the year. Sessions cover topics related to maintaining a smoke-free lifestyle. These include quitting smoking without gaining weight, managing stress and dealing with other smokers. Find information online at [askAAMC.org/QuitSmoking](http://askAAMC.org/QuitSmoking). Or, contact a smoking cessation program specialist at **443-481-5366** or **443-481-5367** for class dates and times.

## AAMC's Hackerman-Patz House Lodging

Hackerman-Patz House is a home-away-from-home, providing respite and affordable accommodations to patients and their families to rest, relax and regain strength while staying close to the hospital. You may want to stay here the night before your surgery or your family may wish to stay here while you're recovering at the hospital. Learn more at [askAAMC.org/Hackerman-Patz](http://askAAMC.org/Hackerman-Patz).

## Wellness at AAMC

AAMC's Wellness department provides exercise classes, access to a gym for a low-cost fee, weight loss programs and counseling, massage and stress reduction classes. Learn more at [askAAMC.org/Wellness](http://askAAMC.org/Wellness).

## MyChart

MyChart offers patients personalized and secure on-line access to their medical records. It enables you to securely use the Internet to help manage and receive information about your health.

- › Access your medical records from any device – anywhere, anytime
- › Manage your appointments
- › Request prescription refills
- › Message your physician
- › Update your health profile
- › Pay your bill online
- › View and download content, such as medical history, imaging reports or lab results
- › Schedule a video visit with participating providers

If you don't already have a MyChart account, please register or learn more at [askAAMC.org/MyChart](http://askAAMC.org/MyChart).

## Become a Joint Center Volunteer

Our volunteers make a huge difference here at AAMC's Center for Joint Replacement. If you are looking for an opportunity to help others and have fun – this is the place! If interested, please call our **Volunteer Office** at **443-481-5050** and specify that you are interested in volunteering for the Center for Joint Replacement. Learn more at [askAAMC.org/Volunteer](http://askAAMC.org/Volunteer).

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## Frequently Asked Questions about Hip Replacement Surgery

### How long will my new hip last, and can I have a second replacement later?

All implants have a limited life expectancy depending on your age, weight, activity level and medical condition(s). A total joint implant's longevity varies in every patient. It's important to remember that an implant is a medical device subject to wear that may lead to mechanical failure. While it's important to follow all of your surgeon's recommendations after surgery, there is no guarantee that your particular implant will last for any specific length of time. You can have subsequent replacements, called revisions, in the future if the joint wears out.

### What are the major risks of hip replacement surgery?

Most surgeries happen without any complications. Infection and blood clots are two serious risks. We use antibiotics and blood thinners to avoid them. We also take special precautions in the operating room to reduce the risk of infections. Your surgeon will discuss ways to reduce your risk. The risk of infection is increased in patients who are obese, smoke or have poorly controlled diabetes. Patients who are overweight should lose weight before surgery to reduce risk. Patients who smoke should stop smoking. Anyone with diabetes should have their blood sugar under the best possible control leading up to surgery. We have resources available to help you, just ask.

### Should I exercise before the surgery?

Yes, it is very important to exercise before surgery. Consult your surgeon and physical therapist about the exercises appropriate for you. This book includes basic exercises you should do regularly before surgery.

### How long will I be in the hospital?

Your surgical and medical team decide your day of discharge. You must achieve several goals before we can discharge you. Our goal is a safe discharge to your home. Our therapists ensure your safety, and work with you on walking, climbing stairs, and entering and exiting a car before we clear you to leave the hospital.

### Where will I go after discharge from the hospital?

Most patients are able to go home directly after discharge. Our joint nurse navigators and discharge planner help you with your plans and coordinate the necessary arrangements.

### Will I need help at home?

Yes, you'll need help for the first week or two, depending on your progress. You'll need someone to assist you with transportation, meal preparation, compression stockings, mobility, etc. Family or friends need to be available to help. Preparing ahead of time can minimize the amount of help you need. Having the laundry done, house cleaned, yard work completed, clean linens put on the bed, and single portion frozen meals helps reduce the need for extra support.

### What if I live alone?

You have three options if you live alone. You may return home and receive help from a relative or friend and go to outpatient physical therapy. You can have a home health nurse and physical therapist assist you at home for approximately one hour, three times a week. The nurse and therapist provide assistance for two to three weeks. Although not ideal, you may also stay at a rehabilitation facility following your hospital stay if there is medical necessity.

### How long does the surgery take?

We reserve approximately two to two-and-a-half hours for surgery. Some of this time is taken by the operating room staff to prepare for the surgery. Most patients spend about two hours being monitored in the recovery room after the surgery, so the actual waiting time for the families may be four to five hours.

### What if I am coming from out of town?

If you or a family member need a place to stay prior to, during or after surgery due to the distance from your home to AAMC, consider staying at our Hackerman-Patz House. This home-away-from-home is located on Jennifer Road. Call 410-571-3100 for reservations.

### Do I need to be put to sleep for this surgery?

The type of anesthesia you'll receive is based on your preference, the surgeon's preference, your surgical procedure, and a careful evaluation of your medical history by your anesthesiologist. The two types of anesthesia we use are general anesthesia and spinal block.

### Will the surgery be painful?

You'll have pain following the surgery, but we try to keep you comfortable with the appropriate medication. We use a variety of preemptive medications and local injections, as well as customized post-operative medications to reduce pain.

### Is it normal to have a lot of hip and leg pain?

Yes, it is normal. These procedures do hurt early on. Surgical pain can last the first two weeks and will increase after physical therapy. Please take your pain medications as prescribed for pain relief.

### Is it normal for my surgical leg to be twice as big as the other leg?

Swelling is common and normal after total hip replacement. If you feel you're having significant swelling with calf pain that does not reduce with elevation, contact the surgical team at 410-268-8862 between 8 am and 5 pm. We may recommend an ultrasound exam to check for a clot. This ultrasound test is urgent, but not emergent. You can have it done in an imaging facility. Total hip replacement patients are at risk for deep vein thrombosis. We place ALL patients on blood thinners for the first four to six weeks to help prevent blood clots.

### How should my wound look and feel?

Some clear or slightly bloody drainage is normal for the first week. The area will be warm and red because it's healing. The area around the incision will be warm to the touch and red for months, which is common. It is normal to have extensive bruising around the joint, which can travel down to the ankle and foot or up the thigh. Please contact the surgical team at 410-268-8862 if the amount of drainage is getting worse instead of better, the drainage is becoming cloudy, or is lasting more than seven days.

### What if I am not sure what I am doing with my anticoagulant dosing?

If you are on Coumadin, please call the AAMC pharmacy at 443-481-1000 and ask the operator to page the pharmacist on call.

### How do I avoid constipation?

Drink fluids and use stool softeners as advised or use a suppository, if needed (see "Bowel Regimen" on page 35).



### What do I do if I'm nauseated?

Try taking prescribed anti-nausea medications with food, and drink fluids to prevent dehydration.

### Will I need a walker, crutches or a cane?

Yes, most people need a walker for about two weeks. You then progress to a cane. You shouldn't switch to a cane until you have practiced with your physical therapist. Switching to the cane too early can result in a limp because your surgical leg is not strong enough to support you.

### Will I need physical therapy when I go home?

Yes, you will have either outpatient or in-home physical therapy. We strongly encourage you to use outpatient physical therapy. If you need home physical therapy, we coordinate a physical therapist to provide therapy at your home three times a week. Following this, you will go to an outpatient facility three times a week to assist in your rehabilitation. The length of time required for this type of therapy varies with each person.

### How long until I can drive?

The ability to drive depends on whether surgery was on your right hip or your left hip and the type of car you have. If the surgery was on your left hip and you have an automatic transmission, you could be driving in three weeks. If the surgery was on your right hip, your driving could be restricted as long as six weeks. Consult with your surgeon or therapist for their advice on your activity. You must be off all narcotic pain medication before driving.

### When will I be able to get back to work?

We recommend that most people take at least six weeks off from work. If you have a sedentary position or can work from home, you may be able to return to work sooner. If you have a job that requires physical work, you may need as long as three months to return to full duty.

### When can I have sexual intercourse?

You should ask your surgeon when you can resume sexual intercourse. (See Sex After Total Hip Replacement on page 55.)

### How often will I need to be seen by my surgical team following the surgery?

Two to four weeks after discharge, you'll be seen for your first post-operative office visit. The frequency of follow-up visits depends on your progress.

### Do you recommend any restrictions following this surgery?

Yes, we do not recommend high-impact activities, such as running, singles tennis and basketball. Injury-prone sports, such as downhill skiing, are also dangerous for the new joint. Your therapist will help you understand these restrictions, as your surgeon may give you range of motion restrictions.

### What physical/recreational activities may I participate in after my recovery?

We encourage you to participate in low-impact activities like walking and swimming (once the wound is completely healed). If you experience pain, stop and consult your physician before continuing.

### Will I notice anything different about my hip?

Yes, you may have a small area of numbness to the outside of the scar, which will improve over the course of a year. In many cases, people have a small area that remains numb.

## Exercise Your Right: Put Your Health Care Decisions in Writing

Anne Arundel Medical Center's policy is to place patients' wishes and individual considerations at the forefront of their care and to respect and uphold those wishes.

### What are Advance Medical Directives?

Advance Directives communicate a patient's wishes regarding health care to all caregivers. If a patient has a living will or has appointed a Health Care Agent and is no longer able to express his or her wishes to the physician, family or hospital staff, AAMC 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:

**Living Wills** are written instructions that explain your wishes for health care if you have a terminal condition or irreversible coma and are unable to communicate.

**Appointment of a Health Care 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.

**Health Care 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'll 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.

If you'd like more information or forms for completing a Living Will, Appointment of a Health Care Agent, or Health Care Instructions, you may write to:

**Maryland Attorney General's Office**  
Opinions Section  
200 St. Paul Place  
Baltimore, MD 21201

You may also contact:  
**The Advocacy Department**  
Anne Arundel Medical Center  
443-481-4821

For more information visit [askAAMC.org/advancedirectives](http://askAAMC.org/advancedirectives).



# Anesthesia and You

## Who are the anesthesiologists?

The operating rooms at AAMC are staffed by board-certified and board-eligible physician anesthesiologists. They all have privileges to practice at AAMC.

## What type of anesthesia is used for joint replacement surgery?

There are several types of anesthetic techniques available for your surgery. Before receiving any sedatives or anesthetics, you meet your anesthesiologist to discuss the most appropriate anesthetic plan. Although uncommon, complications or side effects can occur with each anesthetic option, even when your anesthesiologist takes special precautions to avoid them. Below is a brief description of the various types of anesthesia used for joint replacement surgery:

### › General Anesthesia

This anesthetic choice produces unconsciousness so that you will not feel, see or hear anything during surgical procedures. You receive anesthetic medications through an intravenous line and/or anesthetic gas delivered directly into your lungs through a tube or a special mask. You either breathe on your own, or your breathing is assisted by an anesthesiologist using an anesthesia machine.

### › Spinal or Epidural Anesthesia (Regional Anesthesia)

This anesthetic choice produces numbness below the chest and limited mobility in both legs for about three to four hours. A small needle is placed in your lower back and local anesthetic is injected. Medications can be given during your surgery to maintain the level of comfort and sleepiness you desire. Your legs continue to be numb and immobile for several hours after surgery. When the surgical pain gradually appears as the numbness wears off, pain medication is given to you through your intravenous line to keep you comfortable.

## Which type of anesthesia is best for me?

The type of anesthesia you receive is based on your preference, the surgeon's preference, your surgical procedure and a careful evaluation of your medical history by your anesthesiologist. The risk of complications or side effects is not significantly different between the two major anesthesia types.

Some patients are apprehensive about spinal anesthesia because it involves a needle being placed into the back. However, the spinal needle is very small and numbing medicine placed on the skin minimizes the discomfort. The possibility of damage to the nerves is extremely rare. The patient generally wakes up from surgery with minimal pain because the spinal lasts about three hours.

## Will I have any side effects?

Your anesthesiologist discusses 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 may be given, if needed.

The amount of discomfort you experience depends on several factors, especially the type of surgery. Your doctors and nurses can relieve pain with medications. Your discomfort should be minimal, but do not expect to be totally pain-free. The staff will teach you the pain scale (0–10) to assess your pain level.

## What happens before my surgery?

You meet your anesthesiologist immediately before your surgery.

Your anesthesiologist reviews all information needed to evaluate your general health. This includes your medical history, laboratory test results, allergies and current medications. With this information, the anesthesiologist determines the type of anesthesia best suited for you. The anesthesiologist also answers any questions you may have.

You also meet your surgical nurses. They start intravenous (IV) fluids and may give pre-operative medications, if needed. Once in the operating room, they attach monitoring devices, such as a blood pressure cuff, EKG and other devices for your safety. At this point, you'll 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 surgery. In the operating room, the anesthesiologist manages 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, we take you to the Post Anesthesia Care Unit (PACU). Specially trained nurses watch you closely. During this period, we may give you extra oxygen and observe your breathing and heart functions closely. An anesthesiologist is available to provide care as needed for your safe recovery.

## May I choose an anesthesiologist?

Although we assign most patients an anesthesiologist, you may choose one based on personal preference or insurance considerations. If you have questions about your insurance coverage, or medical plan participation by the anesthesiologist, please contact your insurance company for guidance. You should submit requests for specific anesthesiologists in advance through your surgeon's office for coordination with the surgeon's availability.

The hospital contracts with anesthesiologists. You receive a separate bill from their office. If you have questions about insurance coverage for anesthesia, you should contact:

**Anesthesia Company, LLC**  
410-280-2260  
anccollc.com



## Pre-surgery Shopping List

Take the time before your surgery to shop for these items you'll need after your surgery.

- 1 box of 5 in. x 9 in. ABD dressing pads  
(Dr. Hoover's patients don't have to purchase this.)
- 2 in. roll of paper tape
- Thermometer
- 4-6 ice packs
- SeneKot-S stool softener with stimulate (generic okay)
- Milk of Magnesium
- Dulcolax suppository
- Fleet enema
- Silky athletic shorts with elastic band one size larger than normal

### Extra Items, if needed:

- Saltine crackers
- Ginger ale
- Cloth measuring tape
- Prune juice
- Disposable bath wipes



## Pain Management: How We Can Help You

### Wong-Baker FACES® Pain Rating Scale



We may ask you to describe your pain on a scale of 0 to 10. You can use this diagram to visualize the pain you feel.

*No matter the time, please tell us if you are in pain. Managing your pain helps you rest and heal, and ensures you have a better hospital stay. We are your partner in pain management and will do everything we can to give you a safe and comfortable recovery process.*

### ► Your Role

Only you can tell us what type of pain or discomfort you feel. We're here for you.

To ensure you receive the right amount of pain medication you need, let us know if you were taking over-the-counter or prescription pain medication, including patches on your skin, prior to coming to the hospital.

If you feel pain when you are sleeping, let your nurse know if you would like him or her to wake you up at night to ask about your pain.

### ► Ways We Can Manage Your Pain

After a major injury or surgery, it's normal to experience pain. Our goal is to safely lower your pain to a manageable level.

One option is medication. With many kinds of pain medication options available, we may need to try different combinations. There are two ways we can give you medication:

- › Scheduled: We give you some medications on a preset schedule. You do not have to ask for this medication.
- › As needed: This is medication we can give you when or if your pain gets worse. We can give you this medicine even after you receive your scheduled pain medication. Ask your nurse if you can have an as-needed medication.

We don't always need to use medication to treat pain. Sometimes an ice pack or a heating pad can make you more comfortable. Other members of your medical team, such as a physical therapist, psychologist or a psychiatrist can help manage your pain.

Questions? Please talk to your nurse.





# Hip Replacement Discharge Instructions

## Dressing changes

### Acticoat Bandage:

- › Bandage stays in place for seven days. If bandage becomes saturated greater than 75 percent, or loses occlusive seal prior to seven days, then remove the bandage and start daily dressing changes.
- › Large Tegaderm: Keep clear plastic dressing on for two weeks and then peel off dressing.
- › Daily/ABD Dressing: Change dressing daily.

## Monitor incision for signs of infection

\*\*Call your surgeon if any of the following are present:

- › Increased redness, swelling, drainage
- › Odor
- › Yellow/green drainage
- › Surrounding skin hot to touch



**Do not use any ointments, creams, alcohol or cleansers on incision.**

## Take temperature at 8 am for one week

\*\*Call surgeon if your temperature is greater than 101 degrees.

## Showering and bathing

**Acticoat/Large Tegaderm:** You may shower now as long as the dressing maintains an occlusive seal. If occlusive seal is lost or dressing is removed prior to seven days after surgery then wait to shower. You may shower in five days with incision uncovered as long as wound is dry, not draining and not red.

**Daily/ABD Dressings:** You may shower in five days with incision uncovered as long as wound is dry, not draining and not red. Remove bandage prior to showering and replace with a clean dressing afterward.

## Resume pre-operative diet

- › If taking Coumadin: limit intake of foods high in Vitamin K (dark leafy greens)
- › If taking Xarelto: avoid grapefruits and grapefruit juice

## Bowel regimen at home

Senna 1-2 tabs in the morning and evening while using pain medications until regular bowel movements have returned.

\*\*If no bowel movement by second day after discharge, use a Dulcolax suppository (OTC). If no bowel movement by the third day after discharge, use a Fleet enema (OTC). If no bowel movement after Fleet enema, call your physician.

## Cryotherapy

Use to manage pain and/or swelling.

- › Knees – Apply Cryocuff ice therapy throughout the day
- › Hips – Apply ice packs at least 6-8 times per day for 20-30 minutes



## For knee patients

Wear knee immobilizer at night while asleep until cleared by outpatient physical therapist.



## Incentive spirometer

Do it 10 times every 4 hours while awake for 2 weeks. Cough and deep breath frequently.



## TED stockings

Remove for 1 hour twice a day; wear for 4 weeks.



# AAMC Center for Joint Replacement

## Blood Clot Medication Prevention

### Warfarin (Coumadin®)

- › Take at the same time each night
- › Take only as directed for 4 weeks (28 days)
- › Lab: INR goal 1.8-2.4
- › Blood work is drawn every Monday and Thursday.
- › The clinical pharmacist will call you every Tuesday and Friday before 5 pm about your dose.



## Precautions for Coumadin®

- › Do not use a straight razor to shave; use an electric razor to shave, if needed.
- › No alcohol intake.
- › Limit food high in Vitamin K (ex. leafy green vegetables) but be consistent with your intake.
- › Only take the medications listed in your discharge instructions.
- › If a new medication starts, page the on-call Clinical Pharmacist – many medications interact with warfarin/Coumadin.

## Page the on-call Clinical Pharmacist at 443-481-1000:

- › If you have additional questions about your Warfarin/Coumadin® dose.
- › If you experience excessive diarrhea, vomiting, nose bleeds or black tarry stools.

## Blood Clot Prevention

- › Ankle pumps
- › Ambulation
- › Mechanical devices
- › Medication

## What are the signs I may have a blood clot in my leg?

- › Increased swelling that does not go down after elevation
- › New onset redness
- › New onset pain when performing ankle pumps and/or walking

## What is a pulmonary embolism?

A blood clot that has traveled to the lung.

## What are the signs I may have a pulmonary embolism?

- › Shortness of breath
- › Chest pain
- › Rapid heartbeat
- › Sweating
- › Confusion
- › Overall “I don’t feel right”

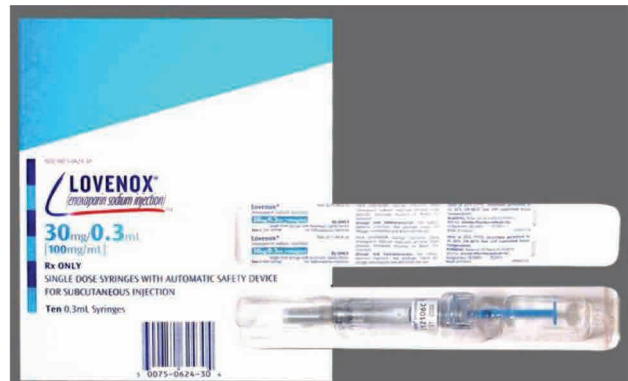
**Call 911 if you experience any of these signs!**

# AAMC Center for Joint Replacement

## Blood Clot Medication Prevention

### Enoxaparin (Lovenox®)

- › Take at the same time twice each day
- › Take only as directed until directed to stop
- › If taking along with warfarin/Coumadin®, the Clinical Pharmacist will instruct you when to stop taking



### Precautions for Lovenox®

- › Rotate injection sites
- › Don't expel the bubble prior to administering the injection
- › Do not use a straight razor to shave
- › No alcohol
- › Only take the medications listed in your discharge instructions

**Disposal of needles:** The Anne Arundel Department of Health recommends placing them into a wide-mouthed metal or heavy plastic container with a secure lid such as a coffee can. Bleach should be poured into the container which can then be sealed with a lid and discarded with household trash.

<http://www.aahealth.org/programs/env-hlth/housing/disposal-sharps>

## Blood Clot Prevention

- › Ankle pumps
- › Ambulation
- › Mechanical devices
- › Medication

### What are the signs I may have a blood clot in my leg?

- › Increased swelling that does not go down after elevation
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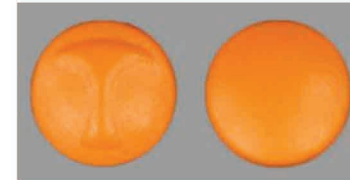
**Call 911 if you experience any of these signs!**

# AAMC Center for Joint Replacement

## Blood Clot Medication Prevention

### Enteric-coated Aspirin 325 mg

- › Take twice a day (10 am and 10 pm) for 6 weeks
- › Take with food or milk to not upset your stomach



### Precautions

- › Do not take any NSAIDs (Ibuprofen, Advil, Naprosyn, Aleve)
  - » Tylenol is okay
- › Do not use a straight razor to shave
- › No alcohol
- › Only take the medications listed in your discharge instructions
- › Wear white TED stockings for 4 weeks

## Blood Clot Prevention

- › Ankle pumps
- › Ambulation
- › Mechanical devices
- › Medication

### What are the signs I may have a blood clot in my leg?

- › Increased swelling that does not go down after elevation
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### What is a pulmonary embolism?

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**Call 911 if you experience any of these signs!**



# AAMC Center for Joint Replacement

## Blood Clot Medication Prevention

**Xarelto** (brand name)

**Rivaroxaban** (generic name)

- › Take nightly before bed with or without food
- › Take only as directed for 4 weeks



## Precautions for Xarelto

- › Do not use a straight razor to shave
- › No alcohol
- › Avoid grapefruit and grapefruit juice
- › Only take the medications listed in your discharge instructions

## Blood Clot Prevention

- › Ankle pumps
- › Ambulation
- › Mechanical devices
- › Medication

## What are the signs I may have a blood clot in my leg?

- › Increased swelling that does not go down after elevation
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**Call 911 if you experience any of these signs!**

# AAMC Center for Joint Replacement

## Blood Clot Medication Prevention

**Eliquis** (brand name)

**Apixaban** (generic name)

- › Take twice daily; one tablet in the morning and one tablet in the evening
- › Take only as directed



## Precautions for Eliquis

- › Call your doctor if you notice any of these side effects: allergic reaction, color change in urine (red or pink), red/black tarry stools, or unusual bleeding/bruising/weakness
- › No alcohol while on this medication
- › Only take the medications listed in your discharge instructions
- › If you have questions about this medication call your orthopedic surgeon’s office

## Blood Clot Prevention

- › Ankle pumps
- › Ambulation
- › Mechanical devices
- › Medication

## What are the signs I may have a blood clot in my leg?

- › Increased swelling that does not go down after elevation
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**Call 911 if you experience any of these signs!**

# Reducing Your Risk of Infection Before Surgery

Mupirocin nasal/topical ointment or cream is used to kill bacteria that can live in your nose and may spread to other people when you breathe or sneeze. These bacteria can also enter your surgical wound. Mupirocin is used in particular to kill a bacterium called Staphylococcus aureus (including MRSA), which is a common pathogen for infection. Many people carry Staph on their skin or in their nose without knowing it. Studies show that using mupirocin ointment prior to surgery significantly reduces the chance of a Staph infection after surgery.

## ► General Instructions:

- › You should start Mupirocin three days prior to surgery. To best protect you from infection, use this medicine for the full prescribed length of time.
- › Use Mupirocin the morning of surgery. Then, leave your Mupirocin at home. We'll provide you Mupirocin in the hospital.
- › Continue the Mupirocin for one week after surgery.
- › Wash your hands before you use the ointment; use a cotton swab to apply a small amount of ointment (about the size of a match head) to the inside of each nostril. Press the sides of your nose together to allow the ointment to spread around the inside of your nostrils. Do not apply Mupirocin to your surgical wound.
- › For Mupirocin to work properly, you should apply it regularly twice a day during the course of treatment.



# Reducing Your Risk of Infection Before Surgery

Preparing the skin with an antiseptic solution before surgery can significantly reduce your risk of infection at the surgical site. Anne Arundel Medical Center has chosen disposable cloths moistened with a rinse-free antiseptic solution [2% Chlorhexidine Gluconate] for you to prepare your skin at home.



## ► General Instructions:

You will receive three packages of antiseptic cloths from your surgeon's office. Each package contains two cloths, for a total of six. As directed, you will use three cloths each time you prepare your skin.

- › Avoid shaving any area of your body for the two days before surgery.
- › Do NOT wax for the two weeks prior to surgery.
- › Cloths should NOT come in contact with or be exposed to your eyes, ears or mouth.
- › Do NOT microwave cloths or flush them in toilet.
- › If you have an allergic reaction to the cloths, discontinue use and notify your surgeon.

Questions about preparing for surgery? Call askAAMC at 443-481-4000.

## ► 2 Nights Before Surgery \_\_\_\_\_ Date \_\_\_\_\_



- › Take a bath or shower with regular soap and shampoo, if desired.
- › Dry off with a clean towel, making sure skin is completely dry.
- › Open two packages, using only three cloths as follows:



- › **Cloth #1:** Gently wipe the FRONT of your body, starting from the neck down to your feet.
- › **Cloth #2:** Gently wipe the BACK of your body, starting from the neck down to your feet. (You may need another person to assist you.)
- › **Cloth #3:** Gently wipe the SURGICAL AREA only.

- › Reseal package with remaining **Cloth #4** to prevent it from drying out.
- › Allow skin to air dry for at least one minute before getting dressed. It is normal for the cloth to leave your skin feeling sticky.



- › Do NOT rinse or apply lotions, moisturizers or perfume after preparing skin.

## ► 1 Night Before Surgery \_\_\_\_\_ Date \_\_\_\_\_



- › Take a bath or shower with regular soap and shampoo, if desired.
- › Dry off with a clean towel, making sure skin is completely dry.
- › Use the remaining three cloths as follows:



- › **Cloth #4:** Gently wipe the FRONT of your body, starting from the neck down to your feet.
- › **Cloth #5:** Gently wipe the BACK of your body, starting from the neck down to your feet. (You may need another person to assist you.)
- › **Cloth #6:** Gently wipe the SURGICAL AREA only.

- › Allow skin to air dry for at least one minute before getting dressed. It is normal for the cloth to leave your skin feeling sticky.



- › Do NOT rinse or apply lotions, moisturizers or perfume after preparing skin.

## ► Day of Surgery \_\_\_\_\_ Date \_\_\_\_\_



- › Do NOT shower or bathe.
- › You may wash your hands/face and brush your teeth.



# NOTES

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