RIDEOUT REGIONAL MEDICAL CENTER'S

Pre-operative Total Hip Replacement Program

PLEASE BRING THIS BOOK WITH YOU TO:

- Every office visit
- Your Pre-op Testing visit
- Your Pre-op Therapy Class
- The hospital on admission
- All physical therapy visits after surgery
The Joint Replacement Program at Rideout Health was developed through the cooperation and collaboration of the following:
Departments of Nursing, Rehabilitation, Pharmacy, Nutrition, Surgery
Lee Tocchi MD, Sukhdeep Sagoo DO and the Orthopedic Surgeons at Rideout Health
Rideout Home Health and the Fountains Skilled Skilled Nursing and Rehabilitation Services
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Thank you for choosing Rideout Regional Medical Center’s Joint Replacement Program to help restore you to a higher quality of living with your new prosthetic joint.

According to the Centers for Disease Control and Prevention (CDC), over 1 million people underwent total joint replacement in 2011. Primary candidates are people with arthritis and chronic joint pain, knees and/or hips that interfere with walking, exercise, leisure, recreation, and work. The surgery aims to relieve pain, restore independence and return people to work or daily activities.

Total joint replacement patients recover quickly. Patients are able to walk as soon as the first day after surgery. Generally, patients are able to return to driving in four to six weeks and golf in six to twelve weeks.

The Rideout Regional Medical Center’s Joint Replacement Program has developed a comprehensive planned course of treatment. YOU play a key role in ensuring a successful recovery. Our goal is to involve you in your treatment every step of the way. This patient guide will give you the necessary information for your safe and successful surgical outcome.

Your team includes your physician, surgeon, nurses, physical therapists, occupational therapists and dieticians that are trained in caring for total joint patients. Every detail, from preoperative teaching to post-operative exercising, is considered and reviewed with you. Education is the key to a successful course of treatment.
An organized plan including education, continuity of care and a pre-arranged discharge are essential for optimum results for your joint surgery. Communication is essential to this process. This Joint Guidebook is a communication and education tool for patients, physicians, physical and occupational therapists, and nurses. It is designed to educate you so that you know:

- What to expect every step of the way
- What you need to know and do before and after surgery
- Different phases of care for your new joint replacement

PLEASE KEEP IN MIND – THIS IS JUST A GUIDE

Your physician, surgeon, nurse or therapist may add to or change many of the recommendations. Always use their recommendations first and ask questions if you are unsure of any information.

Keep your Joint Guidebook as a handy reference for at least the first year after your surgery.
The Joint Replacement Program at Rideout Regional Medical Center

The Rideout Regional Medical Center’s Joint Replacement Program is a dedicated program within the Rideout Health organization. Patients generally have their surgery one day and walk out independently to home two to four days post operatively with home health therapy. If further rehabilitation is needed, patients may require a short stay in our Skilled Nursing & Rehabilitation a community skilled nursing facility.

Our Joint Replacement Program Includes:

- Nurses and Therapists who specialize in the care of joint replacement patients
- Individualized physical therapy
- Occupational Therapy to instruct you on activities of daily living
- Education will include your family/friends to help “coach” you throughout your recovery process
- Case Management to help coordinate your discharge needs
- Your Joint Guidebook
It is always in your best interest and safety for your healthcare provider to know what medications (both prescribed and over the counter) you are taking. Many prescribed, over the counter medications and herbal or dietary supplements can interact with each other causing unwanted side effects.

When you are hospitalized, this list is essential to maintaining your health. Please list the medications, doses and times a day you take your current medications on this form.

Keep this information up to date and give it to all of your medical providers.

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Your surgeon will review the findings of his examination, your x-rays and other information you have given him. He will talk to you about your diagnosis and what is the best treatment for your joint problem.

If it has been determined that you would benefit from a Total Joint Replacement, and you have decided that this is your best option, his office staff will give you this Joint Guidebook. They will then schedule your surgery and assist you in all of the following:

- Schedule your appointment at the Pre-Op Testing Department at Rideout Regional Medical Center. Their phone number is 749-4378
  Address: 414 G Street, Suite 140, Marysville

- Schedule you for the Pre-Op Total Joint Class:

  Total Joint Class:

  *Based on meeting room availability, the class may be held at

  The class location will be confirmed for you when you sign up for the class.

- Act as a contact for you between the Doctor’s office, the hospital, and the testing facilities

- Make sure that you have made an appointment with your Medical Doctor if you have other medical problems.

- Get copies of all of the pre-op tests your Doctors may have ordered.

- Answer questions and direct you to any resources you may need within the hospital.

You may call the Rideout Orthopedic Clinic at (530) 751-7201 at any time before surgery to ask questions or raise concerns about your upcoming surgery.
Registration Process:

At the point of registration you will be asked for all necessary contact and insurance information. We will ask you for copies of your insurance card(s) if this is your first visit. For returning patients, we will re-verify all previous information to ensure accuracy in the event that there are changes in your coverage or address.

Patients will receive separate bills from physicians such as Anesthesiologists, Radiologists, Pathologists and other physicians. If you have any questions regarding physicians’ bills, please contact their office directly.

If you have questions regarding whether your insurance is contracted with Rideout Regional Medical Center, please contact your insurance company for confirmation. Should you require a copy of your itemized bill, please contact our Patient Financial Service at 530 749-1915.

Billing Process for Patients without Insurance:

This information only applies to hospital services provided by Rideout Regional Medical Center. Other providers such as physicians, anesthesiologists, ambulance services, may bill you separately for services they provide.

We offer financial assistance and discount payments based upon our uninsured patient’s income. To qualify for this program, your family income must meet guidelines associated with the Federal Poverty Level. The Financial Assistance applications and copies of the Discount Payment Plan policy may be requested by contacting Patient Financial Services at 530 749-1915 or the Hospital’s Financial Counselors.
Contact your Insurance Company

Before surgery, we recommend that you call your insurance company regarding benefit coverage prior to admission. You should understand what they will cover and what you may be responsible for. They may let you know if you need pre-authorization, pre-certification, second opinion or a referral form. You should also inquire about medical equipment, transportation rehab facilities and outpatient physical therapy coverage.

Get Pre-Admission Testing Done

Your physician will order some testing to be done before your surgery. Tests may include lab, EKG, x-rays or other imaging procedures. You do not need to fast before these tests.

To make sure the results of your tests are available to your surgeon before your surgery, we recommend that you have your tests performed at the Pre-Op Center at the Medical Complex Building located at 414 G. Street, suite 140, Marysville, Phone #(530) 749-4378

You may spend up to one hour in the Pre-Op Center depending on the amount of testing your physician has ordered. During your visit you will be weighed and have a nursing assessment done. Wear comfortable clothing as you will be asked to partially change if x-rays and/or EKG are requested by your doctor.

Start Pre-Operative Exercises

Many patients with arthritis are inactive due to painful joints. This may cause further weakness. This can make recovery from total joint replacement more difficult. It is important that you begin an exercise program before surgery. The exercises listed at the end of this section are designed to help you to become stronger for surgery. Try to begin these exercises before your surgery. If you have pain, do only what you can tolerate, do not over exert yourself.

Review “Your Right to Make Decisions about Medical Treatment” – Advanced Directives

Federal law requires that you be given information regarding Advanced Directives. This information is contained in a brochure at the back of the guidebook. Please review with your family. An Advanced Directive form can be found online at, www.Uslivingwillregistry.com It is not required that you have an “Advanced Directive”.
You may have discovered that you’ve been less active because of your hip joint discomfort. When muscles aren’t used, they become weak and don’t perform well in supporting and moving your body.

Having your hip replacement surgery will correct the joint problem, but you will need a regular exercise program to strengthen your muscles and properly support your new joint.

Beginning an exercise program before your surgery can greatly enhance your recovery period. Follow your doctor’s orders before your surgery.

Because everyone responds to exercise differently, you need to be the judge of how much exercise you can do each day. If an exercise causes an increase in joint discomfort, stop doing that exercise.

You should try to exercise one to two times a day, every day, before surgery. Complete five repetitions of each exercise. If you are comfortable with the exercise, increase the repetitions by five each week until you reach 20 repetitions (week one: 5 to 10 repetitions, week two: 10 to 15 repetitions and week three: 15 to 20 repetitions).

For the most comfort, do the exercises lying down. Your bed is an excellent place to do your exercises.
**PRE-OP EXERCISES**

**Ankle pumps and circles**
Bend both your ankles up, pulling your toes toward you, and then bend both your ankles down, pointing your toes away from you. In addition, rotate your foot clockwise and counterclockwise, keeping your toes pointed toward the ceiling.

**Leg slides (abduction/adduction)**
Slide your involved leg out to the side, keeping your kneecap pointed up toward the ceiling. Slide your leg back to the starting position. You may want to use a cookie sheet under your heel to help it slide easier.

**Thigh squeezes (quadriceps sets)**
Tighten the muscles in front of your thigh by pushing the back of your knee down into the bed. Hold for 5 seconds and relax.

**Lying kicks (short arc quadriceps)**
Lie on your back with a 3-pound coffee can or rolled blanket under your involved knee. Straighten your involved knee. Hold for 5 seconds. Slowly lower your leg down and relax. The back of your knee should stay in contact with the can/blanket throughout the exercise.

**Heel slides (hip and knee flexion)**
Bend your hip and knee by sliding your heel up toward your buttocks while keeping your heel on the bed. Slide your heel back down to the starting position. Keep your kneecap pointed up toward the ceiling during the exercise. You may want to use a cookie sheet under your heel to help it slide easier.

**Buttocks squeezes (gluteal sets)**
Tighten your buttocks muscles by squeezing the muscles together. Hold for 5 seconds.
**PRE-OP EXERCISES**

**Bed mobility exercise**
Lie flat on your back. Come up on both elbows. Straighten arms out behind you and come to a sitting position. Lower yourself down onto your elbows again, then down to lying flat.

**Sitting kicks (long arc quads)**
Sit in a sturdy chair. Straighten your knee as much as possible. Hold for 5 seconds. Slowly lower your leg down and relax.

**Chair push up**
Sit on a sturdy chair with arms. Grasp the arms of the chair. Push down on the chair arms, straightening your elbows so that you raise your buttocks off the seat of the chair. Hold for 5 seconds. Lower yourself slowly back into the chair. If your arms are weak at first, use your legs to help raise your buttocks off the chair.

**Optional: Abduction sets**
Tighten muscles on the outside part of your thigh by pushing the involved leg outward against an immovable object. Hold for 5 seconds.

**Optional: Straight leg raises**
Bend your uninvolved leg with foot flat on the bed. Raise your involved leg up (about 12 inches), keeping your knee straight. Hold for 5 seconds. Slowly lower your leg down and relax.
2-4 WEEKS BEFORE SURGERY

• Begin your exercises – follow examples given in previous section

• Read “Understanding my Anesthesia”
  
  o Total Joint Surgery requires the use of either regional (epidural) anesthesia and/or general anesthesia. Please review “Understanding my Anesthesia”. Prior to going into surgery, you will meet with an Anesthesiologist to go over your previous experiences, medication history, etc. If you have any questions, please contact your surgeon’s office.

1-2 WEEKS BEFORE SURGERY

• Pre-Operative Class

  This class is held for patients scheduled for Joint Replacement surgery. You will only need to attend one class. The team presenting the class will be an Orthopedic Nurse and/or a Physical/Occupational Therapist will be there to meet you. The outline of the class includes pain management, daily activities and learning what arrangements are made for you after discharge home. It is strongly suggested that you bring a family member or friend as your “Coach”. The Coach’s role will be explained in class.

• Pre-Operative appointment with Surgeon

  A pre-operative appointment with our surgeon will be scheduled within 1-2 weeks before your surgery. This is a final checkup and a time to ask any questions that you might have.
• **Stop Medications that increase bleeding**

Ten days before surgery stop all medications containing aspirin. Any anti-inflammatory medications such as Motrin, naproxen, etc., should be stopped at least 7 days before surgery. Supplements such as Fish oil, Vitamin E and Gingko Bilboa should also be stopped. These medications may cause increased bleeding. If you are going to be on Coumadin (warfarin) you will need special instructions for taking the medication. You will also need to review the attached “warfarin” instructions on food and drug interactions. The Surgeon’s office staff will instruct you on what to do with your other medications.

• **Prepare your home for your return from the hospital**

Have your house ready for your return. Clean – do the laundry and put it away. Prepare meals and freeze so they can easily be reheated. Remove electrical cords and other obstructions from walkways. Remove throw rugs and tack down loose carpeting.

• **Find out your arrival time at the hospital**

The Pre-Op Center staff will let you know the approximate time of your surgery and when you should arrive at the hospital. Generally, you will be asked to come to the hospital two hours before the scheduled surgery to give the holding area nursing staff sufficient time to start Intravenous Therapy and answer any final questions.

It is important that you arrive on time to the hospital because sometimes the surgical time is moved up at the last minute and your surgery could start earlier. If you are late, it may create a significant problem with starting your surgery on time. In some cases, this could result in moving your surgery to a much later time.
**THE NIGHT BEFORE SURGERY**

**NPO – DO NOT EAT OR DRINK**

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

**WHAT TO BRING TO THE HOSPITAL**

- Joint Guidebook
- Copy of your Advance Directive (Durable Power of Attorney for Health Care) if you have one.
- Your list of medications you filled out in your Joint Guidebook
- Personal hygiene items
- Clothing – pajamas, elastic waistband shorts, tops, or sweats (loose fitting clothing), do not bring jeans or jean shorts.
- Well-fitting slippers, flat shoes or tennis shoes
- **No** electrical items will be allowed due to fire regulations. You may bring battery operated items.
- **Do not** bring medications unless instructed to do so by your doctor or staff.

**SPECIAL INSTRUCTIONS**

Your doctor may want you to take your first dose of Coumadin the morning of surgery. Follow your surgeon’s instructions.
Who are the anesthesiologists?

The Operating Room and PACU (Post Anesthesia Care Unit) at Rideout Regional Medical Center are staffed by Board Certified anesthesiologists. Each member of the service is an individual practitioner with privileges who practice at Rideout Health.

What types of anesthesia are available?

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

**GENERAL ANESTHESIA** – provides loss of consciousness

**REGIONAL ANESTHESIA** – involves the injection of a local anesthetic to provide numbness, loss of pain or loss of sensation to a large region of the body. Regional anesthetic techniques include spinal blocks, epidural blocks and arm and leg blocks. Medications can be given to make you drowsy and blur your memory.

**COMBINED THERAPY** – is a regional anesthesia such as an epidural is performed before the operation, primarily for postoperative pain control, and then a general anesthetic is given in the operating room.

Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options, as well as any complications or side effects that can occur with each type of anesthetic. Your doctors and nurses can relieve pain with medications. Your discomfort should be tolerable, but do not expect to be totally pain-free.

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

Once in the operating room, monitoring devices will be attached such as a blood pressure cuff, EKG and other devices for your safety. At this point, you will be ready for your anesthesia.
During Surgery – What does my anesthesiologist do?

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

Recovery Room – What does my anesthesiologist do?

After surgery, you will be taken to the PACU. You will be watched closely by specially trained nurses. During this period, you may be given extra oxygen and your breathing and heart functions will be observed closely. An anesthesiologist is available to provide care as needed for your safe recovery. If you have an epidural after surgery, an anesthesiologist will see you each day to check on your level of pain relief.
You should report to Rideout Regional Medical Center 726 4th St. Marysville at your scheduled time and go to the location where you were instructed by the Pre-Op Center. Family members can then go to the surgical waiting area on the 2nd floor of the hospital. Your surgeon will see your family in this area when the procedure is completed. If your family cannot stay, please inform the nursing staff.

**What to expect:**

In the Operating Room Holding area, you will be prepared for surgery. An IV will be started and your surgeon will mark the surgical site area. A Registered Nurse, as well as your anesthesiologist will interview you. They will escort you to the operating room, where you will meet back up with your surgeon.

Following surgery, you will be taken to the recovery area (PACU) where you will remain for 1-2 hours. During this time, pain control will be established and your vital signs will be monitored. You will then be taken to your room where an orthopedic nurse will care for you.

**Only one or two very close family members or friends should visit you on this day.**

Most of the discomfort occurs during the first 24-48 hours following your joint surgery. If you have an epidural [During this time you will be receiving numbing medication through your epidural catheter.] You may also require pain medication. You will remain in bed for the first night. It is very important that you begin ankle pumps on this first day. This will help prevent blood clots from forming in your legs. You should also begin using your incentive spirometer for deep breathing exercise.

Expect your legs to be very numb initially after surgery and when you return to your room. The epidural will be decreased over the course of the next day but gradually so the pain does not become too strong. Not being able to control your leg is normal with the epidural so do not panic. Sensation and function will return.
DAY ONE AFTER SURGERY

The Surgeon will visit you to assess how you are doing and to confirm that you can progress your activities. Each day your nursing staff will assist you with breakfast, help you bathe and get dressed in the loose fitting clothes that you’ve brought to the hospital. The epidural pain medication will be decreased on the first day, and the catheter removed. You will also continue taking oral pain medication on a regular basis. The nurses will check with you frequently to make sure your pain is controlled.

The main focus or goal for the first day after surgery is pain control and beginning your therapy. Your Physical Therapist will visit and perform an assessment on your abilities and begin your therapy. You will have therapy 1-2 times a day depending on the type of surgery and your Surgeon’s instructions. Pain control is very important. The therapists will be working in collaboration with your nurse to ensure you have pain medication prior to their visits.

You should allow yourself to sleep during the day to catch up on rest. Your team of professionals will wake you as needed for therapy and medications. Evenings are usually free for friends to visit, however patients may or may not be up to visiting for long periods of time.

DAY TWO AFTER SURGERY

Day two after surgery involves more active use of your new joint – standing, walking and range of motion exercises. Pain is usually less than on day one and patients are generally feeling more confident. It will be expected to be up in a chair for meals as this is part of your physical therapy regimen. Physical Therapy will again make their visits 1-2 times a day. They will reinforce your hip precautions and education on joint care. Every patient progresses differently and cannot be compared to one another. Your Physical Therapist will be reviewing your advances each visit and will be looking for improved strength, decreased pain, and increased mobility.
By day three after surgery, you will be more confident and have better pain control. Your Physical Therapy Team will be getting you ready to go home. They will train you to safely use stairs and steps using assistive devices.

If you haven’t reached the goals to be discharged home, the Physical Therapy Team will be communicating their assessments to the Case Management Team and your Surgeon. Specific orders will be written by your Surgeon to set up rehabilitation services. Case Management will discuss options for further rehabilitation services at a skilled nursing facility in our area.

**GOALS BEFORE YOU ARE DISCHARGED FROM THE HOSPITAL**

- In/out of bed
- On and off Chair/Toilet
- Improve your walking quality
- Determine the proper assistive devices
- Safely navigate stairs/steps
- Transfers (in/out of car)

You will need to arrange for someone responsible to drive you home from the hospital. **If not, you are responsible for payment for transportation because this is not covered by insurance.** You will receive written discharge instructions concerning medications, diet, and activity restrictions from your Nurse. **You must sign these before you leave.** The time of discharge is dependent upon how you are doing; however, the average patient leaves between 10 am and 12:00 pm on day of discharge.
The best way to insure your success is to have a plan in place for you after you leave the hospital. We begin the process as soon as you are scheduled for surgery and finalize the plan before you are discharged. Our Case Management team will visit you in your room while you are in the hospital to review the following information:

- A Medical Questionnaire sheet (equipment, your home layout, stairs, etc)
- Who will be helping you after you leave the hospital (spouse, family, friend)
- If you have a previous home health agency that you have worked with before – would you like to use them again?

It is recommended you call your insurance company to review your benefit coverage related to your post-operative care, prior to admission. The Case Manager will discuss possible insurance benefit coverage and what you may have to pay out of pocket. They will arrange home health visits and will review these plans with you and your Coach. They will let you know when the Home Health will begin their visits. Home Health can consist of Physical Therapy, Occupational Therapy, a Nurse or a Home Health Aide.

What if I live alone?

Options for people who live alone or have no one to assist at home include:

- Arrange for family or a friend to help at your home for about one week.
- Hiring an Attendant Care Agency for help at home
- Staying with friends or family for a short period before going home

Skilled Nursing Facilities

If we feel you are not safe to go to your home due to medical or physical reasons, we will arrange for you to go to a skilled nursing facility (SNF). If you think this is an option, go and look at facilities in your area. Ask about therapy, the shared rooms, and meals and look around to see if this would be suitable for your needs. The rehabilitation care that you receive will be a continuation of the type of care you have received here at Rideout Regional Medical Center. Expect to stay three to 7 days, based upon your progress. Someone responsible may drive you or the Care Manager can arrange for transportation (this may not be covered by your insurance). Transfer papers will be completed by your Doctor and Nurse. Upon discharge home, instructions and equipment will be given to you by the SNF staff.
A pain scale helps you rate your pain intensity. In the scale below, 0 means no pain, and 10 is the worst imaginable pain possible. Nursing will frequently assess your pain level, by asking you to “rate your pain”. It is our expectation that you will use the scale below to help communicate your pain. You may feel some pain even with medications, but tell your nursing team if the medications don’t reduce the pain to a tolerable level.

Understanding the Pain Response

Your pain is important. It can slow healing and keep you from being active. You may have acute or chronic pain. Both types of pain respond to treatment. Work with your healthcare professional. Together you can find relief.

Types of Pain

**Acute pain** is caused by a health problem or injury. The pain goes away when its cause is treated. You may have pain:

- From an illness or injury that needs emergency care.
- After an operation, such as heart surgery.
- During and after the birth of your baby.

**Chronic pain** lasts 3–6 months or more. It can be caused by a health problem or injury, such as arthritis or a shoulder injury. Chronic pain can also exist without a clear cause.
Your Perception of Pain

All pain signals travel to the brain. The brain sends back signals to protect the body. The brain also sends out its own painkillers (endorphins). These can help reduce the pain.

1. Pain starts in one or more parts of the body. In some cases, the site of the pain is far from its source.
2. Pain signals move through nerves and up the spinal cord.
3. The brain reads the signals as pain. Natural painkillers are released.
4. The feeling of pain is reduced.
Listening to soothing music has shown to relax the brain and body. Bring soothing music you can listen to along with the following suggestions to help keep pain under control.

**Jaw Relaxation Instructions**

- Let your lower jaw drop slightly, as though you were starting to yawn.
- Keep your tongue still and resting on the bottom of your mouth.
- Let your lips get slack (soft).
- Breathe slowly, evenly, and rhythmically: inhale, exhale, and rest.

**Deep Breath/Tense, Exhale/Relax, Yawn for Quick Relaxation**

- Clench your fists; breathe in deeply and hold it for a moment.
- Breathe out slowly and go limp as a rag doll.
- Start yawning.

**Slow Rhythmic Breathing for Relaxation**

- Breathe in slowly and deeply
- As you breathe out slowly, feel yourself beginning to relax; feel the tension leave your body
- Now breathe in and out slowly and regularly, at whatever rate is comfortable for you.
- To help you focus on your breathing, breathe in as you say silently to yourself, “in, two, three”. Breathe out as you say silently to yourself, “out, two, three”.
- You may imagine that you are doing this in a calm and relaxing place – sunning at the beach, fishing on the lake, etc
- Keep doing this as long as you want
- End with a slow deep breath. As you breathe out say to yourself, “I feel alert and relaxed”.

**RELAXATION TECHNIQUES FOR COPING WITH PAIN**
Read this chapter **BEFORE** surgery and **AFTER** you come home from the hospital. You should refer to this chapter for many of your questions since it contains answers to many of the questions patients and families have after leaving the hospital.

Once you are discharged, your nurse will review your final instructions with you. You will need to sign your discharge instructions before you leave.

**Caring for yourself at Home**

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

**Myth:** No pain, no gain!

**Fact:** Pain and swelling are enemies to your healing. You cannot make progress if you are always swollen or having severe pain. You should expect to have pain after you exercise but regular pain medicine (opioids) will help keep it TOLERABLE.

**Myth:** More is better!

**Fact:** You cannot make your body heal faster by doing more exercise. This can be detrimental to your healing process and cause the opposite effect. Slow and steady progress is better than more.

**Myth:** I need to stop taking pain medication as soon as possible because I do not like how it makes me feel.

**Fact:** It is proven that taking pain medication regularly can help control your pain and cause you to need less of it. Call your Surgeon’s office if you are having difficulty taking pain medications but stopping them completely can slow your progress.

**Myth:** I can just stop taking my pain medicine (opioids) any time.

**Fact:** When you take pain medicine regularly for more than a week or two, your body gets used to them. It is better to “wean” yourself off of them by decreasing the amount of pills you take each day by one or two over a week or so. There is no hard or fast rule – go by how you feel.
Pain Control

- Take your pain medicine on a regular basis, every 6 hours, and at least 45 minutes before physical therapy. You will probably need to take it regularly for 4-6 weeks. Do not try to wean yourself off of pain medicine sooner than 2 weeks after surgery.

- Once you find that you do not need so much of the prescription pain medicine, you may take two extra-strength Tylenol in place of your prescription medication, up to four times per day. Some people find that taking the anti-inflammatory medicine that they took before surgery is also very helpful. You can restart your anti-inflammatory medicine once you have stopped taking Coumadin (if you were taking this).

- Change your position every 45 minutes throughout the day. You may find that stiffness of your hip can be very uncomfortable and that by moving around, it will loosen up and feel better.

- Use Ice for pain control. Applying ice to your hip will decrease discomfort, 45 minutes at a time every 2 hours. It is especially good to ice your hip after your exercise program. Use the ice bags that you took home from the hospital. A bag of frozen peas wrapped in a pillowcase can make an ideal ice pack.

Muscle Pain

- Massage your thigh muscle below your bandage to help increase blood flow to the muscle and prevent tightness.

- Use a can or rolling pin to provide pressure on top and sides of the muscle.

- Try to bend your hip as you massage. This improves your range of motion and helps the muscle to relax.

Constipation

- Pain medications cause constipation. Use a combination of laxative and stool softener (ie, Senakot-S) every day for as long as it takes to help with regularity. You can get these from your preferred pharmacy. Drinking plenty of water, juices and prune juice can help. 4-6 prunes a day can also help you.

- Your appetite may be poor due to many things after surgery as well as constipation. Drink plenty of fluids to keep from getting dehydrated, and eat foods high in fiber that help to keep your bowels moving regularly.
Energy Level

• You may have difficulty sleeping. This is normal. Do not sleep or nap too much during the day. Making sure that you take your pain medication regularly should also help you to sleep better.

• Your energy level will be decreased for a couple of months. At home you will find that you have become independent, but once you start to get out and go to outpatient therapy, you may find that your energy has decreased because you are expecting more of your body.

• Many people can experience depression at the 4-6 week period. This is the time when you are getting out more, but may find that you have not reached the goals that you had set for yourself. This is a time to have friends come and cheer you up! Getting outside, using laughter, renting movies, music and anything to distract you can be very uplifting.

Back Pain

• Many patients with knee/hip problems also have low back pain. This is usually caused by poor posture and improper walking (being hunched over). After surgery, you may initially still have pain from an increase in your activity and new gait.

• Including low back stretches in your daily routine, practicing proper body mechanics and working in front of a mirror will help decrease your low back pain. In Section 5, there are some back stretches that you may want to try. Make sure that you sit with good back support and when you walk, use a good upright posture.

Urination

• You received a lot of fluid through your IV in the hospital. You will probably get up many times to urinate, especially at night, for about one week after surgery. This is normal as your body gets rid of the excess fluid after your surgery. If you notice burning when you urinate or if you are urinating many times with very small amounts, as if you are not emptying, contact your Primary Care Doctor’s office.

Heel Care

• You may find that your heels are becoming tender, which can be caused by the stockings and sometimes from rubbing your heels on the bed when doing the foot/ankle exercises too vigorously. Make sure to lift your heels off the bed when doing the ankle exercises. If you find you cannot tolerate sleeping on your side, you might want to place a pillow under your calf to “float” your heel(s) while you are lying on your back.
Stockings

- You will wear white anti-embolic (support) stockings. These stockings are used to help control swelling in your legs.
  - Wear these stockings during the daytime to help keep the swelling down in your leg and ankle. You may remove them at night.
  - Swelling occurs with exercise and/or with increased time on your feet. Use the “1 to 1” rule – up for an hour, down for an hour.
  - Notify your surgeon if you notice increased pain or swelling in either leg.
  - Use the stockings on both legs for 4 days after surgery, and then continue to wear one on the surgery leg until you see your Surgeon in the office.

Do not use the following until cleared by your surgeon – these can cause infection when the wound is not completely closed/healed and only your Doctor can determine this.

- Bathtubs
- Hot tubs
- Swimming pools

Infection

Signs of Infection: Notify your surgeon if there are any of the following signs:

- Increased swelling, redness at incision site
- Change in color, amount, odor of drainage
- Increased pain in the hip
- Fever greater than 101°F Fahrenheit (take your temperature once a day)

Prevention of Infection

- Take proper care of your incision as explained in the following pages.
- Take prophylactic antibiotics when having dental work or other potential contaminating procedures such as eye, gastrointestinal, urinary or other invasive procedures.
- Notify your physician or dentist that you have a total joint replacement.
Blood Clots

**Signs of Blood Clots in Legs**

- Swelling in thigh, calf or ankle that does not go down with elevation.
- Pain, tenderness in calf. NOTE: blood clots can form in either leg.

**Prevention of Blood Clots**

Surgery may cause the blood to slow and coagulate in the veins of your legs, creating a blood clot. This is why you take blood thinners after surgery. If a clot occurs after you go home, you may need to be admitted to the hospital to receive intravenous blood thinners. Prompt treatment usually prevents the more serious complication of pulmonary embolus.

**Do the following for prevention:**

- Walking and exercises (Foot and ankle pumps while in the hospital),
- Anti-embolic Stockings to control swelling in your leg,
- Blood-thinners such as baby aspirin, Coumadin or Lovenox.

Pulmonary Embolus

**Possible Signs of Pulmonary Embolus**

An unrecognized blood clot could break off in the vein and go to the lungs. This is an emergency and you should CALL 911 if any of the following occurs:

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

**Prevention of Pulmonary Embolus**

- Prevent blood clot in your legs
- Recognize a blood clot in your leg and call your physician right away
**Coumadin/Lovenox**

These are blood thinners that you will be given to help avoid blood clots in your legs during your hospital stay. You may need to take them when you go home for a SHORT period of time.

Coumadin (Warfarin) comes in the form of a pill that must be taken once each night at the same time. The amount you take may change depending on how much your blood thins. Therefore it may be necessary to do blood tests once or twice weekly to keep track of your levels.

**Important facts about Coumadin:**

- **Drug interactions:** There are many medications that you should not use while you are taking Coumadin. These include many herbs, supplements, and over the counter (nonprescription) medications. **ASK YOUR DOCTOR BEFORE YOU USE ANY OTHER MEDICINE** – especially products that contain non-steroidal anti-inflammatory drugs (NSAIDS) such as aspirin, baby aspirin, ibuprofen, naproxen, Advil, Aleve, or Motrin.

- **Food Interaction:** This medicine works best when you eat about the same amount of vitamin K in your food every day. Avoid big changes in how much vitamin K you eat. Some foods that have a high amount of vitamin K are asparagus, broccoli, brussel sprouts, cabbage, green leafy vegetables (such as collards, turnip greens, mustard greens, spinach, and salad greens), plums, rhubarb, and certain vegetable oils (such as soybean oil and canola oil).

- Avoid taking a large quantity of cranberry juice or other cranberry products.

- Do not drink alcohol while you are using this medicine.
General Instructions:

With both your orthopedic and primary care Physicians’ permission, you should be on a regularly scheduled exercise program three to four times per week. Each session should last at least 60 minutes. Impact activities such as running and singles tennis may put too much load and stress on your new joint and are not recommended. High-risk activities such as downhill skiing are likewise discouraged because of the risk of fractures around the prosthesis. Infections are always a potential problem and you may need antibiotics for prevention.

• Take antibiotics one hour before you are having dental work or other invasive procedures after surgery.

• Although the risks are very low for post-op infections, it is important to realize that the risk remains. A prosthetic joint could possibly attract the bacteria from an infection located in another part of your body.

• Cuts, tooth infections and untreated abrasions can become infected if not treated properly. Treat with proper care and do not ignore these injuries. Superficial scratches may be treated with topical antibiotic ointment. If you should develop a fever of more than 101 degrees, or sustain an injury such as a cut or puncture wound, you should clean it as best you can, put a sterile dressing or Band-Aid on it and notify your doctor. The closer the injury is to your prosthesis, the bigger the concern. Occasionally, antibiotics may be needed. Notify your doctor if the joint area is painful, stiff or reddened.

• When traveling, stretch more and change positions hourly to prevent joint from tightening.

• Be sure to make all of your post-operative appointments. It is highly recommended that you contact your surgeon when you reach your 6 year anniversary of your new joint. Annual visits from this point on are important to evaluate how your joint is holding up.
Pre-Operative Questions:

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

What is a total hip replacement?
A total hip replacement is an operation that removes the arthritic ball of the upper femur (thigh bone) as well as damaged bone and cartilage from the hip socket. The ball is replaced with a metal ball that is fixed solidly inside the femur. The socket is replaced with a plastic or metal liner that is usually fixed inside a metal shell to create a smoothly functioning joint.

What are the results of total hip replacement?
Results will vary depending on the quality of the surrounding tissue, the severity of the arthritis at the time of surgery, the patient’s activity level, and the patient’s adherence to the doctor’s orders.

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

Should I exercise before the surgery?
Yes, you should consult your surgeon and physical therapist about the exercise appropriate for you. The more prepared you are for surgery the better the potential recovery. Strengthening your entire body may help you perform daily activities after your new hip surgery.
Will the surgery be painful?
You will have discomfort following surgery, but we will keep you comfortable with appropriate medication. Our joint patients have an epidural catheter attached to a special pump that delivers the drug directly into the catheter that helps control the pain the first night after surgery.

Will I need blood?
You may need blood after the surgery. You may use the community blood supply, have your relatives donate for you or donate your own blood, if you are able.

How long does the surgery take?
We reserve approximately 3 to 4 hours for surgery. Some of this time is taken by the operating room staff to prepare for the surgery. Following surgery, you will be taken to a recovery area and will spend approximately 1 to 2 hours. After recovery, you will be transported to your room.

How long will I be in the hospital?
How soon you leave the hospital depends on when the pain can be brought under control using oral medication and how soon you achieve safe, independent mobility. Depending on circumstances this is usually anywhere between 2-5 days of hospitalization.

Will I go to a rehabilitation facility or home?
It depends. Many people are able to go home after their operation; however, you may go to a rehabilitation facility in order to gain the skills you need to safely return home. Many factors will be considered in this decision. These factors include the availability of having friends or family to assist you at home, a safe home environment, postoperative functional status as determined by a physical therapist in the hospital, and overall evaluation by your hospital team.

When can I drive?
This varies from patient to patient depending upon one’s comfort and confidence. Typically, patients may drive when they are using a cane comfortably and not taking pain medication. Do not drive if you are taking prescription pain medication. Some surgeons do not allow the patient to drive until after they have been seen in the office at 4-6 weeks after surgery. Check with your surgeon.

When can I return to work?
It depends on your profession. If a patient has a sedentary or desk job, they may return to work in approximately 3-6 weeks. If your work is more labor intensive, patients may require up to 3 months before they can return to full duty. In some cases, more or less time is necessary.
Post-operative Questions?

How long will I be on pain medication?
It is not unusual to require some form of pain medication for approximately 6-12 weeks. Initially, the medication will be strong such as an opioid. Most people are able to discontinue the strong pain medication after approximately 4-6 weeks and switch to an over-the-counter medication such as acetaminophen or ibuprofen.

How long will I be on a blood thinner?
Various options, including pills and injections are available to thin your blood and help prevent blood clots. Your surgeon will choose a therapy based on your medical history and possibly on tests done before you leave the hospital.

Will I need physical therapy when I go home?
Formal physical therapy doesn’t play as significant a role in hip replacement as in knee replacements. A visiting nurse may visit you 2-3 times/week and review some simple strengthening exercises with you. However, stretching and range of motion exercises are typically avoided. Specifically, patients should avoid hip flexion of more than 90 degrees and rotation of more than 35-40 degrees in either direction as well as avoid crossing the midline of the body for approximately 12 weeks. We find the best therapy for our patients initially to be walking. Your surgeon may recommend formal physical therapy on an outpatient basis following your initial post-operative visit.

When can I shower or get the incision wet?
If your dressing has been unstained for a 24-hour period and there is no drainage, then you can shower. You should avoid immersing your incision under water. When drying the incision, pat the incision dry, do not rub it.

When can I immerse my hip totally such as in a bathtub or swimming pool?
Your hip can be totally immersed 4 weeks after surgery.

When will my sutures or staples be removed?
Sutures are removed approximately 2 weeks after surgery. This may be done by a visiting nurse if you are at home or by the rehabilitation staff if you are in a rehabilitation facility. Sometimes sutures dissolve and do not have to be removed.

Can I drink alcohol during my recovery?
If you are taking Warfarin (Coumadin), a blood thinner, you should avoid alcohol intake because alcohol modifies the effect of this medication. You should also avoid alcohol if you are taking opioid. Beyond this, you can use alcohol in moderation at your own discretion.
When can I resume sexual intercourse?
As soon as you are comfortable taking care to avoid hip flexion of more than 90 degrees and rotation of the leg more than 35-40 degrees in either direction.

Questions about Going Home

How long do I have to wear the white support stockings?
Your surgeon will want you to continue to wear the stocking on your operative leg at least until you see him for your first post-operative visit. It is very important to wear them during the day. You may take them off at night to sleep (if you want).

When is the Home Health Physical Therapist coming?
Your Case Manager has given you the name and contact information of the Home Health Agency that will be assisting you with your Physical Therapy needs. The Physical Therapist should call you within 48 hours of your discharge from the hospital and will schedule the time he/she will come to see you. If you have any questions, you can call the Home Health Agency.

What happens when I don’t need the equipment anymore?
The equipment ordered at discharge is yours to keep. Medicare and other insurance companies only cover equipment every 5 years so you may want to keep it if you would ever need it again. Otherwise, it can often be donated or loaned to other friends that may need it after surgery.

My leg is very swollen, is this unusual? What can I do to help?
It is very normal to have swelling in your operative leg. Gravity has pulled the swelling from your hip down the leg and may even be in the foot. You may also notice significant bruising extending from the back of your thigh into your foot. Take frequent rests during the day and elevate your operative leg so that your “toes are above your nose”. This allows the tissue swelling to reverse and the walking helps your circulatory system to take back the tissue fluid. Also remember that the white stocking worn during the day will also help to control the swelling.

How do I get in and out of my car after surgery?
With proper instructions, this is not a difficult feat. Follow these guidelines and you will safely make these transfers.

1. Place a plastic trash bag on the seat of the car to help you slide across and turn forward (not necessary with leather seats).
2. Back up to the car with the walker (until you feel the car bump the back of your legs).

3. (Getting into the passenger side) Place your left hand on the dashboard and your right hand on the car frame, lower yourself into the car seat, bending your operated leg and ducking your head so that you don’t hit it on the top door frame.

4. Slide back on the seat.

5. Turn frontward when there is enough room for the knee to bend comfortably into the car.

**When should I take my pain medicines?**

Every 4-6 hours check your pain level and take something. Each person is very individual when it comes to managing his or her pain. Pain can be an enemy, but it also warns us that we may be doing too much activity, or that something may be wrong. Generally you should listen to your body and every 4 hours or so, think about how you are feeling. If your pain is starting to increase, take a pain pill even at night. Keep your pain pills at your bedside with a glass of water so you don’t have to get up at night to take them. Don’t let the pain get out of control. You may find that you will need to take your pain medicine regularly for 4-6 weeks and then you may notice your need for medication will decrease. Don’t think you are going to become addicted. Research has shown that patients who have pain and who take pain medication do not become addicted.

If you start having severe pain that is not relieved by the pain pill, something may be wrong. Think about what started the pain and if you think you may be injured, call your surgeon’s office.

Our patients tend to overdo when they get home because they feel SO good. Each little activity adds up, so remember to take breaks during the day. The little trips to the bathroom, showering, reading the mail, making a meal, a short trip to the store AND having visitors over can add up to increased pain. Pace yourself!

**When do I stop walking with a cane?**

Your walking will improve with practice and the limp that you’ve developed from years of pain will go away with proper technique. Focus on the QUALITY of walking, not QUANTITY. The cane is there to allow some pressure relief while you are healing. When you can take slow, balanced steps without leaning over the operative side, you can think about giving up the cane. Spend time in front of the mirror walking and exercising for the best feedback.
What if I need refills on my pain medications?
If you do not have any refills remaining on your original prescription, you will need to contact the Surgeon’s office. Allow at least 48 hours for a refill - so do not wait until you run out of medication.

How long do I need to take the antibiotics before dental work?
Most surgeons recommend that you take an antibiotic pill such as Amoxicillin or Clindamycin before any dental work after joint replacement surgery. Your surgeon can confirm this with you. Do not take these antibiotics for this surgery.
Notes: 

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