

WELCOME TO TOTAL JOINT CLASS

Items to bring with you to the hospital (Do not bring a lot)

- Bath and teeth supplies
- Shaving equipment
- Comfortable sturdy shoes-tennis or walking shoes, please “break in” if new
- Loose, short robes that snap or button in the front.
- May wear shorts and T shirt once dressing is off-whatever is most comfortable for you.
- Crutches if you have them.
- This book
- Please do not bring credit cards or large amounts of money. We do have safes available in each patient room, but cannot be responsible of such items while in surgery etc.

On your day of surgery:

- You will go in the front doors of Methodist West, using Valet service for your car if desired.
- You will then go to the front desk, directly to the left inside the front doors and they will guide you to the surgery center area.
- You will check in with a volunteer in the surgery center and sit in the surgery waiting area until they call you back.
- You will go to the surgery room when your doctor is ready for you.
- Surgery will last from 1-2 hours.
- Family members will be instructed to check in at the Surgery Waiting Room where someone will keep them updated with your progress.
- After surgery, you will go to the Post Anesthesia Care Unit (Recovery Room) for about 2 hours.

PACU-Recovery Room

- You can expect to be here for 1-2 hours
- Your nurse will watch you closely and give you pain medicine if you need it.
- Please let the nurse know if you need anything else.

When you are ready to leave PACU, you will be taken to your room on the 3rd Floor, our Orthopaedic floor.

- You will be moved with some slide sheets into your bed.
- You can expect to have an I.V., and you may have oxygen or a catheter to drain your bladder.
- Your nurse will check your vital signs often.
- You will not get any food until you are not having any nausea or vomiting, but you will be able to have water, ice chips and liquids as long as you’re able to tolerate them.

Methodist West

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Rev. 11/09

To avoid having any problems after surgery, you will be reminded to do the following:

- Practice your exercises (located on pages 15-16) prior to surgery
- Cough and deep breathe 10 times every hour to prevent pneumonia.
- Do your exercises every hour to prevent blood clots
- Wear your foot pumps to prevent blood clots
- You may receive a shot or pill as your doctor orders to prevent blood clots.
- If possible, stop smoking 2 weeks before surgery-see family doctor for patch if needed.

Pain management is very important to us. There are several things you will be doing to help us treat your pain.

- You will be asked to use a pain scale from 0-10 to rate your pain. “0” is no pain, and “10” is the worst pain possible.
- You will begin pain pills before surgery, to help prevent pain after surgery. You will continue on pain pills as long as you’re not nauseated-some will be scheduled for you and some you will need to ask for if your pain is not well controlled.
- Your nurse will explain how to control your pain, and give you all of your options with pain medicine.
- To help with therapy, ask for pain medicine before you expect to do exercise or walking

After surgery, you will begin the following activities:

- Take a few steps and sit in a chair the night of surgery.
- You will use a wheeled walker and progress to crutches as able. You will also begin working on your exercises.
- We will begin working with you on such things as dressing, bathing and going to the bathroom.
- Your surgical dressing (bandage) will be removed 1-2 days after surgery and your incision will may be covered with a light dressing until the drainage stops.
- The staples in your incision will be removed 10-14 days after surgery.
- You may shower as soon as you are steady on your feet, and there is no drainage or redness at your incision site.
- When going to the bathroom, we will help you to the commode. You will start walking to the bathroom as soon as you are able.

Discharge Planning should begin before your surgery.

- How long you are in the hospital will depend on your progress (usually 2-3 days).
- A Patient Care Facilitator will meet with you right after surgery to start discussing discharge planning.
- Start planning now who will take you home, let someone know they will need to pick you up by 10:00 am on the day that you are discharged.
- Social Service is available to help, if skilled placement is needed.
- If you have home care needs, we will help you with this.

These are the activities you will need to do to be successful with your joint.

- Walk a lot. Slowly increase your distance.
- Showers are allowed. Please avoid tub baths for 6 weeks.
- Sit in firm chairs with arms.
- Continue exercises as instructed by your therapist.
- Expect some swelling that may last for several months

Visiting hours are flexible

- Family and friends are welcome.
- A couch is available for one family member to spend the night if they would like.
- Hospital accommodations are available at reduced prices if needed, just ask for these details.
- Designating one family member to call us and report to other family members is most helpful. Feel free to call at any hour.
- For additional information about your hospitalization, we encourage you to read the “Patient Handbook” located in your hospital room.

Enjoy Your New Joint!!!!

ADMISSION FOR SURGERY

You will be called the **Day Before Surgery** to let you know what time your surgery is and when to come to the hospital. Please take a good shower or bath the night before surgery. Do not eat or drink anything after midnight the night before surgery. Take any medications your doctor has told you to take. You may brush your teeth or rinse your mouth. Do not use make-up or nail polish.

Items to bring to the hospital:

- Bath and teeth supplies
- Glasses
- Shaving equipment
- Comfortable tennis or walking shoes. Please “break in” if new.
- May wear shorts and T-shirt once bandage is off, whatever is most comfortable for you.
- Crutches, if you have them.
- This book.
- Please do not bring credit cards or large amounts of money. We do have safes available in each patient room, but cannot be responsible of such items while in surgery etc.
- Living Will or Medical Power of Attorney Documents

Come directly to the Surgery Center the morning of surgery. Check in with the volunteers at the desk as you enter the surgery waiting area. We recommend that you valet park your car and leave your belongings in the car. After you are admitted to your room after surgery, your family members can have the car brought to the closest entrance and obtain your belongings.

As soon as you arrive, we will draw your blood for your type and crossmatch. This is done in case you need to receive blood during or after surgery. This can only be done 24 hours before surgery. You will then be give a patient gown to wear and asked to remove other clothing or jewelry. If a ring cannot be removed, we will tape it on. Your glasses and dentures must be removed prior to going to surgery. If you are very hard of hearing, you may wear your hearing aides to surgery.

CONSENT FORMS

You will be asked to sign two consent forms before surgery. These consents show that you understand the information that you have been given, the surgery that will be done and possible risks.

#1 Informed Surgical Consent

Gives the surgeon permission to perform the surgery.
Questions about the surgery will be answered by your surgeon.

#2 Informed Consent for Anesthesia

Explains the affects of the drugs (anesthetics) that put you to sleep and the possible complications. Any questions about anesthesia or the consents will be answered by the anesthesiologist.

We want you to be informed before you sign these forms. If you have any questions, please ask.

The Orthopaedic (Ortho) floor will be your “home away from home” for several days. You will have a private room. Visitors are welcome anytime, but may be asked to step out of the room occasionally. Your recovery from surgery is our first priority.

Children may come for brief visits, if they are healthy and quiet.

You will have several people taking care of you:

RN-Registered Nurse: Coordinates your care, gives your medications, IV’s and blood, communicates with your doctor.

Patient Care Tech (PCT): Helps with dressing, equipment, walking and bathing.

Hostess: Brings your tray and water

PT-Physical Therapist: Helps with special exercises, teaches you how to walk and climb stairs, with walker or crutches and move from bed to chair.

OT-Occupational Therapist: Helps you with activities of daily living such as: putting your clothes on, bathing, eating, teaches you how to get in/out of a chair.

Patient Care Facilitator: Helps ensure things are ready for you to discharge, including setting up home care, referring you to the social worker if skilled care is needed. There as a advocate for patient between all staff caring for patient.

PAIN CONTROL

Surgical Pain

Surgical pain is felt differently by everyone. Each patient can expect to have some kind of pain after surgery. You will be asked to choose a pain goal between “0” and “10” and then rate your pain. We will work with you to reach your goal by discharge. (Please read the “Facts of Pain” sheet provided to you when you are admitted.) Your nurse will ask you to rate your pain during your stay.

Anesthesia

An anesthesiologist will talk with you about the types of anesthesia and how they affect your pain. If a general anesthesia is used, you may feel some pain on waking in the PACU (recovery room). If a spinal is used, you may not have any pain for several hours after surgery.

Pain Pills

You tell us when you need a pain pill. Take your medication when you first feel pain or before a procedure you know may cause some discomfort, such as exercise or walking. We encourage you to use your pain medication, because refusing it will only slow your progress.

As you recover from your surgery, your pain will gradually decrease. You will be given a prescription for home. Usually by 2-3 weeks, you will not need any prescription pain medication.

REMEMBER....

It is easier to prevent pain than get it back under control!!! Ask for more medication if you need it!

SURGERY

Before Surgery

You will stay in the Surgery Center until your operating room is ready for you. Someone from surgery will come to take you to the operating room. Your family members will be directed to the waiting room. Family members will be informed on the progress of your surgery.

The Operating Room

Once in the operating room you will be moved onto a special bed under bright lights. All people in surgery wear operating gowns or scrubs, caps and masks. The room will be cool and there will be a lot of activity.

Your anesthesiologist or nurse anesthetist will introduce himself or herself to you. They will re-explain the anesthetic that you will receive and answer any questions you may have. A general anesthetic, which rapidly puts you to sleep is placed in your IV tubing. Once you are asleep, a tube may be placed in your throat to give you anesthetic gases and oxygen. If you are having a spinal anesthetic, the anesthesiologist or nurse anesthetist will explain the procedure to you. Surgery usually takes 2-4 hours. The first hour is spent getting you ready. The operating time usually takes 1-3 hours.

After surgery

When your surgery is over, you will be take to the PACU (recovery room). You will receive constant care from trained critical care nurses. Your family will not see you until you come out of the PACU and your family will be kept informed at all times. When your condition is stable, you will be taken to your room.

AFTER TOTAL HIP SURGERY

You will go to your room after you have been released from the PACU. A staff member will take you on a cart to the Orthopaedic nursing unit. Family members will be asked to wait outside your room until you are settled into bed and your nurse has assessed your condition.

After gently turning you to your side, slide sheets will be placed under you. You will be asked to lift your head as staff members slide you into bed. Then your nurse will take your blood pressure, heart rate, respirations and temperature. He/she will also have you move your feet and check for numbness or tingling in your toes. You may have oxygen going into your nose. This is normal after surgery and you may need to use this at least over night. Please remember to take deep breaths and cough often to keep your lungs clear. It will be up to your nurse to decide when you can have ice chips or clear liquids. She will listen to your stomach and let you have something when it is awake and rumbling. Most people are not hungry for a day or two. You may also start eating the night of surgery, depending on how fast your stomach wakes up.

Total hip patients will have a dressing on the surgical leg. This will be removed 2 days after surgery. You should do your exercises and move as much as you can. Your nurse will remind you to do these exercises.

You may come back from surgery with a catheter (small tube) to help drain urine from the bladder. If you do not have a catheter, you will be asked to use a commode to empty your bladder. If you are unable to urinate, a tube will be placed into your bladder just long enough to drain the bladder of urine and then it will be removed.

The IV (intravenous) that was started in surgery will still be in your vein when you come to the floor. You will be getting fluid and medication through this line. If you need a blood transfusion, it will be given through this IV. The IV line is usually needed for 1-2 days after surgery.

Special booties will be placed on your feet when you are put in bed. These are called AVI Impulse boots. These booties are attached to a pump that squeezes the bottom of your feet. This helps pump the blood back up your leg and prevents blood clots from forming. These booties will be used at all times except when you are walking or sitting in a chair.

Your nurse will be in and out of your room often during the first several hours after surgery. Please feel free to ask any questions during these visits. Family members are welcome to call at any time to check on you. Please pick one or two people to call for information. They can share this information with the rest of your family.

REMEMBER TO KEEP THOSE FEET MOVING AND TO COUGH AND DEEP BREATHE 10 TIMES EVERY HOUR!!

ACTIVITIES AFTER TOTAL HIP SURGERY

Right after surgery you will be on bed rest until your nurse feels you can be up safely. It is important to do your exercises and move in bed as much as you can. You can get up the night of surgery, usually to the chair and/or the commode. Nursing staff will help you. You should use the commode, or bathroom, not the bedpan. You will get stronger faster and your bladder will empty better if you get out of bed.

You will sit in a chair 2-3 times a day. You will also start walking with a wheeled walker. Your therapist will help you get out of bed and show you how to use the walker. You walk 2-3 times each day. Even though you have a dressing or an IV, you can still walk. You will learn to use the stairs. Every day you will increase your walking distance.

Two days after surgery your dressing will be removed and a new one applied until the wound is dry. It will be important that you follow the doctor's instructions for flexion restriction (how much the doctor will let you bend at the hip) and how much weight they will let you put on your new joint. It is important that you keep your legs apart. A foam device or pillow will be used to help you maintain this.

Remember to use your pain medicine. The success of your surgery depends on your cooperation and enthusiasm. We are here to help you do the best you can to get better.

Each day your distance will increase and you will get stronger. Plan on being in the hospital 2-3 days. You will need to continue to walk and exercise for 4-6 weeks.

A patient pathway is included with this book. Please read it and bring it to the hospital when you come for surgery. It is a "map" of your hospital stay and will help you and your family plan your progress.

REMEMBER, WALKING AND EXERCISES ARE THE MOST IMPORTANT THINGS YOU CAN DO TO GET BETTER!!

SHORT TERM GOALS FOR HIP REPLACEMENT

You should:

- **See an improvement in your chronic joint pain.** Discomfort from your surgery should improve every day.
- **Lift your leg in and out of bed.**
- **Get up and down from a chair.**
- **Get on and off a toilet.**
- **Dress yourself with a little help.**
- **Walk with your walker or crutches by yourself and do stairs with some help.**

Your incision will continue to heal. There may still be some redness or swelling of the knee, leg or foot for several months, which will slowly go away.

You will achieve these goals over time. If you have difficulty meeting all of them at discharge you may need help. There are many options to assist in helping you recover. We encourage you to plan ahead and visit with us if you have special home/care needs.

THERAPY SERVICES

During your hospitalization you will be seen by Physical Therapy staff and Occupational Therapy staff if Occupational therapy is needed. The staff consists of Physical Therapists (PT), Occupational Therapists (OTR), Certified Occupational Therapy Assistants (COTA), Physical Therapy Assistants (PTA), and Therapy Technician. The Physical Therapy staff will be working with you on such activities as exercises, transfers, walking and stairs. The Occupational Therapy staff will be assisting you with tasks called Activities of Daily Living (ADL's). These tasks include dressing, toileting, bathing/showering, cooking and home chores. The word Occupational has nothing to do with finding you a job, as you might think Occupational Therapy's fundamental concern is developing and maintaining your ability to perform the tasks and roles essential to productive living.

Listed below are the activities you will be involved with as you progress through your rehabilitation process.

Exercise

Exercise is the key to your recovery. The benefits of exercise are to build your muscle strength and endurance. Exercise will also help you restore range of motion in your joints and improve your flexibility. Another benefit of exercise is that it will help you improve your day to day activities including walking and movement.

How often you do the exercise will be guided by your Physician and Therapist.

Prior to surgery, 2 or 3 times a day, you are encouraged to do each exercise 10 times. See page 16 , Exercises #1-5. & page 17, Exercises #1-3.

Every 2-3 hours while you are awake, during your hospital stay, you are encouraged to do each exercise 5-10 times.

See page 16, Exercises #1-5., & page 17, exercises #1-3.

3 to 4 times a day, when you return home after surgery you are encouraged to do each exercise 15 to 25 times. See pages 16-17, all exercises.

Transfers

The second key to activity you will be working on is transfers. This includes transferring from bed to chair and on and off the toilet. For these activities you will be using the strength in your arms to assist you. There may be a trapeze over your bed, but we encourage you not to use it during your transfers in and out of bed as you will not have one at home. The trapeze should primarily be used to help reposition yourself in bed. You will also be instructed in going from sitting on a bed, chair, commode or toilet to standing, in the safest way possible.

Gait Training (Walking)

The third key activity will be walking. Walking will typically begin the afternoon or evening after surgery. The physical therapy staff will help you walk the first time with a wheeled walker. It is important to walk as far as you can each time. In most cases, place as much weight as is comfortable. Any discomfort at this point is usually from the muscles pulling and is normal. By the time you return home, you should be able to walk with a walker or crutches without help, as well as climb a few stairs with crutches/walker or railings.

Assistive Devices (Walkers and Crutches)—The purpose of using a walker or crutches is to decrease the weight placed on the new joint.

Most total joint replacement patients start with a walker. You may continue with the use of the walker or may progress to crutches. If you have your own walker or crutches, please bring them with you. If a walker or crutches are needed, you may purchase them through a vendor of your choice. Insurance will pay for either a walker or crutches but not both. We will be happy to assist you in ordering and adjusting the assistive device.

The proper adjustment of crutches or walker is necessary to maintain good posture, balance and safety. The therapist will assist you in adjusting the walker or crutches. Here are a few good points to keep in mind as the adjustment is made.

1. Stand tall with good posture.
2. Wear sturdy shoes with low heels.
3. The handgrip should be adjusted so it is level with the crease between your hand and wrist for both crutches and walkers.
4. With crutches, bear no weight under the arms. All the body weight is placed in your hands.
5. There should be room to fit the width of two or three fingers between the top of the crutches and your armpit. The crutch arm pad should be squeezed by the upper arms against the body like a newspaper tucked under the arm.

Weight Bearing Status— Place as much weight on your operated leg as is comfortable unless we tell you differently. The remainder of the weight is shared by the arms and the walker or crutches.

Good Posture— The following key points are important to reduce the strain on your muscles.

1. Stand up straight. Look straight ahead.
2. Step onto your heel first and then your toe.
3. Keep length of steps equal for both feet.
4. Keep leg in a straight line, with knee pointing straight ahead.
5. Bend knee as you bring foot forward.

Stairs

You will be instructed on how to safely go up and down the stairs. If you have a railing for support, you will be shown how to properly use it. Below are key points to remember.

1. When you are going **UP** the stairs, follow this procedure.
 - a. First step up with the strong leg.
 - b. Then step up with the operated leg.
 - c. Finally bring up the crutches.

2. When you are going **DOWN** the stairs, follow this procedure.
 - a. Place the crutches down first on the lower step.
 - b. Then step down with the operated leg.
 - c. Finally, step down with the strong leg.

If you are using a walker, we will show you how to use it safely on the stairs.

Activities of Daily Living

To get acquainted with your home environment, the staff will be asking you questions regarding your home situation and potential equipment needs. We will work with you to increase your independence in dressing, bathing/showering, cooking (if appropriate), toileting and home chores. We will also instruct you in how to move your new joint safely and good body mechanics. If you need specific equipment such as a reacher, sock aid, shoehorn, or bathtub stool, we will help you obtain those items.

Discharge Instructions

To get the greatest benefit of total joint replacement and to regain the quality of life that you want, you must continue to walk, exercise, and increase how much you do for yourself. Even on those days when it may seem difficult, you are encouraged to continue your activities. The exercises you have been taught should be continued until you return for the re-check visit with your doctor.

PHYSICAL THERAPY TOTAL HIP REPLACEMENT

Precautions

Your hip requires special treatment for a temporary period after surgery, usually about two and a half months. During that time, you need to practice the following precautions:

1. Sitting Considerations:
 - a. Sit in firm chairs that provide full support under the hips, preferably with arm rests to help with getting in and out of the chair.
 - b. Avoid prolonged sitting. Limit sitting to 30-60 minutes at a time to prevent stiffness.
2. Do not cross your legs at the knees. You may cross at the ankles.
3. Do not lie on your operative side. You may lie on your good side by keeping pillows between your knees.
4. Do not pivot (turn) on your involved leg.

Guidelines for Exercises

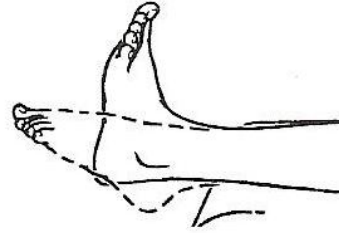
1. Start slowly. Do not do these exercises too quickly. If you start to feel pain, swelling, increased warmth or tenderness in your hip do the exercises slower. You should also do the exercises with less intensity (not as hard). If the problem continues, call your doctor or physical therapist.
2. Hold each exercise in the proper position for 5 to 10 seconds.
3. Do all exercises 2 to 3 times a day. Gradually increase the number of times you do each exercise as you get stronger. Repeat the exercise less often if it causes pain that is lasting.
4. Stairs—if you have a railing available, use it for support.
Upstairs: lead first with your strongest leg.
Downstairs: lead first with your weaker leg.

***Remember** “Up to heaven with the good and down with the bad.”

If you have any questions about your exercise program, please call your physical therapist at 515-343-1300.

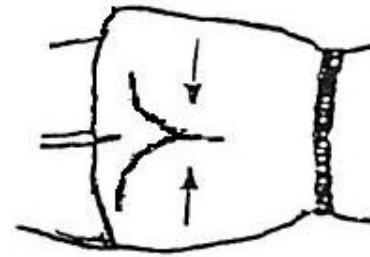
1. Ankle Pumps

- A. Lie on your back with legs straight.
- B. Point toes toward head and then point toes away from head.
- C. Continue to slowly alternate positions Holding each for 5 seconds.
- D. Repeat _____ times.



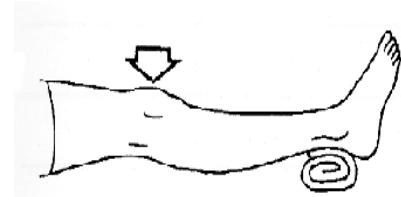
2. Glut Sets

- A. Lie on back with your legs straight.
- B. Squeeze your buttocks together as tightly as possible.
- C. Hold for 5 seconds, then relax.
- D. Repeat _____ times.



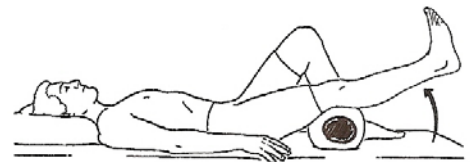
3. Quadriceps Setting

- A. Lie on your back with both knees out as straight as possible.
- B. Tighten the muscles on top of your thigh by pressing the back of your knee down into the surface.
- C. Keep your toes pointed straight up.
- D. Hold for 5 seconds, then relax.
- E. Repeat _____ times.



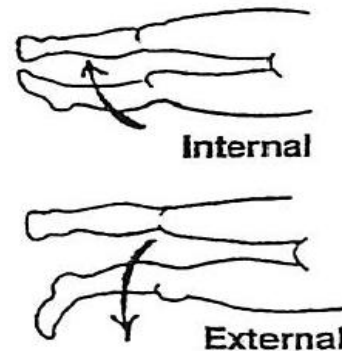
4. Short Arc Quads

- A. Lie on back with a 6-inch towel roll under knees.
- B. Lift the heel off the floor until the knee is straight.
- C. Hold for 5 seconds.
- D. Slowly lower heel and relax.
- E. Repeat _____ times.



5. Internal and External Rotation

- A. Lie on your back with both knees out straight as possible.
- B. Keep knees straight as you gently rotate your legs inward and then outward.
- C. Continue to slowly alternate positions.
- D. Repeat _____ times.

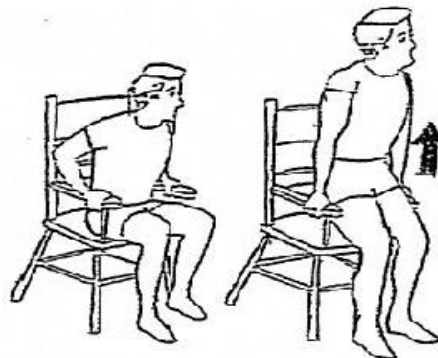


UPPER EXTREMITY EXERCISES

These exercises are done to increase the arm strength for transfers and walker/crutch use.

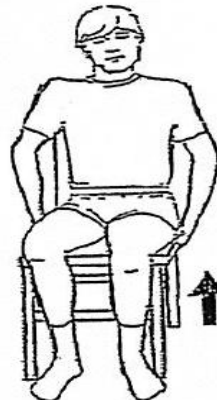
1. Chair Push-Ups

- A. Sit in a chair with sturdy armrests.
- B. Place your hands on the armrests.
- C. Straighten arms by pushing down into the armrest, raising bottom up off the chair. Do not shrug shoulders.
- D. Hold for 10 counts.
- E. Slowly release and relax.
- F. Repeat _____ times.



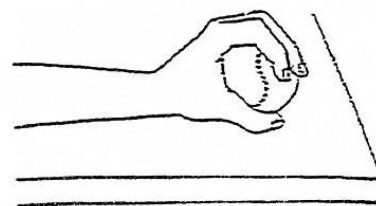
2. Chair Pull-Ups

- A. Sit in a chair with sturdy armrests.
- B. Place your hands on the armrests or seat of the chair gripping from underneath.
- C. Keeping elbows bent, lift the chair up onto your bottom.
- D. Hold for 10 counts.
- E. Slowly release and relax.
- F. Repeat _____ times.



3. Hand Squeeze

- A. Use a soft foam rubber ball.
- B. Squeeze the ball in the palm of your hand, closing fingers around it tightly.
- C. Hold for 10 counts.
- D. Slowly release and relax.
- E. Repeat _____ times.



GETTING DRESSED

Slacks and Underwear

1. Sit on the edge of the bed or in a chair with arms to dress or undress.
2. Using the dressing stick or reacher, catch the waist of the pants with the hook and lower the pants onto the floor. Put your operated leg in first.
3. Stand once to pull both underwear and pants up using your walker or crutches for support when standing.
4. To undress, lower your slacks over your hips and sit on the chair or bed. Using the dressing stick or reacher, push your pants off your non-operated leg then your operated leg.



Socks

1. Slide the sock onto the sock aid. The Heel should be at the back of the aid and the toe tight against the end.
2. Hold onto the cords and drop the aid in front of your foot. Slip your foot into the aid and pull the cords until the sock is on your foot and the aid comes completely out of the sock.
3. To take off your socks, use your dressing stick to hook the back of your heel and push off the sock.



Shoes

1. To avoid bending, wear slip-on shoes or use elastic shoelaces for tie shoes.
2. To put on or take off your shoes, use a long-handled shoehorn or dressing stick.

BED TRANSFER

Getting out of Bed

1. Push up onto your hands in a long sitting position. Walk legs and bottom to side of bed.

For Total Hip Patients-

Depending on your hip movement precautions, you may not be able to sit upright.

2. To stand, push off the bed with both hands, then grab the walker or crutches when you have your balance.



Getting into Bed

1. Sit on the edge of the bed as you would a chair.
2. Scoot back onto the bed as far as possible.
3. Begin turning your body as a unit. Support your body with your hands.
4. Move one leg at a time until both legs are on the bed. Now you can slowly recline.



Recommendations

1. Use a firm mattress.
2. You may be able to roll to either your unoperative and/or operative side. Check with your physician.



TUB TRANSFER

Getting into the Tub

1. Using a walker or crutches, back up to the tub chair.
2. Reach back with one hand for the back of the tub chair, keeping the other hand on the walker or crutches.
3. Sit down on the bath chair, keeping the operated leg straight out.
4. Lift your legs over the tub one at a time and turn to face forward.



Getting out of the Tub

1. Turning your body as a unit, lift both legs out of the tub.
2. Scoot to the edge of the bath chair.
3. Place one hand on the chair and the other on the side of the tub.
4. Push up from the chair and the side of the tub to stand up. Reach for your walker or crutches when you have your balance.



Recommendations

1. Install grab bars and a non-skid mat to prevent falls or slipping.
2. Use a long-handled sponge and shower hose to bathe.

TOILET TRANSFER

Getting on and off the Toilet

1. Back up to the toilet until you can feel it at the back of your knees.
2. Place one hand on the vanity/sink and slowly lower yourself onto the seat.
3. Reverse this procedure for getting up, placing one hand on the vanity/sink.

Recommendations

1. If the vanity/sink is not within reach, you can use toilet safety frames or place a commode over the toilet to use as armrests.



CAR TRANSFER

Getting into the Car

1. Have someone open the passenger-side front door.
2. Have the front seat back as far as possible to provide maximum leg room.
3. Using your walker or crutches, back up until your legs touch the car seat.
4. Place your left hand on the dash and your right hand on the frame of the car or back of the car seat, whichever is more comfortable.
5. Slowly lower yourself to the edge of the seat.
6. Scoot back onto the seat in a semi reclining position.
7. Gently pivot as you bring your legs into the car, assisting your weaker leg with your hand if necessary.



Getting out of the Car

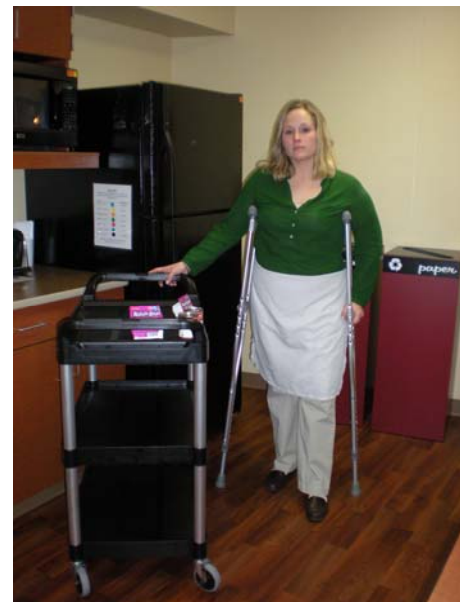
1. Reverse steps one through seven.

Recommendations

1. Put a plastic bag on cloth seats for easier scooting.
2. Remember to enter the car on the street level, not while standing on the curb.

HOME SAFETY TIPS

1. Do not carry anything in your hands while you are walking with a walker or crutches.
2. Use a walker bag that can fit on the front of the walker to carry items or wear an apron with pockets.
3. Carry liquids in covered containers.
4. Slide objects along the countertop rather than carrying them.
5. Face cabinets, sink, refrigerator, etc., to avoid twisting.
6. Remove throw rugs from the floor to avoid tripping.
7. Use a utility cart to transport several items and push it ahead of your walker or crutches. This ensures your safety and reduces the number of trips you must take to complete your task.



GOING HOME

Your doctors and the rest of your hospital team will watch your progress and decide when you go home. Plan now who can come and get you and how much notice they need. We would like them to be here by around 9:15 on the day you will be discharged, because we'd like you to leave by around 10:00 am. It is very important to have help lined up and ready to go before going home. Unfortunately, your insurance companies will not authorize extra days in the hospital for patient and family convenience.

You will be given a prescription for pain pills and any other medication you need. You will take home the walker or crutches we have arranged for you.

Once your doctor has told you that you can go home, your nurse will need some time to prepare a return appointment card, teaching cards for any medicine and discharge instruction sheets. We will go over these with you and your family. You do not need to stop in the business office before you leave.

When you are ready, we will take you to your car in a wheelchair and help you into the car. Plan to stop every hour and walk 5 minutes if you live more than 1 hour away.

DISCHARGE PLANNING FOR TOTAL JOINTS

Most patients are able to get in and out of bed by themselves, and to safely walk to the bathroom by transitioning from the hospital to home. Occasionally some patients require home care services. If you do, we will help with those arrangements.

Insurance information-Covered Home Care Services

Medicare:

1. Home care skilled services means a RN, Physical Therapist or Occupational Therapist is required and must be ordered by your physician.
2. If there is a medical need for an RN or therapist to follow up at home, then a patient may also qualify for aide services for 1-2 hours per day, 3 times a week. Aides help with bathing and personal needs.

Private Insurance:

May cover RN, Physical Therapist or Occupational Therapist skilled services only (this means no aide services) and must be approved before starting services.

It would be helpful for you to plan to have someone stay with you 1-2 nights after discharge from the hospital to help keep you safe while walking and getting to the bathroom.

Private aide services are available if you have an interest in hiring help.

SOCIAL SERVICES

A Social Worker is available to you by your request or by a referral from your doctor or nurse. The primary goal of the Social Worker will be to make sure that when you leave the hospital, you are returning to a safe living situation with your needs met. For some people this simply means returning home. For others it may mean looking at a skilled nursing facility for a short stay for physical therapy. We can also help explain the stringent guidelines Medicare requires for skilled care coverage. We are available to help you and your family locate a facility. We are also available for counseling when needed. If you have any questions, ask your nurse to contact us.

DENTAL CARE

To prevent any infections to your total joint, you will need antibiotics for any dental work.

This includes:

- Teeth cleaned
- Cavities filled
- Teeth pulled
- Root canal

Either your surgeon or your dentist can provide this prescription. Now that you have a new joint when visiting your dentist for teeth cleaning, filling cavities, tooth removal or a root canal, it is very important that you take an antibiotic. This prevents any infection from occurring in your joint. Notify your dentist when making your appointment and call your doctor for a prescription.

INVASIVE PROCEDURES

Please remind your doctor that you have an artificial joint any time you have an invasive procedure such as foley catheter, gastroscopy, protoscopy, dental work or surgical procedures.

TOTAL HIP REPLACEMENT DISCHARGE INSTRUCTIONS

Going Home

Most patients are expected to return home about 2-3 days after surgery. It is normal for you to feel uneasy at this time. We have repeatedly found that patients adapt well to being at home.

Incision

Upon discharge your incision should be healing well. It is normal for your hip to still be swollen, red, and warm. This does not go away for 3-5 months. The skin staples will not be removed before you leave the hospital. You will be scheduled to return to your doctor's office in about one week for removal of the staples. A bandage should be worn if there is still any drainage from the incision, otherwise no bandage is necessary.

Bathing

You may shower at home even if the incision staples are still present. You may sponge bathe, if you prefer. Do not soak in a bathtub for 6 weeks after your surgery.

Activity

It is important that you be as active as possible. Try to increase your activity each day: walking, going outside, and short rides in a car. Begin supporting yourself at the sink without crutches, standing with equal weight on both feet, while at the sink washing dishes, shaving or putting on makeup. Only stand for short periods. Be sure and follow the instructions we've provided for bending restrictions, and remember not to cross your legs. Do not spend time in bed other than other than to sleep.

Crutches and Walker

You have been taught to use either crutches or a walker. You may put full weight on your new hip unless instructed otherwise by your doctor. Use your crutches at all times unless instructed by your doctor. When you return to your doctor's office, they will tell you when to stop using crutches.

Walking

Walking is your most important exercise. Try to take a good walk 2-3 times each day. It is best to take short frequent walks rather than one long walk. A short walk is 100-300 feet or about ¼ to ½ block. Try to increase your walking distance each day and work up to walking one-mile per day. You can walk on the sidewalk, in churches, a mall or the community center. Remember to use both crutches at all times unless told otherwise by your doctor.

SITTING

It is important that you only sit for short periods of time. Limit your sitting to 20 to 30 minutes and then get up and stretch or take a short walk. Keep your legs apart when sitting. Never cross your knees or legs. When riding in a car, stop and stretch about every hour. Discuss with your doctor how much bending you are allowed. To pick up objects from the floor, bend down and reach between your knees. Do not twist to pick up objects.

Exercises

The physical therapists have taught you several important exercises. 3 to 4 times daily do each exercise 15 to 25 times. It is important that you continue to do these exercises. It is helpful to set aside the same time each day to do the exercises. They may be easier if you take your pain medication 30 minutes before beginning.

Pain Medication

You will be given a prescription for pain pills. Do not be afraid to use these for pain and as directed by your doctor.

Blood Thinner

You will be given a prescription for a blood thinner which is generally prescribed for 1-3 weeks after surgery.

Dental Care

When you are making a dental appointment (teeth cleaned, cavity filled, tooth pulled, root canal, etc.) notify the dental office that you have an “artificial joint.” You will also need to contact your family physician for an antibiotic prescription to begin taking prior to your dental visit.

RETURN APPOINTMENT

You will be given a return appointment card before you leave the hospital. If you need to change your appointment, please call your surgeon’s office.

RETURNING TO WORK

You and your doctor will talk about when you can return to work. Your work activity may need to be changed following your total hip or knee replacement. This decision will be based on:

- Type of work you do:
Jobs that require mostly sitting may go back as early as 3-6 weeks after surgery.
Jobs that require physical activity such as walking or lifting may need up to 3 months recovery.
- Your physical endurance
- Any medical problems

Remember a total hip replacement can not hold up to the same activity as an ordinary one.

WHEN TO CALL THE DOCTOR

Call your Orthopaedic surgeon if you have:

- A temperature above 101.5 degrees
- Severe or prolonged pain in your leg that pain medication does not relieve.
- Large amounts or increased swelling in your leg (more than in the hospital).
- Unable to use your leg as you did when you left the hospital.
- Increased redness in or around your incision.
- “Pulling apart” of your incision
- Drainage from your incision
- Any problems with your surgical site.

Call your family doctor for chronic problems such as heart condition, blood pressure or diabetes.

You may not need to take your blood pressure medicine when you first get home, since it is common for blood pressure to be lower than usual during recovery. As you get better and more active, your blood pressure may need to be controlled with medicine again. Ask your family doctor if you think your blood pressure needs checked. Call your family doctor if you get a cold, flu, vomiting, or diarrhea.

What to expect after Total Hip Replacement Surgery

	After Surgery (Day of Surgery)	Phase 1	Phase 2	Day of Discharge
Diet Restrictions	<ul style="list-style-type: none"> <input type="checkbox"/> start eating, advance to regular diet as able <input type="checkbox"/> you will have a catheter to empty your bladder <input type="checkbox"/> tell your nurse about any nausea or vomiting you have 	<ul style="list-style-type: none"> <input type="checkbox"/> catheter will be removed <input type="checkbox"/> We want to watch how much you urinate, so drink as much as you can! <input type="checkbox"/> bowel movements will be difficult because of pain medicine so ask for something 	<ul style="list-style-type: none"> <input type="checkbox"/> Should be eating regular food by now <input type="checkbox"/> Report any problems with eating or nausea to nurse! <input type="checkbox"/> Should be urinating, though normal to not have had a bowel movement because of pain medicine (ask for medicine to help with this) 	<ul style="list-style-type: none"> <input type="checkbox"/> Today's the day to leave! <input type="checkbox"/> Get up, get cleaned up. Have breakfast, and physical therapy. <input type="checkbox"/> Meet your ride around 10 am if going home, otherwise care manager will tell you what time you are leaving if going to a facility. <input type="checkbox"/> Staples/sutures will stay in until follow up appt with your doctor.
Pain Control	<ul style="list-style-type: none"> <input type="checkbox"/> IV or spinal pain medication will end and wear off <input type="checkbox"/> You will start regularly scheduled pain medicine. Tell us if you hurt!! 	<ul style="list-style-type: none"> <input type="checkbox"/> you will continue to get regularly scheduled pain medication <input type="checkbox"/> Please tell us if you hurt! 	<ul style="list-style-type: none"> <input type="checkbox"/> Continue pain medication <input type="checkbox"/> Continue to TELL US IF YOU HURT!! <input type="checkbox"/> Dressing will be changed today 	<ul style="list-style-type: none"> <input type="checkbox"/> Continue pain medication as instructed. <input type="checkbox"/> There is no need to hurt, so take it at home if you feel like you need it!
Safety Tips & Activities	<ul style="list-style-type: none"> <input type="checkbox"/> You will get out of bed today or tonight, to chair if able. <input type="checkbox"/> Only get up with help! <input type="checkbox"/> Move/turn while in bed to prevent pressure sores 	<ul style="list-style-type: none"> <input type="checkbox"/> Physical therapy will walk with you and go through exercises twice daily. <input type="checkbox"/> Continue turning & moving in bed 	<ul style="list-style-type: none"> <input type="checkbox"/> Physical therapy will continue to walk and do exercises with you twice daily. <input type="checkbox"/> DO NOT get up without help unless physical therapy has said you can!! 	<ul style="list-style-type: none"> <input type="checkbox"/> Continue exercises & activity as instructed by physical therapy. <input type="checkbox"/> Continue walking!! <input type="checkbox"/> Do not sit for greater than 60 minutes without stretching or repositioning!
Going Home	<ul style="list-style-type: none"> <input type="checkbox"/> care facilitator will discuss with you and family your transition needs <input type="checkbox"/> ultimate goal is to go home safely 	<ul style="list-style-type: none"> <input type="checkbox"/> plan for a ride to pick you up around 10 am when transitioning (3rd day) <input type="checkbox"/> if unsure of safety at home, talk to care facilitator about SNF needs 	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure ride can pick you up around 10 am tomorrow <input type="checkbox"/> If not going home, care facilitator or social worker will discuss your other plans with you and your family. 	<ul style="list-style-type: none"> <input type="checkbox"/> Please call with any problems or questions you may have.

Hospital Checklist

One to two months before surgery:

- Get a general physical.** Your doctor needs to assess your overall health before surgery and anesthesia can be given to you.
- Get necessary dental work.** If you need any kind of dental work, including routine cleanings, do it before surgery.
- Call your insurance company.** Make sure your coverage is authorized and any pre-authorization forms are complete.
- Evaluate your home health care needs.** In the first few weeks after total hip surgery, you will need help with things like cooking, bathing and laundry. If you cannot have a family member stay with you, you may need for a home care worker or a brief stay in an extended care facility. This also depends on insurance coverage.

A few weeks before surgery:

- Equip your bathroom.** Make sure you have a safety grip bar for the tub or shower. Get a shower chair or stool if needed.

One week prior to surgery:

- Make your home “recovery-friendly.”** Carpets need to lie flat. Take away area rugs where you can; otherwise tape down the edges of any loose carpets. Arrange furniture so you have a straight path to wherever you are going. Consider setting up a temporary sleeping area if your house has a lot of stairs.
- Fill all of your prescriptions.** Have enough on hand to last several weeks after surgery.

A few days prior to surgery:

- Stock up on food.** Load your refrigerator and freezer with prepared foods that are easy to heat and serve.

One day prior to surgery:

- Set up your personal recovery area.** In a place where you will feel most comfortable, put basic items like a phone, TV remote control, tissue box, wastebasket, water pitchers/glass, books and magazines.
- Pack for the hospital.** Bring insurance card(s), advance medical directives, as well as slippers, a robe, hair brush, teeth or denture care items, and loose fitting pants to go home in. Do not bring cash, credit cards, jewelry or other valuables.