CarePoint Health

GUIDEBOOK
FOR HIPS

Please Bring This Book with You To:

- Every office visit
- Your hospital pre-op class
- The hospital on admission
- All physical therapy visits after surgery

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General Information

Welcome

Thank you for choosing to have your surgery at Care Point Health to help restore you to a higher quality of living with your new prosthetic joint.

Annually, over 700,000 people undergo total joint replacement surgery. Primary candidates are individuals with chronic joint pain from arthritis that interferes with daily activities, walking, exercise, leisure, recreation, and work. The surgery aims to relieve pain, restore your independence, and return you to work and other daily activities.

Total hip replacement patients typically recover quickly. Patients will typically be able to walk the same day as the surgery. Generally, patients can return to driving in 3-6 weeks, dancing in 4-6 weeks, and golf in 6-12 weeks.

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

Your team includes physicians, physicians' assistants, advanced practice nurses, nurses, nursing assistants, case managers and physical and occupational therapists specializing in total joint care. Every detail, from preoperative teaching to postoperative exercising, is considered and reviewed with you.

The Purpose of the Guide Book

Preparation, education, continuity of care, and a pre-planned discharge are essential for

optimum results in joint surgery. Communication is essential to this process. The Guidebook is a communication and education tool for patients, physicians, nurses, and physical and occupational therapists. It is designed to educate you so that you know:

What to expect every step of the way

What you need to do

How to care for your new joint

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

Using the Guidebook

Instructions for Patients

- Read General Information Section
- Read Preoperative Checklist Section-check off as you complete
- Read Hospital Care and Postoperative Care Sections for surgical and postoperative information
- Carry your Guidebook with you to the hospital, outpatient therapy, and all physician visits

Frequently Asked Questions About Total Hip Surgery

We are glad you have chosen Care Point Health to care for your hip. Patients have asked many questions about total hip replacement. Below is a list of the most frequently asked questions along with their answers. If there are any other questions that you need answered, please ask your surgeon. We want you to be completely informed about this procedure.

What is osteoarthritis and why does my hip hurt?
Joint cartilage is a tough, smooth tissue that covers the ends of bones where joints are located. It helps cushion the bones during movement, and because it is smooth and slippery, it allows for motion with minimal friction. Osteoarthritis, the most common form of arthritis, is a wear and tear condition that destroys joint cartilage. Sometimes as the result of trauma, repetitive movement, or for no apparent reason, the cartilage wears down, exposing 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 hip.

What is a total hip replacement?
A total hip replacement is an operation that removes the arthritic ball of the upper femur (thighbone) 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.

When should I have this type of surgery?
Your orthopedic surgeon will decide if you are a candidate for the surgery. The decision will be based on your history, exam, X-rays, and response to conservative treatment.

Am I too old for this surgery?
Age is generally not an issue if you are in reasonable health and have the desire to continue living a productive, active life. You may be asked to see your personal physician for his/her opinion about your general health and readiness for surgery.

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

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Why might I require a revision?
Just as your original joint wears out, a joint replacement will wear over time as well. The most common reason for revision is loosening of the artificial surface from the bone. Wearing of the plastic spacer may also result in the need for a new spacer. Dislocation of the hip after surgery is a risk. Your surgeon will explain the possible complications associated with total hip replacement.

What are the possible complications associated with joint replacement?
While uncommon, complications can occur during and after surgery. Some complications include infection, blood clots, implant breakage, malalignment, dislocation, and premature wear, any of which may necessitate implant removal/replacement surgery. While these devices are generally successful in attaining reduced pain and restored function, they cannot be expected to withstand the activity levels and loads of normal healthy bone and joint tissue. Although implant surgery is extremely successful in most cases, some patients still experience pain and stiffness. No implant will last forever, and factors such as a patient's post-surgical activities and weight can affect longevity. Be sure to discuss these and other risks with your surgeon.

Should I exercise before the surgery?
Yes, you should consult your surgeon and physical therapist about the exercises appropriate for you.

How long will I be in the hospital?
Most hip patients will be hospitalized for one to two days after surgery. There are several goals that must be achieved before discharge.

What if I live alone?
Three options are usually available to you. You may return home and receive help from a relative or friend. You can have a home health nurse and physical therapist assist you at home for two or three weeks.

Will I need a second opinion prior to the surgery?
The surgeon's office secretary will contact your insurance company to pre-authorize your surgery. If a second opinion is required, you will be notified.

How do I make arrangements for surgery?
After your surgeon has scheduled your surgery, the perioperative staff will contact you and make arrangements for your Pre-Admission Testing and the Pre-op Joint Class.

How long does the surgery take?
The hospital reserves approximately two to two-and-one-half hours for surgery. Some of this time is taken by the operating room staff to prepare for the surgery.

Do I need to be put to sleep for this surgery?
You most likely will have a spinal or epidural anesthetic, which numbs you from the waist down. Some patients may have a general anesthetic, which most people call "being put to sleep." The choice is between you, your surgeon, and the anesthesiologist. For more information read "Anesthesia" in your Guidebook appendix.

Will the surgery be painful?
You will have discomfort following the surgery, but we will try to keep you as comfortable as possible with the appropriate medication. After surgery, some patients control their own medicine with a special pump that delivers the drug directly into their IV. Patients may also have around the clock pain medication and medication as needed for break-through pain.

Who will be performing the surgery?
Your orthopedic surgeon along with their specialized orthopedic team will perform the surgery.

How long, and where, will my scar be?
Surgical scars will vary in length, but most surgeons will make it as short as possible. It maybe along the side of your hip, toward the back of your hip, or toward the front of your hip.

Will I need a walker, crutches, or a cane?
Yes, for about six weeks we do recommend that you use a walker, a cane, or crutches. The Home Care Coordinator can arrange for them if necessary.

Where will I go after discharge from the hospital?
The majority of patients can go home directly after discharge. Some patients may need to transfer to a sub-acute facility where they will stay for approximately 5-7 days. Your doctor will help you with this decision and members of our orthopedic team will make the necessary arrangements. You should check with your insurance company to see if you have sub-acute benefits.

Will I need help at home?
Yes, for the first several days or weeks, depending on your progress, you will need someone to assist you with meal preparation, etc. Family or friends need to be available to help if possible. Preparing ahead of time, before your surgery, can minimize the amount of help needed. Having the laundry done, house cleaned, yard work completed, clean linens put on the bed, and single portion frozen meals will help reduce the need for extra help.

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

How long until I can drive and get back to normal?
The ability to drive depends on whether surgery was on your right hip or your left hip and the type of car you have. If the surgery was on your left hip and you have an automatic transmission, you could be driving at three weeks. If the surgery was on your right hip, your driving could be restricted as long as six weeks. Getting “back to normal” will depend somewhat on your progress. Consult with your surgeon or therapist for their advice on your activity.

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When will I be able to get back to work?
We recommend that most people take at least one month off from work, unless their jobs are quite sedentary and they can return to work with crutches. An occupational therapist can make recommendations for joint protection and energy conservation on the job.

When can I have sexual intercourse?
The time to resume sexual intercourse should be discussed with your orthopedic physician.

How often will I need to be seen by my doctor following the surgery?
You will be seen for your first postoperative office visit two to three weeks after discharge. The frequency of follow-up visits will depend on your progress. Many patients are seen at six weeks, twelve weeks, and then every couple of years.

Are there any permanent restrictions following this surgery?
Yes, high-impact activities, such as running, singles tennis, and basketball are not recommended. Injury-prone sports such as downhill skiing are also restricted.

What physical/recreational activities may I participate in after my recovery?
You are encouraged to participate in low-impact activities such as walking, dancing, golf, hiking, swimming, bowling, and gardening.

Will I notice anything different about my hip?
In many cases, patients think that the new joint feels completely natural. However, we always recommend avoiding extreme position or high-impact physical activity. The leg with the new hip may be longer than it was before, either because of previous shortening due to the hip disease or because of a need to lengthen the hip to avoid dislocation. Most patients get used to the feeling in time or can use a small lift in the other shoe. Some patients have aching in the thigh on weight bearing for a few months after surgery.

Preoperative Checklist

Pre-Register

When you come to the hospital for your Pre-Admission testing and Pre-op Joint Class, you will also be pre-registered for your upcoming surgery.

Patient's full legal name and address, including county

Home phone number

Marital status

Social Security number

Name of insurance holder, his/her address, phone number, work address, and work phone number

Name of your insurance company, mailing address, policy and group numbers, and insurance card

Your employer, address, phone number, and occupation

Name, address, and phone number of nearest relative

Name, address, and phone number of someone to notify in case of emergency (this can be the same as the nearest relative)

Bring your insurance card, driver's license or photo I.D. and any co-payment required by the insurance company with you to the hospital

Obtain Medical Clearance

When you were scheduled for surgery, you should have been told that you need to obtain medical clearance from your primary care physician and/or a specialist. Please follow the instructions in the letter. If you need to see your primary care doctor, it will be for preoperative medical clearance.

Obtain Laboratory Tests

When you were scheduled for surgery, you should have received a letter from your surgeon. This letter states when your Pre-Admission testing and your Pre-op Total Joint Class is scheduled.

Billing for Services

After your procedure, you will receive separate bills from the surgeon, anesthesiologist, the hospital, the radiology and pathology departments (if applicable), physical therapy, and the surgical assistant. If your insurance carrier has specific requirements regarding participation status, please contact your carrier.

Start Preoperative Exercises

Many patients with arthritis favor their joints and thus the joints become weaker, which interferes with their recovery. It is important that you begin an exercise program before surgery.

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Register For Preoperative Class
A special class is held for patients scheduled for joint surgery. You will only need to attend one class. It is strongly suggested that you bring a family member or friend to act as your "coach."
The coach's role will be explained in class. The outline of the class is as follows.

- Joint Disease
- What to Expect
- Role of your "Coach"/Caregiver
- Learn Your Breathing Exercises Review
- Your Preoperative Exercises
- Anesthesia
- Learn About Assistive Devices and Joint Protection
- Discharge Planning/Insurance/Obtaining Equipment
- Complete Preoperative Forms
- Questions and Answers

Please access link for educational videos and information about your joint replacement surgery.
https://carepointhealth.org/services/orthopedics/joint-replacement-education-list/

Review "Exercise Your Right"
The law requires that everyone being admitted to a medical facility has the opportunity to make advance directives concerning future decisions regarding their medical care. Please refer to the appendix for further information. Although you are not required to do so, you may make the directives you desire.
If you have advance directives, please bring copies to the hospital on the day of surgery.

Four Weeks Before Surgery -

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

Read "Anesthesia" (Appendix)
Total Joint Surgery does require the use of either general anesthesia or regional anesthesia.
Please review "Anesthesia" (see appendix) provided by our anesthesia department. If you have questions or want to request a particular anesthesiologist, please contact your surgeon's office.

Stop Smoking
It is essential to stop smoking before surgery. Smoking impairs oxygen circulation to your healing joint. Oxygen circulation is vital to the healing process.

Ten Days Before Surgery

Stop Medications That Increase Bleeding

Ten days before surgery, stop all anti-inflammatory medications such as aspirin, Motrin®, Naproxen, Vitamin E, etc. These medications may cause increased bleeding. If you are taking a blood thinner, you will need special instructions for stopping the medication. Your primary care physician will instruct you about what to do with your other medications. Please also discuss with your surgeon.

Prepare Your Home for Your Return from the Hospital

Have your house ready for your arrival back home. Clean, do the laundry, and put it away. Put clean linens on the bed. Prepare meals and freeze them in single serving containers. Cut the grass, tend to the garden, and finish any other yard work. Pick up throw rugs and tack down loose carpeting. Remove electrical cords and other obstructions from walkways. Install night lights in bathrooms, bedrooms, and hallways. Arrange to have someone collect your mail and take care of pets or loved ones, if necessary.

Night Before Surgery

Do Not Eat or Drink

Do not eat or drink anything after midnight, EVEN WATER, unless otherwise instructed to do so.
No chewing gum.

What to Bring to the Hospital

Personal hygiene items (toothbrush, powder, deodorant, razor, etc.); watch or wind-up clock; hand-held mirror to use at bedside; sweatpants, shorts, tops, culottes; well-fitted slippers; and flat shoes or tennis shoes. For safety reasons, DO NOT bring electrical items. You may bring battery-operated items.
You must bring the following to the hospital:

- Your patient GuideBook
- A copy of your advance directives
- Any co-payment required by your insurance company

Special Instructions

You will be instructed by your physician about medications, skin care, showering, etc.

- **DO NOT take any medication on the day of surgery, unless instructed to do so by your physician**
- **Please leave jewelry, valuables, and large amounts of money at home**
- **Makeup must be removed before your procedure**

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Preoperative Exercises, Goals, and Activity Guidelines

Exercising Before Surgery

It is important to be as fit as possible before undergoing a total hip replacement. Always consult your physician before starting a preoperative exercise plan. This will make your recovery much faster. Ten exercises are shown here that your physician may instruct you to start doing now and continue until your surgery. You should be able to do them in 15-20 minutes and it is typically recommended that you do all of them twice a day. Consider this a minimum amount of exercise prior to your surgery.

Also, remember that you need to strengthen your entire body, not just your leg. It is very important that you strengthen your arms by doing chair push-ups (exercise #7) because you will be relying on your arms to help you get in and out of bed, in and out of a chair, walk, and to do your exercises postoperatively.

Stop doing any exercise that is too painful.

Preoperative Hip Exercises

1.	Quad sets (knee push-downs)	20 reps.	2 times/day
2.	Gluteal sets (bottom squeezes)	20 reps.	2 times/day
3.	Abduction and adduction (slide heel out and in)	20 reps.	2 times/day
4.	Heel-slides (slide heel up and down)	20 reps.	2 times/day
5.	Short arc quads	20 reps.	2 times/day
6.	Long arc quads	20 reps.	2 times/day
7.	Armchair push-ups	20 reps.	2 times/day
8.	Mini Squats	5 reps.	1 time/day
9.	Seated hamstring stretch	20 reps.	2 times/day
10.	Ankle pumps	20 reps.	2 times/day

Hospital Care

Day of Surgery - What to Expect
Patients are prepared for surgery in the Same Day Surgery area of the hospital. Your operating room nurse as well as your anesthesiologist will interview you in the same day surgery area. Following surgery, you will be taken to a recovery area where you may remain for one to two hours. During this time, pain control is typically established, your vital signs will be monitored, and an X-ray may be taken of your new joint. You will then be taken to your room where a 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 the first 12 hours following surgery, so during this time, it is very important to take your pain medication. 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 and doing the deep breathing exercises that you learned in class.

After Surgery - Day One
On day one after surgery you can expect to be bathed and helped out of bed and seated in a recliner in your room. Your surgeon and physician's assistant (if applicable) will visit you in the morning. The physical therapist may assess your progress and get you walking with either crutches or a walker. Your coach is encouraged to be present as much as possible. Discharge plans will be implemented and a discharge time will be discussed.

If You are Going Directly Home
Someone responsible needs to drive you home. You should receive written discharge instructions concerning medications, physical therapy, activity, etc. We will arrange for equipment. Take this GuideBook with you. If the patient requires home health services, the hospital will arrange for this.

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Postoperative Care

Caring For Yourself at Home

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

Control Your Discomfort

- Take your pain medicine at least 30 minutes before physical therapy.
- Gradually wean yourself from prescription pain medication to a non-prescription pain medication. You may take two extra-strength Tylenol® in place of your prescription medication up to four times per day.
- Change your position every 45 minutes throughout the day.
- Use ice for pain control. Applying ice to your affected joint will decrease discomfort, but do not use for more than 20 minutes each hour. You can use it before and after your exercise program. A bag of frozen peas wrapped in a kitchen towel makes an ideal ice pack. Mark the bag of peas and return them to the freezer so they can be used as an ice pack again later.

Body Changes

- Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return.
- You may have difficulty sleeping, which is normal. Do not sleep or nap too much during the day. Your energy level will be decreased for at least the first month.
- Pain medication that contains narcotics promotes constipation. Use stool softeners or laxatives, if necessary.

Blood Thinners

You may be given a blood thinner to help avoid blood clots in your legs. You will need to take it for three to six weeks depending on your individual situation. Be sure to take as directed by your surgeon. The amount you take may change depending on how much your blood thins. Therefore, it will be necessary to do blood tests once or twice weekly to determine this. See discharge blood thinner instructions (appendix).

Caring For Your Incision

- Keep your incision dry.
- Keep your incision covered with a light dry dressing until your staples are removed, usually 10 -14 days.
- You may shower after your staples have been removed.
- Notify your surgeon if there is increased drainage, redness, pain, odor, or heat around the incision. After showering, put on a dry dressing.
- Take your temperature if you feel warm or sick. Call your surgeon if it exceeds 101˚F.

Recognizing & Preventing Potential Complications

Infection

Signs of Infection

- Increased swelling and redness at incision
- Change in color, amount, odor of drainage
- Increased pain in knee
- Fever greater than 101° F

Prevention of Infection

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

Blood Clots in Legs

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

Signs of blood clots in legs

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

Prevention of blood clots

- Ankle pumps
- Walking
- Blood thinners

Pulmonary Embolus

An unrecognized blood clot could break away from the vein and travel to the lungs. This is an emergency and you should CALL 911 if suspected.

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Signs of a pulmonary embolus

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

Prevention of pulmonary embolus

- Prevent blood clot in legs
- Recognize a blood clot in leg and call physician promptly

Signs of Dislocation

- Severe pain
- Rotation/shortening of the leg
- Unable to walk/move leg

Prevention of Dislocation
AT ALL TIMES

- **Do Not** cross legs
- **Do Not** twist side to side
- **Do Not** bend at the hip past 90 degrees

Total Hip Replacement Postoperative Exercises & Goals

Activity Guidelines

Exercising is important to obtain the best results from total hip surgery. Always consult your physician before starting a home exercise program. You may receive exercises from a physical therapist at an outpatient facility or at home. In either case, you need to participate in an ongoing home exercise program as well. After each therapy session, ask your therapist to mark the appropriate exercises in your Guidebook. These goals and guidelines are listed on the next few pages.

Weeks One and Two

After a day or two you should be ready for discharge from the hospital. During weeks one and two of your recovery typical two-week goals are to:

- Continue with walker or two crutches unless otherwise instructed.
- Walk at least 300-500 feet with support.
- Climb and descend a flight of stairs (12-14 steps) with a rail once a day.
- Actively bend your hip at least 60 degrees.
- Independently sponge bathe or shower (after staples are removed) and dress.
- Gradually resume homemaking tasks.
- Do 20 minutes of home exercises twice a day, with or without the therapist, from the program given to you.

Postoperative Exercise Plan

1.	Ankle Pumps	20 reps; 2 times/day
2.	Quad Sets (Knee Push-Downs)	20 reps; 2 times/day
3.	Gluteal Sets (Bottom Squeezes)	20 reps; 2 times/day
4.	Abduction/ Adduction (Slide Heels In and Out)	20 reps; 2 times/day
5.	Heel Slides (Slide Heels In and Out)	20 reps; 2 times/day
6.	Short Arc Quads (PVC Pipe Exercise)	20 reps; 2 times/day
7.	Long Arc Quads	20 reps; 2 times/day
8.	Standing Heel Raises	20 reps; 2 times/day
9.	Mini Squats	20 reps; 2 times/day
10.	Standing Knee Flexion	20 reps; 2 times/day
11.	Standing Hip Extension	20 reps; 2 times/day
12.	Hip Flexion	20 reps; 2 times/day
13.	Hip Flexion with Straight Leg	20 mins; 2 times/day
14.	Quarter Squat	20 reps; 2 times/day

Advance Exercises to be reviewed by your physical therapist

Weeks Two To Four

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

- Achieve one to two week goals.
- Wean from full support to a cane or single crutch as instructed.
- Walk at least one quarter mile.
- Climb and descend a flight of stairs (12-14 steps) more than once daily.
- Bend your hip to 90° unless otherwise instructed.
- Independently shower and dress.
- Resume homemaking tasks.
- Do 20 minutes of home exercises twice a day with or without the therapist.
- Begin driving if left hip had surgery. You will need permission from your surgeon

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Weeks Four To Six

Weeks four to six will see much more recovery to full independence. Your home exercise program will be even more important as you receive less supervised therapy. Your goals for this time period are to:

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

Strengthening Exercises

Name of Exercise _____ _____ reps _____ times/day
Name of Exercise _____ _____ reps _____ times/day
Name of Exercise _____ _____ reps _____ times/day
Name of Exercise _____ _____ reps _____ times/day
Name of Exercise _____ _____ reps _____ times/day
Name of Exercise _____ _____ reps _____ times/day
Name of Exercise _____ _____ reps _____ times/day

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

- Achieve prior goals.
- Walk with no cane or crutch and without a limp.
- Climb and descend stairs in normal fashion (foot over foot).
- Walk one half to one mile.
- Improve strength to 80%.
- Resume activities including dancing, bowling, and golf.

Strengthening Exercises

Name of Exercise _____ _____ reps _____ times/day
Name of Exercise _____ _____ reps _____ times/day
Name of Exercise _____ _____ reps _____ times/day
Name of Exercise _____ _____ reps _____ times/day
Name of Exercise _____ _____ reps _____ times/day
Name of Exercise _____ _____ reps _____ times/day
Name of Exercise _____ _____ reps _____ times/day

Activities of Daily Living - Precautions and Home Safety

Standing up from chair

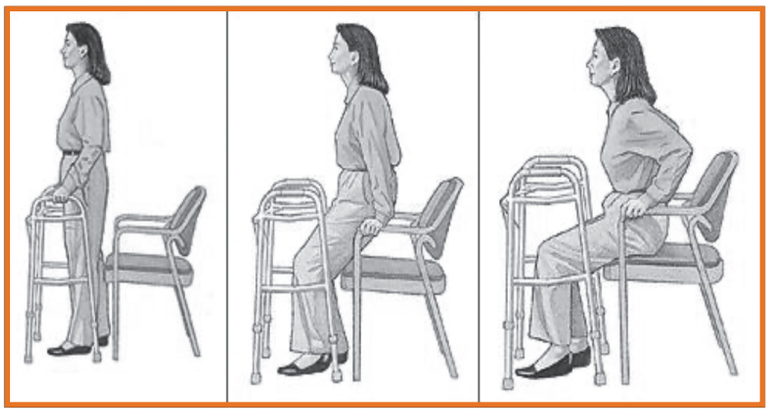
Do NOT pull up on the walker to stand!

Sit in a chair with arm rests when possible.

Scoot to the front edge of the chair.

Push up with both hands on the armrests. If sitting in a chair without armrest, place one hand on the walker while pushing off the side of the chair with the other.

Balance yourself before grabbing for the walker.



Walker Ambulation

1. Move the walker forward
2. With all four walker legs firmly on the ground, step forward with the surgical leg. Place the foot in the middle of the walker area. Do Not move it past the front feet of the walker
3. Step forward with the operated leg. **Note: Take small steps. Do not take a step until all four walker legs are flat on the floor.**
   Stair climbing: Ascend with non-surgical leg first. “Up with the good”. Descend with surgical leg first. “Down with the bad.”

Lying in Bed

1. Place a pillow between your legs when lying on your back. Try to keep the surgical leg positioned in bed so the kneecap and toes are pointed to the ceiling. Try not to let your toes roll inward or outward. A blanket or rolled towel on the outside of leg may help you maintain the position.
2. When rolling from your back to your side, first bend your knees toward you until your feet are flat on the bed. Then place at least two pillows (bound together) between your legs. With knees slightly bent, squeeze the pillows together between your knees and roll onto side. Your leg may help you maintain your position.

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Transfer - Tub

Getting into the tub using a bath seat:

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

NOTE: Although bath seats, grab bars, long-handled bath brushes, and hand-held showers make bathing easier and safer, they are typically not covered by insurance.

NOTE: ALWAYS use a rubber mat or non-skid adhesive on the bottom of the tub or shower.

NOTE: To keep soap within easy reach, make a soap-on-a-rope by placing a bar of soap in the toe of an old pair of pantyhose and attach it to the bath seat

Getting out of the tub using a bath seat:

1. Lift your legs over the outside of the tub.
2. Scoot to the edge of the bath seat
3. Push up with one hand on the back of the bath seat while holding on to the center of the walker with the other hand.
4. Balance yourself before grabbing the walker.

Transfer - Toilet

When sitting down on the toilet:

1. Take small steps and turn until your back is to the toilet. Never pivot.
2. Back up to the toilet until you feel it touch the back of your legs
3. If using a commode with armrests, reach back for both arm rests and lower yourself onto the toilet. If using a raised toilet seat without armrests, keep one hand on the walker while reaching back for the toilet seat with the other.
4. Slide your surgical leg out in front of you when sitting down.

When getting up from the toilet

1. If using a commode with armrests, use the armrests to push up.

   If using a raised toilet seat without armrests, place one hand on the walker and push off the toilet seat with the other.
2. Slide operated leg out in front of you when standing up.
3. Balance yourself before grabbing the walker

Transfer - Bed

When getting into bed:

1. Back up to the bed until you feel it on the back of your legs (you need to be midway between the foot and the head of the bed). Slide operated leg out in front of you when sitting down.
2. Reaching back with both hands, sit down on the edge of the bed and then scoot back toward the center of the mattress. (Silk pajama bottoms, satin sheets, or sitting on a plastic bag may make it easier).
3. Move your walker out of the way but keep it within reach.
4. Scoot your hips around so that you are facing the foot of the bed.
5. Lift your leg into the bed while scooting around (if this is your operated leg, you may use a cane, a rolled bed sheet, a belt or your theraband to assist with lifting that leg into the bed)
6. Keep scooting and lift your other leg into the bed.
7. Scoot your hips towards the center of the bed.

Note: Do Not Cross Your Legs to help the operated leg into bed.
When getting out of bed:

1. Scoot your hips to the edge of the bed
2. Sit up while lowering your non-surgical leg to the floor
3. If needed, use a leg-lifter to lower your surgical leg to the floor.
4. Scoot to the edge of the bed.
5. Use both hands to push off the bed. If the bed is to low, place one hand in center of the walker while pushing off the bed with the other.

Slide operated leg out in front of you when standing up. Balance yourself before grabbing for the walker.

Transfer - Automobile

1. Push the car seat all the way back; recline it if possible, but return it to the upright position for traveling.
2. Place a plastic trash bag on the seat of the car to help you slide and turn frontward.
3. Back up to the car until you feel it touch the back of your legs.
4. Reach back for the car seat and lower yourself down. Keep your operated leg straight out in front of you and duck your head so that you don't hit it on the door frame.
5. Turn frontward, leaning back as you lift the surgical leg into the car.

Personal Care
Using a "Reacher" or "dressing stick." Putting on pants and underwear:

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

Taking off pants and underwear:

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

A Reacher or dressing stick can help you remove your pants from your foot and off the floor.

How to use a sock aid:

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

If using a long-handled shoehorn:

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

NOTE: Wear sturdy slip-on shoes, or shoes with Velcro closures or elastic shoe laces. DO NOT wear high-heeled shoes or shoes without backs.

Around the House

Saving energy and protecting your joints

Kitchen

Plan! Gather all your cooking supplies at one time.

Then, sit to prepare your meal.

Place frequently used cooking supplies and utensils where they can be reached without too much bending or stretching.

To provide a better working height, use a high stool, or put cushions on your chair when preparing meals.

Bathroom

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

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Safety and Avoiding Falls

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

Do's and Don'ts for the Rest of Your Life

Whether they have reached all the recommended goals in three months or not, all joint patients need to have a regular exercise program to maintain their fitness and the health of the muscles around their joints. With both your orthopedic and primary care physicians' permission you should be on a regular exercise program three to four times per week lasting 20-30 minutes. Impact activities such as running and singles tennis may put too much load on the joint and are not recommended. High-risk activities such as downhill skiing is likewise discouraged because of the risk of fractures around the prosthesis and damage to the prosthesis itself. Infections are always a potential problem and you may need antibiotics for prevention.

What to Do in General

- Take antibiotics one hour before you have dental work or other invasive procedures.
- Although the risks are very low for postoperative infections, it is important to realize that the risk remains. A prosthetic joint could possibly attract the bacteria from an infection located in another part of your body. If you should develop a fever of more than 101° or sustain an injury such as a deep cut or puncture wound you should clean it as best you can, put a sterile dressing or an adhesive bandage on it and notify your doctor. The closer the injury is to your prosthesis, the greater the concern. Occasionally, antibiotics may be needed. Superficial scratches may be treated with topical antibiotic ointment. Notify your doctor if the area is painful or reddened.
- The manufacturer of your prosthesis will send you a card that states you had a joint replacement. It may take between 8-12 weeks to receive your card. Carry the card with you, as you may set off security alarms at airports, malls, etc.
- When traveling, stop and change positions hourly to prevent your joint from tightening. See your surgeon yearly unless otherwise recommended.
- Lifetime Follow-Up Visits: see appendices.

What to Do for Exercise

- Choose a Low Impact Activity
- Recommended exercise classes
- Home program as outlined in the Patient Guide Book
- Regular one to three mile walks
- Home treadmill (for walking)
- Stationary bike
- Regular exercise at a fitness center
- Low impact sports such as golf, bowling, walking, gardening dancing etc.

What Not to Do

Do not run or engage in high-impact activities

Do not participate in high-risk activities such as downhill skiing, etc.

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Appendix

Exercise Your Right Put Your Health Care Decisions in Writing
It is our policy to place patients' wishes and individual considerations at the forefront of their care and to respect and uphold those wishes.

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

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

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

APPOINTMENT OF A HEALTH CARE AGENT (sometimes called a Medical Power of Attorney) is a document that lets you name a person (your agent) to make medical decisions for you, if you become unable to do so.

HEALTH CARE INSTRUCTIONS are your specific choices regarding use of life sustaining equipment, hydration and nutrition, and use of pain medications.

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

Anesthesia

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

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.

General Anesthesia provides loss of consciousness.

Anesthesia

Will I have any side effects?
Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options as well as any complications or side effects that can occur with each type of anesthetic. Nausea or vomiting may be related to anesthesia or the type of surgical procedure. Although less of a problem today because of improved anesthetic agents and techniques, these side effects continue to occur for some patients. Medications to treat nausea and vomiting will be given if needed. The amount of discomfort you experience will depend on several factors, especially the type of surgery. Your doctors and nurses can relieve pain with medications. Your discomfort should be minimal, but do not expect to be totally pain-free. The staff will teach you the pain scale (0-10) to assess your pain level.

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

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

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

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

The Importance of Lifetime Follow-Up Visits

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

So, when should you follow up with your surgeon? These are some general rules:

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

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Blood Thinners

Coumadin: Monitoring the dosage after patient is discharged from the hospital

DISCHARGE TO HOME – If you are discharged to home with home health services, the home health nurse may come out twice a week to draw the prothrombin time and the INR. These results are called to the surgeon who will call you to adjust your dose, if needed.

If you **DO NOT** utilize home health nursing, then you will have to go to an outpatient medical lab and have your blood drawn to test your prothrombin time and INR level. Your surgeon will obtain the results and call you to adjust your blood thinner dose, if needed.

TRANSFER TO REHAB – If you are transferred to rehab, the monitoring is usually done daily. The physician caring for you at rehab will adjust the blood thinner dose as necessary. When you are discharged from rehab, or home health, you will be given a prescription for outpatient blood monitoring.

The Transition in Care Team: (201) 232-3597

Transition in Care Team, which consists of nurse practitioners and registered nurses, refers to the collaboration of providers across hospitals, nursing homes, facilities, community based services, and the patient's home. People living with serious and complex illnesses require frequent interactions with different types of providers. So, it is important to provide care frequently and in different settings.

The Transition in Care team will follow you from the hospital to the home, with regular in-person and telephone communication.

The Transition in Care nurse practitioner will:

- Communicate with physicians and other providers
- Provide health education and reinforcement of good health practices
- Engage you, your family, and all of your caregivers in health education health coaching
- Help to make the most of your care and to avoid unnecessary trips to the hospital

Important to know:

- You may qualify and be notified for the transition in care program due to any of these Diagnoses:
- Heart Attack, Heart Failure, Lung Disease (COPD), Pneumonia, and Hip or Knee Replacements.
- Participation in the program is free to you. Your insurance company will not be billed.
- A team member will follow you for either 30 or 90 days following hospitalization.
- A team member may come to visit you in the hospital, at your home and/or in the nursing facility after discharge.
- The Transition in Care Team works closely with your physician.
- Diagnoses eligible for the program include Heart Attack, Heart Failure, Lung Disease (COPD), Pneumonia, and Hip or Knee Replacements.
- The Transition in Care program does not replace Visiting Nurse Services.

Our Goal:

To improve care for patients in all settings. We will be there to help.

Feel free to call when you need us.

CarePoint Health

NO SMOKING

PATIENT EDUCATION
SMOKING CESSATION

NO SMOKING

Reasons to Quit Smoking

- One (1) in every 5 deaths in the U.S. is smoking-related.
- Cigarette smoke contains 43 cancer causing agents and 401 toxic substances.
- Smoking causes wrinkles.
- Smoking cigarettes is a major cause of Heart Disease, Lung Cancer, Emphysema and Stroke.
- Children exposed to second hand smoke are at increased risk for asthma and ear infections.
- Adults exposed to second hand smoke are at increased risk of lung cancer, heart disease, stroke and leukemia and lymphoma (forms of cancer).
- Children of smoking parents are twice as likely to start smoking than non-smokers.
- Pregnant women who smoke have a higher incidence of spontaneous abortions, still births, and babies that die from Sudden Infant Death Syndrome.
- Studies have shown that the most successful way to quit smoking is a combination approach of Counseling and Nicotine Replacement Therapy.

If you are seriously thinking about quitting - You have already taken the first step!

Tips on making it easier to QUIT SMOKING

- Make a list of reasons you smoke now and the many good reasons you should quit. Compare the lists.
- Set a target date.
- Enlist support from your family and friends.
- Spend more time in non-smoking places.
- Keep a journal of your reasons to quit and refer it to it when times get rough.
- On the day you quit, have your clothes cleaned. Have your teeth cleaned at the dentist.
- Treat yourself to something special. You certainly deserve it!
- Have healthy snacks for oral replacement (Celery, Carrots, and fruits).

You may not be successful the first try, but do not get discouraged, keep trying.

NO SMOKING

YOU CAN DO IT!

NO SMOKING

For information on a Stop Smoking Programs:

- **American Cancer Society**
  Telephone: 1-800-ACS-2345 (1-800-227-2345) • Internet address: www.cancer.org
- **Smokefree.gov**
  Telephone: 1-800-QUITNOW or 1-800-784-8669 • Internet address: www.smokefree.gov
- **American Lung Association**
  Telephone: 1-800-LUNG-USA or 1-800-548-8252 • Internet address: www.lungusa.org

How to use the Chlorhexidine Gluconate (CHG) Disposable Cloths:

Prepping your SKIN THE **NIGHT BEFORE SURGERY:**

- Shower or bathe thoroughly the night before Surgery.
- Wait one (1) hour after your shower or bath and follow the instructions below:
- Do not apply any lotions, creams, or moisturizers.
- **Do not shower/ or bathe the morning of surgery.**

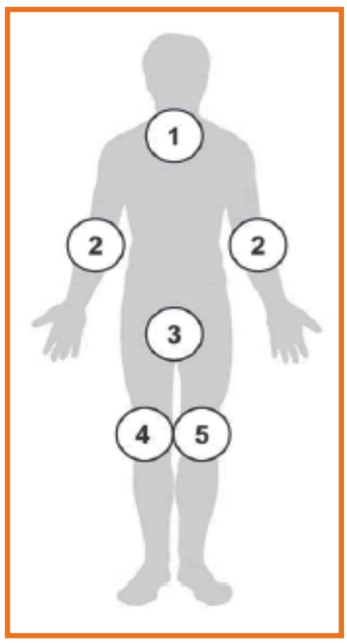
DO NOT USE CLOTHS ABOVE THE JAWLINE

DO NOT RINSE

DO NOT FLUSH THE CLOTHS

****USE BOTH SIDES OF THE CLOTH FOR FULL EFFECTIVENESS/CLEANLINESS****

FRONT



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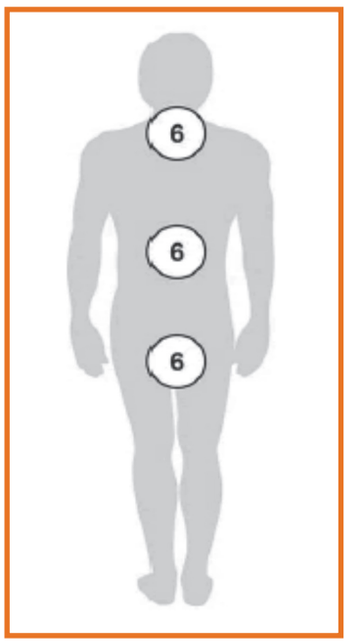

Use all six cloths in the following order:

1. Cloth 1: Neck, shoulders, and chest.
2. Cloth 2: Both arms, both hands, web spaces, and axilla.
3. Cloth 3: Abdomen and then groin/perineum.
4. Cloth 4: Right leg, right foot, and web spaces.
5. Cloth 5: Left leg, left foot, and web spaces
6. Cloth 6: Back of neck, back, and then buttocks

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NOTES