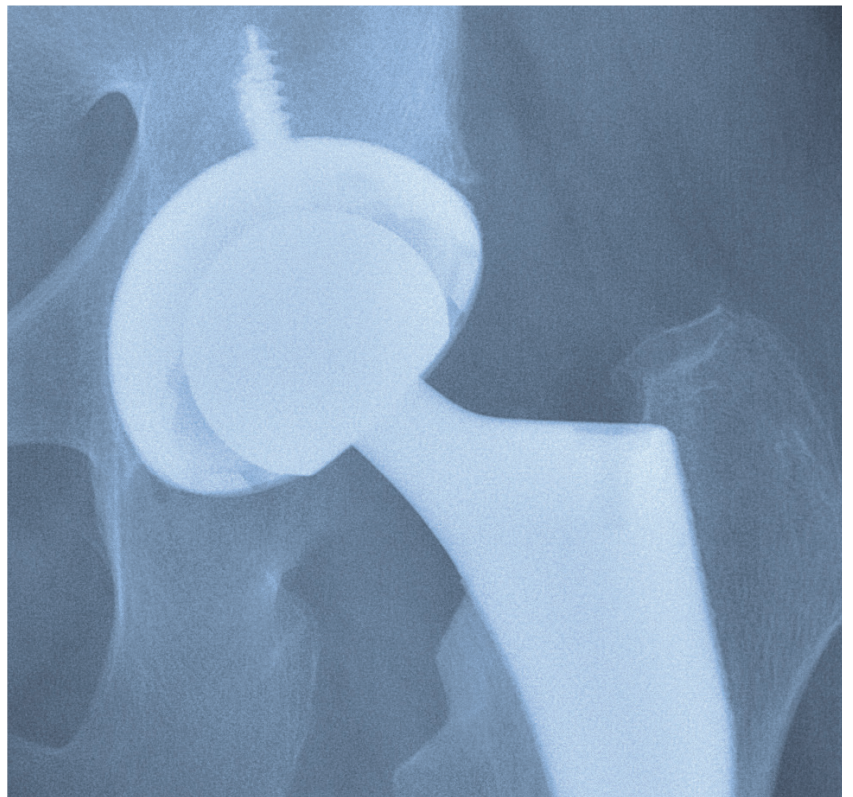


# Hip Replacement Surgery Patient Information Manual

Maximizing Your New Hip



UF HEALTH REHAB CENTER – SHANDS HOSPITAL

[www.ortho.ufl.edu](http://www.ortho.ufl.edu)

## INTRODUCTION

**Welcome to UF Health! Thank you for choosing us for your hip replacement surgery. Our premier orthopaedic surgery team will take great care of you.**

The University of Florida Orthopaedic Surgery program began in 1960 as a division of the College of Medicine Department of Surgery. In 1975, the Division of Orthopaedic Surgery achieved full departmental status. Our UF Health Orthopaedics and Rehabilitation team has earned a reputation for excellence in research, teaching and clinical care. Our commitment to patient health care motivates every aspect of our efforts, from the bedside, to the classroom, to the research lab.

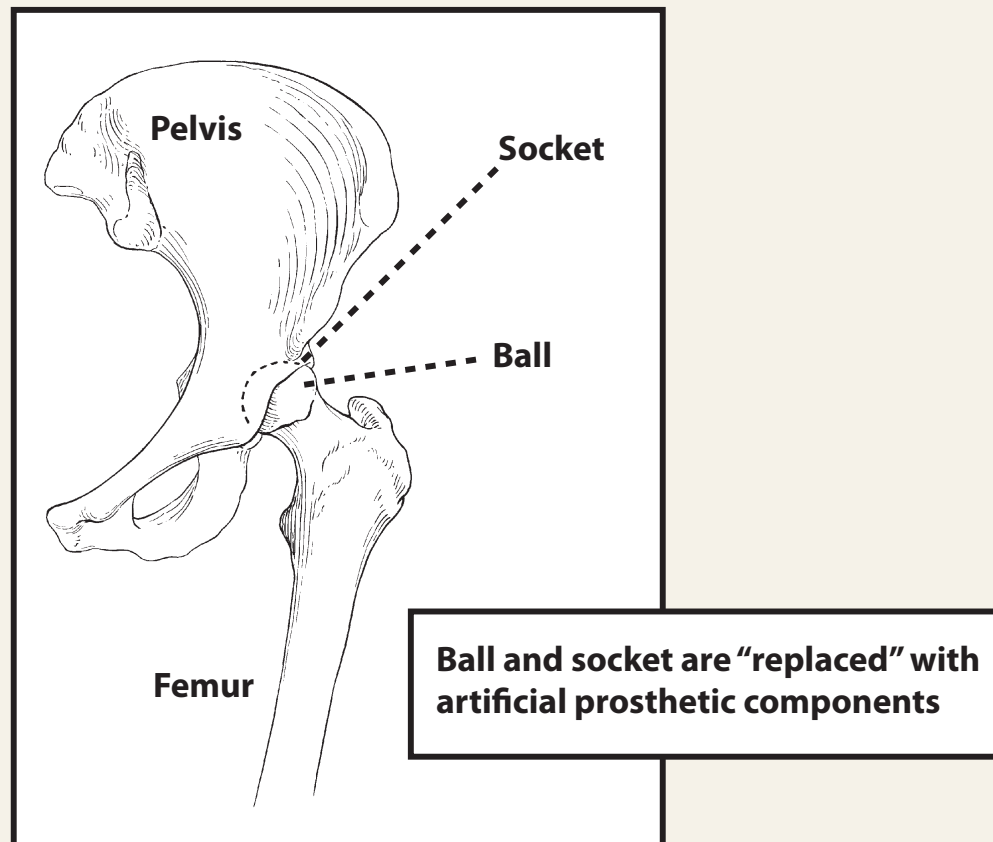
Your doctor has explained your procedure and what to expect following surgery. The purpose of this guide is to provide you with more information about what to expect during recovery, what you can do to prevent any complications and how you can maximize your outcomes. Although the health care team will assist you in your recovery, **you and your family** are the most important members of the team. We believe knowledge and preparation before and after the operation will make your recovery easier. If you have questions along the way, be sure to ask them. We are here to help you achieve your goals and we want you to be satisfied with your entire experience. Our goal is **excellent service**, from start to finish.

**So, let's begin.**

## WHAT EXACTLY IS HAPPENING?

Your hip joint will be replaced with an artificial hip joint, called a prosthesis. The prosthesis is designed to work in the same manner as your natural hip. Your surgeon will choose the best prosthesis for you.

The new hip will allow for smooth, pain-free movement, but it needs time to heal. You will be doing exercises to strengthen your new hip. **You may or may not have special precautions to follow depending on your surgical procedure and your individualized needs as determined by your physician.**



A therapist will teach you about exercises you will need to do to make your new hip stronger, and they will show you how to protect your new hip during the healing phase. You will be given instructions on how to get out of bed, walk, get dressed and care for yourself.

You will need a walking aid for a short time, which is normal. You also will want an elevated toilet seat so that you don't bend over too far when you get off the commode. Even if you do not have precautions, a raised commode is helpful to keep you safe when getting on and off a low toilet seat. This is all part of the post-surgery rehabilitation process.

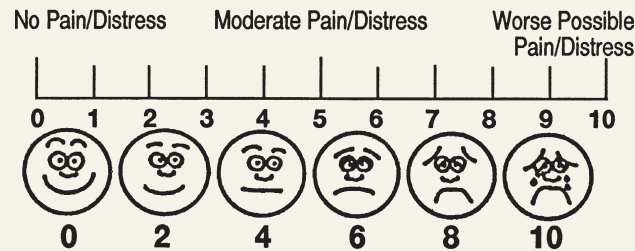


## PAIN CONTROL

Many patients are concerned about pain after surgery and how well it will be controlled.

Your pain will be controlled to a level that is tolerable for you. Orthopaedic staff members are experienced in helping patients in pain to be more comfortable.

We will utilize a visual pain scale to determine your discomfort levels. Please note, 10 represents the worst pain imagined, and “0” indicates absence of pain.



There are different ways to address pain. Here at UF Health, we use a multimodal approach to pain management which involves the use of more than one method of controlling pain. General anesthesia or regional nerve blocks are types of anesthesia. Epidurals, femoral blocks, sciatic blocks and cervical/paravertebral blocks are all types of regional anesthesia. Ice packs, motion and oral medications also assist with pain and stiffness.

You should be aware that your pain will not disappear, but will be managed so that you can walk and move efficiently to prepare you to go home either the same day or the day after your surgery.

**Please note, your surgeon may select you to go home on the same day of your surgery. This outpatient surgery has certain criteria, and your physician will discuss this option with you, if applicable.**

You could go home with a regional nerve block for pain management. Again, this is a decision between your surgeon and the Acute Pain Service team. You will be educated on how to manage the block at home.

Some of your pain medications will be ordered PRN, which means “as needed.” These medications are not scheduled to be given at specific times, but are given per patient request. Communicate with your nurse about your pain level and need for these additional medications. The doctor’s order for pain medication will have a time restriction. For example, a patient may only receive pills every three to four hours.



## **PAIN CONTROL** *(continued)*

It is important for you to plan on taking your pain medications around your physical schedule. Most patients prefer to take the medication about 30 minutes before beginning their therapy.

**Although pain medications are necessary, they sometimes cause bothersome side effects. Be alert for any of these side effects and tell your nurse right away.**

- ▶ Dry mouth
- ▶ Itching
- ▶ Nausea and/or vomiting
- ▶ Constipation
- ▶ Decreased appetite
- ▶ Urinary retention

Pain medication also can cause drowsiness or confusion. Although these symptoms are rare, we will be watching for these side effects and will change your medication, if they are present.

You should be getting up with the assistance of the care team; we do not want you to fall or injure yourself while you are adjusting to your new hip. Please note, the hospital has a **“Call, Don’t Fall”** policy, and you should always ask for help when walking to and from the bathroom. Unnecessary falls occur when patients try and get to the bathroom without the proper assistance. Make sure that you always call for help to use the bathroom.

Getting out of bed and moving your are the best ways to prevent stiffness and spasms. You may have ice bags or a cold wrap incorporated into your total hip dressing. It is important not to get your incision wet. If the ice bag leaks, don’t lie in a wet bed. Please tell your nurse or personal care attendant if you need assistance.

**It is important for you to tell us any time you feel you are not getting adequate pain relief. BE ADVISED that we cannot get rid of all your pain; you will have some discomfort. We will manage your pain so you can function and participate in your recovery.**

## ANESTHESIA / ACUTE PAIN SERVICE

You will see an anesthesiologist and/or an anesthesia nurse practitioner before your surgery. He/she will review your medical history and perform a brief physical exam. The anesthesiologist will discuss with you the options you have for anesthesia during your surgery. Keep in mind your anesthesiologist may suggest a particular anesthetic technique based on your history, physical exam, type of surgery and other factors.

### Summary of the types of anesthesia

**1. GENERAL Anesthesia:** This type of anesthesia is used less often, unless your physician determines it is the best choice for you.

This type of anesthesia involves pre-medication with sedating drugs and requires a tube in your throat to protect your airway.

- ▶ Allows fast and painless surgeries/medical procedures
- ▶ Recommended for lengthy surgeries or those that require a patient to be held in a specific position
- ▶ Affects whole body with no surgical pain and no memory of the procedure
- ▶ May cause nausea or stomach upset after surgery
- ▶ May feel cold or shiver immediately after surgery
- ▶ Must not eat after midnight with this type

### 2. REGIONAL Anesthesia

**IV Sedation** – This is a twilight sedation (a light sleep) that does not require a tube in the throat.

- ▶ Meds can easily be delivered through an IV during the procedure
- ▶ Patient awakens within minutes of medication drip being turned off
- ▶ Much less nausea reported compared to general anesthesia

**Regional blocks:** Nerve blocks “block” the pain signals to the brain. Nerve blocks require less anesthetic medication, and allow patients to be more alert post-op.

#### Spinal

- ▶ Often used here at UF Health Shands for hip surgeries
- ▶ This is the recommended anesthetic with less side-effects post-operatively. This may not be offered with more complex surgical cases.
- ▶ Sensory and motor responses are “**blocked**” which helps relaxation

## ANESTHESIA AND YOU

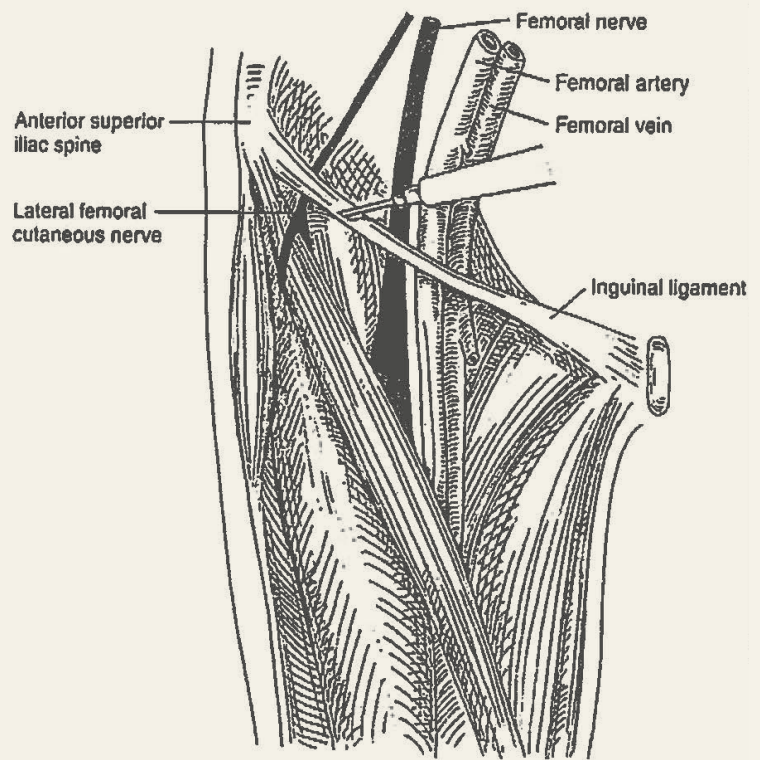
### Regional blocks (*Continued*):

#### Epidural

- ▶ Produced by injecting local anesthetic agent into the epidural space of the spinal canal
- ▶ Numbs all areas below the injection
- ▶ Can cause headaches or back discomfort
- ▶ Can cause low blood pressure or difficulty breathing deeply

**Femoral/Iliacus; Sciatic:** Injection of anesthetic medication into a large nerve or nerve roots, blocking the pain signals to the brain.

- ▶ Improved post-operative pain relief
- ▶ Improved post-operative responsiveness
- ▶ Shorter recovery period compared to general anesthesia



**Figure 17–20.** Lateral femoral cutaneous nerve block.

**Discuss with your physician  
what he/she feels is the right  
choice of anesthesia for you.**





## GETTING READY FOR SURGERY

*Please visit: [www.ortho.ufl.edu/jrep](http://www.ortho.ufl.edu/jrep)*

**You and your care coach should be ready to attend the Joint Preparation Class offered before your surgical date.**

A joint replacement educational class should be scheduled by the physician's office once you have decided to have surgery. It is very important that you and your care coach attend class. Your care coach is the one that will be with you for at least 1 week after surgery. There are copies of this booklet and videos located at the website above, for reference later.

You will be asked to get a clearance letter from your family doctor or internist. Will we need all lab tests, EKGs, x-rays and clearance letter before your pre-op clinic day. If we do not receive the clearance letter, your surgery will be cancelled. If you have a cardiac condition, you must have your cardiac doctor clear you for surgery.

Please bring all medications with you to the pre-op clinic. If you don't bring your medications, make sure you have a list of all medications both prescriptions and over the counter supplements with dosages and frequency.

You will be talking to an orthopaedic nurse or a case manager either pre-op or post-op who will assist you in obtaining any equipment or services needed after discharge from the hospital.

**You and your care coach must be committed to the plan of care discussed with your physician.**

You should plan on going home with Home Health Services or home with outpatient therapy, if you have insurance coverage for this service. It is important to know your insurance coverage, but we can have you talk with a financial specialist should you have further questions. In the rare event that you require additional inpatient rehab, a discharge facilitator will work with you to make arrangements. We administer a questionnaire prior to your surgery that helps us determine the help needed at the time of discharge. Please be honest with your doctor when discussing social support, discharge needs and concerns. We want to have a well-established plan prior to your admission for surgery, to ensure there are no surprises at the time of discharge from the hospital. The goal is to be prepared!!

**Going home is always the recommended discharge plan for all of our joint patients. Research shows that this plan is the safest and has the best outcomes.**

**GETTING READY FOR SURGERY** *(continued)*

**What happens on the pre-op testing day?**

Prior to your surgery date, you will be scheduled to come to the orthopaedic clinic and the pre-operative anesthesia clinic. At this time, a complete history and physical will be done to ensure you are in the best condition for surgery. The surgeon and anesthesiologist will explain the surgery and the anesthesia plan to you and your family, answer any questions and have you sign the operative and anesthesia permits. **Be sure to ask all of your questions!**

**WHAT DO I NEED TO BRING WITH ME?**

**Packing for Your Hospital Stay**

<b>WHAT TO BRING</b>	List of medications	<b>WHAT NOT TO BRING</b>
	2 full sets of clothes - loose fitting and easy to take on and off	
	Comfortable shoes with a secure back	
	CPAP (if necessary)	
	Cell phone and charger	
	Glasses or any hearing aides, if needed	
	Walker if you have one	
	Personal hygiene items	
	A POSITIVE ATTITUDE ABOUT MOVING!	
		Actual Medications
		Cash/credit cards
		Jewelry (wedding rings)
		* Avoid electronics (iPad, computer), if possible

**If you forget something?**

***WE HAVE THE ESSENTIALS!***

## ANSWERS TO SOME FAQ'S ABOUT TOTAL HIP SURGERY

### **Are there any major risks?**

Most surgeries go well with no complications. There are two serious complications that are most concerning – infection and blood clots. To avoid these complications, antibiotics are used during and after surgery, as well as blood thinners. Special precautions are taken in the operating room to reduce the risk of infection.

### **Will I need equipment before I go home?**

**YES.** You will either be using a walker or crutches when you go home. The physical therapist, physician and case manager will help you decide which is safest and how long to use each device. A three-in-one bedside commode might be needed. Equipment that is recommended for your home may be covered by insurance. The case manager will secure these items for you before discharge. Additional items, such as a tub bench and grab bars in the tub or shower, may be helpful. However, insurance companies will not pay for them or the installation. These items would be best purchased and installed before your surgery.

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

**YES.** Home care physical therapy or outpatient physical therapy will be discussed with you and arranged by the case manager while you are in the hospital. In most cases, home care physical therapy is set up for three visits a week for two weeks. Then, you will likely go to outpatient physical therapy. Outpatient physical therapy is usually three times a week. The length of time required for therapy varies with each patient. If you are moving well, you should consider going directly to outpatient therapy.

### **When will I be able to drive?**

The ability to drive depends on a number of variables, including whether surgery was on your right or left leg, the type of car you drive, who your surgeon is and what type of approach was performed. **You cannot drive while taking pain medication; it is against the law.** Depending on your surgeon, it could be more than six weeks before you can drive. You should return to driving in stages. Practice moving your foot on and off the gas and brake with the car in a parked position.

### **Will I notice anything different about my hip after surgery?**

**YES.** Your hip could be swollen for three to six months after surgery. You may have some numbness on the outside of your scar which may last a year or more and is not serious. You may have soreness in your hip up to six months after surgery; this will go away. Most importantly, you should notice your new limb helping you get back to the activities you love to do!

**If you hear a pop, have difficulty bearing weight on your operative limb or experience sudden onset of pain in your joint, notify your surgeon immediately.**



## DISCHARGE INFORMATION

**Home care** is a visit by a medical professional which may include a visit from a nurse, along with a physical therapist or occupational therapist. You will be asked to choose a home care agency. Discharge home is the desired destination. This could be with Home Health Care, Outpatient Therapy or a combination of both.

Medicare and private insurances often cover outpatient therapy expenses. However, there may be restrictions on the company that your insurance allows you to choose. You will be provided with a list of companies that are available within your network.

**Durable Medical Equipment (DME)** includes walkers, wheelchairs, crutches, bedside commodes and other items to assist with your mobility and care. Most insurance cover the above items. However, they do not cover specialty items such as shower chairs, slide boards or hand rails.

**Outpatient Rehab** is therapy that you will receive in an outpatient clinic. Most insurances cover this service, although you may have a limited choice or service area that you must choose from.



## HOSPITAL CARE PLAN – TOTAL HIP ARTHROPLASTY

### Day of Surgery... we call this DAY 0

- ▶ Do not eat or drink colored liquids or solid food after midnight.
- ▶ Your family will wait in the surgical waiting area.

#### **You will be taken to a block room to begin multimodal pain management including:**

- ▶ Medications
- ▶ Epidural / Lumbar / Paravertebral anesthesia in block room
- ▶ You will receive an IV and may or may not receive a urinary catheter once sedated.
- ▶ You will get electrodes placed to monitor your heart rhythm during surgery.
- ▶ Your anesthesiologist and surgical team will be with you for your operation. You are in skilled and caring hands!
- ▶ After surgery, you will be taken to the Post Anesthesia Care Unit (PACU).

#### **Therapy starts now, at Day 0, in the PACU.**

- ▶ You will get out of bed and/or do exercises at this time.
- ▶ You will get up and walk with the assistance of a walker or crutches. You will be wearing a gait belt around your waist for safety and fall prevention. You should not be getting up without assistance. The care team will work together to ensure your safety, but safety begins with YOU. Do not overestimate how steady you are on your feet. You may feel minimal pain and think you are “fine;” but your leg may be weak, numb or both. When you have a nerve block in place, you will have a brace on your leg while walking. You should NOT get up without the brace. If you have an epidural, both legs may be affected. Your non-surgical leg may feel weak and difficult to move. Please notify your care team prior to getting out of bed, if you have numbness in your non-operated leg.

#### **Same Day Discharges**

You may have discussed a same day discharge with your physician. This means that you will actually be going home later the same day of your surgery. This is usually pre-determined, and you most definitely need to do your homework (exercises, joint prep class and visit the website [www.ortho.ufl.edu/jrep](http://www.ortho.ufl.edu/jrep)). Therapy will be seeing you several times in the post-operative area to make sure you are able to get up and mobilize safely. The pain service will be discussing options for you to go home with a manageable pain level.

Your skilled post-operative nurses will ensure that you are up in a chair, that your bladder is functioning properly and assess your readiness to go home.

## HOSPITAL CARE PLAN – TOTAL HIP ARTHROPLASTY

A case manager, discharge planner or nurse navigator will start planning your discharge with you. This plan should have been determined before your procedure. Case managers are very knowledgeable and can help with any unforeseen needs. Since your stay with us is a short one, we want this planning to be finalized before surgery.

You will be transferred to a nursing unit within the next few hours, if medically stable.

You will be greeted by orthopaedic nurses that are ready to help you with your mobility and get you on the road to recovery.

**You are allowed to get out of bed the day of surgery with staff assistance, unless there is a special circumstance.**

Nursing or therapy can help you with activity. Even sitting on the edge of the bed is a good start! Remember, the orthopaedic team supports early mobility. We encourage you to be up , active and eating your meals in the chair as soon as possible. Moving is the **BEST** way to prevent blood clots and breathing problems post-operatively. Your new joint is meant to be moved, not rested, so make sure you keep that in mind.

\* Please note, if you have been selected to go home day 0, your stay in the PACU will be a bit longer and your therapy visits will occur throughout the day to prepare you to go home.



## HOSPITAL CARE PLAN – TOTAL HIP ARTHROPLASTY *(continued)*

### Day 1: First day after surgery

Today, you may go home if you are moving well and your pain is managed. Discuss this plan with your physician. Your care coach should be observing your movement and receiving important information from the therapy and nursing teams. If you received a urinary catheter, it will be taken out early. We want you up and walking with help to the bathroom. You will work with physical and occupational therapy to get you up and moving. They will get you dressed and ready for a day of activity.

**Remember,** you will need help to go to and from the bathroom. You should not be getting up without the brace to stabilize your leg, if you have a nerve block.

**Tip: Don't wait until it's an emergency to use the bathroom. Use the bathroom when offered by staff or press the call bell for assistance.**

Your care coach can be present for all therapy sessions, but this is not social time, it is time to get moving.

The Pain Service will stop the infusion of your nerve blocks, if indicated, or they will decrease your dosage early in the morning. We want to see how you do without the block regarding function, movement and sensation. If you are going home with a block, you will be educated on this by your nurse and the pain service. If you are given this option, note that you will wear a brace on your leg at all times until the block is removed at home by a skilled professional. This brace keeps your leg steady and will prevent you from buckling or falling. **YOU MUST** take the brace and wear it at all times until the block is removed and sensation/function have returned. While a block is in place your leg may not support you, you must use a walker and the brace.

- ▶ You will be given oral medications for pain.
- ▶ Your prescriptions will be filled, if not done pre-operatively.
- ▶ Your nurse will continue to educate you and your family on all pertinent information needed prior to going home.
- ▶ Spend most of your day up, participate in all therapy sessions. Do the exercises your therapist gives you at least 3 times a day, on your own or with your coach.

**Same Day Discharges,** If you have been selected to go home day 0, your stay in the PACU will be a bit longer and your therapy visits will occur throughout the day to prepare you for discharge home. Please have a walker and clothing available in the recovery room for use with therapy prior to discharge.

## HOSPITAL CARE PLAN – TOTAL HIP ARTHROPLASTY *(continued)*

Therapy will help you practice uneven surfaces, like stairs, in preparation for discharge. On the day of discharge, therapy will help you to your car and show you how to get safely in and out. While sports cars and tall vehicles are awesome, they can be difficult to access safely. Please make sure you have a 4-door vehicle. Pack some extra pillows for your comfort.

- ▶ If you are cleared by your physician, you will go home.
- ▶ Based on your activity and pain levels, your physician will determine if you need to stay longer or another day. We individualize discharge based on your needs.

### **Day 2: Second day after surgery (You may be discharged before DAY 2)**

- ▶ This day is similar to day 1.
- ▶ Pain management and going home is the focus today.
- ▶ You are dressed and ready to go home. Your therapist will see you for more sessions until time to get you to the car. You should be doing your exercises with your coach or on your own at least 2-3 times a day.
- ▶ Your care coach will be driving you home. Remember, you cannot drive for at least 4 weeks post-surgery. Ask your physician what he/she recommends for you.
- ▶ Please keep the adherent dressing over your hip for 14 days after discharge from the hospital. You may shower with the dressing on until that time as long as you check that it is still water tight with no lifting up at the edges.
- ▶ Dressing may be removed by home health care nurse or in a physician clinic.
- ▶ On day 14 you may remove the dressing and shower normally, but do not scrub the wound, just pat it dry with a towel afterwards.
- ▶ Do not apply oils, creams or ointments to wound(s). Keep site emollient free.
- ▶ Do not soak or submerge the wound in water and no swimming for ten weeks. This entails no baths, hot tubs or swimming pools.
- ▶ You are to wear knee-high TED/Compression hose for the next four weeks after surgery to prevent blood clots.
- ▶ Compression hose can be washed but must be air dried. You can also wear compression socks for swelling and clot prevention.
- ▶ Please follow your surgeon's specific incision care instructions.



## **Bruising and Swelling**

- ▶ Bruising and swelling are normal after surgery.
- ▶ Decrease swelling and inflammation by elevating your legs and using ice, keeping the skin/incision dry and protected.

## **Notify your physician for any of the following signs of infection**

- ▶ Significantly increased redness, pain or swelling at the incision site.  
**TIP: Take a photo with your phone at discharge and every few days with your good leg as the comparison.**
- ▶ Fever greater than 101°, not explained by another source of infection.
- ▶ Excessive leakage of fluid of any type or color from the incision.
- ▶ Uncontrollable pain despite intervention.
- ▶ Numbness or weakness in the arms, hands or feet.
- ▶ Persistent nausea, vomiting or recurring headaches.



## PREVENTION OF BLOOD CLOTS

Patients who have hip or knee surgery are at risk for developing blood clots in their legs, which can be dangerous if they break away and travel to the lungs. There are several things you can do to decrease the chances of blood clots forming. When you are lying in bed after surgery, it is very important that you begin leg exercises (see examples in booklet). These can be done by pressing the backs of both knees into the bed, tightening your calf and thigh muscles and moving your ankles up and down. Your physical therapist can show you how to do these exercises properly. It also is important that you get up into the chair and start walking as soon as possible **(with assistance)**.



**You will wear special elastic stockings (TED hose) that help to circulate the blood in your legs. They will be placed on your legs right after surgery in the recovery room and you will need to wear them the entire time you are in the hospital. Depending on the surgeon, you might need to wear these TED hose for several weeks post-surgery or until your post-operative clinic visit. In order for the stockings to help, it is important that they fit properly. They should feel a little tight, yet smooth without wrinkles or creases. They should not be cut or rolled down. (Remember, you can't put these in the dryer, so air-dry them and wash in cold water. We will remove them to wash your legs every day and check to make sure your skin is healthy.) Wear your TED hose during the day, after you go home until there is no tendency for your legs to swell, usually around 21 days. You may remove them at night.**

You also will be wearing a sequential compression device while in the hospital that helps circulate the blood in your legs. Sequential compressions are cloth sleeves attached to a pump that hooks onto the end of your bed. Air is then pumped into the sleeve through the hoses and then released.

You might receive medications to help prevent blood clots, especially if you have had blood clots in the past. If you are prescribed Coumadin®, it is important that your blood is checked every day (while in the hospital) until the desired blood lab value is obtained. If your doctor keeps you on Coumadin® after you go home, you will need to have your blood values checked once or twice a week. These tests will be planned for you before your discharge from the hospital. In addition, you will receive dietary instructions from the dietician since some foods may affect your Coumadin® level.

Aspirin, heparin and Lovenox® (enoxaparin) are other drugs that help prevent blood clots. If your doctor prescribes one of these drugs, you will receive proper instructions at that time.

Blood clots can be a very serious complication after any surgery, it is important that you stick to your prescribed medication and exercises in order to decrease your chances of blood clots. It is important that you get up and move often, and that you not sit for longer than one hour at a time.

## DIET

Good nutrition—including eating a balanced diet high in protein and calories—is essential for proper wound healing. **Do not diet** while you are healing from your surgery. If you are diabetic, you will be put on a diabetic diet to keep your blood sugar under control. People with diabetes take longer to heal and the more your blood sugar is kept under good control, the faster you will heal. If you have food allergies or are a vegetarian, please let the doctor know at your clinic visit. If you have questions about your diet, please ask your nurse or doctor. At your request, a dietician can speak with you. Depending on your dietary restrictions, your family may bring food into the hospital for you to eat.

## PREVENTION OF CONSTIPATION

Pain medication and anesthesia can be constipating, so your doctor may prescribe stool softeners or laxatives after surgery. Passing gas is normal and lets us know that your bowel function is starting to come back, so don't be embarrassed. If you haven't had a bowel movement by the second day post-op, please ask your nurse to give you a laxative. If you normally have problems with constipation, let the doctors know what works best at home so we can try and do the same for you in the hospital. Drink plenty of water every day. Activity will help move your bowels.



## PREVENTION OF PNEUMONIA



Coughing and deep breathing exercises are very important to help prevent pneumonia. Your nurses will ask you take long, deep breaths several times each hour and to cough up any mucous. You will be taught to use a device called an incentive spirometer that will help you with your deep breathing exercises. A nurse will show you how to use this before surgery or right after surgery. To help prevent lung problems, remember to stay active with assistance.

If you smoke, quitting before surgery will help your recovery and decrease your chances of getting pneumonia. Smoking is not allowed after surgery while you are in the hospital.

## PREVENTION OF INFECTION

It is important to prevent infections after having hip surgery. Antibiotics will be necessary if you are having any dental work, surgeries or other procedures (e.g., a colonoscopy). It also is important to notify your dentist and other health care providers that you have a hip prosthesis.

## WEIGHT-BEARING PRECAUTIONS

You will be instructed and educated about how much weight you may place on your leg. Follow your weight-bearing instructions from your surgeon, occupational therapist and physical therapist.

- ▶ **Weight-bearing as tolerated (WBAT)** indicates that you may place as much weight as you are comfortable with on your operated leg. Your physical therapist will instruct you on proper techniques. (This is the most common weight-bearing status post-operatively).
- ▶ **Partial weight-bearing (PWB)** allows you to place 20-40 pounds of pressure on your operated leg.
- ▶ **Touchdown weight-bearing (TDWB)** allows you to place 5-10 pounds of pressure on your operated leg.
- ▶ **Non-weight-bearing (NWB)** indicates that you may not place any weight at all on your operated leg.

During your hospitalization, physical therapists will teach you how to properly follow weight-bearing instructions. Please maintain your weight-bearing status as instructed until your surgeon tells you otherwise.

## SAFETY PRECAUTIONS: WALKER AND CRUTCHES

To help prevent injuries and accidents, follow these guidelines:

- ▶ Remove all throw rugs and plastic runners from walkways in your home.
- ▶ Remove or tape down extension cords.
- ▶ Stay off wet or waxed floors, ice and grass.
- ▶ Wipe off wet crutch or walker tips.
- ▶ If you must travel over a slick surface, take short and purposeful steps.
- ▶ Use the elevator when possible; avoid escalators.
- ▶ If you have pets, be careful not to trip over them.
- ▶ If you must use the stairs, use stairs with sturdy handrails. (If your home has stairs, discuss this with your physical therapist during your hospital stay for problem-solving tips and practice, if needed.)

### Walker tips:

- ▶ When getting up from a chair or toilet, do not use the walker for support. Push off of the armrest or seat with your hands.
- ▶ Once standing, place both hands onto the walker handles. Keep your head up and look straight ahead.
- ▶ Stand up straight.
- ▶ When walking, use the wheels on the front of the walker to move you forward. (If it has wheels, glide it like a grocery cart.)





## ACTIVITIES AND EXERCISE

You will be expected to learn and use your total hip precautions as you do your exercises and normal daily activities, if your physician orders these precautions.

Here are some general rules to follow:

- ▶ Let pain be your guide when moving your leg or hip.
- ▶ Use an elevated toilet seat (especially for posterior precautions) unless otherwise instructed by your physical and/or occupational therapist.
- ▶ Use the handicapped restroom in public spaces.
- ▶ Stand up to wipe after using the toilet.
- ▶ Do **NOT** sit straight in a chair or on the bed; always lean back (for posterior precautions) to avoid too much hip flexion.
- ▶ Use chairs with armrests to help you stand up and sit down.
- ▶ Always push up from the surface you are coming from; do not lean or pull on walker.
- ▶ Avoid waterbeds.
- ▶ Avoid low, soft sofas and chairs. If necessary, add firmness to low or soft chairs by using pillows or folded blankets.
- ▶ DO **NOT** DRIVE for 4-weeks. You may ride in a car but try to keep the trips to less than one hour. If longer trips are necessary, you may need to take breaks each hour.
- ▶ DO **NOT** forget to use your dressing equipment (especially for posterior precautions), if needed.

### Ambulation (Walking)

Your physical therapist will teach you to walk properly with a walker or potentially with crutches, depending on your needs. The assistive device will help you walk and take weight off your operative leg so that your muscles can recover. It is important that you do not plant your leg and twist or turn your hip joint; this could damage your muscles and the stability of the joint. You will learn to walk on flat surfaces and then on steps.

# ACTIVITY BY DAY FOR HIP REPLACEMENTS

POD 0 (day of surgery)	POD 1 (day after surgery)
Your surgery will last 1-2 hours, but the entire process from prep to transfer to the post-op unit will range from 2-3 hours.	If you have special precautions, staff will review with you.
If you have special precautions, staff will review with you.	You should be getting dressed today.
You will be in the post-anesthesia care unit (PACU) a few hours.	You should be exercising with or without a coach three times today.
You will get up and move with help in the post-anesthesia care unit or once you reach the nursing unit.	You should be in a chair more than a bed.
You should start doing circulation exercises immediately.	You should be walking with assistance and a walker, as much as possible.
You will be seen by OT and PT today.	You will practice walking on uneven surfaces in therapy sessions.
Some patients could go home as early as today. This is a decision between your care team and you, if you are ready to go.	Discharge today is likely, if you are mobile and steady on your feet. You will be taken to your car for transfer training when discharged home.



## Summary of What You Need to Know to Go Home Day 0 or Day 1 and Beyond

Your doctor may have talked about you being discharged the day of surgery or the day after your surgery. We want to help prepare you for your transition home.

*Studies have shown patients regain independence faster in their home environment. We have had many patients transition safely home the day after their surgery.*

**It is not unusual to be experiencing these side effects from anesthesia and pain medications:**

- ▶ Nausea
- ▶ Dry mouth
- ▶ Light-headedness
- ▶ Dizziness
- ▶ Low blood pressure

**Mobilization helps to:**

- ▶ Prevent blood clots and pneumonia
- ▶ Increase circulation
- ▶ Improve range of motion and muscle strength
- ▶ Work towards independent function and safe discharge home
- ▶ It is good to start doing ankle pumps immediately following surgery

Once the nerve block wears off, you may have increased pain. You have other medications for pain available. Ask your nurse about this, don't let your pain get out of control.

Pain is expected following this kind of surgery. Try your best to work through this pain with therapy. Your pain should improve over time during your recovery. Also, don't forget to take your pain medication an hour before you see therapy at home.

You may feel light-headed or even feel like passing out once you start sitting up in bed. Please convey this to your therapist or nurse. It is best to transition slowly to sitting while your symptoms are monitored. Standing and walking will come once it is determined you are safe and feeling steady on your feet.

## Summary of What You Need to Know to Go Home

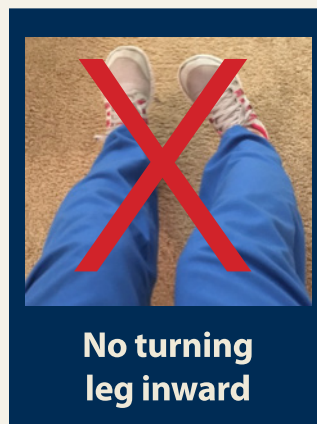
### Day 0 or Day 1 and Beyond

It is important for you to honestly tell your therapist accurate home information in order to ensure safe transition home. You need to tell your therapist:

- ▶ How you were getting around before the surgery
- ▶ Who will definitely be available to help during the day
- ▶ If you have any steps or stairs or any other obstacles

If needed, you will receive a rolling walker and 3-in-1 commode. The 3-in-1 commode could be used over the toilet, at bedside or in the shower. Be aware of potential hazards in the house that may cause a fall, such as wet floors, pets, loose carpets and uneven surfaces.

If you are a patient who had a posterior approach Total Hip Arthroplasty (THA), you have these three hip precautions.



If you are a patient with an anterior approach Total Hip Arthroplasty (THA), you will not have hip precautions or you may have precautions different than these.

Special equipment can help you maintain your hip precautions when completing activities of daily living, such as getting dressed. Occupational Therapy (OT) will provide equipment to assist you.

We will be working with you during therapy to achieve functional goals such as getting in and out of bed, using the bathroom, walking, going up and down steps as needed and other activities such as getting dressed.

You will be instructed in an exercise program while here at the hospital, and your home therapist will add to this program once you leave the hospital.

Home Physical Therapy (PT) will usually visit you at home within 24 hours. Outpatient therapy will start the day after discharge, in most cases.

Our goal is to help you transition safely home after your surgery. If you have any questions, do not hesitate to ask.



## Gait patterns using a walker

**You may be given a crutch to help you negotiate a step, depending on your step width and whether or not you have rails.**

### Walking forward

- ▶ Move walker first
- ▶ Operated leg
- ▶ Non-operated leg

### Taking steps backwards

- ▶ Step back with non-operated/ "power" leg first
- ▶ Operated leg
- ▶ Walker last

### Curb/step training - Going up forwards method: "Up with the Good, Down with the Bad"

- ▶ Place walker up first
- ▶ Good leg/Non-operated leg
- ▶ Bad leg/Operated leg last

### Curb/step training- Going up backwards method

- ▶ Good leg/Non-operated leg
- ▶ Bad leg/Operated leg
- ▶ Walker last

### Curb/step training- Going down

- ▶ Place walker down first
- ▶ Bad leg/Operated leg
- ▶ Good leg/Non-operated leg last

### Stairs with Rails- Going up:

"Up with the Good, Down with the Bad"

- ▶ Hold rails
- ▶ Good leg/Non-operated leg
- ▶ Bad leg/Operated leg last

### Stairs with rails - Going down

- ▶ Hold rails
- ▶ Bad leg/Operated leg
- ▶ Good leg/Non-operated leg last

### Stairs with 1 rail/1 crutch- Going up:

"Up with the Good, Down with the Bad"

- ▶ Good leg/Non-operated leg
- ▶ Bad leg/Operated leg
- ▶ Crutch last

### Stairs with 1 rail/1 crutch - Going down

- ▶ Crutch down first while holding rail
- ▶ Bad leg/Operated leg
- ▶ Good leg/Non-operated leg last

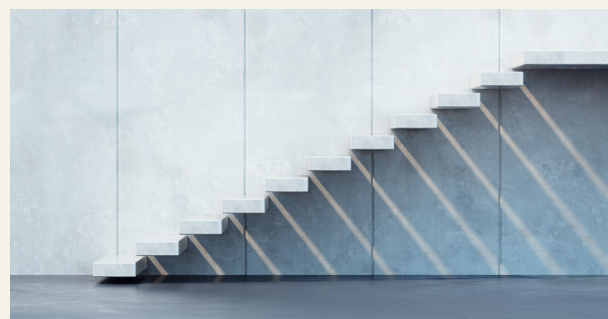
### Stairs with no rails- Going up:

"Up with the Good, Down with the Bad"

- ▶ Good leg/Non-operated leg
- ▶ Bad leg/Operated leg
- ▶ Crutches last

### Stairs with no rails - Going down

- ▶ Crutches down first
- ▶ Bad leg/Operated leg
- ▶ Good leg/Non-operated leg last



## ARTIFICIAL HIP PRECAUTIONS

Dislocation of an artificial hip is uncommon, but it may occur after surgery. The problem usually starts with a popping or slipping sensation. If the ball dislocates, you will be unable to put weight on the affected limb and will most likely experience discomfort in your hip. You should contact your orthopaedic surgeon immediately and probably have someone take you to the emergency room. Putting the hip back into its proper place, or “relocating” the hip, often requires medication and manipulation of the hip by your surgeon.

Your therapist will make sure you understand your restrictions, and will quiz you (and your family) to make sure you practice them at all times for 6-12 weeks after surgery. The time frame for precautions will be determined by your doctor, so ask him/her in your pre-operative visit and again post-operatively to make sure there are not any changes.

The positions and movements you’ll need to avoid after surgery depend on whether your surgeon opens the joint from the front (anterior approach) or the back (posterior approach).

**We have listed the precautions for you on the next few pages.**

### **Anterior Approach**

**Surgeon specific. You may not have precautions with this approach.**

- ▶ If you turn your body away from your surgical hip without pivoting your foot, or you turn your body on a fixed leg, your hip will be placed in an unsafe position. Remember to lift and turn your foot as you turn. Motions that externally rotate your leg, especially on a planted foot, are unsafe. Your therapist will be very specific about this, so pay close attention to your precaution education.
- ▶ You do not want to extend your leg behind you or take long strides with walking. Avoiding excess extension will keep your hip more stable during the healing process.
- ▶ Avoid bending at the hip while turning your leg out.

### **Posterior/Posterior Lateral Approach (*Most common*)**

- ▶ Do not cross your legs.
- ▶ Bending too far forward is not allowed, and this affects a great deal of daily tasks (listen to your PT/OT).
- ▶ Rolling your leg inward toward your other leg is not allowed. Your knee should be pointing straight up and your toes should not be pigeon-toed.

Example of signage placed in your room to remind yourself and others you have surgical precautions.



Patient has **POSTERIOR** hip precautions for their new replacement on the:

☐ Right Leg    ☐ Left Leg

Do not bend hip more than 90 degrees while sitting or lying. **Bending forward too far is NOT allowed, and this affects a great deal of daily tasks (listen to your PT/OT).** Do not cross legs while sitting or lying. Do not turn involved leg towards good leg. **Rolling your leg inward towards your other leg is not allowed. Your knee should be pointing straight up and your toes should not be “pigeon-toed.”**

Walk with your \_\_\_\_\_ observing a weight-bearing of \_\_\_\_\_.

If an abduction pillow is ordered, use your pillow every night until your surgeon discontinues the pillow.

# TOTAL HIP ARTHROPLASTY HOME EXERCISE PROGRAM

Do the following exercises 2-3 times a day. Do 10 repetitions of each.

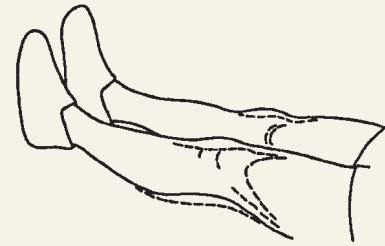
**1. ANKLE PUMPS:**

Make up and down motions with your feet or point and flex your foot.



**2. QUAD SETS:**

Keep your legs out straight and toes pointed up. Tighten the muscles in the front of your thigh and press your knee down. Hold for a count of 5, then relax.



**3. GLUTE SETS:**

Tighten your buttocks by squeezing together, hold for a count of 5, then relax.



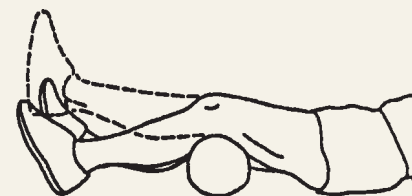
**4. BRIDGING:**

Place a roll under your knees. Press down on the roll with your thigh and lift your buttocks. Lower slowly.



**5. TERMINAL KNEE EXTENSION:**

With the roll under your knees, lift your foot until your leg is straight; hold and lower slowly.



**6. HEEL SLIDES:**

Bend hip and knees, bringing heel towards buttocks, then push out until leg is straight. Remember not to bend the hip past 70 degrees.





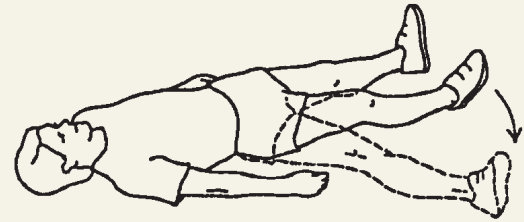
## TOTAL HIP ARTHROPLASTY HOME EXERCISE PROGRAM *(continued)*

**Do the following exercises 2-3 times a day. Do 10 repetitions of each.**

### 7. ABDUCTION:

With leg out straight, slide the leg out away from your body, then pull leg back in.

*Do this with assistance for the first three weeks.*

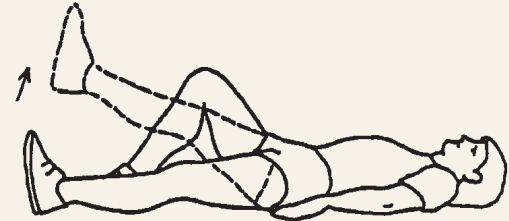


### 8. STRAIGHT LEG RAISES: **DO NOT DO** unless

*PT instructs you to do this exercise.*

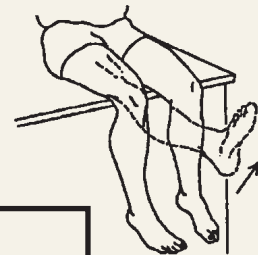
Bend the opposite knee. Do a quad set, then lift the leg 12" without letting your knee bend, then lower slowly.

*Do this with assistance for the first three weeks.*



### 9. KNEE EXTENSIONS:

While sitting in a chair, bend knee back as far as possible, then straighten.



Your surgery was a *(therapist will check approach)*:

☐ Posterior   ☐ Anterior   ☐ Anterior Approach - No hip precautions

***Follow the precautions listed below that are specific to YOUR SURGERY ONLY!***

### POSTERIOR HIP PRECAUTIONS:

- ▶ Do not bend hip more than 90 degrees while sitting or lying.
- ▶ Do not cross legs while sitting or lying.
- ▶ Do not turn involved leg towards good leg.
- ▶ Walk with your \_\_\_\_\_ observing a weight-bearing of \_\_\_\_\_.
- ▶ Use your abduction pillow every night until your surgeon releases you.  
Strap the surgical leg to the pillow.

### ANTERIOR HIP PRECAUTIONS:

- ▶ No excessive extension of the operative limb.
- ▶ No excessive external rotation of the operative limb.
- ▶ No crossing of legs position with hip flexed, leg externally rotated.

### ANTERIOR HIP NO PRECAUTIONS NEEDED

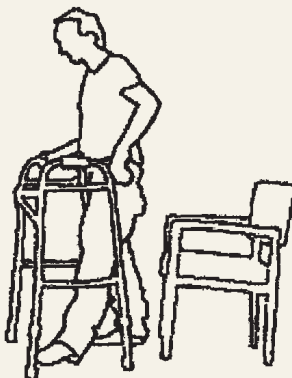
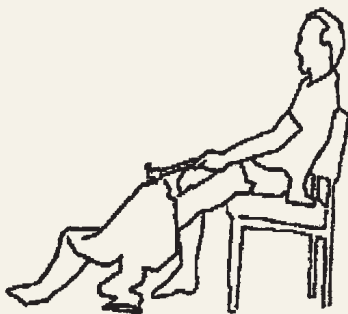
## OCCUPATIONAL THERAPY EQUIPMENT

For dressing and bathing, the Occupational Therapist may recommend adaptive equipment for you.

**These items can be purchased and brought in to the hospital prior to surgery. Items available at medical equipment stores and some pharmacies.**

### Getting Dressed – Using a reacher:

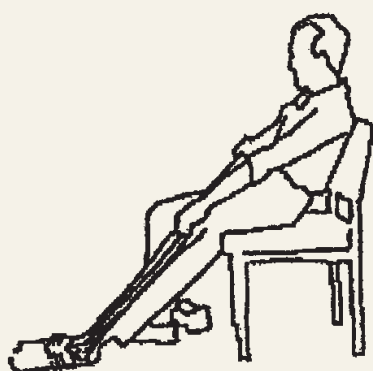
- ▶ Put on underwear/pants/shorts using reacher.
- ▶ Sit on the side of the bed or in an armchair.
- ▶ Always dress the operated leg first.
- ▶ Use reacher to catch the waist of the garment with the hook.
- ▶ Lower the dressing stick to the floor. Be sure to hold onto the end of the reacher, to prevent bending hips past 90 degrees.
- ▶ Slip your foot through the leg opening of the underwear/pants/shorts.



- ▶ Pull garment up with reacher. When garment is above the knee, grab the waist of the garment.
- ▶ Use the reacher to open the waist and slip other foot through the leg opening. Pull garment up with reacher until above the knee.
- ▶ Place reacher aside and pull garment as high as possible.
- ▶ Stand up with the walker in front of you and pull garment up.
- ▶ When undressing, take the garment off the non-operated leg first, using reacher to push it down and over foot. Then use reacher to slip off garment from the operated leg.

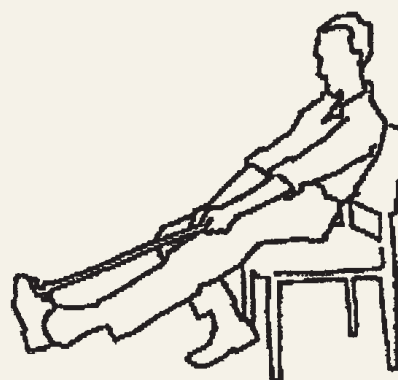
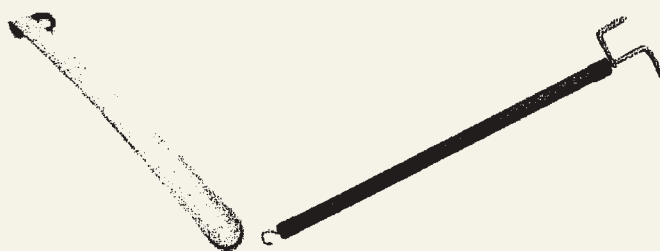
## GETTING DRESSED

### Socks using stocking aid and reacher:



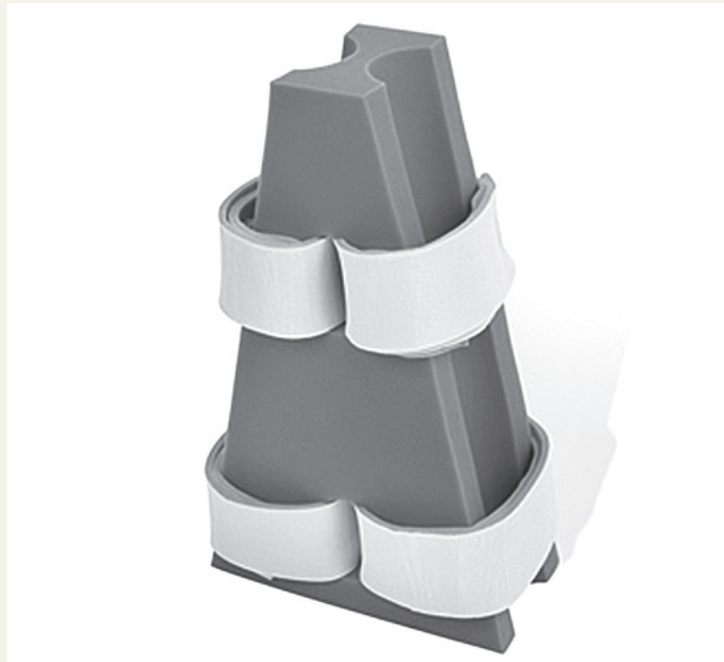
- ▶ Slide the sock onto the stocking aid.
  - ▶ Make sure the heel is at the back of the plastic and the toe is tight against the end. The top of the sock should not come over the top of the plastic piece.
  - ▶ Holding onto the ends of the cords, drop the stocking aid out in front of the foot. Make sure not to bend over to prevent bending hips past 90 degrees.
  - ▶ Slip the foot into the sock and pull it on. Pointing the toe will make it easier.
- ▶ To take socks off, use reacher to hook the back of the heel and push the sock off the foot.

### Use a reacher and long-handled shoe horn to put on shoes:



- ▶ Use reacher to put shoe into the right position and slip your foot into the shoe. Wear slip-on shoes for convenience.
- ▶ Use the long-handled shoehorn to get your heel into the shoe.
- ▶ Use the reacher for taking off your shoes.

## USING ABDUCTION PILLOW AFTER HIP SURGERY



- ▶ Most of our surgeons do not require an abduction pillow.
- ▶ After total hip replacement with posterior hip precautions, your surgeon may order an abduction pillow. If ordered, the pillow should be on at all times while in bed, and strapped at night while asleep.



## ON THE MOVE!

### How many times have *you* gotten up today?

**FACT:** Staying in bed does not get you home more quickly, and it **DOES NOT** make you stronger!

**FACT:** Prolonged bed rest can cause:

- ▶ Increased risk of bed sores, blood clots and pulmonary embolism
- ▶ Pneumonia
- ▶ Exercise intolerance, weakness, and changes in blood pressure
- ▶ Decreased bone density, decreased muscle mass
- ▶ Constipation
- ▶ Depression, a sense of helplessness

### SO, WHAT CAN I DO TO HELP MYSELF OR MY LOVED ONE?

- ▶ Get out of bed for meals
- ▶ Walk with or without assistance as directed by your physician/nurse/therapist
- ▶ Have slippers with good grips and backs on them for out of bed mobility and activities
- ▶ Make sure you have your glasses and hearing aids
- ▶ Avoid daytime sleeping so a normal sleep cycle is maintained
- ▶ Keep blinds open during the day
- ▶ Encourage use of incentive spirometer for deep breathing...  
*What's this? Ask your nurse!*
- ▶ Do any exercises assigned to you outside of your therapy sessions.



## FOUR THINGS YOU CAN DO TO PREVENT FALLS

### **Begin a regular exercise program**

Exercise is one of the most important ways to lower your chances of falling. It makes you stronger and helps you feel better. Exercises that improve balance and coordination (like Tai Chi) are the most helpful.

Lack of exercise leads to weakness and increases your chances of falling.

Ask your doctor or health care provider about the best type of exercise program for you.

### **Have your health care provider review your medications**

Have your doctor or pharmacist review all of the medications you take, even over-the-counter medications. As you get older, the way medicines work in your body can change. Some medications, or combinations of medications, can make you sleepy or dizzy and can cause you to fall.

### **Have your vision checked**

Have your eyes checked by an eye doctor at least once a year. You may be wearing the wrong glasses and need your prescription updated or have a condition such as glaucoma or cataracts that limits your vision. Poor vision can increase your chances of falling.

### **Make your home safer**

**About half of all falls happen at home. To make your home safer:**

- ☐ Remove things you trip over (like papers, books, clothes, and shoes) from stairs and places where you walk.
- ☐ Remove small throw rugs or use double-sided tape to keep the rugs from slipping.
- ☐ Keep items you use often in cabinets you can reach easily without using a step stool or without having to bend over.
- ☐ Have grab bars put in next to your toilet and in the tub or shower.
- ☐ Use non-slip mats in the bathtub and on shower floors.
- ☐ Improve the lighting in your home. As you get older, you need brighter lights to see well. Hang light-weight curtains or shades to reduce glare.
- ☐ Have handrails and lights put in on all staircases.
- ☐ Wear shoes both inside and outside the house. Avoid going barefoot or wearing slippers.

# Contact Information after Your Joint Replacement

Please call any time you have questions or concerns, we love to hear from you! Our physicians are expertly trained and certified in orthopaedics and will be happy to answer any of your questions.

## Routine

Please call us at **352.273.7001** if you have any of the issues below after surgery during normal business hours:

- ▶ Redness, pain or swelling at the incision site
- ▶ Fever greater than 101 degrees, not explained by another source of infection
- ▶ Fluid of any type or color leaking from the incision
- ▶ Pain not controlled with pain medications
- ▶ Numbness or weakness in the arms, hands, legs or feet
- ▶ Nausea, vomiting or recurring headaches

## Urgent

For urgent appointments after hours please call **352.273.7929**.

- ▶ Walk-ins and call-ins for UF Health ORTHOcare are welcome 7 days a week
- ▶ Shorter wait time
- ▶ You will be seen by one of our team physicians

## Emergency

If you are experiencing shortness of breath, chest pain, stroke-like symptoms or any life threatening concern, call **911**.

## Hours of operation:

Monday–Friday		8 a.m. - 9 p.m.
Saturday		9 a.m. - 5 p.m.
Sunday		5 - 9 p.m.

## YOUR CARE TEAM



Chancellor F. Gray, MD



Dane A. Iams, MD



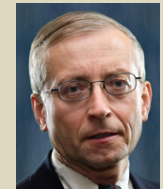
Scott L. Myers, MD



Hari K. Parvataneni, MD



Hernan Prieto, MD



Richard Vlasak, MD



Kaycee Anderson, PA-C



Dave Bunde, PA-C



Brenda Hamby, ARNP



Kristin Teel, PA-C



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