

Total Joint Replacement

Your Guide to Hip Replacement Surgery



Total Joint Replacement

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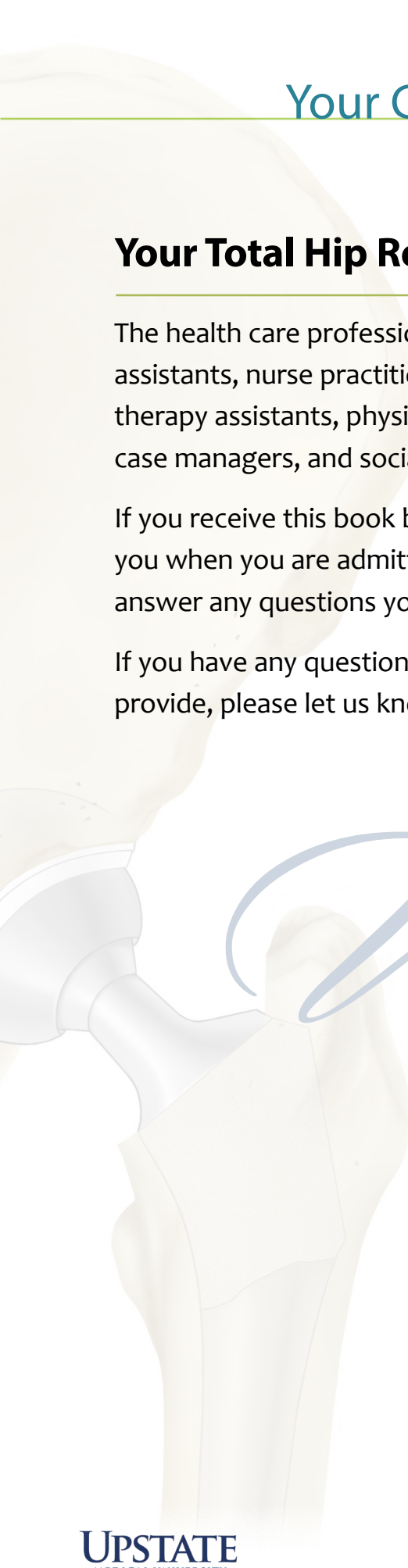
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Your Total Hip Replacement

The health care professionals involved in your care may include doctors, physician assistants, nurse practitioners, nurses, occupational therapists and occupational therapy assistants, physical therapists and physical therapist assistants, dietitians, case managers, and social workers.

If you receive this book before your admission into the hospital, please bring it with you when you are admitted for your surgery. This is so we can review it with you and answer any questions you may have.

If you have any questions regarding your care, treatments or the teaching we provide, please let us know. We hope you have a good hospital stay with us.



We Are Upstate

Drive Innovation & Discovery

Respect People

Serve Our Community

Value Integrity

Embrace Diversity & Inclusion

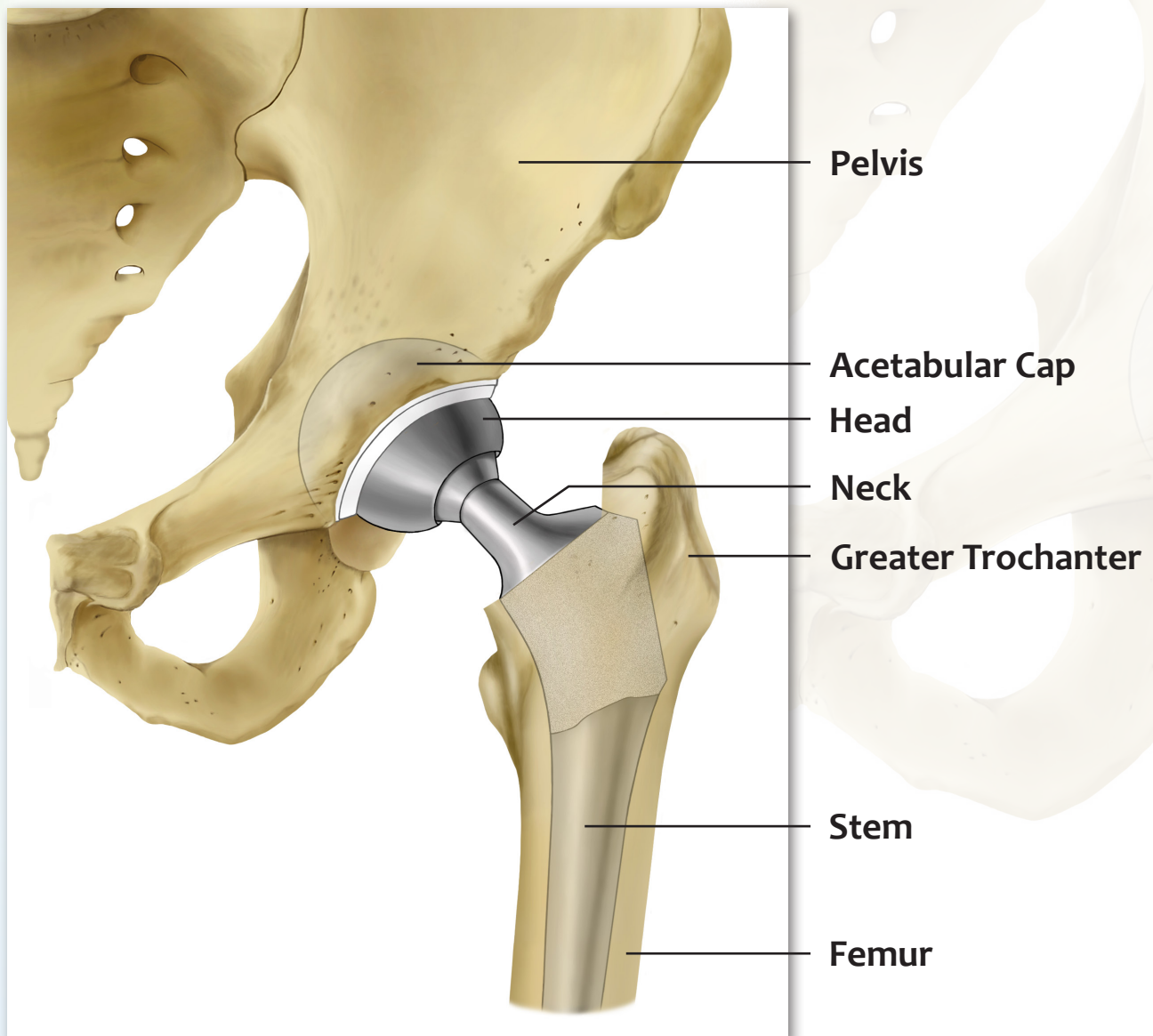
Total Joint Replacement

What is Total Hip Replacement?

Total hip replacement is a surgical procedure for replacing the hip joint. This joint is composed of 2 parts: the hip socket (called the acetabulum) and the “ball” or head of the thigh bone (femur).

During the surgical procedure, these 2 parts of the hip joint are removed and replaced with smooth artificial surfaces. The artificial socket is made of high density plastic, while the ball and its stem is made of a strong stainless metal.

These artificial pieces are implanted into healthy portions of the pelvis and thigh bones.



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When is a Total Hip Replacement considered?

Total hip replacements are usually performed on individuals with severe arthritic conditions. It also may be performed on those who have a hip fracture or bone infections. Many patients are over 55 years old, but the operation may also be considered for younger people. Generally, people are considered for total hip replacements if:

- The pain is severe enough to interfere with their work responsibilities and affects their ability to perform activities of daily living (dressing, bathing, preparing meals, walking, etc.).
- The pain is not relieved by exercise, arthritis medications, the use of a cane, or by restricting their activities.
- There is a significant stiffness of the hip.
- Xrays show advanced arthritis or other problems.

What can be expected of the Total Hip Replacement?

A total hip replacement will provide pain relief in approximately 90% of patients. It allows the patient to carry out normal daily activities, and some may even return to sports and hard labor. Most patients with stiff hips will regain near normal motion and nearly all will have some improvement of motion.

What is a Swift Hip?

Some patients are able to go home on the same day as surgery. This is called our “Swift Hip” program. This may be a good option for those who are relatively healthy and strong before surgery, and who have a good support system and accessible home. Your surgeon will discuss with you if they think you might be a good candidate. If you have not been specifically told that you will have a “Swift Hip”, then you will follow our standard protocol, which typically involves a 1-2 night hospital stay. Patients can expect the same outcomes and same high level of care regardless of the length of their hospital stay.

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Preparing for Your Surgery:

Illness, injury, or surgery can cause changes in your life. Even if your hospital stay is short, things that can be affected during your recovery can include your ability to:

- Bathe or dress
- Cook
- Wash clothes
- Stand or bend
- Do hobbies
- Care for pets
- Grocery shop/do errands
- Clean
- Climb up and down stairs
- Drive your car
- Play sports
- Care for children and/or an older parent or spouse

Careful planning will help you prepare for these changes and will help make your recovery smoother. The more you prepare **before** you enter the hospital, the easier it will be after your surgery.

Consider these Questions:

Will you need help with any of the following? If so, who is available to help you?

- Getting around your home
- Bathing/dressing
- Preparing meals
- Grocery shopping
- Housework and laundry
- Yardwork or snow removal
- Caring for pets
- Medications
- Finances
- Emotional support
- Transportation

Asking for Help:

We encourage you to talk with family members and friends ahead of time, and let them know that you will need some assistance after surgery. We recommend that you designate a “coach”, or primary person to assist you through this process. This “coach” should attend the pre-operative class with you, and plan to attend at least one of your therapy sessions while in the hospital.

Please plan ahead to have someone available to drive you home from the hospital. You should also plan to have a friend or family member available to stay with you for the first week after surgery.

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Get Your Home Ready:

One of our goals is to lower the chance of accidents in your home. Here are some simple changes you can make to decrease the chance of falls or injuries. Making these changes **before** your surgery will help make your recovery smoother.

Keep your walkway paths clear

- Arrange furniture so you can walk around easily.
- Watch for small pets and objects on the floor.
- Wrap up/tape down long electric and telephone cords.
- Remove throw rugs and check for uneven or loose flooring.
- Arrange to have outside paths and walkways cleared of snow and ice.

Place items that you use often within easy reach

- Keep a cordless or cell phone in your pocket.
- Store food and supplies that you use often in cupboards or on counters that are at waist to shoulder level.
- Place clothing that you use often in drawers and closets at waist to shoulder level.

Keep your floor and counter surfaces dry

- Get a non-slip mat for the bottom of your bathtub and outside of the tub/shower to prevent slipping.
- Make sure spills get cleaned up quickly.

Climbing stairs

- Move important items onto one floor.
- Consider keeping items you will need on the first floor if possible.
- Add sturdy railings to stairs.

Furniture in your home

- Place a supportive chair in your kitchen, bedroom, bathroom and on stair landing to complete tasks while sitting.
- Add firm pillows or cushions to low chairs. Make sure that your hips will be higher than your knees.

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Exercise Before Surgery

Recovering from surgery can be physically demanding, and it will be easier if your body is in the best possible health before surgery. It is a good idea to exercise before surgery, if you are physically able to do so. The exercises below will help you prepare for a successful surgery. We also recommend that you walk or ride an exercise bike daily as tolerated to improve your endurance. If you do not feel you can do these exercises safely, a physical therapist can design a more individualized exercise program for you.

Chair Pushups



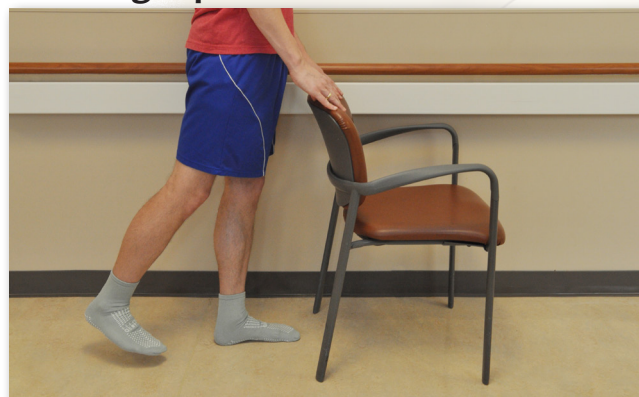
Sit in a chair with solid arms. Push down with both arms to lift your body weight out of the chair. Hold 2-3 seconds, then lower down slowly.

Heel Rises



Stand near a counter or wall for balance. Keep your knees straight and push up onto your toes using your calf muscles. Do not lean forward.

Standing Hip Extension



With hands on chair or counter for balance, stand on one leg. Lift opposite leg backwards, keeping knee straight. Keep trunk upright and toes pointing forward.

Standing Hip Abduction



With hands on chair or counter for balance, stand on one leg. Lift opposite leg to the side. Keep trunk upright and toes pointing forward.

It will also be helpful to practice the exercises you will need to do after surgery ahead of time. These exercises can be found on page 24. Practicing them now will make it much easier to do them correctly after your surgery.

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Before Your Surgery

Use these checklists to make sure you are fully prepared before surgery.

To Prepare for Surgery

- ☐ Check with your insurance company to ensure coverage and understand your benefits.
- ☐ Schedule “prehab” and post-operative physical therapy appointments.
- ☐ Attend total joint class.
- ☐ Complete pre-admission testing and lab work.
- ☐ Talk with orthopedic nurse navigator about discharge options.
- ☐ Complete a Living Will and Health Care Proxy.
- ☐ Arrange for someone to drive you home from the hospital.
- ☐ Arrange for someone to drive you to follow-up appointments.
- ☐ Set up your home for easy access to everything you will need.
- ☐ Prepare and freeze meals to use after surgery, and stock up on non-perishable items.
- ☐ Have a full supply of any daily medications.
- ☐ Arrange for someone to assist with errands, groceries, and be available to stay with you for a week after surgery if needed.
- ☐ Arrange for someone to care for pets, children, spouse or parent if needed
- ☐ Verify that any medical equipment you already have is in good working order and readily available (walker, crutches, canes, tub seat, grab bars, etc.).

To Improve Your Health Before Surgery:

- ☐ Exercise daily. Consult with your doctor or physical therapist if you need assistance.
- ☐ Quit smoking to improve your overall health and lower the risk of surgical infection.
- ☐ Get a flu vaccine (if during flu season).
- ☐ Eat lightly the week before surgery, including lots of fluids and fiber. Contact your doctor if you are having trouble having a bowel movement.
- ☐ If you have diabetes, make sure that blood sugar is well controlled.

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What to Bring to the Hospital:

- ☐ Current list of medications and supplements (note which ones you have stopped)
- ☐ Undergarments and socks
- ☐ Loose shorts, pants and tops that will be easy to get on
- ☐ Non-skid flat shoes
- ☐ Eyeglasses, hearing aids and batteries, if applicable
- ☐ Cell phone and charger
- ☐ Photo ID and insurance card
- ☐ Copy of your Advanced Directives
- ☐ Important telephone numbers

If scheduled to stay overnight, also bring:

- ☐ Loose pajamas or knee-length nightgown and robe if desired
- ☐ Personal toiletries (toothbrush, toothpaste, deodorant, razor and shaving cream, hairbrush or comb, etc.)
- ☐ CPAP machine, if applicable
- ☐ Any small adaptive equipment, such as a reacher, sock aid or long-handled shoe horn. You do not need to bring a walker, but please have it available for the person bringing you home from the hospital.



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Preparing for your Discharge from the Hospital

Even before you have surgery, we will work with you to create a safe plan for discharge from the hospital. An orthopedic nurse navigator, who has extensive experience working with patients preparing for joint replacement, will work with you from your initial physician visit through your surgery, recovery, and rehabilitation.

Nurse navigator services include:

- Answering patients' and caregivers' questions
- Evaluating patients' individual needs to establish the best discharge plan
- Ensuring seamless coordination of services

Our goal is to minimize the amount of time you need to be in the hospital. Research and experience have consistently shown that patients recover faster and more successfully in the comfort of their own homes. The case manager will also work with you during your hospital stay to arrange any services or equipment you may need when leaving the hospital.

While our goal is always to discharge you straight home from the hospital, some patients may require a short stay at a rehabilitation facility before going home. Please be aware that this stay must be medically necessary in order for insurance to cover it, and the cost of medical transportation to a facility is not covered by insurance.

If any problems occur with any special services we arrange for you, call the Transitional Care department at 315-464-6161.

Prehab

We recommend you attend at least one physical therapy visit before your surgery, at the clinic you plan to use after surgery. This is known as “prehab”. The therapist will meet with you one-on-one and help you prepare for a smooth recovery. They can teach you how to use your walker and/or cane, and teach you the exercises you will need to do after surgery. These things are much easier to learn when you are not recovering from surgery, and will help your return home go much more smoothly. The therapist will also answer any questions you have, and help you prepare for surgery. Most clinics require a referral from your surgeon. Please make sure that you understand your insurance coverage for physical therapy prior to scheduling.

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What to Expect

Before Surgery

You will be given specific instructions for bathing with a special cleaning solution in the days before surgery, to decrease the risk for infection.

Most often you can eat your usual diet at supper time, and may eat and drink until midnight. You are not to eat or drink anything after midnight. This is called NPO (nothing by mouth). This includes chewing gum and hard candy because they cause an increase in production of stomach juices.

You will be told when to report to the hospital.

The Day of Surgery

- Your routine medications should be taken with your doctor's instructions at their prescribed time with only a small sip of water.
- On the morning of surgery, you should take a shower using the provided cleanser. Wear clean clothes to the hospital.
- Brush your teeth, and gargle. Do not drink any water, because you are NPO (nothing by mouth).
- All jewelry, hairpieces, hair clips, barrettes, dentures and plates, contact lenses, glass eyes and artificial limbs must be removed.
- Makeup and nail polish must also be removed.
- Please leave all valuables at home or with a family member.

Pre-Surgical Care Area

- Please let us know if you have new concerns or there has been a change in your health status since your pre-op visit. The pre-surgical area is where we begin to prepare you for surgery. Here you will be asked to wear only a hospital gown into the operating room. Your clothing and other personal belongings can be given to your family or significant other.
- Here you will meet the anesthesiologists who will care for you. Any questions concerning your anesthesia, including what type of anesthesia you will have what medications you will receive should be discussed then.

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- Your operating room nurse will also meet with you before your surgery. At this time the nurse will check your identity by looking at your name bracelet. He / she will ask your name, what kind of surgery you are having and what allergies you may have.
- An intravenous line (IV) will be started before going to the operating room. It is important that you empty your bladder before you receive medication, and before you receive your IV. The IV is often placed in a vein in the hand or lower arm. IVs are usually used for fluids, medications (e.g. anesthesia, antibiotics, pain medications) and in some cases, blood administration. The IV is securely taped, and should not cause any discomfort. If it does, tell the nurse.

Operating Room

You will be taken to the operating room (OR) on a stretcher by the OR staff. The OR staff wear face masks, head coverings and special clothes. It is also necessary to keep the OR cool. If it is too cool, you will be able to have a warm blanket.

When the time comes, the OR nurse will ask your name and what kind of surgery you are having. The nurse will then help you onto the operating room table. This is a narrow bed, so a safety belt will be used to secure you. There will be a staff member with you at all times.

Post Anesthesia Care Unit (Recovery Room)

After surgery you will be taken to the recovery room, also called the PACU (Post Anesthesia Care Unit). You will be watched closely and be given medicine for pain. If you are having a Swift Hip, you will stay in the Surgery Center until you are discharged. If you are being admitted overnight, you will be moved to your hospital room when you are awake and your condition is stable. Once you are awake, your family member or a friend will be able to see you.

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Managing Your Pain

Pain management is an important part of your care. Good pain control helps your body rest and heal with greater comfort, and helps you feel better faster.

Unfortunately, pain is a common experience after your surgery. Many people experience pain differently and have different results from medications and other pain control methods. We take pride in the care we provide you, and want your stay to be as comfortable as possible.

To help us provide the best pain management for you we will ask you different questions about your pain and how you have handled pain in the past. We will ask you to describe what type of pain you have, where it is, and if there are any times it hurts more than others. You will be asked frequently to rate your pain on a scale of 0-10, “0” being no pain and “10” being severe pain. We recommend you request pain medication when you first become uncomfortable and/or before you are going to do something that might increase your pain (getting out of bed, participating in therapies, etc).

Self-Report Pain Scale



Rate	Description
0	No pain
2	Tolerable (and does not prevent any activities)
4	Tolerable (but does prevent some activities)
6	Intolerable (but can use telephone, watch tv, or read)
8	Intolerable (but cannot use telephone, watch tv, or read)
10	Intolerable (and unable to verbally communicate because of pain)

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The right type of medication and the right amount are the most important factors for your pain control. You may have a combination of different pain medications to best control your pain with the fewest side effects.

In addition to medications, ice will help control your pain and swelling after surgery. You will be given reusable ice packs. Nursing staff will help you change these regularly. You will be allowed to take these ice packs home when you are discharged, and should continue to use them for pain control at home.

Other methods may also help you keep your mind off your discomfort, such as:

- Relaxation techniques
- Breathing exercises
- Music
- Humor
- Changing positions
- Focusing on pleasant images

Remember, you have the right to ask your health care team to help you manage your pain. It is important for your recovery that your pain be controlled and manageable. You are the best judge of your pain and things that help you, so please let us know what we can do to help you.



You should continue to use ice packs for pain control at home.

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Immediately After Your Surgery

Some patients are scheduled to stay overnight in the hospital, while other patients are scheduled to have a “Swift Hip”, where you will go home the same day as surgery. This decision is based on your individual needs and will be discussed with you prior to surgery.

Because every patient is unique, you may not experience everything listed here.

In addition to receiving all of your usual medications, you will receive medication to:

- Thin your blood to prevent blood clots (anticoagulants/blood thinners)
- Help relieve your pain (analgesics)
- Prevent infection (antibiotics)

We will check how your bowels are working after surgery. Depending on how you feel, you can sip fluids and have something to eat.

Your hip will have a dressing over the incision. While in bed, you may have a pillow between your legs at all times. Your therapist will instruct you in any movements you should avoid (See Precautions: page 21) and will place cold packs on your hip following surgery to help reduce swelling.

Use your incentive spirometer (see page 20) 10 times each hour while you are awake.

You will have sequential compression devices (SCDs) on your legs to help circulation and prevent blood clots. Do ankle pumps (step on the gas, then pull your foot up), tighten your thigh muscles and push your knee down, and squeeze your buttock muscles as if you are trying not to pass gas. Aim to do each of these exercises ten times each hour while you are awake.

If you are having a Swift Hip, the physical therapist (PT) will see you in the surgery center 1-2 times on the day of surgery. If you are staying overnight, the PT will evaluate you in your hospital room within a few hours after surgery, unless it is very late in the day. In this case, your nurses will help you get out of bed and start walking.

The PT will review your restrictions or precautions with you, and teach you some exercises to start to strengthen your muscles and prevent blood clots. The therapist will assist you out of bed and help you walk as much as possible. They will finalize any equipment recommendations and answer any questions you may have.

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Getting out of bed early is very important to decrease your risk for complications and help you go home as soon as possible. You may feel drowsy, lightheaded or sick to your stomach. These feelings are common and your nurse and therapist will help you work through this to successfully start your recovery.

The Days After Surgery (if still in the hospital)

- Your physician assistant or nurse practitioner will visit daily to monitor your progress.
- We will be checking your vital signs (blood pressure, pulse and respiration) and fluid levels (fluid you drink and how much urine your body makes) regularly. We will be watching for drainage around your incision, increased pain and swelling, and how your legs and toes feel (numbness, tingling, and movement of foot and toes).
- We will ask daily if you are passing gas and / or moving your bowels. We will also listen for bowel sounds. If you have questions about your diet, a dietitian is available.
- You will go to the therapy gym twice a day for PT sessions. You will practice walking and getting in and out of bed, and do exercises to strengthen your hip. You may also practice climbing stairs, if you will need to climb stairs in your home.
- The occupational therapist (OT) will evaluate your ability to care for yourself, including tasks like getting dressed and using the toilet. The therapist will teach you how to use special equipment to dress and bathe yourself. Some patients may need additional OT sessions during their hospital stay, while others will not.
- With assistance, you will get out of bed to sit in a chair frequently. Please remember not to cross your legs or bend at greater than a 90 degree angle at your hip, if recommended by your doctor. You will also be able to walk to the bathroom and in the hallway with your nurse, once it is safe for you to do so.
- Continue to do ankle pumps, quad sets (thigh squeezes), and gluteal sets (buttock squeezes), ten times every hour while awake. (See page 24)
- It is helpful to take pain medication about 30 minutes before you go to physical therapy. You should also be applying ice packs to your hip regularly with assistance from your nurse. Make sure to check your skin regularly.

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Discharge from the Hospital

The case manager will meet with you if you are staying overnight after surgery, to help monitor your progress and review your discharge plan. S/he will order any necessary equipment (like a walker) and help arrange any home care or inpatient rehabilitation that you may need.

Many patients will be ready to go home from the hospital on the first day after surgery. You may be able to go home if you are able to walk and get in and out of bed safely. Your medical team will also determine if you are medically stable for discharge.

The length of your hospital stay will depend on several factors: your progress with therapy, pain control, and stability of any other medical problems. Once you are safely getting out of bed and walking, your pain is manageable using ice and pain medications, and you are medically stable, you will be discharged. Your entire health care team, including your surgeon and his team, case manager, nurses and therapists will monitor your daily progress to help determine when you are ready for discharge. Almost all patients are discharged within 1 to 2 days after surgery.



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Continuing Your Rehabilitation

- If you are discharged to home and will be able to get in and out of your home reasonably well, you will start outpatient physical therapy (PT) as soon as possible after discharge. Try to schedule a PT evaluation at a clinic near your home for your 4th post-operative day (or 2nd post-operative day if you are having a Swift Hip). It is helpful to schedule this before your surgery. You may want to avoid an early-morning appointment since it will likely take you extra time to get ready.
- Some patients do well enough to be discharged home, but leaving the home for PT might be too difficult. In these cases, we will arrange for a PT to come to your home for a few visits, until you are well enough to transition to outpatient PT.
- Occasionally, patients require inpatient rehabilitation prior to returning home. Many factors determine which rehabilitation facility you go to, including your medical needs, bed availability, and insurance authorization. You will be asked for your preferences, but we cannot guarantee that a bed will be available at your preferred facility at the time of your discharge. If you do require an inpatient rehabilitation stay, your insurance may require you to stay in the hospital for 3 days before transitioning to your rehabilitation facility. Also, please note that medical insurance does not cover the cost of transportation to a rehabilitation facility.



Therapy Gym

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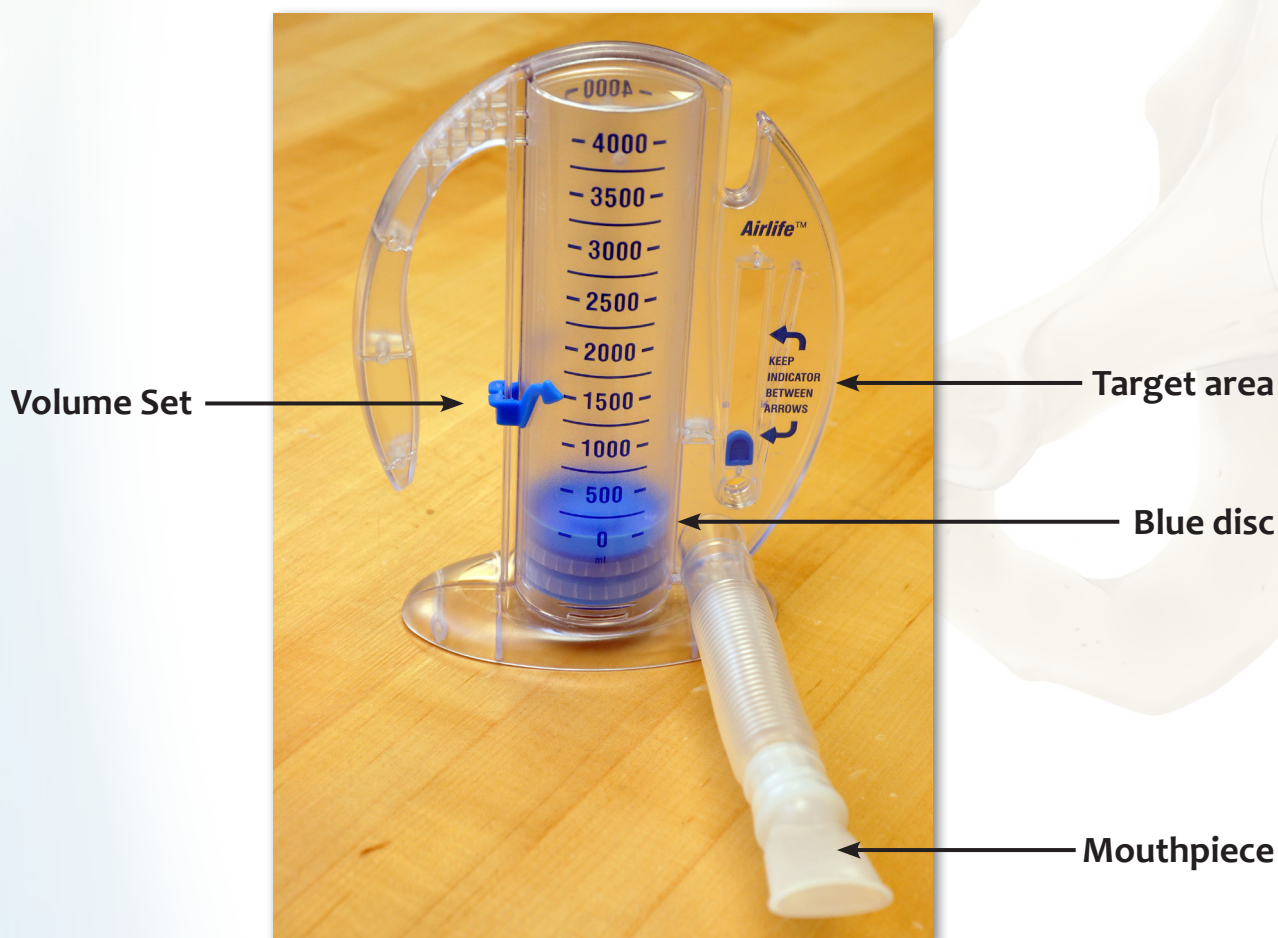
Prevention of Lung Complications

Coughing, deep breathing, and repositioning are important to do following surgery. Deep breathing and coughing will help you clear secretions that may have settled in your lungs during surgery. These secretions can cause infections such as pneumonia.

The incentive spirometer we will give you helps you take deep breaths, allowing the air you breathe to reach the lower parts of your lungs. It also helps you cough deeply to move the secretions out of your lungs. This is deeper than just clearing your throat.

You should use your incentive spirometer during your entire hospital stay.

To use your incentive spirometer, place the white mouthpiece in your mouth. Inhale to raise the blue disc to the level of the volume set. Hold your breath for 5-10 seconds and try to keep the blue disc hovering at the level between the two arrows. Exhale. Repeat 10 times every hour while you are awake.



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Precautions

Your surgeon will request that you avoid certain positions after surgery, to decrease your risk of having problems with your new hip as it heals. Different patients will have different precautions, depending on the location of your incision and type of surgery. Your therapist will instruct you in which of the following precautions you need to follow.

☐ Posterior Hip Precautions:

Do not bend your hip beyond 90 degrees.

Do not rotate your hip inward.

Do not cross your legs. Keep a pillow between your legs while resting.



☐ Anterior Hip Precautions:

No forceful or excessive hip extension.



☐ Lateral Hip Precautions:

Do not actively move your surgical leg out to the side.



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Tub / Shower Transfer

You may need someone to help you when you transfer in and out of tub/shower.



1. Using walker if necessary, back up to the tub bench. With one hand on walker and one hand on bench, lower yourself down.
2. While sitting on bench, slide your hips to the inside of tub. Extend operated leg and lift over tub edge.

Toilet Transfers

You may need a raised toilet seat depending on your ability to move from sitting to standing.



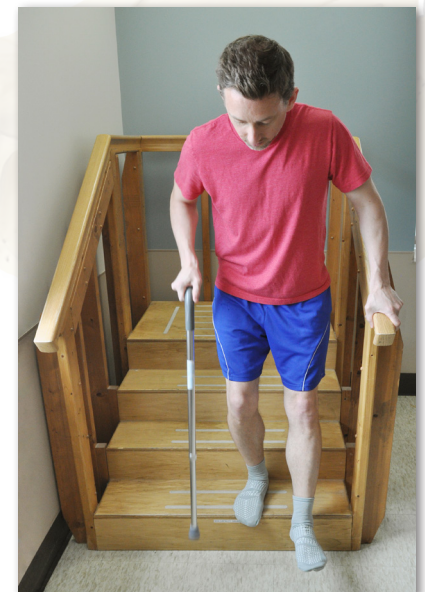
Slowly lower yourself onto the toilet. If you need a walker, use one hand to support yourself on a secure surface (not the walker).

Climbing Stairs



To go upstairs:

Hold onto rail if available. Start close to bottom step. Step up with non-operated leg, then lift operated leg and cane.



To go downstairs:

Hold onto rail if available. Place cane on lower step. Step down with operated leg, then follow with non-operated leg.

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Maintaining Your Independence:

Adaptive Equipment for Use After Surgery

Equipment can help increase your independence with your daily living skills (ie. bathing & dressing). Using this equipment will also help you maintain posterior hip precautions.



Reacher (left): Use to pick up objects from the floor. You can also use when dressing to put on pants or undergarments. (Place waistband in “jaw” of reacher, and pull over each leg). Always dress operated leg first and undress it last.



Long Handled Sponge:
Use to wash lower extremities and back.

Long Handled Shoe Horn (right):
Use to put on shoes. Place in heel of shoe and slide foot in (use with elastic shoelaces).

Elastic Shoelaces: Use like regular shoelaces, but leave tied at all times. Be sure to lace through hole in tongue of sneakers.



Sock Aid (left): Use to put on socks. Follow written instructions that came with the sock aid. To remove socks, use your reacher (right) or long handled shoe horn.



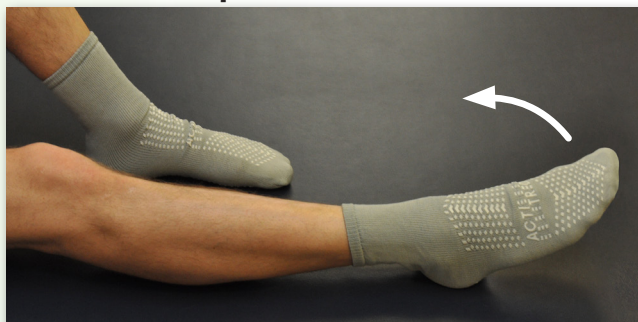
Other Equipment may be recommended. These may include: a raised toilet seat or commode, shower bench and/or tub seat, or rarely a hospital bed. These may not be covered by insurance, and will only be ordered as deemed necessary by you and your healthcare providers.

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General Exercises

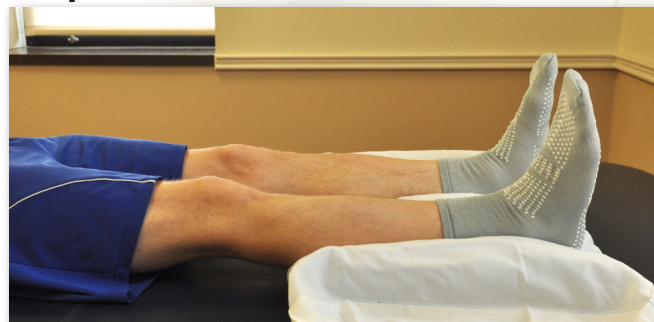
Complete these exercises twice a day, working up to 3 sets of 10 repetitions. Not all patients should do all of the exercises below. Your therapist will check off the exercises you should do, and instruct you in how to do them correctly.

☐ Ankle Pumps



Pull foot up as far as you can, then point foot down. Do these every hour while awake.

☐ Quad Set



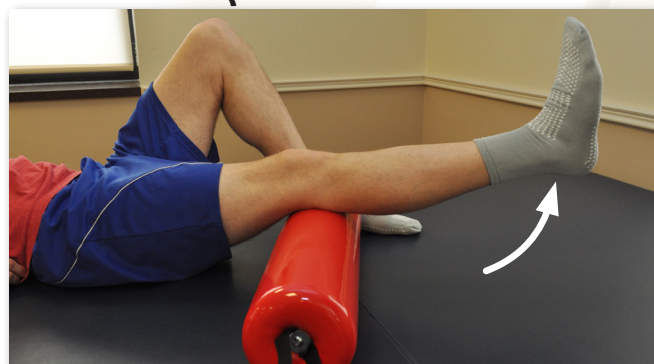
Tighten thigh muscle, trying to push the back of the knee down into the bed. Hold 3 seconds.

☐ Heel Slide



Slide heel along surface, bending knee toward chest. Then return to starting position.

☐ Short Arc Quad



With pillow or rolled blanket under knee, straighten knee and raise foot. Hold 3 seconds. Lower slowly.

☐ Gluteal Sets



Tighten buttocks muscles. Hold 3 seconds.

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☐ Long Arc Quad



Slowly straighten knee. Hold three seconds. Slowly return to starting position.

☐ Supine Hip Abduction



Slide one leg to the side as if you are making a snow angel. Keep your leg flat on the mat.

☐ Standing Hip Abductions



With hands on chair or counter for balance, stand on one leg. Lift opposite leg to the side. Keep trunk upright.

☐ Standing Hip Extension



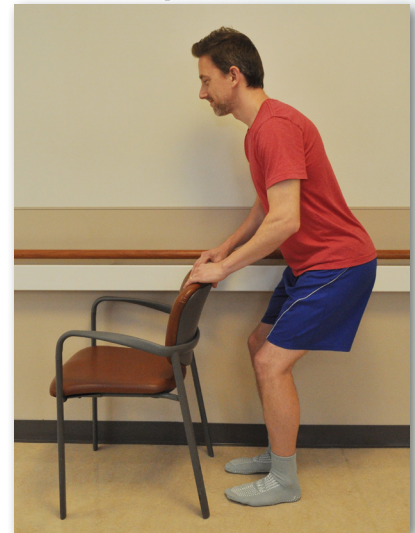
With hands on chair or counter for balance, stand on one leg. Lift opposite leg backwards, keeping knee straight. Keep trunk upright and toes pointing forward.

☐ Hamstring Curl



With hands on chair or counter for balance, bend knee to bring your heel toward your buttocks. Keep trunk upright, and do not lift your knee forward.

☐ Mini Squat



With hands on chair or counter for balance, slowly bend knees, as if you are starting to sit in a chair. Keep your knees behind your toes. Slowly stand up.

Walk with your assistive device, as instructed by your PT, at least 5 times per day. Make sure you are walking with good form, and try to increase your distance a little bit each day.

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Nutrition

During Hospitalization

The priority is good nutrition to promote healing. Follow these general guidelines:

- Eat a variety of foods.
- Drink plenty of fluids.
- Select items on your menu to ensure your food preferences are honored.
- Be sure to include calcium rich foods in your diet (milk, cheese, yogurt, low fat cottage cheese, milk alternatives, broccoli).

If you have questions about your diet, please ask to see the Dietitian during your stay.

Guidelines for Weight Gain

- Keep high calorie snacks on hand (yogurt, juice, cheese, milk and ice cream).
- Eat several small meals and snack frequently.
- Use high calorie, high protein foods (yogurt, cheese, pudding, ice cream, peanut butter, cottage cheese, nutrition supplement shakes).
- Eat your favorite foods.
- Add diced meat, cheese or vegetables to sauces, soups and casseroles.
- Use extra high calorie condiments (butter, oils, jams, gravy).

Guidelines for Good Nutrition for Weight Loss

- Cut back on portion sizes.
- Use sugar in moderation.
- Avoid fried foods, rich desserts, whole milk, cheeses made with whole milk, excess salad dressing, gravies and sauces.
- Choose lean meats, low fat milk and cheeses, plain desserts such as angel food cake or fruits.
- Avoid too many sweets such as cakes, pies, cookies, ice cream, candy, soft drinks, donuts and danish.
- Eat at regular meal times.
- Avoid eating while watching television, reading or driving. Sit at the table, eat slowly and concentrate on each bite.
- Try reduced-calorie margarine, mayonnaise and salad dressing.
- Choose plenty of vegetables, fruits and whole grain products.

Nutritional counseling is available prior to admission and after discharge by physician referral.



Your Guide to Hip Replacement Surgery

Recovering from Surgery

No matter how healthy you are or how much you prepare for surgery, going home from the hospital will be an adjustment. You may experience anxiety and wonder if you are ready to be at home. This is normal. You will feel better with each passing day. You will likely experience a number of changes in your body, not just in your hip. You may experience poor appetite, low energy, constipation, and difficulty sleeping. These things are all a normal response after surgery, and will improve with time.

Some things that may help include:

- Try repositioning frequently. Change position or move your hip every 30-45 minutes during the day. It is good to get up and walk frequently, and try to increase your overall walking distance a small amount each day.
- Take your pain medicine about 30 minutes before a therapy appointment or other increase in activity. Over time, try to wean down the amount of pain medicine you are taking, as medications do have side effects and you may feel better overall once you no longer need them. You should also use ice regularly to help control the pain and swelling.
- Make sure to eat a healthy diet, and drink plenty of fluids.
- Engage in activities you enjoy, such as reading, watching movies, listening to music, making phone calls to friends, or visiting with family. There are lots of things you can do to keep busy, while still resting your hip.

While you will generally feel better as the days pass, it is normal to have some ups and downs along the way. Do not get discouraged if you have a temporary increase in pain, or if you have more difficulty during a therapy session, or find that you just need to lie down for a nap. Try to stay positive and focus on the things that are improving, and not worry about the things that are still difficult for you.



Total Joint Replacement

Discharge Instructions

Do:

- Follow the precautions you were taught by your therapist. (see page 21).
- Sit in a chair, such as a firm straight backed chair with arms, which helps maintain good hip alignment and makes standing and sitting easier.
- Use your elevated toilet seat for at least six weeks after surgery.
- Wear loose clothing that allows free movement of your legs. Wear comfortable shoes such as sneakers.
- Continue the exercises you were doing in the hospital as taught by your therapists. Your outpatient therapist will help you progress these as you get stronger.
- Walk as much as you can but avoid becoming too tired.
- Elevate your leg while sitting or lying.
- Ask your doctor when sexual activity can be resumed.
- Tell your doctor or dentist that you had hip replacement surgery if you require any of the following: dental work, other surgery, diagnostic procedures, or you think you might have an infection. The doctor may wish to order antibiotics for you before any of these procedures to prevent the possibility of an infection developing in your joint replacement.
- Keep your incision dry. Don't apply any lotion or soap to the incision until it is fully healed.
- Take your pain medication 1/2 hour before increased activity, if needed.
- Continue to do your deep breathing and coughing exercises using your incentive spirometer after discharge.



Your Guide to Hip Replacement Surgery

Don't:

- Drive a car until your doctor says you can.
- Do heavy housework. Get someone to help you.
- Attempt to lift or carry anything over 5 pounds.
- Carry things with your arms when using a walker, crutches or cane.
- Take a bath or scrub your incision until your doctor says you can.

Pain Medications:

- You will probably receive prescriptions for pain medications for use at home. Take them as directed. Medications that relieve pain can make you sleepy and slow your reflexes and responses. Slowly wean off your pain medications as your pain improves.
- Pain medications are also constipating. You may wish to take a laxative or use a stool softener while taking these medications. Drinking 6-8 glasses of water each day will also help lower the chance of constipation.

Stitches / Staples:

Your stitches / staples are usually removed 10-14 days after your surgery.



Total Joint Replacement

When to Call the Doctor:

We expect your recovery to go smoothly. However, complications can occur, so please call your doctor if you experience any of the following symptoms:

- Any loss or change of feeling, or numbness in your legs or toes.
- Increased swelling, pain or tenderness in your calf.
- If you're not feeling well, check your temperature. Call your doctor if your temperature is 100.4° or higher.
- Increased redness, tenderness, and/or swelling around your incision or joint.
- New or increased drainage from your incision.
- Increased pain around your incision or joint and/or the pain is not relieved with pain medication or rest. Your pain should decrease from day to day. If it is getting more severe, call your doctor.
- Call 911 immediately if you have chest pain or difficulty breathing.



Your Guide to Hip Replacement Surgery

Frequently Asked Questions

When can I take a shower?

The typical dressing is waterproof, so you may usually shower any time after surgery. Do not soak or scrub the incision. To shower safely, you may need equipment such as a long-handled sponge and shower chair, and may need assistance from another person.

When can I drive?

You may not drive while taking any narcotic pain medications. Do not drive until you have regained the range of motion, strength and reaction time to drive safely, including reacting to any sudden situations. This is different for everyone. Realistically, those having a left hip replacement may be able to return to driving an automatic vehicle sooner than those having a right hip replacement.

Will my new joint set off the metal detectors at the airport?

Your joint replacement is made of metal alloy and may or may not be detected when going through some security devices, depending on the implant used. Inform the security agent that you have a metal implant. The agent will direct you on the security screening procedure.

Can I get a handicap parking permit?

You may be eligible for a temporary handicap permit. This will be at the discretion of your surgeon, and your surgeon's office can help you complete the paperwork.

How do I get in and out of a car?

Most patients will travel in the front passenger seat. Have someone move the car seat all the way back, and recline the seat. Back up to the seat and hold on to the car seat or the dashboard (not the car door) as you sit down, and then rotate in the seat to lift your legs into the car.

What do I do if I need dental work?

We strongly advise that you have a dental checkup before surgery, and get any dental work taken care of several weeks before your surgery. Do not plan to visit a dentist for at least 3-6 months after surgery, unless it is an emergency. Discuss any future dental care with your surgeon, as he may recommend antibiotics before any future dental work.

Continuing Your Rehabilitation

Outpatient physical therapy offers ongoing rehabilitation of the new joint with individualized exercise programs for increasing strength, range of motion and mobility. The goal of outpatient therapy is to maximize the function of the new joint and return to or beyond the individual's previous functional level.



Upstate's Regional Rehabilitation Center offers outpatient physical therapy at five sites:

Institute for Human Performance

505 Irving Avenue,
Syracuse, NY 13210

Bone & Joint Center

6620 Fly Road,
East Syracuse, NY 13057

Health Center Manlius

102 West Seneca Turnpike,
Manlius, NY 13104

Western Lights

4671 Onondaga Boulevard,
Syracuse, NY 13219

Township 5

208 Township Boulevard,
Camillus, NY 13031

Please call 315-464-6543 to schedule an outpatient physical therapy evaluation.

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