



**HIP REPLACEMENT**  
**A GUIDE FOR PATIENTS UNDERGOING**  
**HIP REPLACEMENT SURGERY**



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# HIP REPLACEMENT

## A GUIDE FOR PATIENTS UNDERGOING HIP REPLACEMENT SURGERY

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#### ABOUT THIS GUIDE

Learning as much as you can about hip replacement in the days before your surgery will help you play a more active role in your recovery. That's why the health care professionals at McLaren Macomb developed this resource guide. It is our hope that it will increase your general knowledge of hip replacement surgery. This book will also help you prepare for surgery and guide you through your recovery.

Bring this book with you when you come to the hospital for your pre-surgical class, when you come to the hospital for your hip replacement and keep it with you when you are discharged from the hospital. Review with your doctors, nurses, physical therapists, case managers, and occupational therapists any questions that you may have. They will address concerns, guide you through the surgery itself, and help you and your family to create a recovery plan.

Please take time to review the materials enclosed, as they are intended to:

- Acquaint you with our hospital
- Guide you through the pre-surgical phase
- Inform you about what to expect during your hospital stay
- Plan for your discharge home
- Prepare you for your recovery and rehabilitation process



Visit our YouTube channel for patient education information on hip and knee replacement surgery at McLaren Macomb.

[https://youtu.be/\\_i1VFloUDvo](https://youtu.be/_i1VFloUDvo)

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THANK YOU FOR CHOOSING McLAREN MACOMB!

**We would like to sincerely thank-you for allowing us to care for you and your joint replacement needs. We truly hope that this has been a positive experience for you and your family.**

– Best regards,  
 Your Joint Replacement Team

# PATIENT DISCHARGE TIPS AND FAQs

## “MY LEG IS MORE SWOLLEN. WHAT SHOULD I DO?”

- It is normal to have swelling and bruising after joint replacement surgery. This is a normal part of the healing process. You may notice increased swelling especially after activity, therapy, or completing your exercises. Swelling after surgery can last for many weeks. Be sure to continue ice therapy, complete your exercises as instructed (small movements like ankle pumps and heel slides can actually help with pain and swelling) elevate your leg when resting, and wear your compression stockings to decrease swelling.

## “WHEN CAN I DRIVE AGAIN?”

- You may begin driving once your surgeon determines you are ready. Generally, you must be off narcotic pain medication completely and be able to get in and out of the driver’s seat safely. Your range of motion, strength and reflexes should be returned to normal before driving again.

## “WHAT CAN I DO TO PREVENT CONSTIPATION FOLLOWING SURGERY?”

- You will receive a prescription for a stool softener medication to take when you get home after surgery. It is strongly recommended that you take this medication as prescribed. You can also take number of over-the-counter stool softeners or laxatives. Ask your pharmacist for more details.

Frequent mobility, increasing your fiber intake, and staying adequately hydrated will also help prevent constipation.

## “MY HIP/KNEE IS REALLY HURTING. IS THIS NORMAL?”

- It is very rare to be completely pain-free immediately after surgery. Therefore, you should expect to have post-operative pain as this is a normal part of your recovery process. Pain may even increase for a short period of time after you go home due to certain numbing medications wearing off. The key is to keep your pain at a manageable level, as this will make your recovery smoother and quicker. You will be on a combination of a few different types of medications after surgery, so be sure to take them as exactly as prescribed. Ice and exercise are also very beneficial. **Be sure to keep a good balance of icing and exercising-moving your leg after your surgery is just as important for pain control as using ice therapy.** If you find your pain is not properly managed, please consider calling your surgeon or Joint Coordinator first - pain management issues can usually be resolved quickly over the phone without a crowded, lengthy and disruptive ER visit. It is critical that you seek emergency care if you are experiencing a medical emergency but avoiding unnecessary ER visits helps stop exposure to other illness and undue stress.

# NOTES

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## WELCOME TO McLAREN MACOMB’S JOINT REPLACEMENT PROGRAM

We would like to welcome you to McLaren Macomb! We are delighted that you have chosen our hospital to meet your healthcare needs.

Our staff wants to make this entire experience exceptional for you and your family. Our goal is to promote an atmosphere of empowerment, encouragement and support. We realize that you elected to have this surgery as a positive step in your life, and we are committed to helping you succeed.

Our Joint Replacement Program is the key to your success. Here’s why:

- Our orthopedic surgical team has extensive experience in treating a wide variety of joint problems. Our surgeons are board certified and specialize in knees and hips. The McLaren Macomb nurses, physical and occupational therapists and clinicians excel in patient-focused care. We strive every day to provide high-quality care as the norm, not the exception.
- Your Joint Replacement Team will do all they can to make your surgery a success. We hope that keeping you informed helps you understand what to expect and how you can take an active role in your care. How well you prepare for surgery and the efforts you make after surgery will be important factors in your recovery. Your success depends on you!

**Thank you for choosing McLaren Macomb!**

– Your Joint Replacement Team



## McLAREN MACOMB AT A GLANCE



### Vision Statement

McLaren Health Care, through its subsidiaries, will be Michigan’s best value in health care as defined by quality outcomes and cost.

### The Pride of Macomb County for more than 60 Years

In January 2012, Mount Clemens Regional Medical Center became McLaren Macomb. McLaren Macomb is a 288-bed acute care hospital located in Mount Clemens, Michigan. More than 400 physicians and nearly 2,000 employees work at McLaren Macomb, making it one of Macomb County’s top employers. McLaren Macomb provides a full range of services, including orthopedic, cancer, and cardiovascular care. As Macomb County’s first verified trauma center, the hospital operates the busiest emergency department in Macomb County. It is also an accredited chest pain center. McLaren Macomb has a rich history of providing high quality, compassionate health care and holds a strong position in the community it serves. To learn more, visit [www.mclaren.org](http://www.mclaren.org).

## WHY IS SURGERY NECESSARY?

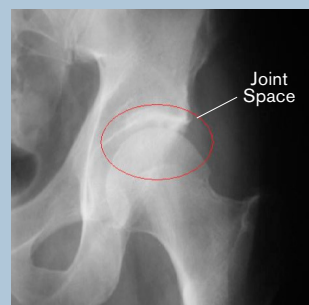
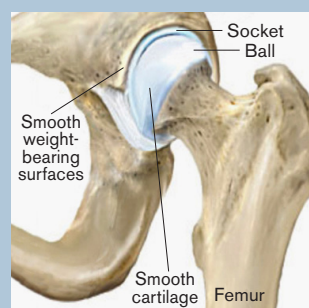


For too long now, your life may have been disrupted by extreme pain, joint stiffness and decreased mobility. Normal activities such as climbing stairs, enjoying an evening stroll, or playing golf have become a struggle. Even your sleep may have become disturbed because you can't find a comfortable position. This is often the case when a person is suffering from arthritis of the hip joint. Treatments that worked in the past – medications, weight management or physical therapy/exercise – may no longer be effective. Now that permanent joint damage has been diagnosed, you and your surgeon have decided on joint replacement surgery as your treatment option.

### A HEALTHY HIP

The hip is one of the body's largest joints. It is a ball and socket joint.

- The socket is formed by the acetabulum, which is part of the large pelvis bone.
- The ball is the femoral head, which is the upper end of the thigh bone ("femur").
- Cartilage – or a smooth layer of tissue – covers the surfaces of the ball and socket joint. The cartilage cushions the ends of the bones and enables them to move easily. An x-ray of the hip shows space ("joint space") between the femoral head and the acetabulum. This is not empty space but represents the cartilage (which does not show up on an x-ray).
- Muscles and ligaments hold your hip joint in place.

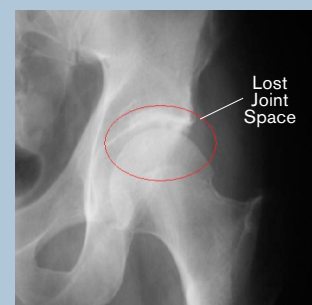
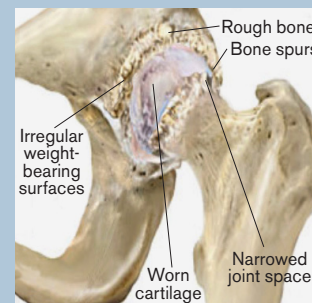


### A PROBLEM HIP

Infection, injury and disease can all affect the way the hip works. However, arthritis is the most common cause of hip-joint deterioration.

Arthritis is a name used to describe several diseases that cause swelling of the joints and friction between the cartilage and bones. This friction causes cartilage and bone to break down. (Note the loss of "joint space" on the x-ray.) When the rough edges of the bones move against each other, the result is pain and loss of hip movement.

Pain in your hip leads to difficulty in performing daily activities. If you experience pain when moving your leg, it will be hard for you to climb stairs, exercise or even walk. Medicines can relieve pain for a while, but they can't solve the long-term problem. That's why you have come to us for help.

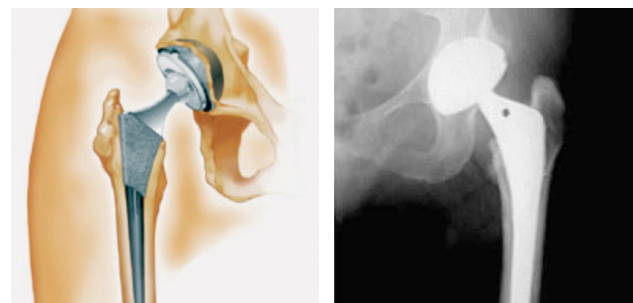


### A NEW HIP PROSTHESIS

Your orthopedic surgeon will remove damaged bone and cartilage from the hip joint and replace them with an artificial joint. The artificial joint is called a "prosthesis".

A prosthetic ball connected to a stem replaces the ball on your thigh bone ("femur"). A prosthetic cup replaces the worn socket ("acetabulum").

These parts connect to create a new artificial hip. Both parts have smooth surfaces to help ensure comfortable movement once you have recovered from surgery. These parts will be constructed of metal and a certain type of plastic or ceramic.



## TAKING A SHOWER

The first week after your surgery, it is best to have someone with you to assist with taking a shower. Make certain you have your towel and supplies before you get in. To prevent falls, use a bath bench or chair.

### In a Walk-in Shower

- Walk to the edge of the shower and turn so that you are facing away from the shower stall.
- Reach back with one hand and grab the bath chair or bench. Leave your other hand on the walker.
- Sit down on the chair. Lift one leg at a time over the lip of the shower stall and turn to sit facing the faucet.
- To get out of the shower, turn your body while lifting one leg at a time over the lip of the shower stall. Stand up outside the shower stall by pushing off from the chair.



### In a Tub

- You may use your tub for a shower, but do not lower yourself in for a bath.
- Using the walker, walk to the side of the tub. Stop next to the bath chair and turn so that you are facing away from the tub.
- Reach back with one hand for the chair or bench. One hand should stay on the walker.
- Sit down on the chair. Keep the surgical leg straight out in front of you.
- Lift one leg at a time over the side of the tub and turn to sit facing the faucet. Use a long-handled sponge and shower hose to wash.
- To get out of the tub, turn your body while lifting one leg at a time over the side of the tub. Stand up outside the tub by pushing off from the chair.



## GETTING IN AND OUT OF A CAR

A taller vehicle is easier to get in and out of than one that is lower to the ground. You are safest sitting in the front seat with your seat belt on and the seat upright.

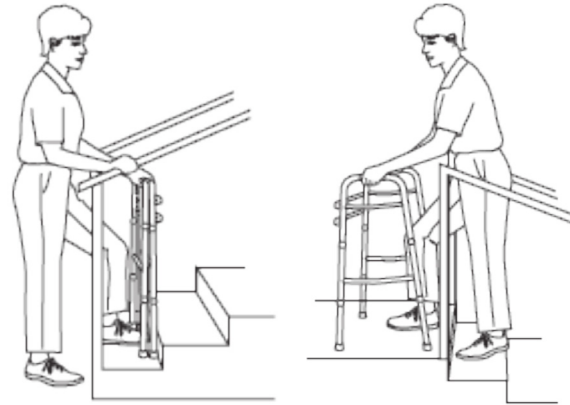
- Move the seat back as far as possible and slightly reclined.
- Stand facing away from the car.
- Place one hand on the back of the seat and the other on a secure spot and slide onto the seat.
- Lower yourself slowly to the seat.
- You may need someone's help to lift and swing your legs in.
- Have your helper place the walker close by. Pivot and lift your legs out of the car. You may need someone's help with this.
- Scoot to the edge of the seat and with one hand on the back of the seat and the other on a secure spot, push to stand.

If you are riding longer than 60 minutes, take a break from sitting. This will help prevent stiffness, swelling, and blood clots. Look for a safe place to park where you can walk – at least 25 feet to aid your circulation.



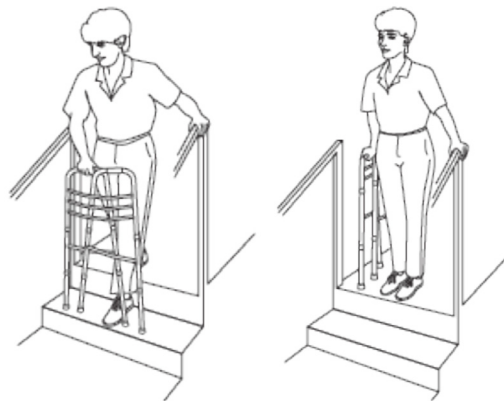
## GOING UP STAIRS – UP WITH THE NON-SURGICAL LEG

- Approach the stairs placing your feet about 6 inches from the first step. Fold your walker and hold it in one hand. It may be easier to put the front legs of the walker on the first step before folding it. Hold the rail with your other hand.
- Lift your walker and place it at the back of the step.
- Step up with your stronger leg and then bring up your surgical leg. Do this with each step, taking your time.
- At the top of the stairs, unfold the walker and set it on the landing. Make certain you hear the walker click into the locked position. Place both hands on the walker. Step up first with your stronger leg and then bring up your surgical leg.



## GOING DOWN STAIRS – DOWN WITH THE SURGICAL LEG

- Approach the stairs placing your walker close to the stairs. Fold your walker and hold it in one hand. Hold the rail with your other hand.
- Lower your walker to the front edge of the first step. Step down with your surgical leg and then step down with your stronger leg. Do this with each step, taking your time.
- At the bottom of the stairs, unfold the walker and make certain it clicks into the locked position. Place both hands on the walker. Step down with your surgical leg and then with your stronger leg.



## USING A RAISED TOILET WITH ARMRESTS

- Back up to the toilet until you feel the back of your legs touching it. Reach back for the armrests and slowly lower yourself onto the toilet. Keep your surgical leg straight out in front of you.
- Bend your knee and hip on the stronger side as you lower yourself onto the seat.
- Reverse the steps when getting up. Use the armrests to push yourself up. Get your balance before reaching for the walker or crutches.



## USING A RAISED TOILET SEAT WITHOUT ARMRESTS

- Back up to the toilet until you feel the back of your knees touching it. Keep one hand on the handgrip of the walker or crutch while you reach back for the edge of the raised seat.
- Bend your knee and hip on the stronger side as you lower yourself onto the seat. Keep your surgical leg straight out in front of you as shown above.
- Reverse the steps for getting up. Place one hand on the handgrip of the walker or crutch and the other on the edge of the toilet seat. Get your balance before reaching for the walker or crutch.



Prior to your surgery, you can start preparing your mind, body, and environment. Below are some things you can accomplish before your surgery that can help you have a successful journey and recovery.

- 1. Choose a coach.** While this is not a requirement, it is strongly encouraged and has proven helpful for many patients. A coach can be a family member or close friend who can attend class, therapy sessions, and doctor's appointments with you. Your coach can be there for you in the hospital and when you return home to provide support and encouragement.
- 2. Gather adaptive equipment.** Some examples of equipment you **MIGHT** need include the following:
  - raised toilet seat
  - walker
  - tub or shower seat
  - reacher
  - crutches
  - cane
  - long-handled shoe horn
  - sock-aid
  - shower grab bar
- 3. Arrange for someone to be home with you** for a few days or arrange to stay with a family member or friend after you are discharged from the hospital... just until you are stronger and more independent.

- 4. Arrange for some help** with yard work, housekeeping, pet care, or shopping.
- 5. Begin assembling items** that you may want to take with you to the hospital. **Don't bring jewelry, valuables or large sums of money.** Some items that may be useful to you at the hospital are the following:
  - This guide book
  - A list of medications (including dosages) you currently take
  - Picture ID and insurance cards
  - Loose pajamas (something that will fit over your dressings)
  - Comfortable clothes for your trip home
  - Comfortable shoes with traction
  - Personal toiletries
  - Eyeglasses, hearing aids, and dentures
  - Relaxation items, such as books or hobby item
  - Telephone numbers of people you may want to call
  - Small amount of money if you would like to purchase anything during your stay (i.e. something from the gift shop)
- 6. Arrange your home environment** to make the transition from hospital to home as happy and as safe as possible. Consider the following:
  - Move frequently used items in the kitchen, bathroom, and bedroom to tabletops or surfaces that are about waist level.

- Stock up on easy to prepare foods such as canned or boxed items or prepare and freeze your own meals in advance.
- Make sure there are clear pathways throughout your home. Remove any clutter (electrical cords, foot stools, etc) from the floor. Remove area rugs as these could cause you to trip or slide.
- If you have stairs, ensure that your railings are secure. If you do not have railings, consider installing some.
- Install grab bars in your bathtub or shower. Apply adhesive slip strips in the bottom of bathtub or shower. Install a shower hose.
- If your bedroom is not easily accessible (i.e. on the second floor or end of long hallway), be creative. Set-up a "bedroom area" in your living room.
- Have a phone within easy reach. Cordless phones can be kept in your pocket when ambulating, in case of an emergency.
- Make sure that you have good lighting.

- 7. If you smoke, stop now.** You can significantly decrease your risk of respiratory and anesthesia complications after your operation. In addition, those who smoke before surgery increase their risk of infection and slow their healing process.
- 8. Limit alcohol intake.** During your pre-surgical visit, you will be asked about your alcohol intake. Please respond honestly. Your answers are confidential. We will use this information to help you prepare and recover from your surgery. Please, no alcohol on the day of surgery.
- 9. Prepare yourself for surgery by starting a strengthening program.** Because of your hip discomfort, you may have been living a less active life than you'd like. Having your hip replaced will correct your joint problem, but it's up to you to strengthen the muscles surrounding your hip. You will need a regular exercise program to strengthen your muscles so that they in turn can support your new joint. **Starting this exercise program before your surgery can make for a faster recovery.** The following three pages will list and explain several exercises you can perform before surgery.

## SITTING DOWN

- When sitting down, slowly back up to a chair or bed until you feel the back of your legs against it.
- Slide or place your surgical leg forward. Then reach back for the armrests of the chair or the edge of the bed.
- Keeping the surgical leg outstretched in front of you, lower yourself slowly into the chair. Use a firm chair with armrests.
- Do not hold on to the walker, wheeled walker, or crutches while lowering yourself.



## USING A WALKER

- Lift the walker so that all four legs clear the floor. Move the walker forward about an arm's length, placing all four legs of the walker on the floor at the same time.
- Step forward with your surgical leg first. Do not step too close to the front edge of the walker.
- With much of your weight on the handgrips of the walker, step forward with your stronger leg, bringing it slightly ahead of your surgical leg.
- Hold your head up and look straight ahead so you will be aware of any obstacles on the ground.
- When you need to rest while standing, make sure that all four legs of the walker are on the ground.
- Do not rotate or turn your hips or trunk at all. Keep your hips and your toes straight ahead. You will also need to avoid turning your feet inward.



## BEFORE SURGERY CHECKLIST

- ✓ Have selected a coach
- ✓ Confirmed someone to stay at home with me after discharge or have place to stay after discharge
- ✓ Arranged for help in regard to house/yard work, pet care, shopping, etc.
- ✓ Packed items for hospital stay
- ✓ Home environment safe
- ✓ Stopped smoking
- ✓ Limited or stopped alcohol intake
- ✓ Have started and are continuing strengthening program



## PRECAUTIONS AFTER HIP REPLACEMENT

Some hip replacement patients will need to avoid certain activities for about 6 to 12 weeks after their surgery. These "hip precautions" apply to those having a "posterior" or "anterolateral / lateral" hip. Those that are having an "anterior" hip do NOT need to follow any hip precautions.

Do not turn your toes inward. Where your toes go, your hip follows. If you turn your toes in on your surgery leg (pigeon-toed), your hip will internally rotate. This motion can pop your hip out of its new joint. Internal rotation can also occur while standing in place and twisting toward the direction of your new hip.

Do not cross your legs. Moving your surgery leg across your body's midline can cause your new hip to dislocate. This includes sitting in a chair with your ankles crossed or reclining in bed with your legs crossed.

Do not bend your hip beyond a 90-degree angle. The best way to know if you're complying with this precaution is to look at your surgery leg when you're sitting down. Your knee should be lower than your hip. If your knee and hip are level with each other, your hip is at a 90-degree angle. The closer you move your knee to your chest, the greater your risk of dislocating your new hip. Reaching down toward your shoes or the floor also creates this same risk of dislocation. One way to reduce the chance of hip dislocation is to straighten your leg out in front of you when you're sitting. This reduces the bend of your hip.



INDICATES INCISION AREA

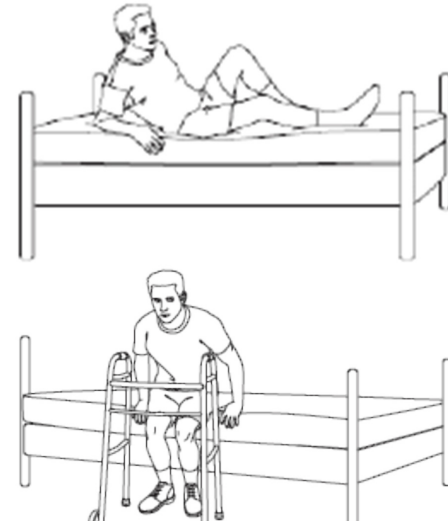
## GETTING AROUND AND BACK TO YOUR DAILY LIFE

Once you have had your surgery, you may begin to worry about going home with your new hip – how you will get around and get back to your daily life. Before you go home, your therapist will teach you the skills you will need such as how to get in and out of bed and how to use the stairs. Your therapist will also teach you how to walk with a walker, crutches, or a cane. The type of equipment depends on your surgeon and your comfort with it.

### GETTING OUT OF BED

You will get out of bed as soon as possible. Do not try to get up by yourself. Your nurse or therapist will help you.

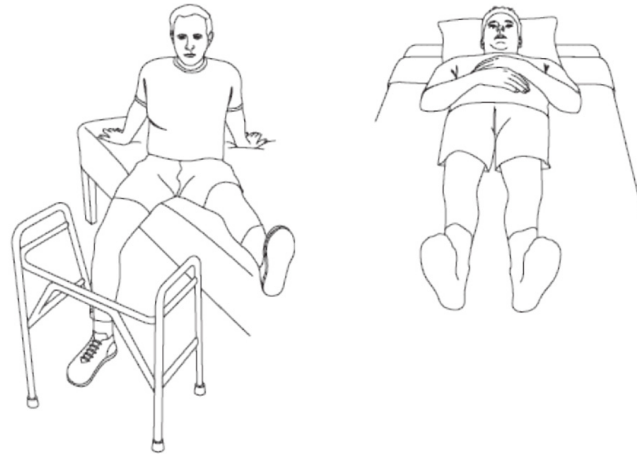
- Slide your surgical leg to the edge of the bed as you bend your stronger leg. (Keep operated leg with toes pointed up.)
- Push with your hands and stronger leg as you lift your buttocks off the bed and move toward the edge of the bed. Begin to sit up.
- Using your arms and stronger leg, lift your buttocks and pivot toward the side until both your feet are on the ground.
- Stand up, pushing down on the bed with both hands. Reach for the walker.
- Make sure you are not bending forward and that your surgical leg is not turning in.



### GETTING BACK INTO BED

You will also need help getting into bed at first.

- Slowly back up to the bed until you feel the back of your legs against it.
- Reach back for the bed and sit as far back as you can. Using your arms and stronger leg, scoot back until your surgical leg is supported.
- Lift your legs onto the bed as you slowly turn your body. You may need someone to help you lift your surgical leg at first.
- Scoot back as needed with your arms and stronger leg.



### STANDING UP

- When you try to stand from a sitting position, scoot your hips forward to the edge of the chair or bed. Keep your recovering leg stretched out and your good leg bent with your foot flat on the floor.
- Using your arms, push down on the edge of the bed or armrests of the chair to push yourself up.
- As you stand up, shift your weight onto your good leg and grasp the handgrips of the walker. At the same time, move your outstretched recovering leg in line with your good leg.
- Do not pull yourself up with the walker as this could cause you to fall backwards. Once you are standing, take a few seconds to get your balance before you take a step.



## BEFORE SURGERY EXERCISES

### Ankle Pumps and Circles

Sit in a chair or lie down on your back with a pillow supporting your head. Bend both ankles up, pulling your toes toward you, then bend both ankles down, pointing your toes away from you. In addition, rotate your foot clockwise and counterclockwise keeping your toes pointed toward the ceiling.



### Thigh Squeezes (Quad Sets)

Lie on your back or sit with your foot elevated on a stool or chair. Tighten the muscles in the front of your thigh by pushing the back of your knee down onto the bed. Hold for 5 seconds or longer and release.



### Heel Slides

Lie down on your back with a pillow to support your head. Bend your knee by sliding your heel up toward your buttocks. Keep your heel on the bed. Keep your knee cap pointed toward the ceiling.



### Lying Kicks (Short Arc Quads)

Lie on your back with a rolled blanket under your affected leg. Straighten your knee. Hold for 5 seconds. The back of your knee should stay in contact with the blanket throughout the exercise.



### Straight Leg Raises

Lie down on your back with a pillow to support your head. Bend your unaffected leg. Keep your foot flat on the bed. Raise your affected leg about 12 inches, keeping your knee straight. Hold briefly and progress to holding for 5 seconds.



### Buttocks Squeezes (Gluteal Sets)

Lie down on your back with a pillow to support your head. Squeeze the muscles of your buttocks together. Tighten the muscles. Hold for 5 Seconds.



### Knee Bending (Sitting Flexion Stretch)

Sit on a chair. Bend your knee back as much as you can. Hold for 3-5 seconds. Return to the starting position.



### Sitting Kicks (Long Arc Quads)

Sit in a chair. Lift your affected leg and straighten as much as possible. Hold for 5 seconds. Return to the starting position.



### Chair Push Up

Sit on a chair with arms. Grasp the arms of the chair, straightening your elbows so that you raise your buttocks off the seat. Lower yourself slowly back into the chair. If your arms are weak at first, use your legs to help raise your buttocks off the chair.



## BEFORE SURGERY EXERCISES CONTINUED



### Hip Extension (Standing)

Stand with feet slightly apart, holding onto a firm railing or counter top, or with your walker in front of you. Lift affected leg backwards as shown, do not bend over at the waist. Hold this for 3 seconds and slowly return to the starting position. Repeat with other leg.



### Hip Flexion (Standing)

Stand at a counter top or with your walker in front of you. Lift the affected leg in front of you. Hold this for 3 seconds and slowly return to the starting position. Repeat with other leg.



### Hip Abduction (Standing)

Stand with feet slightly apart holding onto your walker or a firm railing or countertop. Lift the affected leg to the side. Hold this for 3 seconds and slowly return to the starting position. Repeat with other leg.

## PRE-SURGERY PROGRESS CHART

Keep track of your exercise progress by checking off the exercises you've completed and on the days you've completed them. You may also want to record how many repetitions of each exercise you were able to complete.

WEEK ONE							
Exercise	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Ankle Pumps and Circles							
Thigh Squeezes							
Heel Slides							
Leg Slides							
Lying Kicks							
Straight Leg Raises							
Buttock Squeezes							
Knee Bending							
Sitting Kicks							
Chair Push-Ups							
Hip Extension (standing)							
Hip Flexion (standing)							
Hip Abduction (standing)							

management techniques discussed early in this resource guide (i.e. ice therapy, distraction, etc).

- **Protect your incision.** Taking good care of your incision, as instructed by your surgeon and nurse, can prevent infection and help you heal faster.
  - Your incision will heal fastest if you keep it clean. Follow the guidelines your nurse gave you at discharge.
  - Wash your hands before changing your dressing or touching your incision
  - Do not take a bath, go swimming, or get into a hot tub until your surgeon says you can
  - You may take a shower. Use a shower chair to sit on.
  - If you have a small amount of clear drainage from your incision (which is normal), cover your incision with a clean dressing and change it every day and as needed.
- **Watch your swelling.** Some swelling is normal. Many patients experience enough swelling to make their hip feel stiff for several months. It should decrease every week.
  - Elevating your leg can usually reduce swelling. Especially during the first few weeks, prop your leg up whenever you're sitting. Apply an ice pack.
  - If swelling continues to increase and does not improve when you elevate your leg, contact your surgeon.
- **Eat as well as you can.** During the first few weeks, you may not feel like eating much. The right foods, though, give your body the strength it needs for healing. Poor nutrition is a leading cause of delayed healing and infection. Do your best to eat a balanced diet. If you don't feel like eating, consider taking a protein supplement drink.
- **Do your physical therapy exercises.** You must do your complete set of exercises as directed every day. If you don't do them and you don't increase your strength and range of motion, your overall result will not be good. In addition, exercising can improve your sense of well-being and ability to return to productive living. Be especially sure to:
  - Keep all appointments with your physical therapist
  - Increase your activity by walking more, cycling or swimming, as directed by your surgeon and physical therapist
- **Avoid falling.** A fall during the first few weeks after surgery can damage your new hip and may

result in a need for further surgery. Be especially careful about stairs until your hip is strong and mobile. Use a cane, crutches, a walker, hand rails or have someone to help you until you have improved your balance, flexibility, and strength.

- **Increase your activity.** Everyone progresses through rehabilitation at a different rate. Don't compare yourself with others. Activities of daily living will become easier as you progress with your exercises. As your endurance increases and pain lessens, everything – walking, house chores, bathing, dressing, shopping, and entertainment – will become easier and more enjoyable.
  - Get permission from your surgeon before you drive. You need enough range of motion and muscle strength to help prevent an accident. You also need fast reflexes, so you cannot be taking narcotic pain medication. Most patients are given permission to drive after about four to six weeks.
  - Plan to return to work when your hip pain is minimal, and you no longer need pain medication.

### FOLLOW-UP

- Normal follow-up time frame with your surgeon is 10-14 days after surgery
- It is also a good idea to follow up with your primary care provider and/or any other medical specialists you have at some point following your discharge
- It is crucial that you maintain all of your follow-up appointments to ensure optimal recovery after your joint replacement surgery
- If you have any questions or concerns in the time leading up to your follow up appointments, please reach out to your Joint Replacement Coordinator (586) 493-8024. Your Coordinator can answer any questions or address any concerns you may have once you are home
- **Do not go to the Emergency Room unless it is a TRUE emergency. Concerns about pain control, incisions, and swelling can often times be addressed over the phone or by having your Joint Replacement Care Team schedule a same day or next day office appointment for you.**





## DISCHARGE – WHEN CAN YOU GO HOME?

You and your Joint Replacement Team will decide exactly when the best time is for you to leave the hospital. This will depend on how well you achieve your goals to regain your independence as you transition to your home setting. Most patients will go home the day after surgery, while some can even go home on the day of surgery.

Throughout your hospital stay, you will notice definite signs of progress. When you recognize these signs, you will know that you are on track for discharge:

- Oxygen, IV's, foley catheter, and drains are removed
- Diet and bowel movements return to normal
- Your incision shows signs of healing with no signs of infection
- You are able to get yourself in and out of bed, walk on level surfaces, practice stairs, wash, dress, and get on and off the toilet

Most of the time, patients are ready to go directly home after being discharged from the hospital, but again, this will depend on your situation. Occasionally, it is in the patient's best interest to be transferred to a rehabilitation center. Based on your insurance company, you must meet established criteria to be eligible for a transfer to a rehabilitation center.

When discharge is planned for you, you will meet with members of your team to help you plan the next steps of your recovery.

You will meet with:

- Your Case Manager or Joint Coordinator to ensure that you have all your necessary equipment at home
- Your Physical Therapist to review your post-discharge exercises and necessary precautions for your new hip
- Your Occupational Therapist to review the use of adaptive devices (i.e. sock aid)
- Your Nurse to review your medication use, pain management, incision care, diet, and any other information your surgeon has ordered for your continued recovery

### RECOVERING AT HOME

In your first few weeks at home, there's a lot you can do to make your recovery go well. Follow your instructions and do all you can to progress through your physical therapy exercises as directed. Following these instructions below will also help your recovery:

- **Get plenty of rest.** Getting enough rest will help you regain your strength and recover.
- **Manage your pain.** Pain is a normal part of your hip recovery. Taking your pain medication as directed will help you feel better. It will also make you more able to do the physical therapy exercises that are necessary for your recovery. It's important to follow your doctor's instructions. Remember to take your pain medication about 30 minutes before exercising. Also, use some of the other pain

## PRE-SURGERY PROGRESS CHART CONTINUED

Keep track of your exercise progress by checking off the exercises you've completed and on the days you've completed them. You may also want to record how many repetitions of each exercise you were able to complete.

WEEK TWO							
Exercise	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Ankle Pumps and Circles							
Thigh Squeezes							
Heel Slides							
Leg Slides							
Lying Kicks							
Straight Leg Raises							
Buttock Squeezes							
Knee Bending							
Sitting Kicks							
Chair Push-Ups							
Hip Extension (standing)							
Hip Flexion (standing)							
Hip Abduction (standing)							

WEEK THREE							
Exercise	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Ankle Pumps and Circles							
Thigh Squeezes							
Heel Slides							
Leg Slides							
Lying Kicks							
Straight Leg Raises							
Buttock Squeezes							
Knee Bending							
Sitting Kicks							
Chair Push-Ups							
Hip Extension (standing)							
Hip Flexion (standing)							
Hip Abduction (standing)							



## PRIOR TO YOUR HOSPITAL ADMISSION AND SURGERY

Now that your surgery date has been scheduled, you will need to complete a few things prior to then.

This includes the following:

- Attending a Pre-Surgical Class
- Selecting a home care agency or out-patient therapy clinic for follow-up care once you are discharged from the hospital
- Completing pre-admission testing

### PRE-SURGICAL CLASS

The joint replacement pre-surgical class is designed to provide you and your family/coach with information and education regarding your upcoming joint replacement surgery at McLaren Macomb. It is our goal to get you ready for your surgery, answer your questions, prepare you for what to expect while you are a patient, and plan for your recovery after surgery.

You will be scheduled for your pre-surgical class by the Pre-Admission Testing nurse. Classes will be located in McLaren Macomb and will be about 90 minutes long. Information on location will be given to you at the time you are scheduled for class.

During class you will have the opportunity to meet with the staff that will be working with you on your journey – the joint coordinator, nurses, physical therapists, occupational therapists, and others. There will also be representatives from the McLaren’s Outpatient Rehabilitation Team, as well as McLaren’s Medical

Equipment Team.

The pre-surgical class will be offered every Thursday from 2:00 p.m. to 3:30 p.m. If you have any questions, please feel free to contact your Joint Replacement Coordinator (Leslie Sahr, NP) at (586) 493-8024. Please leave a message if I am not available and I will return your call as soon as possible.

### CHOOSING YOUR HOME CARE TEAM OR YOUR OUT-PATIENT REHABILITATION CLINIC

Remember, having surgery is only half the battle when it comes to the new joint. Physical therapy is the other important aspect in a full and successful recovery.

Following a hip replacement, physical therapy will help to restore the joint motion and strength. Initially, therapy begins in the hospital on the day of your surgery. The therapist will teach you how to properly move around in bed, get out of bed, get into the shower and car, go up and down a step, and walk with a walker.

Before your discharge, you will discuss your options for therapy with the Joint Coordinator and Case Manager. You will have an option to have home care for the first week before going to out-patient therapy or you may go directly to out-patient therapy after your hospital discharge. We highly recommend the direct to out-patient therapy option.



## ACTIVITY AND REHABILITATION

While you are in the hospital, our goal is to build your strength enough that you’ll be able to continue your recovery at home. You’ll do this by increasing your activity level every day. During your recovery, we will have you out of bed and moving as soon as possible. Below are some guidelines of what you can expect in regard to your activity level and rehabilitation on your day of surgery and the following days until your discharge from the hospital.

### ON THE DAY OF YOUR SURGERY

In the afternoon of your surgery day, a Physical Therapist will come to see you and complete an assessment of your needs. After their assessment, they will:

- Review exercises with you that you will need to complete while in bed and when you get up to the chair. (These exercises are the same ones you completed before your surgery.)
- Have you get up and walk using the appropriate assistive device

### ACTIVITY FOR THE DAY OF SURGERY UNTIL DISCHARGE

Our goal is to prepare you as much as possible for your recovery at home. Each day we will work with you to increase your strength and range of motion. Your success for recovery depends on you!

Until you are discharged, you can expect the following:

- Walking with physical therapy and nursing at least two times a day, increasing your walking distance each time you get up
- With assistance, getting up to your bedside chair for every meal
- With assistance, getting up to the bathroom
- Completing the strengthening and range of motion exercises that Physical Therapy instructed you on about 3 times a day (at least 10 repetitions of each exercise). These are the same exercises you followed prior to surgery. Please refer back to the “Pre-Surgery Exercises”.
- If necessary, learning some precautions for your new hip (posterior and anterolateral hips only). These will be discussed further in Chapter 9.
- Working with Occupational Therapy to learn how to function with your new joint in the activities of daily living (i.e. bathing, dressing, etc)
- Learning how to go up and down stairs with physical therapy



## DIET

What and when you can eat after surgery depend on how awake your stomach is, how you feel and your surgeon's orders. Your stomach is asleep during surgery and, for a day or two, a little slow to wake up. Once you are awake and can swallow, you should start with clear liquids (such as Jell-O, broth, Sprite/7-up, apple juice and water) and advance your diet as you can tolerate it. Patients are eating solid foods on the day of surgery.

Good nutrition is important in maintaining a healthy body. Before and after surgery, choosing the right foods is essential to the healing process.

Nutrition is important for your recovery:

- Extra protein and calories are needed to heal properly.
- Extra nutrients are required to fight off infections. Well-nourished individuals heal faster.

### A FEW GUIDELINES

#### Eat well-balanced meals

Eat plenty of fresh fruits and vegetables, whole grains, and protein. Eating well balanced meals will help you feel your best and recover quickly.

#### Get plenty of protein\*

Eating enough protein is essential to helping your body heal and fight infection after surgery. Try to eat at least 2 to 3 servings per day.

- **Excellent sources of protein include:** beef, fish, poultry, eggs, cheese, milk, yogurt, cottage cheese, dried beans, nuts, seeds, peanut butter, and protein drinks.
- **Add protein to your diet wherever you can:** mix dry milk powder into your regular milk, scrambled eggs, soups, or casseroles. Add ground meats to soups or casseroles. Nibble on nuts or cheese as a snack.

#### Include iron in your diet\*

- **Excellent sources of iron include:** red meats, Cream of Wheat, enriched cereals and grains, instant oatmeal.

#### Drink 6 to 8 glasses of water each day\*

*\*Important: If you are diabetic, please follow your diet very carefully. Elevated blood sugars can delay wound healing. If you need some guidance, please let your nurse know and the dietician can meet with you.*

Home care, for most patients, is not necessary. If you have multiple health issues, multiple medication changes while in the hospital, or have any surgical / medical complications (i.e. infection, blood clot, need for foley catheter at home, etc), you may need to have home care for the first couple weeks. In this case, you will have a nurse and physical therapist that will see you in your own home.

- Home care will be arranged for you while you are here in the hospital. Home care will start the day after your discharge from the hospital.
- Typically, the nurse will come out to see you once a week, while the physical therapist will come see you about three times a week.

The best option after hip replacement surgery is to go directly to out-patient therapy after hospital discharge. At out-patient physical therapy, you will continue to progress the exercises that you began in the hospital. Out-patient facilities offer more options for the patient, such as exercise equipment, and allows them to rehabilitate in a real life setting alongside others that may be recovering from a similar surgery. The focus will be on increasing the range of motion in the new joint as well as strengthening the muscles surrounding the hip. Balance exercises are also performed to help decrease the risk of falling.

- If you are a candidate to go directly to out-patient therapy after hospital discharge, you may choose whatever therapy clinic you would like to use. You will be responsible for making your appointment. Your first appointment should be within 1 to 2 days after discharge. When you leave the hospital, you will be given a script for your therapy.
- Typically, you will do therapy 3 times a week for 4 weeks.

### PRE-ADMISSION TESTING

Your pre-admission testing should be completed about two weeks before your surgery to make sure that you are in the best possible health. Our pre-admission testing (PAT) nurse will call you to set up your appointment for your testing.

At your appointment, some tests your physician may order include:

- **Electrocardiogram (EKG)** to measure your heart's electrical activity
- **Routine blood work** for information about blood cells and body chemistry

In addition, our PAT nurse will complete a history and physical. We ask that you also bring a list of all medications (including dosages) that you are currently taking to the pre-admission testing appointment. If you take any over the counter medications or herbal supplements, please include those on the list as well. If you would like, use the following page to document your medication(s). Please inform the nurse of any allergies you may have.

Be sure to follow your physician's/surgeon's instructions about any medications you are taking. You will be instructed on whether to continue taking them, or if necessary, when to stop taking them. For example, if you are on a blood thinner, you might be told to stop taking them a few days prior to surgery. You will also be instructed by your physician/surgeon on what to take the morning of surgery. Take your medication with only a small amount of water!

### PRECAUTIONS

- No street drugs or marijuana for 7 days prior to your surgery
- No aspirin, vitamin E, or NSAIDs (ibuprofen, motrin, advil, aleve, naprosyn) for 7 days prior to your surgery. Tylenol is permitted.
- No diet pills or herbal products (ginko biloba, st johns wart, green tea, garlic, fish oil, omega 3, red yeast rice) for 7 days prior to your surgery.

**Important:** If you become ill, have an infection, or have any other medical issues a few days before your surgery, it is very important to let your surgeon know! This could potentially affect your surgical outcomes and therefore, your surgery date may need to be changed.





## CHOOSING YOUR HOME CARE TEAM OR YOUR OUTPATIENT REHABILITATION CLINIC

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- Typically, you will do therapy 3 times a week for 4 weeks.

## PREVENTING AND RECOGNIZING POTENTIAL COMPLICATIONS

Unfortunately, even the most minor of surgical operations carries some risk of complications occurring. Hip replacement surgery is very successful, and complications are relatively uncommon.

- **Blood clots** – Blood clots can result from several factors, including the patient’s decreased mobility following surgery, which slows the movement of the blood.

There are several ways to reduce the possibility of blood clots, including:

- Blood thinning medications (anticoagulants)
- Elastic support stockings that improve blood circulation in the legs (TED stockings)
- Foot pumps that inflate with air to promote blood flow in the legs (SCDs)
- Exercise

Notify your physician if you:

- Have pain or excessive tenderness in your leg or calf
- Have redness of your calf
- Have swelling in your foot, ankle, calf or thigh

- **Infection** – Infection may occur in the surgical incision or within the area around the new joint. It can occur in the hospital, after the patient returns home, or years later. Following surgery, joint replacement patients receive antibiotics to help prevent infection. In the future, joint replacement patients may also need to take antibiotics before undergoing any medical or dental procedures to reduce the chance of infection spreading to the artificial joint.

Incision care guidelines:

- Once your surgical dressing is removed, keep your incision clean
- No lotions/creams/ointments to the incision area until it is fully healed
- No tub baths, saunas, hot tubs or pools until cleared by your surgeon
- Showers are acceptable starting the day after surgery
- If staples used, they will be removed around 10 to 14 days post-operatively

Notify your physician if you:

- Have foul smelling drainage from the incision
- Have increased pain in the hip area
- Have a persistent fever greater than 101 degrees or chills

- **Dislocation** – This occurs when the ball comes out of the socket. To prevent dislocation of your new hip joint, follow the hip precautions taught to you by your therapists. Some hip replacement patients will have NO hip precautions to follow (i.e. anterior hips). Practice the exercises taught to strengthen the muscles around your new hip.

Notify your physician if you:

- Have new onset of severe hip pain
- Have turning in or out of your leg that is new
- Are unable to walk or put weight on your leg
- Have increased numbness or tingling of the leg
- Have a change in the length of the leg
- Notice the leg appears deformed

- **Constipation** – Your inactivity, combined with your pain medication, can cause constipation.

There are several ways to prevent constipation, including:

- Drink at least 8 glasses (8 oz) of water daily
- Increase your fiber in your diet
- Take a stool softener 2 times daily
- Use a laxative every day until your first bowel movement
- Walking/exercising increases bowel motility and helps prevent constipation

- **Pneumonia** – This is always a risk following major surgery. It is common for patients to have shallow breathing in the early post-operative period. This is usually because of anesthesia, pain medications, and increased time spent in bed. This shallow breathing can lead to a partial collapse of the lungs (termed “atelectasis”) which can make patients susceptible to pneumonia.

There are some things that you can do to help prevent pneumonia, including:

- Use your incentive spirometer 10 times every hour while you are awake
- Cough and take deep breaths to clear secretions
- Walking/exercising keeps your lungs clear and expanded

Notify your physician if you:

- Are having any trouble with your breathing
- Have shortness of breath
- Have an increased cough with sputum

# POST-SURGICAL CARE EQUIPMENT

After surgery, you may need to use some special equipment at the hospital and home to help speed your recovery. Your surgeon may order the following:

■ **Abduction Pillow** – This is a triangular pillow that is strapped in place between your legs to help prevent your new hip from dislocating. It is typically only used on the day of surgery. This pillow is only used if your surgeon is performing your hip surgery through the posterior or anterolateral approach. It is NOT required for the anterior approach.



■ **Sequential Compression Device (SCD)** – This machine is used to increase circulation and help prevent blood clots. These “foot pumps” alternately compress the veins in your feet to move the blood flow back to your heart. These are worn while in bed and can be removed when you are more active.



■ **TED Stockings** – These white, elastic socks are designed to promote blood circulation to your legs, prevent swelling and prevent blood clots. Based on surgeon preference, you may need to wear knee high or thigh high TED stockings.



■ **Incentive Spirometer** – Your nurse will instruct you on how to use the incentive spirometer. The spirometer is one way to promote lung expansion, clear your lungs of secretions and prevent pneumonia and other lung complications. Use the spirometer 10 times every hour when you are awake. Follow these instructions for use:



1. First, blow out all your air.
2. Place the mouthpiece in your mouth with a good seal.
3. Slowly inhale at a steady rate until you are unable to expand your lungs any further.
4. Slowly exhale.

■ **Hemovac** – You may have a small round suction container in your surgical area. This is called a hemovac and it is used to collect excess fluid and blood from your surgical wound. This allows your wound to heal more quickly. Your nurses will check it every few hours and will empty it. The hemovac will remain in place until the day after your surgery and then it will be removed.



# PRE-ADMISSION TESTING

Your pre-admission testing should be completed about two weeks before your surgery to make sure that you are in the best possible health. Our pre-admission testing (PAT) nurse will call you to set up your appointment for your testing.

At your appointment, some tests your physician may order include:

- **Electrocardiogram (EKG)** to measure your heart’s electrical activity
- **Routine blood work** for information about blood cells and body chemistry

In addition, our PAT nurse will complete a history and physical. We ask that you also bring a list of all medications (including dosages) that you are currently taking to the pre-admission testing appointment. If you take any over the counter medications or herbal supplements, please include those on the list as well. If you would like, use the following page to document your medication(s). Please inform the nurse of any allergies you may have.

Be sure to follow your physician's/surgeon's instructions about any medications you are taking.

You will be instructed on whether to continue taking them, or if necessary, when to stop taking them. For example, if you are on a blood thinner, you might be told to stop taking them a few days prior to surgery. You will also be instructed by your physician/surgeon on what to take the morning of surgery. Take your medication with only a small amount of water!

## PRECAUTIONS

- No street drugs or marijuana for 7 days prior to your surgery
- No aspirin, vitamin E, or NSAIDs (ibuprofen, motrin, advil, aleve, naprosyn) for 7 days prior to your surgery. Tylenol is permitted.
- No diet pills or herbal products (ginko biloba, st johns wart, green tea, garlic, fish oil, omega 3, red yeast rice) for 7 days prior to your surgery.

**Important:** If you become ill, have an infection, or have any other medical issues a few days before your surgery, it is very important to let your surgeon know! This could potentially affect your surgical outcomes and therefore, your surgery date may need to be changed.

## MEDICATION LIST

Please include all medications you are currently taking, including their dosages. Also include any herbal supplements and over the counter medications. Take this list with you to your pre-admission testing appointment. Review list with your primary physician and with your surgeon.

Medication Name	Dose	How often do you take this?	Stop taking on:	Take on day of your surgery?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

**ALLERGIES:** \_\_\_\_\_



## THE DAY BEFORE YOUR SURGERY

### SURGERY TIME

You will be called with a surgery time between the hours of 12:00 p.m. and 4:00 p.m. the day before your surgery. If your surgery is on Monday, you will be called on the Friday before.

- If you have not received a phone call by 4:00 p.m. the day before surgery, please call (586)493-1500 to receive your surgery time.

### ARRIVAL TIME

You will be instructed on what time to arrive at the hospital during your phone call the day before surgery. Generally, patients are asked to arrive two to three hours prior to surgery time.

### ARRIVAL LOCATION

You will be instructed to arrive at one of two places:

- **If your surgery is in the main part of the hospital,** park in the Outpatient Surgery parking lot on the east side of the hospital. Registration will be on the 1st floor, directly on your right.
- **If your surgery is in the Surgery Center,** you may park out front in the parking lot or in the parking garage. Registration will be on the 1st floor, directly on your left.

**Do not eat any food or drink anything after midnight** the night before your surgery. Your surgery could be delayed if you don't follow these instructions. This includes water, mints, candy, chewing gum, etc.

It is normal to feel anxious the night before your

operation. Spend a quiet evening visiting with family and friends. Get a good night's rest. Focus on the positive...within a short time, you'll be home with a new hip and a better life.

### BEFORE SURGERY SHOWERING INSTRUCTIONS

Before surgery, you can play an important role in your own health. Because skin is not sterile, we need to be sure that your skin is as free of bacteria as possible. To reduce the amount of bacteria on your skin, you will be required to shower and use pre-moistened cloths to prepare your skin before surgery. Our hospital has chosen to use disposable cloths pre-moistened by a rinse-free 2% Chlorhexidine Gluconate antiseptic solution that is designed to reduce the bacteria on your skin. By following the instructions below, you can help prevent a surgical site infection!

#### When to shower and use pre-moistened cloths:

- You will need to shower and use the pre-moistened cloths given to you for the two days prior to your surgery.
- You will need to shower only before coming to the hospital on your day of surgery.

#### General instructions for showering:

- You must shower approximately 2 hours before using the pre-moistened cloths.
- You must wash your hair with your normal shampoo with each of your showers.
- You must wash your body from head to toe with

begin walking and doing your exercises sooner, so you can regain strength at a faster rate. This will lead to better outcomes, a shorter hospital stay and faster recovery process.

There are several types of pain control available after your surgery. Your surgeon will choose pain control that best suits your needs.

### TYPES OF PAIN CONTROL

- **Oral Pain Medications** – These pain medications are in a pill form and are swallowed. They can be taken every 4 to 6 hours.
- **Long Acting Local Anesthetic (Exparel)** – This medication is injected into your hip area at the end of your surgery while you are still in the operating room. This medication will keep the surgical area “numb” for about 72 hours. It does not interfere with muscle control, so you will still be able to participate with physical therapy right away.

While medications may help control some of your pain, there are other methods you may find helpful in making you more relaxed and comfortable. Using these techniques will also enhance the recovery process and can help you heal faster. Some types of non-medication treatments of pain are:

- **Ice** – Ice serves several purposes after surgery including reducing the swelling and helping to control the pain level in the operative joint.
- **Motion** – Practicing the range of motion in your joint can reduce pain after your surgery. When your range of motion is low, every movement with your joint can cause pain. However, if you can increase your range of motion, your pain with movement will decrease.

- **Exercise** – To increase blood flow and prevent increased pain, swelling and risk of blood clots, you will be encouraged to do simple exercises such as ankle pumps, ankle circles, heel slides, etc. On the day of surgery, you will also be up and walking with the assistance of physical therapy and nursing. Each session will help you decrease your pain.
- **Progressive Relaxation** – Progressive relaxation involves lying on your back to systematically tense and relax each part of your body to help control pain. Following progressive relaxation, your mind can be engaged into imagining a pleasant scene. As your mind is occupied, stress levels diminish as your muscles and mind relaxes.
- **Music** – Music helps decrease the pain response and reduce the intensity of pain as well. Feel free to bring your favorite music (and earphones) with you.
- **Distraction** – Focusing on pain alone make the sensations seem more intense. Instead, try to focus on something else like reading a book or watching TV.



## PAIN MANAGEMENT

You can expect to have some pain after your surgery, but managing your pain well is a very important part of your treatment and helps you recover faster. All patients have the right to pain management and McLaren Macomb is dedicated to providing safe and effective pain control to you after your surgery. The goal of pain management is to reduce your pain enough so that you can do the physical therapy exercises that help rebuild your strength and range of motion. Your pain will lessen a little every day.

Only you can describe the type and degree of pain you experience after surgery. Your nurse will frequently ask you your "pain level" on a scale of "0 to

10". A "0" means that you have no pain and a score of "10" would indicate the worst pain you have ever felt.

Be sure to let your nurse know as soon as you start to feel pain, so they can help you manage it. It's easier to control the pain before it gets to strong.

### THE KEYS TO OPTIMAL PAIN CONTROL ARE:

- Taking your pain medication as soon as the pain starts. It's much harder to control severe pain.
- Taking pain medication before physical therapy or activity that may cause you pain (walking, dressing, sitting). When pain is controlled, you

### PLEASE RATE YOUR PAIN

Faces pain rating scale

<b>0</b>	<b>1-2</b>	<b>3-4</b>	<b>5-6</b>	<b>7-8</b>	<b>9-10</b>
no pain	mild pain annoying nagging	discomforting troublesome nauseating numbing	distressing miserable agonizing gnawing	intense dreadful horrible viscous cramping	excruciating unbearable torturing crushing tearing

your normal soap with each of your showers  
After showering, dry off with a clean towel and dress in clean clothes/sleepwear.

### General information about the Sage 2% Chlorhexidine Gluconate antiseptic solution:

- Do not allow this product to come in contact with your eyes, ears, mouth, or mucous membranes.
- Do not rinse or apply lotions or moisturizers after using the pre-moistened cloths.
- Allow skin to air dry before dressing in clean clothes/sleepwear.
- Discard pre-moistened cloths in trash can.

### Directions:

- To open packages, remove the cellophane film and discard. Using scissors, cut off the end seal of all three packages.
- Reach into the package and remove two cloths.
- Use one clean cloth to prep each area of the body in order as shown in steps 1 through 6. Wipe each area thoroughly. Assistance may be required. Use all cloths in the packages.

### First Package:

1. With first cloth from first package, wipe front of neck and chest areas.

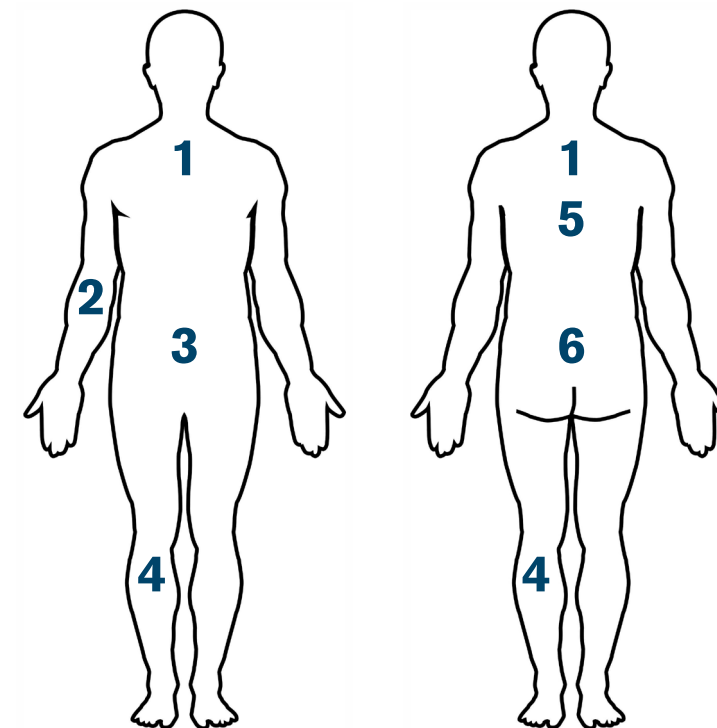
2. With second cloth from first package, wipe both arms, starting each with the shoulder and ending at fingertips. Be sure to thoroughly wipe the armpit areas.

### Second Package:

3. With the first cloth from the second package, wipe hip area (starting with surgical leg) then other hip. This to be followed by wiping groin area. Be sure to wipe folds in the abdominal and groin areas.
4. With the second cloth from the second package, wipe both legs (starting with surgical leg.) Begin at the thigh and ending at the toes. Be sure to thoroughly wipe behind knees.

### Third Package:

5. With the first cloth from the third package, wipe back starting at the base of neck and ending at waist line. Cover as much area as possible. Assistance may be required.
6. With the second cloth from the third package, wipe buttocks area.





## THE DAY OF SURGERY

On the morning of your surgery, please follow these guidelines:

- Shower and dress in clothes.
- Do not shave your legs with a razor; doing so can increase your risk of infection.
- Do not wear make-up, lotion, powders, cologne, or nail polish.
- No eating or drinking.
- Take only the medications that your physician/surgeon stated to take with a small amount of water.
- You must have a responsible adult present at the hospital on your day of surgery.

Plan on arriving at the hospital about two to three hours before your scheduled surgery time. As instructed, please arrive at your designated area (main hospital or surgery center) and proceed to the registration desk. Your family members can stay with you until it is time for you to go to the operating room.

### REGISTRATION

During your registration session, your insurance and personal information will be verified. You will be given information on patient rights, privacy practices, and living wills. Be sure to bring a photo ID and your insurance card(s). A hospital ID band will be placed on your arm at this time. After registration, you and your family member/coach will be escorted to the waiting area. A nurse will greet you and take you to the pre-operative area and help you prepare for surgery.

### PRE-OPERATIVE AREA

Once you are in the pre-operative area, you will change into a hospital gown. You will be asked to remove dentures, hearing aids, all jewelry, and glasses or contact lens. Your personal belongings will be given to your family or coach. You will then be placed onto a stretcher and an IV will be started in your arm. A nurse will take your temperature, pulse, and blood pressure. Please ask the nurse or your surgeon if you have any specific questions about your surgery or if you have any concerns. Your surgical leg will be marked by the surgeon.

### ANESTHESIA

You will meet with an anesthesiologist to discuss anesthesia options and your post-operative pain management (which will be discussed later in this guide).

Before surgery, you'll be given anesthesia, medication that prevents you from feeling anything during surgery. There are several types of anesthesia, and several factors determine which is best for you. After reviewing your health history and answering your questions, you, your surgeon, and your anesthesia provider will decide together on your anesthesia care. You may have one of the following:

- **General anesthesia** affects your entire body and puts you into a deep sleep. It's usually given by injection, by inhaling, or through an intravenous (IV) catheter inserted into a vein. When general anesthesia is used, the anesthesiologist will also

place a breathing tube down your throat and give you oxygen to assist your breathing.

- **Regional anesthesia** prevents feeling in the lower part of your body. It should not affect your breathing or heart rate, so you will be able to breathe and swallow on your own. Because you remain conscious, you will also be given sedatives to make you sleep.
  - The most common types of regional anesthesia are **spinal or epidural block**, in which anesthesia is injected into the space that surrounds the lower part of your spinal cord.

### OPERATING ROOM AND PACU

Once you have been prepped for surgery and everyone is ready, you will be taken to the operating room. Your family will be escorted to the Surgical Family Waiting Room. Now you are in the care of your orthopedic surgeon, the anesthesiologist, and the operating room nurses. Your surgery can last anywhere from 1 to 3 hours.

When your surgery is over, you will be taken to the Post-Anesthesia Care Unit (PACU) until you wake up (1 to 2 hours later). During this time, your surgeon will talk with waiting family members and friends.

When you are fully awake, you will be transferred to the Joint Replacement Unit. The Joint Replacement Unit is located on "3 West". Your family may once again join you in your room.

### THE JOINT REPLACEMENT UNIT

The Joint Replacement Unit is located on the third floor, specifically "3 West". The Joint Replacement Unit is a 10-bed unit specializing in the care of joint replacement patients. Our staff members are highly skilled professionals with expert clinical, technical and customer service skills.

### WHAT TO EXPECT WHILE YOU ARE A PATIENT

Once you are on the Joint Replacement Unit, our expert staff will take over your care. The staff will get you situated in your room and make you comfortable. Your friends and family members may be with you again.

Your nurse will guide your care while in the hospital. The nurses will be monitoring:

- Your vital signs (temperature, pulse, and blood pressure)
- Your surgical incision site, dressing, and drains (if any)
- Your surgical leg to make sure that you have good blood flow, good feeling, and that you can move your legs. This is done by checking your feet for a pulse, your toes for color and warmth, and checking for swelling.
- Your pain level to ensure you are as comfortable as possible

The nurse will also administer your medications as ordered by your physician and provide education to you on such things as incision care.

On the next few pages, we will continue to discuss with you:

- Pain management
- Equipment that you may see and use
- Prevention and recognition of potential complications
- Diet
- Activity and rehabilitation

## CONTACT INFORMATION

At any time, your family and friends may contact you by calling **(586) 493-8000** and asking the operator to be connected to your room.

These numbers may be helpful to you as well:

**Joint Replacement Unit**  
(586) 493-8398

**Joint Replacement Coordinator**  
Kristen Kuppe, NP  
(586) 493-8024