

THE ONLY WAY TO GET AHEAD,

IS TO GET STARTED

Mark Twain-

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# Total Hip Replacement Patient Handbook

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## *Total Joint Replacement Center of Excellence*

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***Mission: Our program is designed to provide high quality healthcare with an emphasis on patient safety, improved patient outcomes and consistent collaboration of all healthcare providers, to achieve excellence in hip and knee arthroplasty.***

Our program will demonstrate excellence and consistent care of the patient undergoing total hip and knee arthroplasty, beginning at the Orthopedic Surgeon consultation, preoperative evaluation, intraoperative and postoperative episodes of care, and continue through all Orthopedic follow up visits, for a seamless transition through each phase of care.

Our focus on education of the total hip and total knee arthroplasty patient in the preoperative, intraoperative, and postoperative phase of care is a priority. As is including the patient in our decision making process as we address comorbidities, risk factors, preoperative rehabilitation, and discharge planning throughout the continuum of care.

We have designed a shared decision making model which includes defining the roles of the multidisciplinary team members, streamlining procedures and care that are specific to the joint arthroplasty patient, and closely evaluating medications specific for the patient, throughout the continuum of care.

We promise to engage in consistent communication and collaboration of all healthcare providers involved in the total hip and total knee arthroplasty patient throughout the continuum of care, to ensure the best possible outcomes for all total joint replacement patients.

Riverside University Health Systems-Medical Center 26520 Cactus Avenue, Moreno Valley, CA 92555

(951) 486-4000

## Total Joint Replacement Center of Excellence



A team of healthcare providers is ready to help you prepare for your hip replacement and care during your recovery. Physicians, nurses, physical therapists, and discharge planners are the principal players on your team. Taking an active role in your care is very important to a fast and smooth recovery.

As a patient, your role before and after your hip replacement is important for a fast and successful recovery. It is also important to involve a family member or friend/significant other who will assist you as a coach before, during, and after surgery. This includes accompanying you to the doctors' office, classes, during the day while in the hospital and physical therapy. You will find it emotionally rewarding having a loved one at your side during your pathway to total joint replacement surgery.

This handbook has been developed to give you information and help prepare you for your surgery and recovery process.

**Orthopedic Clinic Nurse Advice**

Mon-Fri 8:00 am to 5:00 pm **(951) 486-7508**

Or call the hospital and follow the prompts **(951) 486-4000**

**After Hours Call Hospital Operator**

**Ask for Ortho Physician On Call (951) 486-4000**

**Perioperative Medical Review Team**

Mon-Fri 7:30 am to 5:00 pm **(951) 486-7508**

**Orthopedic Unit 3500**

**Nurses Station (951) 486-5315**

**Outpatient Physical Therapy**

**All Rehabilitative Services (951) 486-4240**

**Same Day Surgery (951) 486- 4555**

**Case Management (951) 486-5118**

## Helpful Contact Information

Surgical day arrival times: Arrival times may change due to last minute cancellations. If you have not already been contacted with your check in time on the day before your scheduled surgery, please call the Surgery Scheduling Center at **(951) 486-4555 between the hours of 1:00 pm-6:00 pm** on the day before surgery. If your surgery is scheduled on a Monday, please call the Friday before.

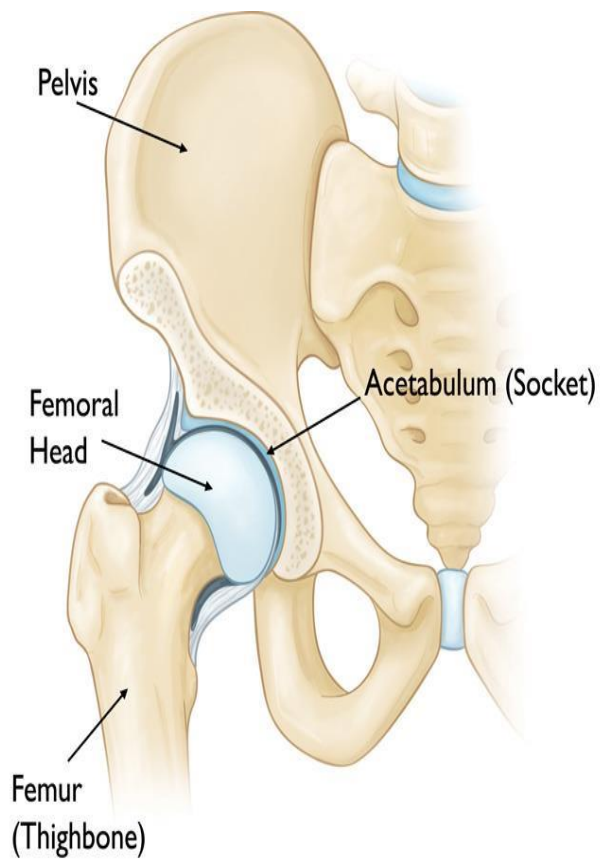
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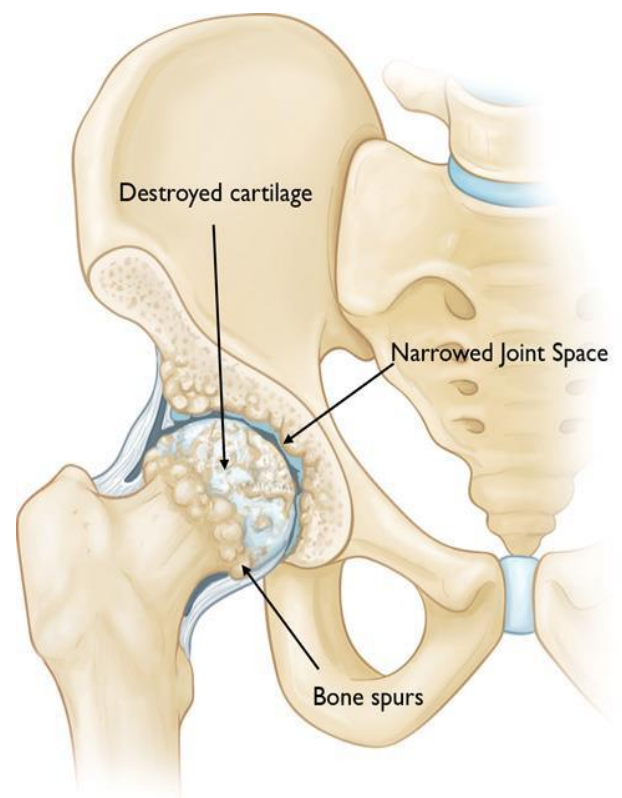
## Your new hip:

Technological advances have made it possible for your painful hip to be replaced with a prosthesis (artificial hip). The hip replacement replaces the femoral head and resurfacing of the acetabulum. It may be anterior or posterior approach.

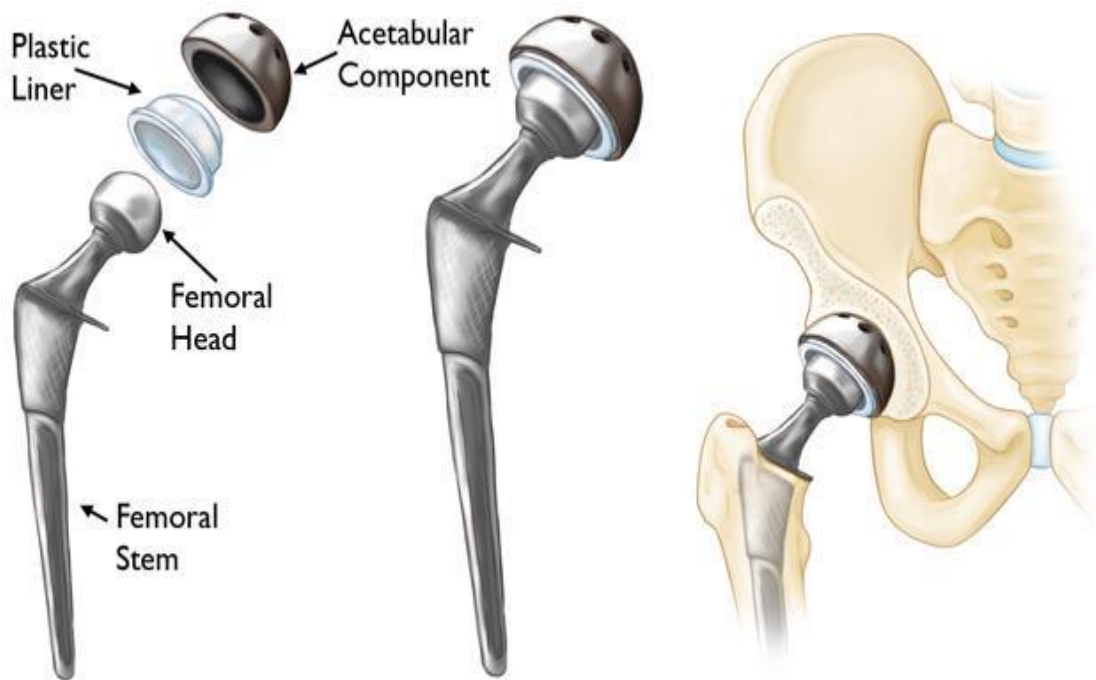
### Normal Hip



### Diseased Hip



## Total Hip Replacement



Your orthopedic surgeon has prescribed a Total Hip Replacement to lessen your pain and make walking easier. Unlike your present hip, your prosthesis has a limited safe range of motion and will need special care after surgery.

## **Purpose of a Total Joint Replacement**

- To alleviate pain.
- To restore lost function – walk without pain.
- To improve quality of life and maintain your independence.

We are over 90% successful in achieving these goals. This is not a surgery for recreational sports / activities.

## **Risks and Possible Complications of Total Joint Replacement Surgery**

The following is a list of potential complications and risks associated with major surgeries such as total joint replacement. The list is provided not to frighten you, but to inform you of the possible risks of the procedure. The chance of a complication occurring is very low.

Possible complications include:

- anesthesia complications (very rare)
- infection (less than 1 in 100)
- loosening of implants (or Failure/Breakage of implants)
- injury to blood vessels (very rare)
- injury to nerves (less than 1 in 200)
- fracture of your bone during implantation (very rare)
- thrombophlebitis (blood clots form in your legs or pelvis, less than 1 in 200)
- pulmonary embolus (blood clots in the lungs, less than 1 in 200)
- blood loss leading to a transfusion of blood (less than 1 in 10)
- transfusion reactions (very rare)
- heart attack (less than 1 in 300)
- stroke (less than 1 in 300)
- death (less than 1 in 300)

Your physician is aware of these possible complications and takes many precautions to reduce these risks. If you have any questions or concerns about these or other complications of surgery, please discuss them with your surgeon.



## **How can I Minimize my Risks and Maximize my Results?**

Prior to having your surgery scheduled, we want you to be in the best possible health. We will have you work with a team of health care providers to make sure that your surgery is as safe as possible.

- Excess weight makes your surgery more difficult and places you at an increased risk for complications. If you are overweight (BMI > 30) you need to enroll in a weight loss program. There are several options depending on how much weight you need to lose. You may contact community programs or visit your primary care physician as well. Patients suffering severe Obesity (BMI>40) are at a much higher risk for infection.
- Diabetes is a risk factor for surgical complications including infection. If you are a diabetic, your blood sugars need to be under good control. This is measured by your daily blood sugars and by your hemoglobin A1C. The best goal for hemoglobin A1C is 7 or lower. To be considered for total joint replacement, your Hemoglobin A1C must be below 9 and your daily blood sugars well controlled. If needed, you will work with your primary care physician to meet these goals.
- Smoking and use of tobacco products increases your risks for complications during surgery. If you would like to stop smoking prior to scheduling your surgery, resources will be given to you or attained by calling 1-800-NO-BUTTS.
- Dental and gum infections can cause infection of your total joint. We will need a letter from your dentist stating that you are free of gum and dental infections prior to scheduling surgery.
- Osteoporosis (weakening of the bones) needs to be treated prior to replacing your joint. We want to have the best possible foundation for putting the new joint in place. If you are a woman over age 65 or a man over age 70 you will need to be evaluated for osteoporosis. If you are found to have this condition, you will need treatment. The orders for testing can be placed today and should be completed as soon as possible.

- Conditions such as heart attack (myocardial infarction), valve replacement, stroke, rheumatic fever, liver failure, kidney failure, lung disease, and other major health problems may require additional testing and management. Our peri-operative specialists will work with you and your primary care physician to manage these conditions prior to scheduling your surgery.
- Hip and knee surgery increases your risk for developing blood clots which may be life threatening. Previous blood clots, smoking, use of birth control pills, lack of activity and certain types of cancer can increase your risk of developing a blood clot. If any of these apply to you, please be sure and tell your surgeon.
- Many conditions can decrease the strength of your immune system: HIV, chronic illness, smoking and certain medications may cause you to be more susceptible to infection. Please let your health care team know if any of these apply to you.
- Alcohol may interfere with anesthesia and pain medications. Do not drink any alcohol beverages (beer, wine or hard liquor) within 1 week (7 days) of your surgery.
- If you are in recovery from drug or alcohol dependence, please discuss this with your surgical team. Our pain management and addiction specialists can help you and your family manage your pain medications to decrease the risk of relapse.

### **Illness**

If you develop any illness such as a cold, flu, temperature, skin rash or infection, or “flare-up” of a health problem in the 10 days prior to your surgery, it is important that you notify your surgeon’s office immediately. Sometimes minor health problems can be quite serious when combined with the stress of surgery. Please try not to damage, cut, or scratch the skin, especially on your operative leg. Animal scratches/bites or infection, etc., could result in your surgery being postponed.

**Before Your Hospital Stay**  
**Preparing for Your Surgery**

Appointments Needed Prior to Surgery

In order to help you be as ready for a safe surgery as possible you will need to attend a number of appointments. These include but are not limited to the following:

**Total Joint Class-** Once you have been given a surgical date you will be scheduled for this group class. This class is taught by our Clinical Nurse, Physical Therapist, and a Pharmacist. There is a great deal of information at this class that is very important to the success of your surgery and your recovery. This appointment lasts approximately 1 to 2 hours. Please bring this book with you to your class.

**Pre-Operative Appointment-** (1) You will be seen by one of our Physicians /Nurse Practitioner from the Perioperative Medical Review Team. A comprehensive medical history and physical will be performed and all risks and possible complications along with the benefits of the surgery will be discussed with you. At this time you will have lab tests, along with any additional x-rays/diagnostics ordered that will be needed to optimize your treatment prior to and during surgery. You will be given all needed instructions and directions for your surgery. (2) You will have an opportunity to decide along with your anesthesiologist options for your surgical anesthesia and pain management and ask questions.

## **Vitamins**

Preparing for surgery varies depending upon your surgeon. You may be told to take a multivitamin or iron tablets for three to four weeks prior to your operation. Occasionally a patient is requested to make a blood donation prior to surgery.

## **What should I eat before surgery?**

The day before your operation, you will most likely be instructed by your Doctor not to eat or drink anything after midnight.

## **Hip Kit**

Prior to coming into the hospital for your hip surgery you will want to consider purchasing a “Hip Kit” to maximize your independence and protect your hip from dislocation after surgery.

The hip kit includes:

- a reacher
- contoured scrub sponge
- dressing stick
- elastic shoe laces
- shoehorn
- leg lifter
- sock assist

Medical supply stores in the community may also carry these kits. It would be beneficial to try your new equipment at home before surgery.

## **Other Considerations prior to surgery**

A total joint replacement is an elective surgery and you have time to prepare and to be in the best possible health before you have surgery. Other considerations prior to a total joint replacement include but are not limited to:

- time off work
- recovery time
- need for assistance after surgery
- transportation for multiple appointments before and after surgery
- cost of surgery and recovery (depends on your co-pays and coverage)
- impact on family
- pet care while you are in hospital and recovering
- some changes to lifestyle after joint replacement

## **Have Help Available**

Until you learn to become more independent, you will need help with your daily activities so it is important that you arrange for someone to be available to assist you for about 2 weeks after you are discharged from the hospital.

In choosing a caregiver, consider that this person should be physically able to assist you with the following activities:

- Standing up from a chair, sofa, or bed.
- Stand-by support while walking or managing stairs.
- Assist as needed with bathing, dressing and housekeeping chores.
- Transportation to appointments, back home after your surgery, picking up prescriptions and grocery shopping.
- Assist in meal preparation.

## Medications

Two weeks before your surgery, you may be required to discontinue or avoid aspirin containing products (for example: baby aspirin, Bufferin, Anacin, Excedrin, Fiorinal, Aspirin with Codeine, Darvon Compound, Soma Compound, all Alka Seltzer products, Pepto Bismol) and non-steroidal anti-inflammatory medications (Ibuprofen, Nuprin, Advil, Motrin, Alleve, Indocin, Naprosyn, and Relafen). If you are taking or need pain medicine during this time, the following products may be used: Tylenol, Vicodin, Darvocet, and Tylenol with Codeine.

You should also avoid Ginko Biloba, Vitamin E, Fever Few, and Green

Tea capsules.

All of these can thin your blood, increasing the risk of blood loss during surgery. If you are on any of these medications for a medical condition, talk with your surgeon before discontinuing use. If taking any diet pills, discuss these medications as soon as possible with your doctor to avoid having to reschedule your surgery. Some of these medications should be discontinued a minimum of 14 days prior to surgery.

Bring a list of ALL medications you take to your pre-op appointment. Be sure to include both prescription and over the counter medications and include the dose and frequency. At this time, your doctor may give you your discharge medication prescriptions so that they may be pre-filled prior to surgery.

## Physical Therapy Exercises Before Surgery

It is important to begin to exercise as soon as you know you are having surgery. Performing these exercises will help to strengthen your arms, thighs, and hip muscles. Having stronger muscles will help you recover quicker after surgery.

Start slowly, and if exercise causes pain, fatigue or shortness of breath, call your surgeon.

### Cardiovascular Conditioning

Begin a cardiovascular conditioning program. Start slow and increase your time as your endurance and hip will allow. If your pain increases, slow down, decrease your time or stop the program. Work up to a 20 minute program. You should be able to carry on a conversation while exercising, but feel as though you are working fairly hard.

- Swim: This would ideally be done in a warm pool. Swim laps, walk or perform general exercise in the pool.
- Bike: If you are unable to use a pool, biking would be the next choice. If balance is challenging for you, use a stationary bike.

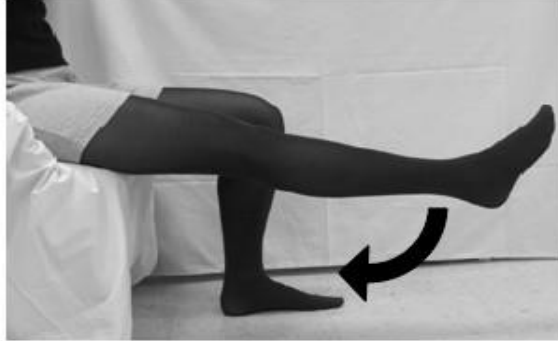
#### 1. Chair Push Ups

Put your hands on the arms of the chair and push down in order to lift your body up. Repeat 10 times, 2-3x per day as able.



## 2. Long Arc Quads

While sitting in a chair, slowly raise your foot until your knee is completely straight. Repeat 15 times, 2-3x per day as able. Don't forget to exercise both legs.



## 3. Straight Leg Raises

Lie down on your back with your good knee bent and foot flat on the ground. Lift the other leg up while keeping the knee straight. Raise your leg no higher than the height of the other leg's knee. Repeat 15 times, 2-3x per day as able for both legs.





## Getting Your Home Ready

For your safety it is important to make some alterations in your home environment. This should be done before you come to the hospital for surgery.

### Bedroom

- If you have a two story home, consider arranging a bed or sleeping area on the ground floor.
- Make sure that you have lighting at night between your bed and bathroom.
- Keep a flashlight at bedside.
- Place a cordless phone within reach on nightstand.

### Bathroom

- Consider installing grab bars on walls of the shower or tub
- Move toilet paper so you do not have to reach forward or twist around when  
Using the bathroom.
- Explore purchasing a hand – held shower head and a shower chair which will  
allow sitting while bathing once showers are allowed; a long handled sponge is  
useful.

**Note:** high rise toilet seats and shower chairs are not covered by most insurance

companies. This will be an out of pocket cost for you.

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## **Living Space**

- Remove scatter rugs or other objects on the floor, such as electrical or telephone cords. These items could cause you to trip and fall.
- Have a firm chair that has arm rests, a high seat and a straight back available for you to use.
- Enlist help to rearrange furniture allowing clearance for a walker. Walkers are at least 2 feet wide.
- Low chairs, swivel chairs, or rolling chairs are not safe for you to sit in after surgery.
- Place a list of emergency numbers by each telephone.

## **Wardrobe/Closet**

- You will need low, broad-heelled or flat shoes that are properly fitted.
- Allow ease in dressing by wearing elastic waist or draw string garments.
- Find some knee length gowns/night shirts and robes that won't get in the way when you are walking.
- Find an apron with pockets to hold things like a cellular telephone, tissues, TV remote, medications, juice boxes, etc.
- Place frequently worn items in dresser drawers that do not require bending or stooping.
- If you have not purchased a Hip Kit, consider doing so before surgery. If you do not purchase a kit, consider obtaining a grabber and a long handle shoehorn to reach your feet.

## Your Hospital Stay

### What to Bring to the Hospital

- This Total Joint Replacement Handbook
- A **list of all** medications and supplements you take, including dose and frequency.
- Loose slippers with non-skid soles and heel backs.
  - Your feet may be swollen after surgery
- Knee-length or short bathrobe
- Toiletries such as a toothbrush, toothpaste, comb, brush, etc.
- Glasses, hearing aids with extra batteries and their containers.
- Bring a container for dentures or partials
- Comfortable clothing to wear home
- Medical insurance card(s), and a legal photo identification.
- Co – payment. If your health plan coverage requires a co-payment for hospitalization or discharge medications, bring **ONLY** the amount of cash necessary, a check or debit/credit card to cover these expenses.
- Copy of your Advanced Directive if you have one. If you would like to fill one out prior to surgery, the forms are available in the admissions department of the hospital, or you may ask your nurse.

Leave valuable items such as money, jewelry, watches, nonessential credit cards, laptop computers, and cellular phones at home (cellular phone use is not permitted in the hospital).

**Do not wear** any metal products such as hair clips, bobby pins, jewelry, or metallic nail polish on the day of surgery.

Inform hospital staff of any medication and non-medication allergies you may have. Non-medication allergies include latex, flower/plants, surgical or paper tape.

## **Mobility and Comfort Measures**

### **Mobility**

At first, you will have a wedge pillow (also called a hip abduction pillow) between your legs when you lay in bed. The nurses will help you turn to your non-operated side.

The physical therapists or the nurses will assist you to sit in a chair and walk with a walker.

### **Comfort and Mobility**

Shortly after, within 24 hours of your surgery, the nurse or Physical Therapist will get you out of bed. Getting up and out of bed will help prevent blood clots, constipation and pneumonia.

The goal is to keep you comfortable. If the medication to control your pain is not working, tell your nurse. You and your nurse will plan together to control your pain.

You may not have a bowel movement while you are in the hospital; however, constipation is a common problem following surgery, so please request a laxative if you think you need one.

**DON'T BE AFRAID TO SPEAK UP IF YOU'RE UNCOMFORTABLE**

### **Treatments**

You may have a large dressing on your surgical site. There will be a plastic drainage tube leading to a container which removes fluids that collect at the surgical site. Your doctor will remove the drain 48 to 72 hours after surgery.

A small tube (Foley catheter) may be inserted into your bladder to drain urine. This catheter will be removed 24 to 48 hours after surgery. If you don't have a catheter and you think your bladder is full, please let your nurse know.

You will need to take deep breaths using your incentive spirometer (ICS) to open your lungs and clear secretions after surgery. You should use your incentive spirometer 10 times every 1 to 2 hours while you are awake.





## Total Hip Precautions

Certain positions cause undue stress on your hip and could cause the prosthesis to dislocate. Your surgeon will determine which precautions you should follow to make your recovery safe and comfortable. Please follow your precautions until cleared by your physician.

### Anterior Total Hip Precautions

1. Do not allow your knee to go behind your hip.



Incorrect for a left surgical hip

- 
2. Do not turn your hip out. Your knees and toes should always point straight ahead. Your toes are generally a good indicator of the position of your hip.



Incorrect



Correct

3. Do not cross your legs. This includes while you are sitting, walking, standing or sleeping (on your back or side).
- 

Incorrect



Incorrect



Correct



## Posterior Total Hip Precautions

1. Do not bend your hip past 90 degrees in standing, sitting or lying.

Incorrect



Correct



Incorrect



Correct





Incorrect



Correct



2. Do not cross your legs. This includes while you are sitting, walking, standing or sleeping (on your back or side).

Incorrect



Incorrect



Correct



### Modified Posterior Total Hip Precautions

You may be cleared by your Doctor to use the Modified Posterior Total Hip Precautions. Your physical therapist will help to determine your safety to use these modified precautions. Once this is determined you will need to continue using the precautions deemed safe for you to help prevent your hip from dislocating.

1. While getting out of bed, you may bend your hip more than 90 degrees only if:
  - a. You are getting out of bed on the same side as your operated hip.
  - b. You are able to keep your knees wide apart
  - c. You are able to keep your toes pointed out.
2. While going from sitting to standing, you may bend your hip more than 90 degrees only if:
  - a. You are able to keep your knees wide apart.
  - b. You are able to keep your toes pointed out.



## Physical Therapy in the Hospital

Starting your exercise program and getting you mobile early is vital to making your surgery successful.

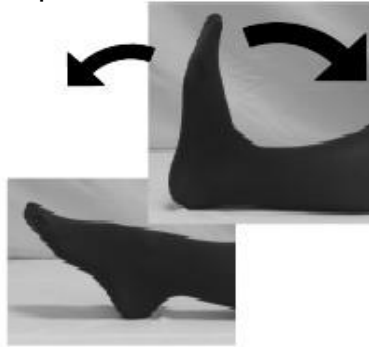
- Your first session with a physical therapist may be on the day of your surgery, but more often on the day following surgery.
- You will participate in therapy 1-2 times each day.
- Your physical therapist will go over the exercises that you will be doing daily and make sure you are performing them properly.
- Your therapist will review all of the precautions your MD has prescribed for you following your surgery.
- From the first visit, your therapist will assist you and instruct you in how to get in and out of bed, stand, and begin walking.
- You will be using a walker to assist you while you are in the hospital and for some time after you leave.
- You are advised to continue to use a walker until you are instructed otherwise by either your physical therapist or your surgeon.
- Once you are cleared for discharge from the hospital by your physician, you may require continued physical therapy treatment.

## Physical Therapy Exercises

In order to help strengthen your legs, decrease your pain, and increase circulation, the following exercises are recommended to be done each hour when possible. It is important not to hold your breath during the exercises.

### 1. Ankle Pumps

Bring your toes towards your shin as far as possible and then point your toes down as far as possible. Do both feet together. Repeat 10-20 times.



### 2. Quad sets

Place a small towel roll behind the operative knee. Try to slowly squish the towel by tightening the muscles in the thigh. Hold for 6-8 seconds and repeat 10-20 times.





### 3. Gluteal Sets

Squeeze your buttocks muscles together as tightly as possible. Hold for 6-8 seconds and repeat 10-20 times.



### 4. Hip Abduction/Adduction

With your legs straight, slide them apart then back to the starting position. Repeat 10 times.



### 5. Heel Slides

Loop a towel behind your knee. Bend your knee and pull your heel toward your buttocks using the towel to assist the motion. Do not go past 90 degrees. Allow the heel to slide back down slowly until the knee is straight again. Repeat 10 times.

# Planning for your discharge

## Discharge Planning

Discharge Planning is an integral part of your hospitalization. Coordinating services, medical equipment and care (as ordered by your doctor) after hospitalization can sometimes take a few hours to several days. This is why discharge planning begins on the day you are admitted to the hospital.

Patient Care Coordinators (also known, as Discharge Planners) are registered nurses. They are available to assess and discuss your needs for post hospitalization care. By doing this they hope to achieve a smooth and successful discharge for you and your family when your doctor feels you are ready.

Some of the areas that Patient Care Coordinators can assist you and your family with are as follows:

- Assistance in determining your medical benefits
- Obtaining Medical Equipment
- Medical Social Worker referrals
- Transportation coordination
- Home Health coordination
- Skilled Nursing Facility referrals and placement
- Board and Care/Residential Home referrals

Patients that have Hip Replacement Surgery are generally discharged on the 2nd or 3rd post-operative day. Please make sure someone is available to give you a ride home as soon as you are discharged.

## Medical Equipment

Medical equipment and the amount of insurance coverage vary and are determined by your health plan. It is important that you understand which equipment will be covered and which you will need to take on as an additional expense of your surgery.

- 1.) Standard medical equipment that will be needed at the time of your discharge from the hospital is a front wheeled walker.
- 2.) The Doctor may also recommend a bedside commode; this may be covered under your insurance policy if specific criteria are met.
- 3.) Elevated toilet seats and hip kits are NOT a covered benefit by any health plan, and can be purchased at any medical equipment store.

These items can be arranged for by the discharge planning department. If your plan does not cover durable medical equipment.

You will need medications to prevent blood clots after your surgery. Prior to your discharge your nurse will teach you and those involved with your post surgery care, how to administer injections. Most people learn quickly and are able to accomplish the injections without difficulty. Coumadin therapy will require blood test for monitoring-usually home health RN will visit at the same time as physical therapy to monitor this.

### **Home Care**

- Use your walker or crutches for at least 4 weeks after surgery. Do not stop using your walker until you are instructed otherwise by either your Physical Therapist or your Doctor.
- Use an adjustable commode seat if needed.
- Put frequently used items on counter tops within easy reach.
- Use an assistive device for dressing, such as a sock-aid or dressing-aid for pulling pants up if needed.
- Walk for function only, for the first 2 - 4 weeks. This means that it is o.k. to walk in and around your home but don't go outside for extended walks. This may cause more swelling in your hip.

### **Pain Control**

It is normal to have pain in your hip following surgery. Pain at night can persist for 8-12 weeks after surgery.

- Use your pain medication as needed to manage the pain. Keeping your pain managed will help you do your exercises.
- If you experience significant pain or swelling, contact your doctor immediately.
- Increase activities gradually as instructed by your health care provider. Use your crutches or walker for the full amount of time that your doctor recommends. You need to exercise, but don't overdo.

## Wound Care

- Keep a clean, dry dressing on your incision until the staples are removed.
- Change the dressing if it becomes wet or dirty.
- Check with your MD about bathing or showering.

## Daily Activities after your Total Hip Replacement

The following instructions are a guide to help you manage daily activities after your hip replacement surgery. The physical therapist may instruct you to use slightly different techniques to meet your individual needs.

Do Not bend forward more than 90° until your doctor says you may.  
Do Not lift your knee higher than your hip height on the operated side.  
Do Not cross your legs (at the knees or ankles) until your doctor says you may.





## Sitting

### Correct



Keep your knee lower than your hip joint at all times. In other words don't flex your hip past 90 degrees. Avoid low chairs or use pillows if needed.

### Getting into a Chair

Use a firm, sturdy chair with armrests. You may sit on several pillows and put one at the small of your back to maintain your hip in a 90° position.



1. Back up to the chair until you feel the backs of your knees touching it.
2. Move your operated leg out as you reach back for the armrests and lower yourself slowly, keeping your operated leg straight out (see picture).
3. When getting up, scoot forward in the chair, keeping your knee lower than your hip. Push up using the armrests, again keeping your operated leg out in front.

## Getting out of a Chair



***Do Not*** pull up on the walker when rising from sitting. Use an armchair so you can use the arms to push up from the chair. This shows an **INCORRECT** way of rising from a chair

## Using a Walker

Incorrect



Do Not rotate your hip at all. This means that you should not turn your foot inward or outward, as your foot indicates the position of your hip. The drawing shows an INCORRECT position for your hip to be in.

Correct



Remember to keep your hip properly aligned and straight when using a walker.

Do Not put more weight on your operated hip than was specified by your doctor or therapist.



## Toilet Transfer - Using a bedside commode

1. Back up to the bedside commode until you feel the backs of your knees touching it. Reach back for the armrests. Bend your knee and hip on the non-operated side as you lower yourself onto the seat. Keep your operated leg straight out (see picture).
2. Reverse the procedure for getting up, using the armrests to push on. Get your balance before grabbing the walker.



## Toilet Transfer - Using a raised toilet seat

1. Back up to the toilet until you feel the backs of your knees touching it. Keep one hand on the walker while reaching back for the edge of the raised seat with the other.
2. Bend your knee and hip on the non-operated side as you lower yourself onto the seat. Keep your operated leg straight out (see picture).
3. Reverse the procedure for getting up, placing one hand on the walker and the other on the edge of the raised seat. Get your balance before grabbing the walker.

## Toileting



Use pre-moistened and flushable wipes. You may want to use a toilet aid to assist in reaching to wipe. Consult your therapist to find one that works for you.

- Keep knees apart and do not bend affected hip past 90 degrees.

Do not twist trunk.

## Shower Transfer



You will want to use a shower chair or bench initially after surgery.

1. Walk to the lip of the shower, and turn so that you are facing away from the shower stall.
2. Reach back with one hand for the back of the chair while leaving your other hand on the walker.
3. Sit down on the chair keeping the operated leg straight out.
4. Lift your legs over the lip of the shower stall and turn to sit facing the faucet.



## Tub Transfer

You will want to use a shower chair or bench initially after surgery.

1. Using the walker, walk to the side of the tub. Stop next to the chair and turn so that you are facing away from the tub.
2. Reach back with one hand for the back of the chair with the other hand on the walker.
3. Sit down on the chair, keeping the operated leg straight out.
4. While leaning back, lift your legs over the side of the tub and turn to sit facing the faucet.
5. To transfer out of the tub, turn in your chair and while leaning back lift your legs over the side of the tub. Stand up outside of the tub, pushing off from the chair.



Use a long - handle sponge and a shower hose to wash.

## Bed Transfer



Correct

Remember: Use a firm bed and avoid a low bed.

1. Sit down on the edge of the bed in the same manner as you would a chair.
2. Get into bed lead with the operated side if possible.
3. Start two-thirds of the way down the bed and slide your buttocks so that your operated leg comes onto the bed first and you are lying flat on your back. When moving, try to move your body as a whole, keeping your legs apart.
4. When getting out of bed, reverse the above technique. Remember: Do Not roll onto your side. Keep your body aligned straight. Support your body with your elbows.
5. If possible, get out toward the non-operated side so your operated leg is supported until your legs are off the bed. Straighten your operated leg out in front before standing.

## Bed Positioning

Keep pillows or your post op wedge between your legs when you are lying on your side. This is to keep your legs apart and to keep your leg from rotating inward. It is generally recommended that you lie on your non-operative side.



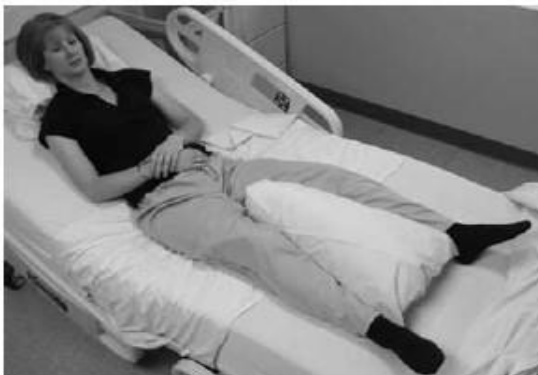
Incorrect

When laying on your back, Do Not inwardly rotate your hip (don't point your toes inward)

Correct



Correct



Do keep a pillow between your legs when lying on your back.



## Dressing

### Slacks and Underwear



1. Sit on the side of the bed or in an armchair.
2. Put on underwear and slacks first. Using the dressing stick, catch the waist of the underwear or slacks with the hook. Lower the stick to the floor and slip the slack over your operated leg first. Then do the same for your non – operative leg.



3. Pull the slacks up over your knees. Stand, with the walker in front of you, and pull the slacks up.
4. When undressing, take the slacks and underwear off with your non – operative leg first, reversing step #3 above.

## Socks and Stockings



1. Slide the sock or stocking onto the stocking aid. Make sure the heel is at the back of the plastic and the toe is tight against the end. The top of the sock should not come over the top of the plastic piece. Secure the sock in place with garters or notches in the plastic piece.



2. Holding onto the cords, drop the stocking aid out in front of the operated foot. Slip your foot into the sock and pull it on (see picture). Release the garters, or remove the sock from the notches with the dressing stick.

3. To take socks or stockings off, use the hook on the dressing stick to hook the back of the heel and then push the sock off your foot.

## Shoes



1. Wear slip – on shoes or use elastic shoelaces so you won't have to bend over to put the shoes on and tie the laces.

2. Use the dressing stick or a long – handled shoehorn to put on or take off your shoes.

## Household Activities



1. Use a reacher to pick up objects on the floor. Do not bend down to pick up objects.
2. Use an apron with several pockets to carry small items.
3. Carry hot liquid in container with covers.
4. Slide objects along the countertop, rather than carrying them.
5. Sit on a high stool when doing countertop tasks.
6. Get a walker bag. It fits on your walker and can be used to carry items including plates, silverware, food, sealed containers, etc.
7. Remove throw rugs from the floor to avoid tripping over them.

## Car Transfers

It is recommended that you use the front seat when riding as a passenger.



1. Have the front seat moved all the way back.
2. Recline the backrest as far as possible.
3. Back up to the car seat with the walker. Sit down as you would in a chair keeping your operated leg out straight. Watch your head as you sit down in the seat.



4. Slide up into the seat far enough to bring your operated leg into the car while leaning back. Remember to keep your operated leg rolled out and don't bend your hip more than 90o.
5. Sit semi-reclined using pillows between your legs.
6. Do Not reach forward to close the door, ask for help.
7. For getting out of the car, reverse these instructions.

### **Call your Doctor for the Following:**

1. Incision becomes swollen, red, or if you notice drainage.
2. Pain develops with weight bearing or if the leg looks misaligned.
3. Pain develops in calf or chest.
4. Temperature over 100.4 degrees Fahrenheit.

### **Important Reminders**

Be aware that your prosthesis may activate metal detectors.

You may acquire temporary disabled parking from Department of Motor Vehicles. Forms are available in the Orthopedic Clinic.

If you are scheduled for dental work, you may need to take antibiotics. Prophylactic antibiotic therapy will prevent spread of infection to your prosthesis.

### **FREQUENTLY ASKED QUESTIONS**

1. When can I drive?

Approximately 6-8 weeks after surgery. Manual transmission may require a longer waiting time.

2. When can I travel?

Long distance travel should be minimal for 6 to 8 weeks during the most common time of dislocation. You should make frequent stops where you can get out and walk. You are a high risk for developing blood clots in your legs because of the surgery. Support stockings are recommended for travel to help with your circulation.

3. When are my staples removed?

Anywhere from 10 – 21 days after surgery during your first outpatient visit or during a visit from a home health nurse.

4. When can I shower?

When your doctor says you can or once your staples have been removed. You should use a shower chair to assure your safety since your leg is still weak.

5. How long will I need a walker or crutches?

An ambulatory assistive device such as a walker may be required for 6 weeks. This time depends on the progress you make.

6. When can I put full weight on my new hip?

This is dependent on the type of device placed. If cementless: 6-8 weeks If cemented: immediately.

7. Do I have to have a pillow between my knees?

Yes, for 6 weeks.

8. Will I set off the alarm at the airport security booth?

On occasion it has happened. Your surgeon can give you a special card stating that you have an artificial joint.

9. When can I have intercourse with my partner?

Waiting four to six weeks after surgery will allow your new hip time to begin healing. During your six week follow-up appointment your physician can assess the stability of your new joint and make recommendations. The partner with the new hip should assume a passive position on the bottom until flexion has returned to full strength. Sexual desire may be diminished after surgery due to the amount of energy being directed towards relearning walking skills. A woman may benefit from placing a pillow under her thighs.

10. How can I obtain a handicapped parking permit?

An application can be obtained from the Department of Motor Vehicles. Your physician can assist you by completing the portion requiring his signature.

This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other health care professional. If you have persistent health problems, or if you have additional questions, please consult with your doctor.

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# *Questions?*

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