



THE I-35 ADVENTURE



Total Hip Replacement Patient Education Guide



Your life is our life's work.

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Introducing your health care team

Helping you on the road to recovery is a team effort. At the Mercy Joint Replacement Center, each one of our team members is specially trained to help ensure a speedy and successful recovery. During your visits to Mercy before surgery and while you're here recovering, you'll encounter different members of the team including:

Orthopedic Surgeon: Your orthopedic surgeon is the physician who will perform your joint replacement operation and will manage your care throughout your hospital stay.

Anesthesiologist: Your anesthesiologist will meet with you just before surgery to perform an assessment and will administer the medications required to keep you asleep and comfortable throughout surgery. Your anesthesiologist will also help manage your post-operative pain.

Hospitalist: A hospitalist is a physician that will follow your medical care during your hospital stay. This physician is specialty trained and will work with your orthopedic physician to meet your care needs.

Primary Care Physician: Your primary care physician is your family physician and the person who manages your overall health. You can expect your primary care physician to stay in contact with your orthopedic surgeon, perform your pre-surgical physical, and see you throughout your hospital stay.

Joint Replacement Coordinator: Your joint replacement coordinator is a registered nurse who specializes in orthopedic care and will personally assist you with all of your needs including preoperative education, coordination of your care while at Mercy and making arrangements for your safe and comfortable transition to home. The Coordinator will work with your physicians and the health care team to ensure you and your family will have the best possible experience and outcome.

Physician Assistant: Your orthopedic surgeon may be assisted by a physician assistant who is trained to assist with an office visit, assists the orthopedic surgeon during surgery and makes rounds on hospital patients. In some cases, you may be visited by the physician assistant if your physician is not available to make rounds.

Registered Nurse: Before, during and after your surgery,

you can expect to meet many different nurses who perform many different jobs. Some nurses will help schedule your surgery, some will help get you ready for surgery, and others will be in the operating room with you throughout your procedure. After surgery, a team of nurses will carry out all orders given by your physician, as well as keep you comfortable in the hospital. After you are discharged, a nurse may also visit you in your home as needed.

Certified Nursing Assistant: Your certified nursing assistant, or CNA, will help you with activities like bathing, dressing, or getting to the bathroom. CNAs often help nurses with their jobs and are valuable members of the joint replacement team.

Physical Therapist: Your physical therapist is trained to help you gain strength and motion in your new joint and will help ensure that you do your exercises correctly. Your physical therapist will also help teach you how to properly and safely use your walker or crutches after surgery.

Occupational Therapist: Your occupational therapist is trained to help you learn to safely and effectively perform activities of daily living like bathing and dressing. Your occupational therapist will also teach you to use special equipment, like grabbers or shower seats, which will assist you throughout your recovery.

Case Manager: Case managers are special nurses who help ensure that all your care is coordinated effectively before and after your joint replacement. Case managers will help with personalized education, plan your discharge, help schedule any follow-up appointments, and order any equipment you'll need at home.

Dietitian: Your dietitian provides nutrition counseling to help you make healthy choices about the foods you eat and can help you understand the connection between diet and healing.

Chaplain: Our chaplains are specially trained to serve your spiritual needs, as well as those of your family regardless of your religious affiliation.

Coach: Your coach is a person that you designate as your support person to help you prepare and recover from your joint replacement procedure. This can be a spouse, friend or family member that will provide you support and encouragement.

Other team members that you'll likely meet include lab techs, x-ray techs, and respiratory therapists.

Understanding your joint surgery

Common causes of hip problems

What is osteoarthritis?

Arthritis is a general term meaning joint inflammation. Osteoarthritis is a specific kind of arthritis and is the most common type, affecting nearly 21 million Americans. As we age, the chances of developing osteoarthritis increase, though the severity of the disease is different for everyone. Even people in early stages of life can develop some form of osteoarthritis.

Osteoarthritis breaks down the cartilage in joints and can occur in almost any joint in the body, though it occurs most often in the hips, knees and spine. Cartilage is a rubbery material that covers the ends of bones in normal joints and helps ensure that joint bones don't rub together. It also serves as a shock absorber as wear and tear occurs in the joints after years of use.

Osteoarthritis makes joint cartilage susceptible to damage. Over time, the cartilage may break down and wear away, preventing it from working properly. When this happens, tendons and ligaments in the joint can stretch, causing pain. And, if the condition worsens, joint bones can rub together.

What are the symptoms of osteoarthritis?

Symptoms of osteoarthritis can include:

- Joints that are sore and ache especially after periods of activity
- Pain that develops after overuse or when joints are inactive for long periods of time
- Enlargements in the middle and end joints of the fingers
- Joint swelling

What causes osteoarthritis?

There are several factors that increase a person's chances of developing osteoarthritis including family history, obesity, injuries like fractures in the joint, previous surgeries where cartilage was removed from a joint, and overuse..

What is rheumatoid arthritis?

Rheumatoid arthritis is an inflammatory form of arthritis meaning that the material that surrounds the joint and keeps it lubricated becomes swollen. Rheumatoid arthritis affects about 1 percent of Americans, but is much more common in women than in men. This form of arthritis occurs in all age groups.

What are the symptoms of rheumatoid arthritis?

Symptoms of rheumatoid arthritis can include:

- Joint symptoms developing gradually over years or developing very quickly
- Stiffness and joint swelling
- Ligaments that stretch and become loose
- Decreased range of motion
- Pain

What causes rheumatoid arthritis?

At this time, the exact cause of rheumatoid arthritis is unknown, but some believe it stems from a combination of family history, environmental and hormonal factors. Something seems to prompt the immune system to attack the joints causing them to swell. Researchers do not yet understand the role family history plays in rheumatoid arthritis, though people with a family history of the disease are more likely to develop it.

Total hip replacement surgery

Your hip is made of two basic parts that move and work together to ensure a smooth motion and function. When arthritis sets in and the cartilage that cushions the hip wears away or is destroyed, the hip joint requires replacement. Total hip replacement surgery involves resurfacing the hip joint with an artificial joint made of metal, plastic or ceramic materials. The materials used in your artificial joint are very strong and are designed to last a very long time inside your body. Your orthopedic surgeon will consider many factors, like age, bone density and the shape of your joints, when determining the exact kind of hip replacement you'll receive and how it will be inserted into your hip.

Total joint replacement surgery requires your surgeon to remove the damaged ends of two bones and insert new artificial joint surfaces. In total hip replacement, your orthopedic surgeon will replace the upper part of your femur (the long bone in the thigh of your leg) with a new ball. At the same time, the hip socket in your pelvis will be lined with a new material for reinforcement. The new ball on the top of your leg will glide normally in the newly lined hip socket.

Your orthopedic surgeon may decide to attach your new joint with or without a cement substance. If your doctor uses cement, your new artificial joint will be attached to existing bone with very strong, permanent glue. If your doctor decides not to use cement, a bonding material will be used instead. This material contains thousands of tiny holes. As time goes on, your body will begin growing new bone and filling these holes. As the holes are filled, your new joint becomes permanently attached to the bone.

The risks of hip replacement surgery

Having a joint replaced requires major surgery. Although advances in technology and medical care have made joint replacement very safe and effective, there are risks. These risks should be considered carefully before you decide to have surgery. We encourage you to discuss the potential risks with your orthopedic surgeon, primary care physician, and your family.

Every measure will be taken by our team of experts to minimize the risks and avoid complications. Still, although complications are rare, they do sometimes occur. The most common risks include:

- **Blood clots:** Blood clots can form in a leg vein after hip replacement surgery and can be dangerous if they stop blood flow to the heart or break free and travel to the lungs. Blood clots are more common in older patients, patients who are obese, patients with a history of blood clots, and patients with cancer.
- **Infection:** Infection is very rare in healthy patients having hip replacement. In fact, only about 1 in 200 people show signs of infection after hip replacement surgery. Patients with chronic health conditions, like diabetes or liver disease, or patients who take some forms of corticosteroids, are at higher risk of infection after any surgery. Superficial wound infections are usually treated with antibiotics. Deeper infections inside the joint may require additional surgery, and sometimes require removal of the artificial joint.
- **Nerve injury:** Very rarely, a nerve may be damaged near the site of the joint replacement. Generally, nerve injuries cause tingling sensations or numbness, and may limit your ability to move certain muscles. Nerve damage usually improves with time and may go away completely.
- **Slow wound healing:** Sometimes, the site where the surgeon cuts your hip to insert the artificial joint heals slowly. Problems like this are more common in people who take corticosteroids or who have diseases that affect the immune system, such as rheumatoid arthritis and diabetes.

- **Limited range of motion:** Within a day of surgery, you will begin exercises to help improve your range of motion. However, how far you can bend your hip after surgery sometimes depends on how far you could bend it before surgery. Even after physical therapy and an extended recovery period, some people are not able to bend their hip far enough to do normal activities.
- **Dislocation of the hip:** Very rarely, a patient's hip may move out of place after surgery. If this occurs, your surgeon will simply move the hip joint back into place. Some patients may be required to wear a brace for a short time after the dislocated hip is reset. In very rare cases, surgery may be required to pop the hip back into the socket.
- **Changes in the length of your leg:** If the hip replacement parts are not aligned correctly, slight changes in the length of your leg may occur. The change is typically very small and usually is not noticeable to patients.
- **Loosening of the joint:** Over the long term, loosening of the artificial ball and socket joint is the most common risk associated with total hip replacement. Loosening occurs when tissue grows between the artificial hip joint and your bone. Patients who experience loosening of the joint typically do not notice any symptoms. Only an x-ray can show if a joint is loose. In those rare cases where a loose joint causes severe pain, you may need another joint replacement surgery.
- **Falls:** Your safety after a hip replacement is our number one concern. Because of numbness in the surgical leg, you are at a greater risk for a fall. To prevent complications associated with a fall, we ask that you comply with all fall precautions as instructed.

What results are typical?

You can expect a successful outcome from your hip replacement surgery. Generally, patients experience less pain, more mobility, and can resume all the activities they enjoyed before surgery. Typically, the artificial joint will last at least 10 and up to 20 years depending on age, weight and activity level. Your artificial joint will last longer if you are not overweight and you avoid demanding physical work activities, like sports, that stress the joint. For most patients over 60, your new joint will likely last the rest of your life.

Preparing for surgery and the road to recovery

Your journey to recovery begins many weeks before your actual surgery. Long-term success starts in these early stages. By following the guidelines on the following pages, you'll be well on your way to a speedy recovery.

Each step listed below includes specific and detailed instructions for you on the following pages.

1. Pre-registration
2. Physical exam
3. Pre-operative classes
4. Exercise
5. Medications
6. Infection prevention
7. Planning to return home
8. Home preparation
9. Packing for your hospital stay
10. Countdown to surgery

Pre-registration

The first step in your journey is to pre-register for your procedure. In order to help reduce your wait time on the day of your surgery, your surgery registration will be completed at the time of your pre-op interview with a registered nurse from surgery. When you arrive at the hospital on the day of surgery, you'll simply need to check-in at the registration desk.

For your pre-op appointment, you should have the following information prepared:

- Name and current address
- Marital status
- Social security number
- Insurance information including the name of the primary insurance holder
- Group and policy number from your insurance card
- Patient's employer, including name and address
- An emergency contact
- Referring physician and/or primary care physician
- Religious preference
- List of current medications
- List of Previous Surgeries (including approximate year)
- List of Medical Conditions for which you are treated

Physical exam

Before your scheduled date of surgery, your physician may order a complete medical examination by a physician. This physician will clear you for surgery by checking for any medical problems that put you at higher risk during or after a joint replacement procedure. Generally, the appointment will consist of a complete medical/family history and physical exam.

The complete medical exam should take place 2-3 weeks before your date of surgery and may be scheduled in conjunction with your pre-operative education class

Pre-admission testing

In addition to your physical exam, you will also need to undergo a series of tests to help make sure you are healthy and ready for joint replacement. Typically, these tests include x-rays, blood testing, urine testing, and a test of your heart function called an electrocardiogram (EKG). Your results will be shared with your orthopedic surgeon for their review. If any of the tests reveal significant risk factors, you may need to undergo additional testing. Any abnormal results will be shared with you.

Pre-operative education classes

To make sure you are fully prepared for your joint replacement surgery, we've designed a class especially for patients like you. The class will help you better understand your diagnosis, the joint replacement process, as well as what to expect at every turn. You'll also be introduced to the exercises, tips, and activities you'll need in order to speed recovery and ensure lasting success. This will also be a great time for you to ask any questions about your procedure or recovery.

• **A family affair**

Recovering from total knee replacement isn't easy. In fact, it's even more difficult if you try and go it alone. That's why family support and involvement is so important to your recovery. Their support, encouragement, and companionship can make all the difference, not just in the hospital, but also throughout the weeks leading up to and after surgery.

We strongly recommend you bring your coach, family member or friend along with you to your pre-operative education class. This person should be someone who is willing to coach you every step of the way and can participate fully in activities before surgery and while you're on the road to recovery.



• **Class preparation**

- Bring this “Patient Guide” manual along with you
- Bring a list of the medications, vitamins, herbal remedies, and dietary supplements you currently take including how much and how often you take them
- Bring a list of any food and/or medication allergies
- Bring a list of any previous surgeries, including the date and year of each. If you had any difficulties with anesthesia, be able to describe this as well
- Bring along a family member or friend who will serve as your coach
- Bring a copy of your Living Will or Durable Power of Attorney for Healthcare. If you don't have an Advance Directive, forms are available for your use.

• **Class instructions**

- Class begins at 11 a.m. and generally is finished by 12:30 p.m.
- Wheelchairs are available at the Main Entrance for your use
- You may eat in the morning prior to class

• **Pre-admission testing**

Your pre-admission testing will be scheduled at Mercy just before or after your pre-op education class. Your tests will consist of x-rays, blood testing, urine testing, and a test of your heart function called an electrocardiogram. Any additional tests your physician may have ordered will also be performed at this time.

Exercise

During your pre-operative education class, you'll learn and practice all the exercises you'll need to do before and after surgery. Performing these exercises regularly and properly is perhaps the most important factor in speeding recovery and determining long-term success of your new joint.

As part of class, you'll be given a home exercise program that has been designed by our physical therapists from the Mercy Joint Replacement Center. The coordinator and therapist will demonstrate these exercises during your class session. Keep in mind that the exercises are designed to strengthen muscle around the hip and improve mobility. They aren't always easy, but they are an important part of your treatment and recovery. Some soreness in your joint is normal and will improve over time. If you experience sharp pain with any exercise, you should stop immediately.

In the back of this guidebook, you'll find pictures and descriptions of all your exercises. Be sure to take any notes you need to during class to help you perform the exercises properly later on.

Medications

Medications you must not take

Some medications that you currently take may prove harmful during surgery because they thin your blood and increase the risk of blood loss. If you take medications that contain aspirin, anti-inflammatories, blood thinners, or arthritis medications, you must stop taking them 7 days before your surgery. During your pre-admission testing, a nurse will review your list of medications and tell you which medicines you must stop taking 7-14 days before surgery. (*Aspirin and Plavix medications must be stopped two weeks prior to surgery.*)

Other medication information

You will be instructed to avoid all food and liquid after midnight on the day before surgery. During your pre-admission testing, you will be told which medications you should take the morning of surgery. It is okay to take these medications, but do so with as little water as possible.



Infection prevention

There are several steps that you can take to help prevent surgical site infections. These steps start a few weeks before surgery.

Beginning approximately two weeks before your operation, begin using an antibacterial soap when you shower. This will generally help reduce the amount of bacteria living on your skin. Dial™ brand soap is the most common antibacterial bar soap on the market and is available at most grocery and drug stores. However, any antibacterial soap can be used.

The night before surgery, you should take special care to cleanse the hip that will be operated on with the special soap given to you during your pre-operative education class. You need to wash your hip two times for about two minutes each time the night before surgery as well as the morning of your surgery. It is important that you wash all the cleaner – called chlorhexidine – off so that it does not stain your skin.

In the weeks before surgery, you should schedule a dental exam if you have not had one within the past six months. Bacteria entering the body through the mouth can cause infection. Continue to brush and floss your teeth daily. If you're planning a visit to the dentist in the first few months after your hip replacement, call your dentist's office at least two days before your appointment and let them know you've recently had a hip replacement. It is important that your dentist order an antibiotic for you to help prevent infection.

Planning to return home

Our goal is to help you return home as quickly and safely as possible. You will be able to return home when you meet the following goals.

Hip goals

- Get in and out of bed
- Get up and down from chair and toilet independently
- Get in and out of shower
- Walk on level surface with walker/crutches for household distance
- Be able to go up and down stairs if you have them at home or where you will be recovering
- Handrail is very helpful
- Get dressed (family may assist with lower extremity if available at home)
- Get in and out of your car
- Perform hip exercise program independently
- Understand and verbalize hip precautions to prevent dislocation

Home with home health and physical therapy

During your hospital stay, any in-home therapies ordered by your physician will be coordinated by your Mercy Joint Replacement Center coordinator. Depending on your condition and the progress you've made just before discharge, home services may include any of the following:

- A physical therapist will visit you at home on a regular basis to help you perform your exercise program. The therapist will also assess your range of motion and mobility progress and may add exercises to your program as a result.
- An occupational therapist may visit you at home to help you become independent with activities of daily living. The occupational therapist may also perform a home assessment to make recommendations on ways to arrange your house and perform activities of daily living that may increase your independence and safety.

Transition to an inpatient rehabilitation facility

If you need additional support with the following activities and meet rehabilitation admission criteria, you may be transitioned to an inpatient rehabilitation facility. This transition will be coordinated by your Mercy Joint Replacement Center coordinator.

- Assistance with gait and activities of daily living were required prior to your joint replacement procedure
- Inability to climb stairs if required daily routine
- Assistance needed to get in and out of bed
- Assistance needed for toileting and functional transfers
- Support needed to walk functional distances
- Difficulty with other activities of daily living such as dressing and bathing

Transition to a skilled nursing facility

Because everyone heals differently, it may not be possible for some patients to return directly home after they are discharged from the hospital. Sometimes, discharge to a skilled nursing facility helps patients with their rehabilitation as they transition to home.

If you need additional support with the following, you may be transitioned to a skilled nursing facility.

- Dependency at home with gait and activities of daily living prior to surgery
- Inability to climb stairs
- Unable to tolerate three hours of rehabilitation activities
- Unable to walk functional distances
- Unable to participate in activities of daily living

If your physician believes a skilled nursing facility would be beneficial, your case manager will discuss appropriate options with you.

The drive home

You will need to arrange for your coach, family member or friend to drive you home. Riding in a compact car, sports car, or truck is not recommended. Your driver should bring pillows for you to sit on and recline your seat just slightly if possible. If your ride is long, we recommend you stop and stretch every 45 minutes or so.

Home preparation

There are a number of tips that you and your family can implement to help make your home safe and comfortable.

- Check your home for tripping hazards like throw rugs and cords. Roll these up and tuck away.
- Determine what items from dressers, cabinets and shelves you'll need immediately after returning home. Any items that are currently stored either high or low and require excessive bending or reaching should be moved to counter height.
- Purchase a cordless phone or plan to use a cell phone while at home. These phones can be tucked away inside a pocket and carried with you easily or set close by.
- Make sure stairs have handrails that are securely fastened to the wall.
- Shower doors may need to be replaced with a curtain to offer more room when transferring into and out of the tub.
- If you have pets of any kind, it is advisable to board them for a few days after your return.
- You should designate a chair where you'll spend most of your time when you return home. Ideally, the chair should have a firm back, arm rests, and a seat height of approximately 20- 22 inches from the floor. Chairs with wheels should not be used under any circumstances.
- If your bedroom is on an upper level, you should consider arranging temporary sleeping quarters on a lower level. You should plan to use this sleeping area for approximately 1 to 2 weeks after surgery.
- In order to minimize cooking, prepare meals in advance and freeze them. Alternatively, you can also purchase individual serving sized meals for times you are alone. You should also stock-up on individually packaged items like soft drinks.
- Purchase nightlights and install them in bathrooms, bedrooms, and hallways.
- Attend to any outdoor work, like gardening or cutting the grass, which may be necessary prior to surgery.
- Do any laundry that you may have prior to your surgery date.
- Arrange for someone to collect your newspapers and mail.
- Put clean linens on your bed.

We strongly encourage you to ask your coach, family member or friend to stay with you at home until you are able to perform activities of daily living independently and safely. Typically, this occurs in the first few days after you return home.

Packing for your hospital stay

The following checklist should help you pack for your hospital stay.

Items to pack

- Comfortable, loose fitting clothing like shorts, pajamas, short gowns, t-shirts, boxer shorts, and bathrobe. It is helpful if you label all items of clothing you bring with your first and last name. Shorts or loose fitting pants and a t-shirt will be most preferable for group therapy sessions. No hospital gowns will be worn, so be sure to bring comfortable clothing.
- A jogging suit or similar outfit for your trip from the hospital to home.
- Tennis shoes or shoes with flat, rubber bottoms. Non-skid slippers are also acceptable. Do not bring tight fitting footwear as your feet may swell a bit following surgery. No slides or backless slippers please.
- Personal toiletries Personal items may include toothbrush, toothpaste, deodorant, cleansers, and tissue.
- Eye glasses, contact lens cases with solution, and denture storage.
- Blood donation card if you have one.
- Your insurance card.
- Your personal walker or crutches, if you have them, labeled with your first and last name.
- A list of the medications, vitamins, herbal remedies, and dietary supplements you currently take including how much and how often you take them.
- A list of any food or medication allergies and a description of what happens if you take them.
- Your own pillows if you think they would make you more comfortable. To help keep them separate from hospital pillows, it is helpful if you place them in colorful pillowcases.
- Your Advance Directive, either a Living Will or Durable Power of Attorney for Healthcare. If you don't already have an Advance Directive, forms will be available at the hospital for you to complete if you'd like.
- This patient guide.

Items to leave at home

- Credit cards, checks, jewelry, cash or valuables of any kind should be left at home or in the care of a trusted loved one.



Countdown to surgery

4 weeks before surgery

- Schedule your pre-operative physical exam and dental exam if you have not had one in the past six months.
- Start your iron supplements as instructed by your physician
- Begin your exercise program

2-3 weeks before surgery

- Begin bathing with antibacterial soap
- Attend your scheduled pre-operative education class
- Start making home preparations
- Perform daily exercises discussed in the pre-op education class as these are important to your recovery.

7-14 days before surgery

- Stop taking arthritis medications, aspirins, and blood thinners
- Reduce or stop alcohol consumption and stop smoking

Day before surgery

- Clean the hip that will be operated on with the special cleanser and sponge
- Pack your bag for the hospital
- Do not eat or drink after midnight, includes gum, mints, candy

Day of surgery

- Clean the hip that will be operated on with the special cleanser and sponge



- Take any medications as instructed during your pre-operative testing
- Report to the check-in area on-time

Your hip replacement surgery

The day of surgery

Before you leave home for the hospital, you should:

- As instructed by your nurse, take any required medications with a small amount of water just after you wake up
- Shower with special cleanser received in pre-op education class.
- Brush your teeth and rinse with water, but do not swallow
- Wear loose fitting, comfortable clothing that can be easily removed
- Leave jewelry and valuables at home. You should review your packing list to make sure you have everything you need.
- Avoid wearing colognes, perfumes or fragrances of any kind. Deodorants, sprays, scented hand creams and lotions, and shaving creams should all be avoided.
- Do not wear make-up or nail polish.

Arriving at the hospital

The day of your surgery will be a busy one with many activities. There may be several hours that pass between the time you check in to the hospital and the time that your surgery is completed. Your family and coach should be prepared for a long wait.

- It is important that you arrive at the hospital with plenty of time to check-in and prepare for surgery. In most cases, you should plan to arrive at least one and one-half to two hours prior to your scheduled surgery start time.
- When you arrive, you should plan to park in designated patient parking areas near the main entrance. For your convenience, a map and driving directions are provided at the front of this guide.
- As you enter the hospital, report directly to the registration area located on the ground level main entrance to check-in. Even if you pre-registered prior to your arrival, it is important that you bring your insurance card.
- A wrist band with your name, date of birth and surgeon's name will be applied.
- We strongly recommend that you ask your coach, a family member or friend to accompany you.
- After you check-in, your coach, family member or friend will be provided with a pager. This individual will be notified when your surgery is completely and will receive updates on your progress throughout the procedure.

Pre-op

Peri-operative area: surgery preparation

After you check-in at registration, you will be escorted to a pre-surgery preparation area. Here, you'll complete all the necessary preparation in anticipation of your joint replacement. A yellow wrist band may be applied at this time listing any medication allergies. It is important for you to verify that all information on your identification bracelet is correct. We'll be asking you to confirm this information many times throughout your hospital stay as one way of ensuring your safety.

Once you've determined that your identification bracelet is correct, you'll be asked to change into a hospital gown. Your clothes and any items you brought with you will be placed in a plastic bag with your name on it. If you wear eyeglasses, contact lenses or dentures, you'll be asked to remove them.

Just before surgery, a peri-operative nurse will review your medical records, listen to your heart and take your pulse, perform a physical exam, ask several questions and make sure everything is in order. Sometimes, additional tests will need to be performed.

As surgery approaches, a nurse will start your IV. This allows medication and fluids to be pumped directly into your bloodstream.

Your orthopedic surgeon and the anesthesiologist assigned to your care will also visit you prior to surgery. Among other things, your surgeon will ask you to identify which hip is going to be operated on and will mark the surgical site with a marker. Your anesthesiologist will ask you a number of questions to help determine the best anesthesia for you. Both physicians will answer any questions you have.

Peri-operative area: family waiting

On the morning of surgery, your coach, family member or friend you brought with you to the hospital will be able to stay with you until you're asked to change into a hospital gown. At this point, they will be escorted to a family waiting area where they'll be given a pager and asked to check-in with a volunteer.

Once your hip replacement is complete, a member of the surgical team will call your coach, family member or friend. At this point, they will be able to speak with the surgeon and discuss the outcome of your procedure.

Just after surgery, you will be taken to the recovery room where you'll be monitored by specially trained nurses and your anesthesiologist. After your post-anesthesia activities are complete, you will be assigned a room in the hospital and taken there. At that time, your family will be notified of your room number and escorted there by a volunteer or staff member.

Anesthesia

General information

- Your anesthesiologist will meet you before surgery in the peri-operative area. At that time, the anesthesiologist will examine you, discuss your medical history, and determine the best plan for your anesthetic care.
- It is important that you tell your anesthesiologist of any prior problems or bad experiences with anesthesia.

Joint replacement procedures use a general anesthesia and or regional anesthesia.

- Your anesthesiologist will discuss the risks and benefits associated with anesthesia, as well as the potential side effects that can occur. Nausea and vomiting may be produced by the anesthesia and the procedure itself, though medications are available to treat both. Especially in elderly patients, anesthesia may cause temporary hallucinations after surgery, though these wear-off over time.

General anesthesia

- If a general anesthetic is used, a medication will be injected into your body through the IV inserted in your arm.
- General anesthetics produce a total loss of consciousness, sensation and perception.

Regional anesthesia

- Spinal block
- Epidural block

Surgery

The operating room

Inside the operating room, you will be cared for by a team of physicians, nurses and skilled technicians. The total time required for your surgery will be different from patient to patient depending on the complexity of your procedure. Generally, most joint replacement surgeries last between one and one-half and two hours not including the preparation and recovery times.

The recovery room

After surgery, you will be transported to an area called the Post Anesthesia Care Unit (PACU) or recovery room. You will spend between one hour and one and one-half hours in the PACU while you thoroughly recover from the effects of anesthesia.

In the PACU:

- Specially trained recovery nurses will check your vital signs - like blood pressure, breathing and heart rate - and monitor your progress
- Pain medications will be provided through your IV as needed
- Nurses will check your bandages, check drainage from your surgical site, move your feet and ankles, and encourage you to take deep breaths

After a 1-2 hours in the PACU, you will be moved to your hospital room in the Mercy Joint Replacement Center to begin your road to recovery.

Your hospital stay

An overview

What happens after surgery?

You can expect to receive antibiotics the night of surgery, as well as medications for pain, and perhaps medications to prevent blood clots, called anticoagulants. Sometimes, patients will feel nauseous or constipated. Both symptoms can be managed with medication, so it is important that you talk with your physician or nurse if you don't feel well.

After surgery, you will notice a large bandage on your hip. You will also have a compression pump on the lower part of your legs. These will squeeze the leg at regular intervals to circulate blood and to help prevent clotting. Your physician may order therapy to begin the day of surgery. Most of our patients are ready to sit at the edge of the bed, stand and even take a few steps the afternoon of their surgery.

The first few days after surgery

Most patients who have total hip replacement surgery are ready to start walking with assistance the day after surgery. It is likely that you will use a walker or crutches and may be able to put some weight on the joint if you can tolerate it and if approved by your physician.

Your physical therapist will help you begin your exercise routine using the movements you learned in your pre-operative education class. These exercises are designed to help increase strength and flexibility in the joint. This rehabilitation and exercise process can be significant. Your occupational therapist will work on helping you become independent with activities of daily living, like walking, climbing stairs, and getting in and out of a bed. In order to ensure maximum success, it is important that you take part in therapy both while you are in the hospital and after you are discharged from the hospital.

While in the hospital, you will be treated individually by a physical therapist to work on gait, strength and range of motion. You will also be treated by an occupational therapist to work on activities of daily living and functional transfers, such as getting in and out of the shower. You will enjoy participating in group therapy sessions where you and others recovering from similar surgeries will exercise together.

Please know that the therapy after your surgery is of great importance. Your full participation is crucial to your journey to health; therefore, we encourage family to visit you after 5 p.m. each day so that you will be able to give your full attention and effort to your recovery.

On-going recovery

After you are discharged from the hospital, it is important that you pay careful attention to the surgery site. If you notice any redness, abnormal swelling, or significant drainage from your surgery site, notify your physician. If you run a fever over 101°F, you should also contact your physician.

You will continue to participate in your exercise and rehabilitation programs until you are able to function independently and have gained as much mobility and strength in your hip as possible. The amount of time needed to fully rehabilitate a hip replacement varies from patient to patient, but can last several months as both strength and endurance increase.

In addition to your exercise program, you should also take short walks several times a day. With all the activity, you may notice your hip joint becoming sore or stiff. If this occurs, use a cold pack on and around the hip. It is important that you not stop your exercise and walking program completely. Doing these activities will help speed recovery in the long run.

Depending on your overall health, your surgeon may recommend additional exercises including riding a stationary bike or swimming once your staples are removed.



Your recovery schedule

Day of surgery

- Ankle pumps as instructed
- Up to chair as tolerated
- Deep breathing and coughing exercises, incentive spirometry 10 times every hour while awake
- Diet as tolerated
- ORAL MEDS
- Dressings in place
- Ice to affected area
- Walk with a walker
- Review hip precautions

Day 1 | Day 2

- Ankle pumps
- Physical therapy, walking and exercises
- Occupational therapy with activities of daily living
- Up in chair during day
- Oral pain meds
- Diet as tolerated
- Incentive spirometry 10 times per hour while awake
- Possible discharge to home
- Prepare for transition to home or discharge to home.

You will need someone to help you when your discharged to home. If you live alone and will not have help following your surgery, please notify us during the pre-admission process.

Managing your pain

The amount of discomfort you experience depends on multiple factors, especially the kind of surgery you are having. You will receive pain medication through your IV after surgery and by mouth once you are recovering in the hospital.

Your physicians and nurses will do everything possible to relieve your pain and discomfort using medications and other techniques. Though your discomfort should be tolerable, you should not expect to be totally pain free.

Communication is an important part of helping us manage your discomfort and pain. We encourage you to share information with your nurses about any pain you experience. Be as specific as possible. Where is the pain? How often do you feel pain? What does the pain feel like (ie. Is it sharp or dull? Aching or does it spread out?) On a scale of 0 to 10, where 10 is the worst pain imaginable, how would you rate your pain? Is there anything that makes the pain go away?

Pain Intensity Scale



0 - 10 Numeric Pain Rating Scale



Oral pain medication

For most patients, the day after surgery. When this occurs, you will start taking pain medications by mouth. In most cases, your nurse will give you the pain pills just before exercise or physical therapy to help control the soreness that often accompanies activity in the first few days after surgery.

Exercises and activities

Coughing and the incentive spirometer

Sometimes patients experience chest congestion after surgery. We recommend a few simple breathing exercises to help lessen the feeling of pressure on your lungs.

- Use your stomach muscles to help you cough. Take a deep breath in and cough while using your abdomen to push.
- At this point, you should have received a device called an incentive spirometer. Your spirometer helps you fully expand your lungs and keeps them active, as if you were performing your daily activities at home.

How to use the incentive spirometer:

1. Sit on the edge of your bed if possible, or sit upright in a chair.
2. Hold the incentive spirometer in an upright position.
3. Place the mouthpiece in your mouth and seal your lips tightly around it.
4. Breathe in slowly and as deeply as possible, raising the ball toward the top of the column. The yellow coach indicator should be in the blue outlined area.
5. Hold your breath as long as possible and for at least five seconds. Allow the ball to fall to the bottom of the column.
6. Rest for a few seconds and repeat steps one to five at least 10 times every hour while you're awake.
7. Move the indicator on the left side of the spirometer to show your best effort. Use the indicator as a goal to beat during each repetition.
8. After each set of 10 deep breaths, practice coughing to be sure your lungs are clear.
9. Once you are able to get out of bed, walk in the hallway and cough well, you may stop using the incentive spirometer unless otherwise instructed by your physician.

Your physical therapy exercise program

Participating fully in physical therapy right away after surgery helps speed the recovery process. Even when you don't feel up to it, try your best to participate fully. During your hospital stay, you will see the physical therapist twice a day for exercise sessions.

The exercises you learned before surgery during your pre-operative education class, and that you've been practicing for the last few weeks before your operation, will start again the day after surgery. Your physical therapist will help you begin your program and perform your exercises. As you continue to progress, more exercises will be added to your program and you'll begin walking with the assistance of a walker or crutches.

Your occupational therapy program

Your occupational therapist will help you resume your activities of daily living, like dressing yourself, getting into and out of bed, etc. Your occupational therapist will also determine if certain pieces of equipment might help you perform these activities safely and effectively when you return home.

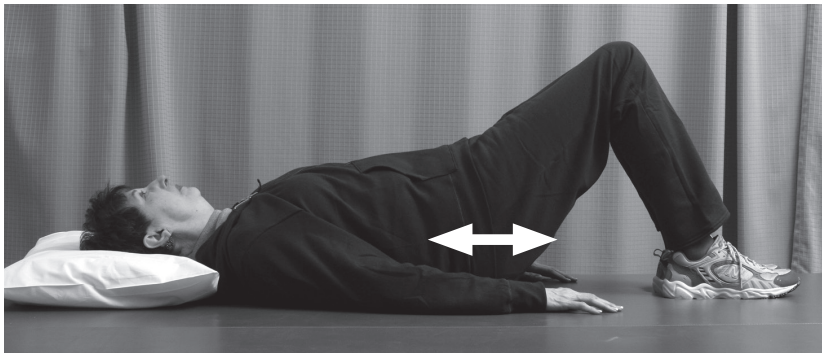


Perform exercises in chair, recliner or bed.

Ankle pumps

With leg relaxed, gently bend and straighten ankle. Move through full range of motion. If you have pain with this, decrease the range of motion.

Repeat _____ repetitions. Repeat _____ sessions per day.

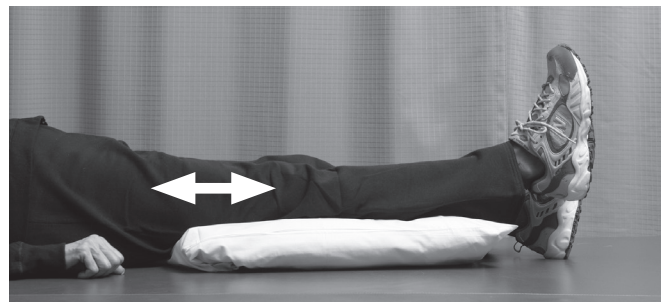
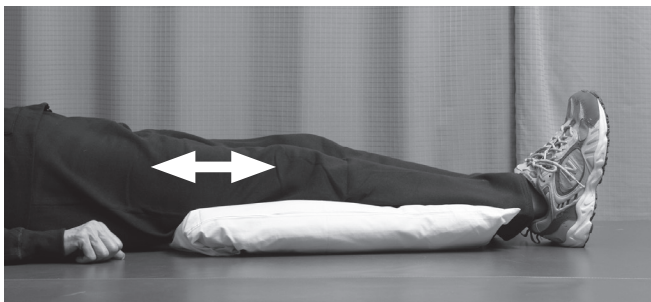


Glute sets

Lying flat on your back with both knees straight or bent, squeeze your buttocks muscles. Hold 5 seconds. Relax and repeat.

Repeat _____ repetitions.

Repeat _____ sessions per day.



Quad sets

Slowly tighten muscles on the front of thigh. Straighten leg as if you are pushing the back of your knee into the bed. Hold 5 seconds. Relax and repeat.

Repeat _____ repetitions. Repeat _____ sessions per day.

Perform exercises in recliner, not on the floor

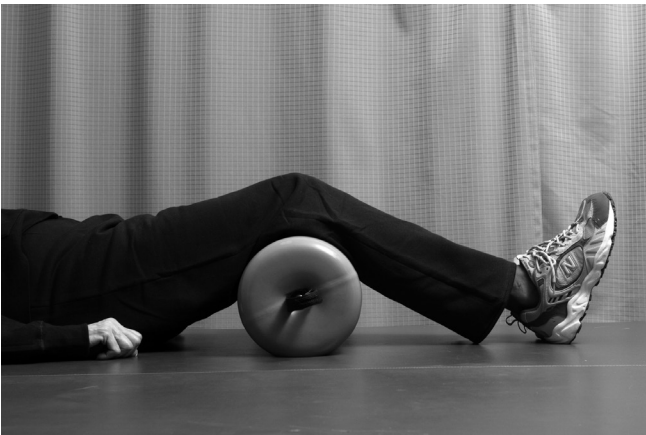


Perform exercises in recliner, not on the floor

Heel slides

Bend knee and slide toward buttocks. Relax and straighten. You may also use a bed sheet to assist in bending your knee up if needed.

Repeat _____ repetitions. Repeat _____ sessions per day.

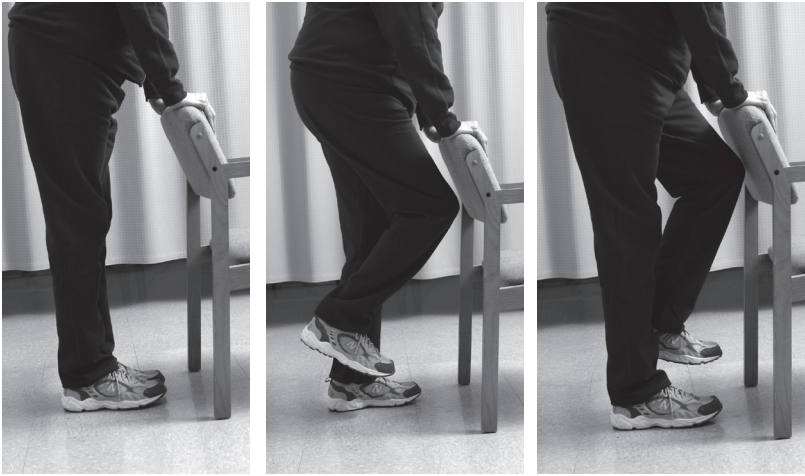


Short arc quad

Place a pillow/rolled towel under knee. Straighten knee and lift foot from bed. Hold 3 seconds. Relax and repeat.

Repeat _____ repetitions. Repeat _____ sessions per day.

Perform exercises in recliner, not on the floor



Standing marching

Using a chair or table for support, bend your knee up like you were taking a step. Switch back and forth between legs.

Repeat _____ repetitions.

Repeat _____ sessions per day.



Standing hip abduction

Use the back of a chair or table for support. With your legs shoulder width apart and your toes pointed slightly outward, swing your leg with your affected hip out and back while keeping your knee straight.

Repeat _____ repetitions. Repeat _____ sessions per day.



Mini squat

Holding on the back of a chair for balance, slowly bend knees. Keep both heels on the floor.

Repeat _____ repetitions. Repeat _____ sessions per day.



Standing hamstring curl

Use the back of a chair or table for support. With your legs shoulder width apart and your toes pointed straight ahead, bend knee back. Hold 2 seconds. Relax and repeat.

Repeat _____ repetitions.

Repeat _____ sessions per day.

Going home

Once you're able to walk longer distances and are making consistent progress, you'll be ready to go home. We'll use the following checklist to help assess when you can be safely discharged. You'll be able to go home when you are able to:

- Get in and out of bed
- Get up and down from the chair and toilet
- Get in and out of the shower using a walker
- Walk with assistance household distance
- Use the stairs if you have them at home
- Get dressed
- Get in and out of your car
- Perform your hip exercise program on your own

Before you go home, we will make sure that all your discharge needs are met. You can expect:

- A prescription for pain medicine
- A prescription for a blood thinner if your physician ordered one. Once your blood thinners are completed, if you do not take routine blood thinners (Coumadin or Plavix), please begin taking one enteric coated aspirin every day.
- Written instructions from your surgeon
- An appointment for a follow-up visit with your physician
- Arrangements for outpatient or home physical therapy

The drive home

You will need to arrange for your coach, family member or friend to drive you home. Riding in a compact car, sports car, or truck is not recommended. Your driver should bring pillows for you to sit on and recline your seat just slightly if possible. If your ride is long, we recommend you stop and stretch every 45 minutes or so.

Your recovery continues at home

You've achieved an important milestone on your road to recovery – you're headed home! A big part of your journey is now behind you, though another is just beginning. There are some important considerations for you to keep in mind as you enter this next phase of recovery.

Swelling and incision care



Swelling prevention

Keep in mind that some swelling in your hip is normal and should not be a cause for concern. It is important that you watch for signs of increased or abnormal swelling each day. Notify your physician immediately if anything seems out of the ordinary.

There are several strategies to help keep normal swelling to a minimum:

- Use ice packs or a cold compress machine if one was provided to you. The cold helps reduce swelling and relieves pain.
- Lie down for an hour each day, once in the morning and once in the afternoon.
- You can keep your feet elevated when you sit, using a footstool or bench, with a pillow under your feet for support.
- Do not cross the leg with your new hip over the other one.
- Continue doing your ankle pump exercises even when you are sitting still. These exercises are designed to help reduce swelling and boost circulation.

Caring for your incision

It is important that you keep your incision clean and dry. It is also important that you check the incision daily and note any significant changes in how it looks or feels. If you notice any of the following signs or symptoms, you should phone your physician:

- A fever over 101° that lasts more than a day
- Chest pain, especially when you cough or take deep breaths
- Chest congestion that lasts more than a day
- Thick, dark yellow or bad smelling drainage from the incision
- Painful redness
- An incision that is hot to touch
- Calf pain or swelling in either or both of your legs
- Swelling that is abnormally high
- Problems breathing

Your follow-up appointment

Before you are discharged from the hospital, your Mercy Joint Replacement Center coordinator will help schedule your post surgical follow-up appointment with your orthopedic surgeon. Typically, these appointments are scheduled 12-14 days after your hospital discharge. If you did not schedule an appointment or cannot remember if you did, please call your physician's office to confirm a follow-up time.

In addition to checking your new joint for strength, flexibility and overall progress, your physician will also provide a new set of care guidelines and a list of activities you may now begin. As always, be sure to ask any questions you have.

A care plan and additional follow-up appointments will also be established at this time.

Your follow-up phone call

You will receive a phone call from the Joint Replacement Coordinator several days after you get home. The purpose of this call is to touch base with you, answer any questions you might have and make sure things are going well for you.

Keys to safety and success

Here are some keys for success in the first few weeks after surgery as you recover at home.

- DO NOT go for long periods of time without moving. To help prevent stiffness and swelling, it is important that you get up and move at least every 45 minutes or so
- DO NOT sit in chairs that are low to the ground, chairs with wheels, or chairs without armrests.
- DO NOT bend over to pick up items on the floor. Use your grabber tool, or other assistive devices, as needed.
- DO NOT drive a car until cleared to do so by your physician.
- DO NOT soak your new hip or incision in water. You may be instructed to cover your incision when you shower. You should not take tub baths.
- DO NOT have sex or play sports until cleared by your physician.
- DO continue your exercise program as prescribed. The more dedicated you are to performing your exercises correctly and on-schedule, the more successful you'll be in the long run.
- DO push yourself to flex your hip and regain the largest range of motion possible.
- DO take your pain medication about 30 minutes before therapy or starting your exercise program to help reduce pain.
- DO continue your ankle pump exercises any time you are sitting and after long periods of inactivity.
- DO take walks when cleared to do so by your physical therapist. You should avoid surfaces like grass or gravel that may cause you to lose your balance.

Ongoing care

Traveling

When traveling long distances, you should attempt to change position or stand about every hour. Some of the exercises from your follow-up program, like ankle pumps, can also be used should you need to sit for long periods of time.

Because your new artificial hip contains metal components, you will likely set-off the metal detector at airports or the security systems used in shopping malls and department stores.

Exercises and activity

Exercise and maintaining an active lifestyle are important parts of health. Most patients with artificial joints are able to enjoy many activities, though some should be avoided. In general, high impact exercises, like running, skiing, heavy weight lifting, or contact sports must be avoided. Participating in these activities, or activities like them, may damage your joint or cause it to wear down much more quickly. Low impact activities like swimming, walking, gardening, golf – or activities like them – are encouraged.

Frequently asked questions

How often will I see my physician after surgery?

Your surgeon will follow your care throughout your hospital stay. It is likely that you'll see your surgeon every day while you're in the hospital recovering. Your surgeon will also want to see you for follow-up appointments in their office after you are discharged. Typically, appointments are scheduled 12-14 days after surgery.

How do I know if my incision is infected?

After surgery, you will notice discolored skin, some swelling and drainage around your incision. This is normal. If you experience painful redness, abnormal swelling, or thick, bad smelling drainage from your incision, you may have an infection. A temperature over 101 degrees also may indicate an infection.

When can I take a shower or bath?

Most patients will shower on the second day after surgery while still in the hospital. When you return home, you may need special equipment, like a bath mat, hand-held showerhead or shower seat to help you bathe comfortably and safely. Your surgeon may also instruct you to cover your incision when you bathe.

When will I be able to drive again?

You should not drive a car or other motor vehicle until your physician says it's okay to do so. You must be off pain medications before you will be cleared to drive again. In most cases, patients are able to resume driving about 4 weeks after surgery.

Why must I take antibiotics for dental work or other surgical procedures?

Taking antibiotics is a precaution to help ensure that your new artificial joint does not become infected. Additional surgeries or dental work increases the chance of infection. No matter where the infection starts, if it spreads to your new hip, the results could be very serious. When artificial joints become infected, they must be removed surgically and then replaced.

Please let your dentist or physician know that you've had joint replacement surgery. This is important no matter how small or straightforward the procedure.

How should I sleep at night to keep my hip comfortable and safe?

Placing a pillow between your legs should help keep your hip comfortable and stable. You may sleep on your back or on either side, depending on what makes you most comfortable.



Home Evaluation

(Please complete before joint class).

How would you like to be addressed? _____

Surgeon's name _____ Date of surgery _____ Total hip Total knee

Living Situation TODAY

Do you live Alone With spouse With family Other _____

Is assistance available to assist with care after discharge? Yes No

Live in a House Apartment Senior high rise Assisted living Other _____

Home is One level 2-story Split level Other _____

If you plan on going to a friends or relative's home after discharge,
please answer the following for both your home and the home you will be going to.

Steps you will use at home after surgery

Steps at home (indicate the number of steps at each area):

| | # of steps | Is there a railing | Do you need to go up and down these |
|--------------|------------|---|--|
| Front steps | _____ | <input type="checkbox"/> One side <input type="checkbox"/> Both sides | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Garage steps | _____ | <input type="checkbox"/> One side <input type="checkbox"/> Both sides | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Back steps | _____ | <input type="checkbox"/> One side <input type="checkbox"/> Both sides | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Upstairs | _____ | <input type="checkbox"/> One side <input type="checkbox"/> Both sides | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other | _____ | <input type="checkbox"/> One side <input type="checkbox"/> Both sides | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Getting around

Walks before surgery Alone With an assistive device _____ With assist

Walks Primarily indoors Outdoors less than 6 blocks Outdoors more than 6 blocks

Will a walker fit in home before surgery? Yes No

Have throw rugs been picked up? Yes No

Have most commonly used items been moved to a proper height for easier access? Yes No

Is there a chair in the home to use after surgery? Yes No

Will you need to get a chair to have after surgery? Yes No

Bathroom and bedroom access

Bathroom has Walk in shower Tub only (height of tub _____) Tub/shower combo
 Fixed shower head Hand-held shower Curtain Shower door

Bar support near toilet? Yes No Near shower? Yes No

Toilet height _____ Elevated toilet seat? Yes No

Bed is _____ inches from the floor to the top of mattress.

When lying in bed, from which side do you exit? Right Left Could you use the other side? Yes No

At this time, my plans at discharge are:

Return home alone Home with family To relative's home
 Home with home care Home with outpatient therapy Rehab facility

Equipment

Currently at home you have or have access to:

Bath bench / seat Bed side commode Leg lifter Reacher Other _____
 Long shoe horn Sock aid Crutches Walker basket Other _____
 Wheelchair Elastic shoelaces Walker Long handled sponge Other _____
 Rollator Wheeled walker Cane

Activities of daily living

In home the following are done by:

Cooking meals / clean up Self Spouse Agency Other _____
Laundry..... Self Spouse Agency Other _____
Shopping..... Self Spouse Agency Other _____
Cleaning (dusting, vacuuming, etc) Self Spouse Agency Other _____
Driving / transportation..... Self Spouse Agency Other _____
Household maintenance Self Spouse Agency Other _____
Yard work..... Self Spouse Agency Other _____

Name of agency assisting with above tasks _____

Dressing
(putting on / taking off) Shirt / blouse / dress..... Self Spouse Agency Other _____
Bra / fasteners..... Self Spouse Agency Other _____
Slacks / undergarments.. Self Spouse Agency Other _____
Socks / nylons..... Self Spouse Agency Other _____
Shoes..... Self Spouse Agency Other _____
Bathing
Tub bath..... Self Spouse Agency Other _____
Sponge bath..... Self Spouse Agency Other _____
Shower..... Self Spouse Agency Other _____
Transfers
In/out of chair Self Spouse Agency Other _____
In/out of bed..... Self Spouse Agency Other _____
In/out of toilet Self Spouse Agency Other _____
In/out of tub/shower..... Self Spouse Agency Other _____
In/out of car Self Spouse Agency Other _____

Name of agency assisting with above tasks _____



Mercy Hospital

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