



**Boone Hospital
Center** **BJC** HealthCare

The Joint Replacement Center

Total Hip Replacement

Patient Education Packet

Boone Hospital Center Contact Numbers

Joint Replacement Center 573.815.6100

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Switchboard 573.815.8000

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Welcome

Our Care Team would like to welcome you to Boone Hospital's Joint Replacement Center. Choosing to have a total hip replacement is a big decision. Our team is here to make sure the time you spend with us goes as smoothly as possible so you can get back to experiencing a more independent and healthy life.

This packet will provide you with information that will allow you to be an active member in your recovery. While all members of the care team play a significant role, your role is the most important. Your commitment to wellness is a necessary component to your success. We hope you have an *excellent* stay. If there is anything we can do to improve your experience, please let any member of the team know.

The information in this packet will help you:

- Identify members of the care team.
- Understand your role in preparation for joint replacement.
- Understand a typical course of treatment during hospitalization.
- Understand the hospital discharge processes.
- Clarify or answer any questions regarding your upcoming surgery.

What is a Hip Replacement?

Joint implants (artificial joints) are made of metal and polyethylene (plastic) and are typically held in place with bone cement. Some implants are made of a material that does not need to be cemented. These implants are held in place by muscles, tendons and ligaments, while bone is allowed to grow into a porous surface on the implant.

Common Reasons for Hip Replacement

The primary purpose of hip replacement surgery is to decrease the pain you are experiencing in your joint from osteoarthritis. Osteoarthritis occurs when wear and tear breaks down the joint, making movement stiff and painful. Additional reasons may include correcting the alignment of your joint or correcting a deformity.

The Joint Replacement Center Team

The members of your Joint Replacement Center Health Care Team include:

- **Doctors** - direct your care, both orthopedic and medical.
- **Nurses** - give your medications, assess your health status, and care for you with the assistance of a patient care technician.
- **Clinical Supervisor & Charge Nurses** - oversee the running of the floor and address patient concerns and issues.
- **Patient Care Technicians** - assist you with personal needs, take vital signs, empty drains and catheter, remind you to use your incentive spirometer, and help with movement, exercises and getting up for meals. They may also draw the blood for your morning lab work.
- **Outcomes Coordinator** - assists with your discharge needs and help you learn what you need to know before going home.
- **Case Manager** – coordinates your discharge process.
- **Home Health Liaisons** - assist you in choosing a home health agency and making arrangements for home care.
- **Durable Medical Equipment Supplier** - assists you in getting the equipment you need to care for yourself at home, such as a walker, reacher, sock aid, long shoe horn, or 3-in-1 commode.
- **Physical Therapists** - help you learn exercises and how to move around safely after your surgery. You will practice getting in and out of bed, walking, and going up and down stairs.
- **Occupational Therapists** - instruct you on how to bathe, dress and perform toilet transfers safely after your surgery. They will also help you learn how to safely and independently perform advanced activities of daily living, such as cooking and home maintenance.
- **Social Workers** - assist you with Advance Directives (living will and durable power of attorney for health care) and discharge planning if you need continued care after your stay at the Joint Replacement Center. Some alternative options include: nursing homes, skilled nursing facilities and acute rehabilitation units.
- **Dietitians, Chaplains and Skin Care Nurses** - are available to you as needed or requested.
- **Coach** – Your friend or family member that acts as your cheerleader for your recovery.
- **You!** - You are the key to a successful and speedy recovery. It is important that you take an active role in your care and rehabilitation.

Preparing for a Total Joint Replacement

How to Prepare Yourself

- Your surgeon will arrange an appointment with Pre-Admission Surgical Services (PASS) once your surgery has been scheduled.
- Your visit to PASS will be scheduled within seven days prior to your surgery. If you are scheduled for another physician visit during that time frame, they will attempt to coordinate these appointments. Parking is available on the south side of the hospital, by the Out Patient tower entrance.
- During this visit, any tests your doctor has ordered will be completed. A nurse will take your medical history. You will need to provide a detailed list of your medications and dosages to the nurse at this time. If you have any questions regarding this process, please contact PASS at 573.815.3300.
- Things to bring with you to your PASS visit at the hospital:
 - A list of your prescription medications and any over-the-counter medicines you are taking.
 - A list of your allergies. This list should include allergies to medications, foods and environmental conditions such as latex.
 - A list of your past surgeries.
 - Your Medicare/Medicaid or other insurance cards.
 - A copy of your advance directive (living will and/or durable power of attorney for health care), if you have one.
 - The blood donor form, if you have donated blood for your surgery.
- Prior to or following this appointment, it is recommended that you attend our Joint Replacement Class, given in the Joint Replacement Center classroom, located on the 7th floor of the North Hospital Tower. The class is held Monday through Friday from 11:30 – 12:00 p.m. No registration is necessary. During this class you will learn how to prepare for your surgery, what to expect after surgery, and learn more about your role in your care and rehabilitation.
- If you notice any of these symptoms before surgery, report them to your orthopedic surgeon:
 - Symptoms of a cold or flu
 - Fever over 100 degrees
 - Pain, burning or frequency when you urinate
 - Cuts, scratches, bug bites or pimples on your operative leg

- Skin rash
- Gout flare-up

These symptoms may be signs of an infection or other condition that your orthopedic surgeon may want to treat prior to surgery.

- Remember, specific questions regarding **your** surgery should be directed to your orthopedic surgeon.

How to Prepare Your Home

- Before surgery, you should eliminate safety hazards which could cause you to fall.
 - Remove throw rugs and plastic runners
 - Remove all electrical and phone cords from walkways
 - Add a non-slip bath mat to your tub or shower
 - Be aware of small pets
 - Wear non-slip shoes
- Place everything you will need in a convenient place.
 - Store foods and supplies between waist and shoulder level.
 - It is important to plan ahead so you can avoid unnecessary stair climbing. Climbing stairs is very tiring, especially when done more than once a day. For example, you may want to move to a ground floor bedroom when you first return home. If you must climb stairs or steps at home, remember to tell your physical therapist in the hospital so you can practice stair climbing.
- Some extra things you *may* find useful to have at home are:
 - Night lights for your room and the path to the bathroom
 - A lamp by your bed
 - A hand rail for stairs
 - A hand rail or grab bar by your toilet and shower
 - A hand-held shower head
 - A portable telephone
- You may want to prepare a few meals that can be placed in the freezer ahead of time or stock up on foods that are easy to prepare.
- Identify a high, firm chair to sit in.

Look at the chairs in your house. Make sure you have one with a firm cushion that does not sit low to the floor. You will find it helpful if the chair also has arms. Often, a captain's chair from the dining room works well. If you do not have such a chair, you can add firm cushions or pillows to the seat to make it sit higher. Avoid chairs that may roll or slide when you sit on them.
- Remember you will need to use a walker or crutches after surgery. Walkers are 24 ½ inches wide. You may need to rearrange furniture to clear the way for your walker.

What to Pack

- Two to three full changes of proper clothing:
 - Loose pants or shorts that slide easily across the bed to wear during therapy. Elastic waistband pants or shorts are preferred.
 - Shoes that fit well, are flat, and have a closed heel and non-slippery soles. Slip on shoes with a back work best. Please do not bring shoes that slip off easily. You may apply elastic shoestrings to your laced shoes if you have them.
 - Robe or a housecoat that has snaps, buttons or ties. Do not bring one that you must step into and zip up.
 - Appropriate underclothing.
- Men should bring an electric shaver rather than a razor. You may be on a blood thinner after surgery and need to avoid cuts from razors.
- Glasses or contacts and case
- Dentures and denture cup
- Hearing aid and an extra battery, if applicable
- Your walker (if you already possess one and are planning to use it after surgery). This will be examined by the therapist to see if it is suitable for your hospital stay and for use after discharge. Please be sure it is labeled with your name
- Your personal C-PAP machine, if applicable
- This packet of information
- DO NOT bring any medications with you when you come to the hospital for surgery unless you were asked to bring them.

What to Expect the Day before Surgery

Pre-Surgery Phone Call

The afternoon before your surgery, you will receive a telephone call either from your surgeon's office or from a Boone Hospital Center Pre-Admission Surgical Nurse. (If you are scheduled for surgery on Monday, this call will be made on Friday afternoon.) You will be told what time to arrive at the hospital and check in at the Surgery Desk the next day. If you HAVE NOT received your telephone call by 4:00 p.m. the last weekday prior to your surgery, please call the surgery department at 573.815.3300 or 573.815.6402.

During this phone call, the nurse will review important information, such as:

- Where to check in on the day of surgery
- What to wear
- Some items you will need to bring with you
- When you need to refrain from eating and drinking

Bring a copy of your advance directive (living will or durable power of attorney for health care) with you if you have one. If you would like information regarding advance directives, staff will provide you with a brochure. If you wish to complete an advance directive, staff will arrange for you to meet with our social worker or a designee.

The Night and Morning before Surgery

After the time given by the PASS department (usually 11:00 p.m.), and until after surgery:

- DO NOT eat, drink, smoke, chew tobacco, gum or suck on candy or cough drops.
- DO NOT wear make-up or nail polish on toes or fingers.
- DO NOT wear cologne, perfume or alcohol-based products.

Check with your medical doctor about which medications you should take on the day of surgery (with only a sip of water).

If you are taking any of the following types of medications, please stop taking them **five days** before your surgery, unless otherwise instructed by your doctor:

- Blood Thinners
- Anti-Inflammatories
- Vitamin E
- Any over-the-counter medications not approved by your doctor

What to Expect the Day of Surgery

Upon Arrival for Surgery

You will be escorted to the preoperative area by a staff member and prepared for surgery. This will include:

- Verification of your consent for surgery
- Putting on a hospital gown and identification bracelet
- Measurement of your vital signs, height and weight
- Verification of the surgery you will be having and marking the appropriate hip

You may be asked similar questions several times to ensure there are no errors.

Once you are ready, two visitors may be allowed to visit you prior to you being taken to the operating room suite. If you have brought personal items with you, please give them to your family or friends. (It is preferred that you leave valuables at home.)

Status Updates and Visitor Waiting

To help ensure privacy and convenience, your family will be given a pager when they check in at the surgery waiting room desk. The pager will light up and vibrate when updates are available. Please have family or friends come to the surgery waiting room desk for information when the pager goes off. If no one is present at the desk, they can call the number posted by the courtesy phone (6402). The pagers have a limited range, so if the pager is taken out of the surgery waiting room area, the receptionist should be notified. All pagers should be returned to the waiting room desk when you are moved to your room. Your family may ask the receptionist for an update on your condition at anytime.

While you are in surgery, family members or friends accompanying you may want to visit our gift shop or cafeteria. The gift shop is located in the hospital lobby and carries cards, candy, flowers, gifts and personal items. The cafeteria, on the second floor, offers hot food selections, a grill, deli, salad bar and self-serve areas. A vending machine room on the second floor is also available 24 hours a day.

Cafeteria hours

Breakfast 6:30 a.m. to 10:30 a.m.

Lunch 11:00 a.m. to 3:30 p.m.

Dinner 4:30 p.m. to 7:00 p.m.

Anesthesia

There are two main types of anesthesia used for joint replacement surgeries: general and regional anesthesia. Prior to surgery, your anesthesiologist will evaluate your medical condition and individual needs and develop an anesthetic plan that is right for you.

General Anesthesia – If you are given general anesthesia, you will be unconscious and have no awareness or other sensations. There are a number of general anesthetic drugs. Some are gases or vapors you breathe in through a breathing mask or tube. Others are medications given through your vein. During anesthesia, you are carefully monitored, controlled, and treated by your anesthesiologist and CRNA (certified registered nurse anesthetist). They use sophisticated equipment to track all your major bodily functions. A breathing tube may be inserted through your mouth and into your windpipe to maintain proper breathing during this period. The length and level of anesthesia is calculated and constantly adjusted. At the end of your surgery, your anesthesiologist will reverse the process and you will wake up in the recovery room.

Regional Anesthesia – If you are given regional anesthesia (the most likely type of anesthesia for a joint replacement surgery) your anesthesiologist will use what is commonly called a spinal anesthetic. In spinal anesthesia, your anesthesiologist will give you an injection of medication in your back to numb the area of your body that requires surgery. You will then be given a sedative to help you relax and sleep during your procedure. You do not see or feel the actual surgery take place. The spinal anesthesia lasts about 1½ to 6 hours. After this time, you will regain feeling and movement in your legs. This method of anesthesia also helps with pain control right after surgery.

Boone Hospital's Anesthesiology Team Members

Anesthesiologist - Doctors who are responsible for administering anesthesia to relieve pain and for managing vital life functions, including breathing, heart rhythm, blood pressure, and brain and kidney functions during surgery. They also manage and treat medical problems, which may be present before surgery or develop during or immediately after surgery.

Certified Registered Nurse Anesthetist (CRNA) - Licensed professional nurses (RNs) who undergo extensive training, become nationally certified by exam after graduation, and then provide services similar to an anesthesiologist. At Boone, CRNAs provide anesthetics to patients along with the anesthesiologist and are an important part of the anesthesia care team.

Recovery Room

After surgery your family may be asked to go to a consultation room where your surgeon will discuss your surgery.

You will be transferred to the recovery area from the operating room (OR). Expect to be in the recovery room for about one to two hours. To ensure privacy and maximize your safety, no visitors are allowed in the recovery area. The recovery room nurses will inform your family (through the reception desk personnel) when you arrive in the recovery room, of any significant changes, and when you will be transferred from recovery to your room on 7N.

As you wake up, you may:

- Feel cold
- Have a tube under your nose to give you additional oxygen
- Have a foley catheter in your bladder
- Have machines to monitor your heart rate and oxygen levels
- Have a hemovac drainage tube in your incision to prevent the build up of blood and body fluids in that area
- Have an abduction pillow between your legs

After the receptionist has given your family or friends your room number, they may go to the sun room (from the visitor elevators, turn right twice and go to the end of the hall) on the 7th floor. Your family or friends should notify the unit secretary at the nurse's station to let them know they have arrived. They will be notified by phone or in person when you are settled in your room and ready for visitors.

Potential Side Effects

You may experience some of these side effects after surgery

Nausea - After surgery, you may have some temporary nausea and vomiting due to the anesthesia. If you feel nauseated, please let staff know so that they can give you medication to help.

Constipation - You will be taking pain medicine and also have a decreased level of activity right after your surgery. Both of these can lead to constipation. Please talk to your nurse if your bowels have not moved by the third day after surgery. You will be given a stool softener daily, and a laxative is available upon request.

Blood Loss - There is usually some blood loss during surgery. If needed, we can treat blood loss with a blood transfusion. If you need a blood transfusion, we may need to start another IV in your arm. Your hemoglobin level will be tested throughout your hospital stay so we can monitor your blood level. Blood samples are usually taken around 4:00 a.m. each

morning. Your surgeon may suggest that you “donate” one or two units of your own blood prior to surgery so that you can receive your own blood if needed.

Difficulty Urinating - One side effect of anesthesia can be difficulty urinating after surgery. For this reason, a sterile tube called a foley catheter may be placed in your bladder. The foley catheter in your bladder will be removed the first or second day after surgery.

Blood Clots (DVT) - Blood clots are a risk after any surgery. They can occur when blood pools in the calves of your legs during periods of decreased movement. Several things are done to prevent blood clots:

- Some patients will wear TED hose (elastic stockings) to improve circulation.
- A blood thinner may be started. If so, you would continue on this medicine for two to six weeks after surgery.
- You will begin getting out of bed the evening of surgery or the next morning.
- Physical therapy will give you a list of exercises to do each hour.
- Sequential compression devices or foot compression devices will be placed on your feet or legs to aid in circulation.
- If on a blood thinner, your blood may be tested for its clotting ability. This test will help your doctor decide how much blood thinner medicine you would need to take.

The Joint Replacement Center

Private Room

All Joint Replacement Center patients have a private room!

- When you arrive at the Joint Replacement Center, nurses will settle you in and receive a report from the recovery room nurse. They will also perform a physical assessment.
- In addition to routine procedures, your doctor may order:
 - An incentive spirometer to exercise your lungs
 - Telemetry to monitor your heart
 - A pulse oximeter on your finger to measure how much oxygen you have in your blood
- Your doctor will order:
 - Sequential Compression Devices (SCDs)
 - Frequent Position Changes
 - Pain Management
 - Physical Therapy
 - Occupational Therapy
 - Frequent Activity
 - Healthy Meals
- Seeing your family after surgery can be very comforting, but do not forget that you have just gone through a very difficult surgery and need your rest.
 - Hospital visiting hours are 8 am to 8 pm. However, they are only enforced on the Joint Replacement Center if the patient is overly tired and needs rest or at their request.
 - Inflatable mattresses are available on a first-come, first-serve basis for overnight guests.
 - A recliner is in each room for a guest to sleep on.

Frequent Position Change

You will need to change your position approximately every two hours. During the first day, you will need assistance in changing your position. After the first day, you will be able to move around in bed with the help of an overhead patient helper (trapeze) which is fitted to your bed. To lift your buttocks off the bed, hold on to the trapeze, bend your good (non-operative) leg and push up with your foot. Try not to rely on use of the trapeze bar beyond post-operative day two.

Incentive Spirometer

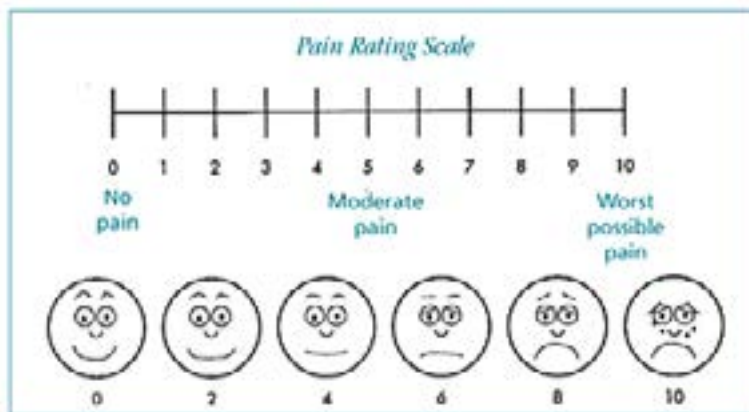
Breathing exercises after surgery will include coughing and deep breathing. Your nurse and patient care technician will help you use an incentive spirometer (IS), which is a small plastic tool that you use to help you practice deep breathing. It is important to take long, deep breaths in and out, as well as practicing coughing so you do not develop pneumonia. You will need to perform your IS every thirty minutes to every hour while you are awake.

Pain Management

Pain is to be expected after a hip replacement.

The Joint Replacement Center health care team will assist you to control your pain at a level that will allow you to do your activities and sleep well. Pain medication is not given automatically or on a set schedule; you will be asked to rate your pain prior to being given medication.

You will be asked to rate your pain on a scale of 0 to 10. Zero means no pain and 10 means the worst pain you can imagine. Please let us know *any* time you are experiencing pain.



There are several ways of treating pain:

- **IV pain medication** - medication given through your IV that takes effect in five to 10 minutes. You will receive IV pain medications the day of surgery.
- **Intramuscular injections (IM)** - usually a narcotic that is given with a needle and a syringe into a large muscle such as the buttocks, the top side of the thigh or the side of the hip. IM medication usually starts to take effect 15 to 30 minutes after it is given and lasts about four to six hours. You will receive IM pain medications the day of surgery and the first day after surgery.
- **Patient-Controlled Analgesia (PCA)** - this pain medicine is connected to your IV with a special pump. There is a button you can push that will release a pre-determined amount of medicine into your IV. Limits are set to prevent you from receiving too much medicine. You may have a PCA pump the day of surgery.
- **Pain pills** - pills are usually given after you are able to take a regular diet, or are decreasing the use of your PCA. Pain pills take approximately 30 to 45 minutes to work and can usually be given every three to four hours. It is best if you request pain pills about one hour before scheduled therapy sessions. You will usually begin using pain pills the evening of surgery with other types of medications and transition over to only pain pills by the next evening.

Pain medicines may make you drowsy and may not relieve *all* of your pain; therefore, the goal is to bring your pain to an acceptable level. Please let your nurses know if your pain medicine is not working. They will work with the doctor to adjust the type or amount of medicine you are receiving. Each doctor has his/her own preferences for the type of pain medication ordered for you.

Pain medicine works best if you take it before your pain gets too severe. Please do not wait to ask for pain medicine until you cannot stand the pain. If you wait this long, the pain medicine will not work as well. We encourage you to ask for medicine before your pain prevents you from doing your exercises or walking. This will help to effectively manage your pain. Please discuss any questions about pain management with your doctor before surgery.

Music Therapy

Music has been used throughout history to help ease pain and promote physical, emotional, and spiritual health by reducing stress. Listening to therapeutic music after your total hip replacement is one way that you may choose to help manage your pain.

Music Therapy can:

- Boost your immune system to help your body heal faster
- Ease muscle tension and improve coordination
- Reduce pain levels
- Assist you to more fully participate in exercises and therapy

Music Therapy is available to all Joint Replacement Center patients. Each patient room and our therapy gym have a CD player to be used for Music Therapy. Headphones and CDs can be checked out through our library during your recovery. In addition, your nurse or patient care technician will be able to assist you in locating the C.A.R.E. channel on your television.

Physical Therapy

Physical therapy sessions typically occur twice a day. These will usually start the day after your surgery. The purpose of physical therapy is to help you to begin moving as safely and independently as possible. Therapists help you accomplish your goals with a variety of activities such as walking, teaching you your home exercise program, and getting in and out of a bed or chair. For your convenience, most of your physical therapy sessions will occur on the unit.

You will use a walker following your surgery (sometimes crutches may be used). Your therapists will instruct you on safe, proper walking and stair climbing using the appropriate device. Very rarely your doctor may limit the amount of weight you can put on your new joint. You may also have some precautions to follow regarding certain movements of your new hip. Your physical therapists will assist you with learning any specific precautions and how to safely follow them.

You will find it very beneficial to start doing the post-operative exercises as soon as possible **prior** to surgery. This will allow you to become familiar with the exercises, as well as assist in strengthening key muscles. These are included in the back pocket of this packet.

Occupational Therapy

Occupational therapy sessions usually occur once a day. Your occupational therapist will begin seeing you the day after surgery for an evaluation. For your convenience, most of your occupational therapy sessions will occur on the unit.

The main purpose of occupational therapy is to help you become safe and independent in performing activities you do every day such as dressing, toileting and performing home management tasks. Occupational therapists

will teach you to use adaptive equipment to perform these activities if needed.

Mobility and Meals

It is important for you to be up and moving as much as possible after your surgery. Staff will assist you in getting up for every lunch and supper after your operative day. Staff will also assist you in getting up and walking in your room.

Keeping You Healthy During Your Stay

- Handwashing is the single most effective way to prevent illness.
- Please remind all visitors to wash their hands or use alcohol foam upon entering your room.
- If you do not see hospital staff wash their hands or use alcohol foam upon entering your room, please feel free to ask them if they did so outside the room.
- If you need assistance washing your hands, please ask a staff member for assistance. You will also receive a small bottle of alcohol gel when you arrive on the floor.
- Ask friends and family to refrain from visiting you if they are ill.

Tobacco-Free Environment

If you smoke or use tobacco, remember:

- Boone is a tobacco-free environment.
 - Smoking and nicotine decrease bone healing.
 - We encourage you to decrease or stop smoking before surgery.
 - While there are some medications that can help with nicotine cravings during your hospital stay, nicotine replacement is usually not an option while recovering from orthopedic surgery.
- Hospital personnel cannot escort you outside to smoke.

Hip Replacement Recovery Goals

You will be able to go home when you have achieved these 3 goals, which we anticipate will be by the 3rd day after surgery.

Able to get in and out of bed.



Safely walk 100 feet using a walker.

Able to walk to the restroom using a walker.

If you have no medical complications, you will be discharged home with physical therapy when you have achieved these goals. *This means you may be able to go home earlier!!!*

Daily Routines

The Joint Replacement Center health care team is here to assist you in meeting your discharge goals. We will provide support in helping you meet these goals and your anticipated outcomes. In order to achieve a timely discharge, you will need to be an active participant in the rehabilitation process.

Every Day (beginning the day after surgery):

- You will have physical therapy sessions twice a day.
- You will have an occupational therapy session each day.
- You will be sitting up in a chair for lunch and supper, if possible.
- We will help you change positions every 2 hours.
- You will use your incentive spirometer ten times every even hour.
- You will practice hip precautions.

Additionally on the day after surgery you will:

- Walk to the door of your room by evening with a walker
- Use the bedside commode
- Begin taking oral pain medications
- Understand basic hip precautions
- Discuss plans for discharge with staff and family

Additionally on the second day after surgery you will:

- Get dressed in street clothes with occupational therapy (will be done for the rest of your stay)
- Walk a minimum of 50 feet with walker
- Understand hip precautions
- Walk to bathroom with a walker
- Control your pain with oral pain medication
- You may discharge home today if you have successfully met the three discharge goals

Additionally on the third day after surgery you will:

- Most patients discharge home on this day
- Walk a minimum of 100 feet with a walker
- Perform daily activities without breaking hip precautions

Discharge

Discharge Planning

Once you and your surgeon have determined a date for your surgery, you should begin planning for both your surgical stay in the hospital and your discharge needs. The average length of stay in the hospital following hip replacement surgery is between two to three days. While a large majority of people who have hip replacement surgery return home with home health services and/or outpatient therapy visits, some people benefit from a short stay at a skilled nursing facility.

To prepare for your discharge, you will have one or more of the following people visit you after surgery to help you make your plans:

- Outcomes Coordinator
- Case Manager
- Social Worker
- Home Health Liaison

Discharge Process

These activities will occur on your day of discharge:

- Identify equipment necessary for home use, such as:
 - Walker
 - Toilet extender
 - Bedside commode
 - Reacher
- Practice car transfer
- Practice going up and down steps
- Understand all discharge education
 - Medication
 - Activity restrictions
 - Follow up physician's appointments

You will be discharged with:

- Prescriptions, which may include a blood thinner, pain medicine and any other new medicines
- Appointments with your medical doctor and your orthopedic surgeon
- Home health orders and the phone number for the home health agency of your choice
- TED hose, if your doctor orders them
- Your equipment such as a walker, commode or reacher, unless other arrangements have been made
- Your educational materials

Going Home

Our goal is to get you home early enough in the day so that you have time to settle in before you're too tired. Usually patients leave by 1:00 pm.

We will have your belongings packed and your paperwork completed in time for your discharge, as discussed with you and your family after surgery.

We ask that your family or friends come to your room or call your room from the lobby when they are ready to take you home.

Your family or friends will move the vehicle to the circle drive at the main entrance where our staff or transport staff will take you to be picked up.

***** *Reminder* *****

You may have assistive devices/equipment to take home in addition to gifts from friends and family. Please ask your family member or friend to bring a vehicle large enough to accommodate all of your belongings.

Things to Watch for at Home & Report to your Physician

Hip Precautions

After surgery, you will have limitations for bending, crossing and twisting your leg based on your surgery and your doctor's recommendations. You will receive a packet with these hip precautions in detail. These hip precautions are necessary to prevent hip dislocation.

Signs of a Dislocated Hip

Watch for these signs that might be a warning your hip is dislocated: Operative leg shorter than non-operative leg, severe pain, decreased movement in your hip and extreme difficulty bearing weight on your operative leg.

Wound Care

Change the dressing on your incision as instructed on your discharge instructions.

The following are signs that your wound may not be healing or is infected, and should be reported to your orthopedic surgeon:

- A temperature over 100 degrees
- New or increasing redness, swelling, or red streaks near the surgical wound
- New or increasing drainage from your wound or an opening of your wound
- Increasing pain not relieved by pain medicine or rest
- Decreased ability to move your joint
- A change in the appearance of your wound that concerns you

Do not scrub or soak your incision.

You may shower as instructed on the discharge instructions.

Signs and Symptoms of a Blood Clot

Blood clots can cause the following symptoms and should be reported to your physician:

- New or increasing warmth, redness and/or swelling in the calf of your leg
- Tenderness to the touch in your calf
- New or increasing pain in your calf with movement or weight bearing, and/or pain in your calf when you pull your toes up towards your head
- Chest pain with shortness of breath or bloody phlegm. If this occurs, call 911.

Reminders

Follow-up Doctor Appointment

Remember to ask for the following at your first appointment with your orthopedic surgeon:

- A card to carry that verifies you have had hip replacement surgery (if you did not receive one while in the hospital). This will be helpful in the event you set off a metal detection device in an airport or government building.
- A handicapped parking sticker application (This is rarely needed.)
- Disability forms, if applicable.

Medical Issues

- Always tell your dentist or doctor that you have had a joint replacement before you have any procedure. You may need to be on antibiotics before a procedure in order to prevent bacteria from entering your bloodstream and infecting your new joint.
- Take your temperature one to two times per day for the first 7 to 10 days after going home.

Stress Management

Stress can actually increase your perception of pain and slow the healing process. You can try several different relaxation techniques to decrease your stress level, such as deep breathing, listening to calming music, working on crossword puzzles, reading, building model cars, scrapbooking, writing letters or emails to friends and family, and performing your home exercises.

Nutrition

Proper nutrition and hydration will promote and speed up the healing process. Eat a nutritious and well-balanced diet. Dieticians are available for consultation during your hospital stay if you have any questions or concerns about your diet.

Safety and Activity

These are general recommendations. Please review your discharge instructions for specific restrictions or exercises prescribed by your physician.

- Remember you are recovering from surgery and are more likely to slip or fall, even in familiar surroundings. Be cautious when walking on uneven ground, ice, snow or newly waxed/mopped floors.
- If you have any questions, a home health therapist can assist you in making decisions regarding home modifications and additional equipment that may improve your safety and independence.
- When going up stairs, step up first with your old hip. When going down stairs, step down first with the new hip.
- Take enough pain medicine, as prescribed, to allow you to sleep as well as push for greater range of motion during your therapies.
- Continue to use ice for 15 to 20 minute periods after activity to relieve pain and swelling.
- Unless you are told otherwise, you do not have any weight-bearing limits on your new hip. You can bear as much weight as is comfortable.
- Continue with the exercises and activities you did in therapy. The therapists will give you an instruction sheet outlining these exercises.
- Walk several times a day using your walker.
- Lie down with your legs raised above your heart level throughout the day to help decrease swelling. When lying on your back, you will need two or three pillows under your legs, lengthwise, to ensure your legs are high enough. However, make sure the pillows are not placed directly under your knee, which can decrease blood flow and lead to blood clots.
- If you would like to receive information on resuming sexual relations after having a total joint replacement, please contact your outcomes coordinator and an educational packet will be provided.
- Do not take long car rides without stopping at least every hour to stretch and walk.
- Do not drive a car as long as you are taking narcotic pain medicine. Additionally, you must check with your doctor before driving again to make sure it is safe to do so.
- If you are a passenger in a car, you will have decreased pain and muscle spasms if you move your seat as far back from the dash as possible
- Returning to work will be determined based on your job's requirements and your physician's recommendations.

Glossary

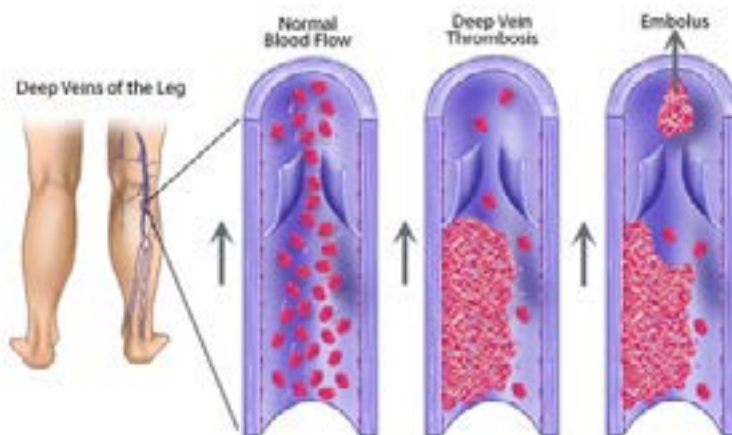
Advance Directive: A written or oral statement by the patient about his or her healthcare wishes, to be used in the event the patient cannot speak for him/herself. It may specify what treatments the patient wants or does not want. It may also name a person to be a surrogate decision-maker.

Coumadin: The most widely used oral anticoagulant (blood thinner) medication in the Western World is warfarin (also known by the trade name of Coumadin). This medication reduces the tendency of the blood to clot and therefore reduces the risk of certain conditions that arise from abnormal clot formation.

C-PAP Machine: Abbreviation for Continuous Positive Airway Pressure (CPAP) machine. A C-PAP delivers air into your airway through a specially designed mask. The flow of air creates enough pressure when you inhale to keep your airway open. This machine is often prescribed for people who hold their breath when they fall asleep.

Dislocation: When the ball of a hip joint comes out of the hip socket.

DVT: Abbreviation for Deep Vein Thrombosis. This is a blood clot that occurs when blood pools in the calves of your legs during periods of decreased movement.



Foley or indwelling bladder catheter: A flexible plastic tube inserted into the bladder that remains there to provide continuous urine drainage. The most common type of indwelling bladder catheter is the “foley” which has a balloon on the end. After the foley is inserted in the bladder, the balloon is inflated so that the catheter cannot pull out but is retained in the bladder. Removal is accomplished by simply deflating the balloon and slipping the catheter out. The catheter drains urine into a bag. Staff will empty this and measure your urine output.



Hemoglobin: The oxygen-carrying pigment of red blood cells.

IS or Incentive Spirometer: A small hand-held tool with a breathing tube and air chamber. It is used to measure your inspiratory (in-spruh-tore-ee) volume. It is also used to teach patients to do breathing exercises.



IV or Intravenous: The term IV is usually used to refer to an IV site where medication is injected directly into your vein. It may also be used to refer to IV fluids used to provide hydration or medications.



OT or Occupational Therapy: An occupational therapist works with patients to help them relearn daily living tasks as independently as possible.

Sequential Compression Devices: Sequential compression devices (SCDs) are used to increase circulation and help prevent blood clots. SCDs can be applied to lower legs and/or feet. They are attached to a small machine which pumps air into air pockets in the wraps. Air is pumped in and then released. This pumping action helps improve circulation and prevents blood clots.



PT or Physical Therapy: A physical therapist works with patients to regain strength and mobility and to use assistive devices such as walkers, crutches, and canes safely.

Pulse Oximeter: A pulse oximeter is a piece of equipment that attaches to your finger and passes a beam of red to infrared light through the nailbed. This measures the concentration of bedside monitor.



TED Hose: Long, tight fitting "socks" that keep mild pressure on the legs to prevent blood from sitting idle in the legs, which can lead to clots. Blood clots can form in anyone. However, having joint replacement surgery increases the risk of developing clots in the legs. TED hose are sized to fit the individual patient.



Telemetry: A piece of medical equipment that measures your heart rhythm on a continuous basis. It uses wire leads attached to a small transmitter.

The transmitter, or telemetry box, sends signals to telemetry monitors located at the nurse's station and the telemetry department.



Vital Signs: Measurements of temperature, blood pressure, heart rate, respiratory rate, blood oxygenation, and pain.

Vital Sign Monitor: A device mounted at the bedside that staff will use to measure and monitor vital signs.



