

# Total Hip Replacement: Your Guide to Preparation and Recovery

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# Total Hip Replacement: Your Guide to Preparation and Recovery

Thank you for choosing Presbyterian for your joint replacement. You are the most important part of your surgical team.

You are in control of your recovery. We will support you with information and instructions that will help you have the best possible outcome.

## Preparing For Your Surgery

About two weeks before your surgery, you will meet with your surgeon, and you will have a Pre-Anesthesia Surgical Screening (PASS) appointment at the hospital where you will have your surgery.

- Make sure you have all your pre-surgery clearances before your PASS appointment. If you have any questions about your pre-surgery clearances, ask your doctor.
- Make a list of all your medications, including prescriptions and over-the-counter medications, supplements and herbs. Be sure to list the dose, how often you take them, and what you take the medication for. Bring this to any appointments you have before your surgery.
- Make a list of your allergies to medications or foods and bring this to any appointments you have before your surgery.

## Medication Instructions Before Surgery

During your PASS appointment, you will be given specific instructions as to what medications to stop taking before surgery. Depending on what medications you take, you may be instructed to take a medication in the morning before your surgery. Take it early and with as little water as you can.

## Home Instructions the Day Before Surgery:

Do not eat after midnight the night before surgery, including candy or mints (unless otherwise instructed by your surgeon). You may drink the following clear liquids up to 2 hours before surgery scheduled time:

- Water
- Black coffee or tea (**no** creamer, dairy or non-dairy)
- Gatorade
- Apple juice

**Do NOT drink any broth.**

## Home safety preparation

Preparing for your return home from the hospital before your surgery is important. You may need to rearrange some things in your home for safety and access.

You will need some help at home after surgery. If you do not have help, ask a member of your healthcare team for a list of resources. Before your surgery, consider the following:

- If you have a multi-level home, try to make arrangements to remain on the first level for a time if you can.
- Make arrangements for pet care and ensure pets can be contained if needed so they don't get underfoot while walking with your walker.
- Make note of any uneven surfaces or trip hazards inside and outside of your home.
- Remove scatter rugs and secure extension cords out of the way.
- Make sure you have plenty of space to walk with a walker between furniture and in hallways in your home.
- Make sure you have shoes that secure on your feet with non-skid soles.
- Move frequently used items to counters and shelves that are easy to reach. This includes kitchen items, food and pantry items, toiletries, and clothing.
- Use night-lights between your bedroom and bathroom and near stairways.
- If your toilet is low, you may need a raised toilet seat. You may also need a toilet safety frame or grab bars around the toilet.
- Plan to sit down while you shower, using a shower chair or bench.
- Tubs and showers should have non-slip surfaces.
- Grab bars are recommended for the tub/shower/toilet and wherever you may need additional support.
- Make sure handrails are securely fastened wherever you may have to use these.



## Bathroom equipment

The bathroom is the most dangerous room in the house. Equipment you can get for your bathroom to make it safer includes:

- Grab bars
- Raised toilet seat
- Shower chair or a transfer bench
- Shower extension hose

Most people don't have difficulty with cleaning themselves after using the bathroom. If needed, though, your occupational therapist can show you strategies and equipment for this task.



## Your recovery chair

You need to choose a recovery chair at home for after your surgery. You will need a comfortable chair to sit in. Find a chair that is firm and high and has arm rests. It needs to be firm enough you don't have to struggle to get out of it. It needs to be high enough so that when you sit in it, your hips are higher than your knees. It should have arm rests to help you safely and easily transition from sitting to standing while maintaining your hip precautions.

Avoid chairs that rock, roll or swivel. Avoid sitting in low soft couches. A recliner as your recovery chair is okay if it meets the above recommendations: firm, high and with arm rests. If you have difficulty getting in and out of a recliner now, you should consider a different recovery chair after surgery.



## Discharge planning

Discharge planning begins before surgery. We have already talked about several things to consider. A home discharge is always the best. In special cases, discharge to a rehabilitation facility may be recommended. In some cases, home healthcare physical therapy and occupational therapy may be recommended. But most patients will be discharged home with outpatient therapy.

It is highly recommended that you pre-schedule your physical therapy visits before your surgery. The typical course of therapy after hip replacement is 2 times a week for 4–6 weeks. Participation in physical and occupational therapy after surgery helps to:

- Improve blood flow and prevent blood clots.
- Improve flexibility and restore normal range of motion.
- Improve muscle strength and activity tolerance.
- Improve gait and balance.

You will not be able to drive for up to 6 weeks after surgery. You will need to make arrangements for transportation from the hospital on the day of surgery, to follow-up doctor's appointments and to physical therapy. Your surgeon will tell you when it is safe and you are cleared to drive.



## What to Bring to the Hospital on the Day of Surgery

Your surgeon will give you any pre-admission instructions, your scheduled surgery time and when to check in. When you arrive at the hospital, you will go to the pre-op area. Nurses will get you ready for surgery. You will not be able to keep any personal items with you, so it is best to send those with a family member or caregiver. During your time in the operating room and recovery areas, you will not be able to have visitors. Please bring the following with you to the hospital:

- Picture ID and insurance information.
- Glasses, dentures and hearing aids with their cases.
- Comfortable, loose-fitting clothes that will be easy to get on after surgery.
- Shoes with non-slip soles that will stay securely on your feet.
- If you will stay overnight and you use a CPAP machine, bring it.
- Cell phone with long charger cord.

## What to Expect After Surgery

- **IV** – An IV (intravenous line) will be started to give you medication and fluid. It will be removed before you leave the hospital.
- **Oxygen** – You will be given oxygen by nasal cannula during and after surgery.
- **Incentive Spirometer** – This device is used after surgery to help you breathe more deeply and increase the oxygen in your blood. You will use it 5-10 times every hour that you are awake while you are in the hospital.
- **Sequential Compression Devices** – This device will be attached to your legs after surgery to increase blood flow and help to prevent blood clots.
- **Compression Stockings** – These prevent swelling and blood clots in the legs after surgery. Typically, these are worn for 4 weeks after surgery.

### Pain Management

Pain management is important for your comfort and mobility, and we want you to have good pain control. With a total joint replacement, good pain control does not mean that you will have no pain. We use a 0-10 pain scale, with 0 being no pain and 10 being the worst pain possible. This is our best way to make something that is very personal measurable.

A good pain goal on the 0-10 pain scale is a 5 (moderate) or less. Here are some other ways you can tell if your pain is adequately managed:

- Being able to sleep without interruption.
- Being able to get up and walk.
- Being able to work with physical and occupational therapy.

A combination of medications is ordered by your surgeon and used to manage your pain. In addition to oral medications, a nerve block is administered during surgery to provide 12-24 hours of added pain relief, which is important for early mobility.

### **Cold Therapy**

The application of a cold pack to your hip after surgery will also help with pain management and swelling. Purchase a large reusable gel cold pack for home. Cold therapy serves as a natural pain reliever and anti-inflammatory. You can apply the cold pack to your hip for 20-25 minutes as often as every 2 hours. You should place the cold pack in a pillowcase as a barrier to protect your skin.

### **Nausea**

You may have food and fluids once you are fully awake after surgery. We recommend that you start off easy. Anti-nausea medications can be given to you if you need them. Taking your pain medication with food will help prevent nausea and vomiting.

### **Constipation**

This is common after surgery and is caused by pain medications and decreased activity. You may need to take stool softeners and laxatives at home after surgery.

## **Preventing Complications**

### **Deep Breathing**

Using the incentive spirometer provided to you in the hospital helps you breathe more deeply after surgery, keeping your lungs clear and helping to prevent pneumonia.

### **Diet**

Drinking plenty of fluids and eating a healthy diet will give you more energy and help you heal faster.

### **Hygiene**

Frequently washing your hands will help prevent infection. Others should wash their hands before touching you. Good oral hygiene like brushing your teeth and keeping your mouth moist can lower your risk of getting pneumonia after surgery.

### **Compression Stockings**

Wearing compression hose or stockings after leg surgery helps to prevent blood clots. These can be challenging to get on and off but are important. Your therapists will instruct you in ways to make this easier to do.

### **Physical Activity**

Moving and walking improves blood flow, prevents blood clots and pneumonia, and keeps your muscles strong. You should be up and walking every hour that you are awake at home. On the day of surgery, you will get up with physical therapy or nursing staff. If you stay overnight, you will be seen the next morning by occupational and physical therapy.

Unless there are unexpected issues after surgery, you should expect to be discharged home the following day. Your surgeon will inform you prior to surgery if you are a candidate for same-day discharge so you can plan accordingly.

## Posterior Total Hip Replacement Precautions

Hip precautions will depend on the specific approach that your surgeon uses to replace your hip joint. Following hip precautions are important to prevent hip dislocation while you are healing. Your therapists will spend time reviewing these in detail. The most common hip precautions are:

- **Do not** bend your hip more than 90 degrees (Figure 1).
- **Do not** cross your legs (Figure 2).
- **Do not** let your knees turn in (Figure 3).

You will need to follow your hip precautions until your surgeon tells you that they are no longer necessary.



Fig. 1



Fig. 2



Fig. 3

## Your Hip Kit

Following hip precautions while your hip heals can be challenging while doing daily activities such as bathing and dressing.

A **hip kit** is a group of long-handled tools that help with these tasks. Hip kits usually include a:

- Sock aid
- Long-handled shoehorn
- Long-handled sponge
- Reacher

It is recommended that you buy your hip kit **before** surgery so that you have a chance to practice using these tools. We encourage you to continue to do your own self-care tasks to improve strength, stamina and independence.



## Sleeping Positions

You will initially have to sleep on your back. Placing pillows under your knees may help if this is difficult due to low back pain. You can sleep on the non-operated side right away if it is comfortable to do so. We recommend placing 1-2 pillows between your knees to prevent unintentional crossing of the legs.

Once your incision is healed and the swelling is gone, you will be able to sleep on the operated side.



## Bed Mobility

You will be able to move in bed and can bend your hips and knees to reposition yourself. We will teach you how to get in and out of bed while following your hip precautions. It will take arm and core strength. It does not matter which side of the bed you get in and out of, just that you pay attention to the hip precautions we discussed.

## Chair and Toilet Transfers

This is where having arm rests on the chair and around the toilet is really going to pay off. To sit, back up until you feel what you are going to sit on behind your legs. Place the operated leg out to give you more room to bend at the hips. Reach back for the arm rests or the grab bars and lower yourself down gently. Avoid twisting when you are sitting. If you are in a low chair, you may have to keep the operated leg out in front to avoid bending more than 90 degrees at the operated hip. To stand, place the operated leg out and push up using your arms and the non-operated leg.



## Car Transfers

Have your helper get in the front passenger seat before you, slide the seat back and recline the seat back. This will give you more room to bend the hips and knees to get your legs into the vehicle without bending more than 90 degrees at the hip. If you have fabric seats, placing a large trash bag in the seat will make it easier for you to turn on your buttocks to get in and out.

## Walking

It is recommended that you use an assistive device for walking after a total joint replacement. The safest device is a front-wheeled walker (FWW). This device provides the best support while allowing for progressive return to a normal gait pattern. The size and height of the FWW does matter. When standing inside of the FWW with your arms hanging to your side, the hand grips on the FWW should be even with your wrists. They are adjustable but be aware they do come in two sizes. If you already have a FWW make sure you can adjust it to the correct height.



You will be weight-bearing as tolerated immediately after surgery unless told otherwise by your surgeon. This is exactly what it sounds like. You can put as much weight on the operated leg as you can tolerate.

The initial gait pattern taught is a step to gait and goes like this: Walker – Injured leg – Good leg, or WIG. As the leg/hip feels better you will put more weight through it and progress to a normal gait pattern.

Most people transition from the FWW to a cane, then to no device. Everyone will be different, and there is no set time for this. It is dictated by pain, strength and balance. Your physical therapist will help you determine when to make these changes.

When going up and down a step, remember, “Up with the good, down with the bad.” You will get as close as you can to the step, get your balance and place the FWW up on the step. You will then step up with the good leg first so it can pull your body weight up.

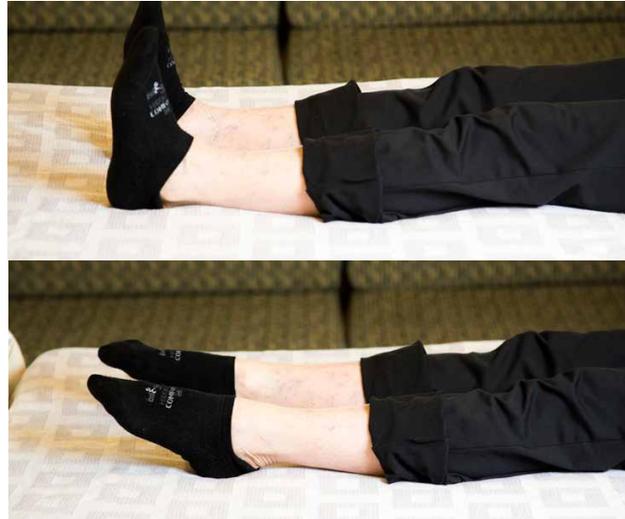
Going down, you should get as close as you safely can to the edge of the step, get your balance and place the FWW down. You will then step down with the bad leg first so the good leg can lower your body weight down. Going up and down stairs is the same sequence, but you will have to use a railing for support instead of the FWW.

## Total Hip Replacement Exercises

In addition to walking several times a day, do the following exercises two times a day.

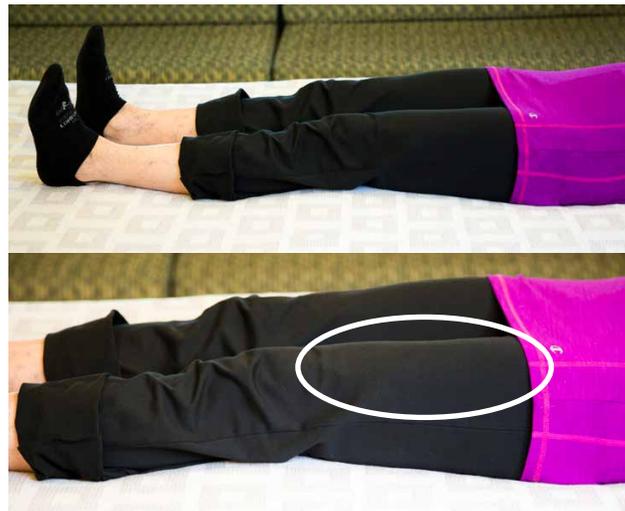
### Ankle Pumps

- Pump your ankles up and down as shown.
- Repeat 10-20 times.



### Quad Sets

- Tighten the muscles at the front of your thighs. Press the backs of your knees into the bed and hold.
- Hold for 5 seconds.
- Repeat 10-20 times.



### Glute Sets

- Squeeze your buttock muscles together.
- Hold for 5 seconds.
- Repeat 10-20 times.



## Heel Slides

- While lying flat on your back, slide your heels to your buttocks.
- Repeat 10-20 times.



## Hip Abduction and Adduction

- Keeping your big toe straight up towards the ceiling, slide your leg out and then back in as shown.
- Repeat 10-20 times.



## **Straight-Leg Raise**

- Keep your knee straight and raise your leg off of the bed as shown.
- Repeat 10-20 times.





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