

Total Hip Replacement: Your Guide to Preparation and Recovery

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Thank you for choosing Presbyterian for your joint replacement. You are the most important part of your surgical team. Your success depends on you. It is our goal to give you instructions and help you before and after your hip replacement, so that you have the best possible outcome.

Preparing For Your Surgery

About two weeks before your surgery, you will visit with your surgeon. You will also 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, including dental, before your PASS appointment. If you have any questions about your pre-op clearances, ask your doctor.
- Make a list of your medications, including prescription 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:

Stop taking all non-steroidal anti-inflammatory drugs (NSAIDs) seven days before your surgery. These are drugs like ibuprofen, naproxen, aspirin, and other prescription NSAIDs. Ask your nurse or doctor if you are not sure which drugs these are. You should not take NSAIDs until you stop taking anti-clotting drugs after your surgery.

During your PASS appointment, you will be told which medications to take in the morning before your surgery and which ones you should not take. If you are told to take a medication in the morning, take it early in the morning with as little water as you can. You are not allowed to eat or drink (this is called NPO) after midnight the night before surgery unless your anesthesiologist and surgeon approves it.

Identify your recovery chair:

You need to choose a recovery chair for after surgery at home. You will need a comfortable chair to sit in. Find a chair that is firm, high, and has arm rests. The chair needs to be firm, so that you do not have to struggle to get out of the chair. It should be high enough so that when you sit in it, your hips are higher than your knees. It must have arm rests, which will be important to help you safely and easily sit and stand, while keeping your hip precautions.

Do not sit in a rocking chair or a chair that rolls.



Home safety preparation:

- Reorganize your kitchen so that the things you will need are in easy reach, so that you don't have to bend over or reach high above your head.
- Reorganize your furniture to keep the places you walk through clear.
- Remove all throw rugs or any other things you could trip on.
- You may need to raise the height of your bed so that it is easier to get in and out of it. You should practice getting in and out of both sides of your bed.
- You may need to raise the height of your toilet and/ or add arm rests to make it easier to get up and down.



Help walking after surgery:

You will need a front-wheeled walker after surgery. These are known as assistive devices. A walker is a stable device and is recommended for most patients. A front-wheeled walker will be ordered for you after your surgery. They are adjustable, and come in different sizes. Having your walker set to the correct height for you is very important. If you already have one, bring it to the hospital before you are discharged so that we can size it for you.



Your hip kit:

Following hip precautions while your hip heals can be hard while doing daily activities (such as bathing and dressing). There are helpful tools that are recommended to make sure you maintain your hip precautions. Typically, these tools can be bought in what is known as a hip kit. Hip kits include a sock aid, a long-handled shoe horn, a long-handled sponge, and a reacher. You can buy your hip kit after surgery, but it is helpful to practice with these tools before surgery.



Bathroom equipment:

The bathroom is the most dangerous room in the house, especially after you add your hip precautions into the mix. Equipment you can get for your bathroom to make it safer includes grab bars, a raised toilet seat, a shower chair or transfer bench, and a shower extension hose. You will also need to be careful when you clean yourself after using the bathroom. Your occupational therapist will show you the correct way to do this and make other equipment recommendations if needed.

* **Note:** Do not take your front-wheeled walker into the shower. Use grab bars to keep your balance in the shower.



What to bring to the hospital:

- Shoes with soles that won't slide. Avoid wearing slip-on shoes that may cause you to trip.
- Comfortable, loose socks.
- Comfortable, elastic-waist undergarments, shorts or sweat pants, and loose-fitting shirts.
- Glasses, dentures, hearing aids.
- If you use a CPAP machine, please bring it to the hospital.
- A picture ID and insurance information.

* **Note:** Leave your walkers or canes at home or in the trunk of your car until just before you are discharged from the hospital or when your therapist asks for it. If you do not own a front-wheeled walker, we will get one at the hospital for you.

During Your Hospital Stay

Your surgeon will give you any pre-admission instructions and your scheduled surgery time. When you arrive at the hospital, you will go to the pre-op unit. Nurses will get you ready for your surgery. You will not be able to keep any personal items with you, so it is best to send these items home with family. During your time in the operating room and recovery areas, you will not be able to have visitors. You will have pain medications the entire time you are in the hospital, following your surgeon's orders.

Equipment we will use:

- **IV** – An IV (intravenous line) will be started in order to give you medicines and fluid. It will be capped off after you begin drinking fluids and you have received your antibiotics and/or blood products.
- **O2** - You will be given oxygen by nasal tubing.
- **Incentive Spirometry** – This is used to help you breathe deeply and increase the oxygen in your blood. You will be taught how to use the incentive spirometer before your surgery. Use it 10 times every hour while you are awake in the hospital.
- **Urinary Catheter** – A catheter will be put in your bladder in order to check your how much urine you make during and after your surgery.
- **Sequential Compression Devices** – These will be placed on your legs to help your blood flow after surgery when you are in bed to prevent blood clots.
- **Compression Stockings** – These prevent swelling and blood clots in the legs. Compression stockings will be used for six weeks after surgery. Your nurse will give you these and teach you how to put them on.
- **Surgical Drains** – In some cases, a drain may be used after surgery to remove fluid from your hip. If it is used, it will be removed before you are discharged.

After Surgery

Pain Management

Pain management is important for your comfort. You should have good pain control. With this type of surgery, good pain control does not mean that you will have no pain. So, what is good pain control?

- Being able to sleep in between any interruptions.
- Being able to get out of bed for meals and up to the bathroom with help.
- Being able to work with physical and occupational therapists so you can steadily improve.
- Keeping your pain at or below your daily pain goal, as described on the board in your room.

We use a pain scale from 0 to 10, with 0 being no pain, and 10 being the worst pain possible. Your nurses will do everything they can to help you manage your pain and keep it at or below your pain goal throughout your stay. After surgery, your pain goal will be between 5 and 6 (moderate pain). Ask for pain medication **before** your pain is more than your goal. You can have IV pain medication right after surgery. It can be used until you can drink fluids and eat food. Once you can eat and drink, you will take pain pills. Most doctors order pain medication to be given every four hours, as needed, to meet your pain goal.

Food/Fluids

Right after surgery, you will be NPO (meaning you can have nothing by mouth) until your nurse determines that you can drink clear liquids. Drinking fluids or eating food too soon may cause nausea and vomiting. Your nurse will let you know when you can eat a normal diet.

Nausea

Anti-nausea medications will be given to you, if you need them. Taking your pain medicine with food will help you from feeling sick to your stomach.

Constipation

This is common after surgery and is caused by pain medications and less activity. You may need stool softeners and laxatives after surgery. Use stool softeners and laxatives at home, as needed.

Preventing Complications:

Here are some things you can do to prevent pneumonia and other problems after surgery. Your nurse will help you with this.

Deep Breathing

- Using an incentive spirometer to breathe deeply helps keep your lungs clear and may keep you from getting sick with pneumonia.
- Turning from side to side, coughing, and taking deep breaths help improve your breathing.

Diet

- After surgery, you may not be able to eat. Make sure you ask your nurse before you eat or drink anything.
- Once you have been told it is okay to eat, drinking plenty of fluids and eating a healthy diet will give you more energy. It may help your wound heal faster.

Physical Activity

- Being active improves blood flow, prevents blood clots, and keeps your muscles strong.
- Returning to your normal activity as soon as possible after your surgery will help your whole body get better more quickly. Spend as much time as possible out of bed. Sit up in a chair for your meals at the hospital and when you get home.

Hygiene

- Brushing your teeth and keeping your mouth moist can lower your risk of pneumonia after surgery and also help you with your overall health.
- Washing your hands will help prevent infections after surgery. Ask others to wash their hands before touching you, too.

Rehab in the Hospital:

You will have physical therapy and occupational therapy while you are in the hospital. We will instruct you in your hip precautions and how you will use them with everyday living. We will teach and practice daily activities with adaptive equipment. We will teach you range-of-motion (increasing how much you can bend your hip) and strengthening exercises. With your help, we will make sure that you meet your therapy goals, and are safe and as independent as possible with all activities.



Day of Surgery: You may be seen for physical therapy on the same day as your surgery. This will include exercises and getting up to walk, if you can. Your nursing team will help you sit up if you are not ready for therapy.

First Day After Surgery: Physical therapists will work with you on how to get in and out of bed, in and out of a chair, on and off of the toilet, and with walking. You will learn exercises for when you go home. You need to spend as much time as possible out of bed. You will also be seen by an occupational therapist to work on getting around and doing daily activities. It will be very important to follow your hip precautions with real-life tasks.

Second Day After Surgery: You will continue therapy to get around safely, perform daily activities, practice steps or stairs, and practice your home exercise program, while maintaining your hip precautions. If you are medically stable and you meet your therapy goals, you may go home. We will make plans for services you will need at home before your discharge.

Third Day After Surgery: You will continue therapy to meet your goals. If you are medically stable, you will be discharged from the hospital.

Recovering From Your Joint Replacement

Discharge Planning

Discharge planning can start before your surgery, including scheduling follow-up with your doctor. After your surgery, your healthcare team will help you pick the best place to be discharged to. A home discharge is always best, but there are times where you may be discharged to a rehabilitation facility.

Participating in Therapy

Physical therapy and occupational therapy are an important part of your recovery and the success of your surgery. You will have therapy for 4-8 weeks after your surgery. Therapeutic exercises and moving around are important to:

- Improve blood flow and prevent blood clots.
- Improve flexibility and range-of-motion.
- Improve muscle strength and performance.
- Improve your balance.

Hip Precautions

In order to protect your hip while it heals, it is important that you follow your hip precautions. Your specific hip precautions will depend on the type of surgery that was done for your hip replacement. Your healthcare team will show you the hip precautions that are right for your type of surgery. We will practice these precautions with you and show you how they relate to your everyday activities and moving around.

Positioning

You can sleep on your back and on the side of your body that you did not have surgery on right away. You need to use a pillow to make sure that when you do sleep on your side, your hips stay in a neutral position. After your staples are taken out and your surgical incision heals, you will be able to sleep on the side of your body that you had surgery on.

Things to Avoid

- Sitting in soft and low chairs.
- Sitting for more than 45-60 minutes at a time.
- Sitting in a bathtub.

Practicing moving around and doing daily living activities while following your hip precautions is important. This helps you prevent hip dislocation. With your hard work and the help of your team (surgeon, therapists, nurses and family/caregivers), you will be successful.



Total Hip Replacement Precautions

DO NOT

- Bend your hip more than 90 degrees depending on your surgeon's instructions. (Fig. 1)
- Cross your legs. (Fig. 2)
- Let your knees turn in. (Fig. 3)
- Extend your hip and externally rotate (turn your hip out) at the same time. (Fig. 4)

DO

- Continue doing your total hip replacement exercises.
- Follow all hip replacement precautions given to you by your surgeon until he/she says it is okay for you to stop.



Chair and Toilet Transfers

1. Back up until you feel the chair or toilet at the back of your legs.
2. Put the operated leg forward. Put one or both hands on the arm of the chair or toilet and sit gently (Fig. 5 and 6).
3. Do not twist while you are seated.
4. To get up from the chair or toilet, slide the operated leg forward and bring your hips forward to the edge of the seat. Push up with both hands on the arms of the chair or toilet and rise with your weight on the non-operated leg. Do not bend forward from the hips (Fig. 7).



Total Hip Replacement Exercises

Do these exercises two times each day.

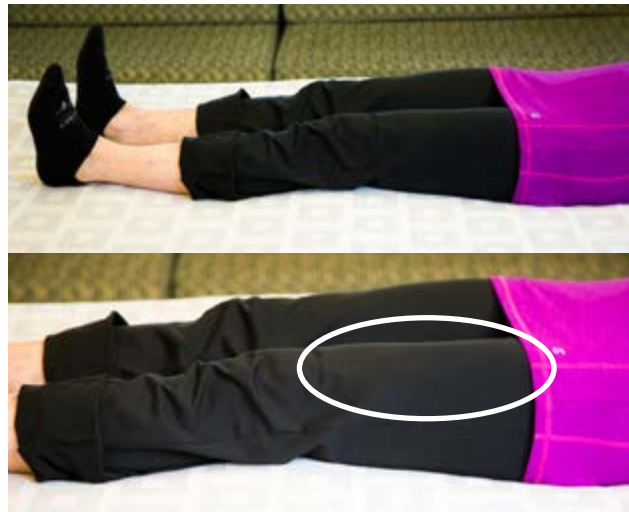
Ankle Pumps

- Keep your knees straight and move both of your feet up and down.
- Repeat 10 times.



Quad Set

- Press your knee downward toward the mat or bed, tightening muscle on front of thigh.
- Hold 5 counts.
- Repeat 10 times.



Gluteal Set

- Squeeze buttocks together.
- Hold 5 counts.
- Repeat 10 times.



Heel Slide

- Slide operated heel to buttocks.
- Repeat 10 times.



Hip Abduction and Adduction

- Slide operated leg out to side with toes pointing up.
- Return leg to original position.
- Repeat 10 times.
- Ask your hospital therapist before doing active abduction exercises. Some physicians would like you to wait before doing this exercise.





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