Total Joint Surgery Check-Off List

Pre-Operation Total Joint Class participation completed ____
Pre-Operation Lab Work completed ____
Home preparation complete if going home from hospital ____
All necessary paperwork acquired ____

Orthopedic Care Coordinator (386) 586-4221
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Florida Hospital Flagler

Florida Hospital Flagler is a non-profit organization with a mission to extend the healing ministry of Christ. The hospital is a member of Adventist Health System, Inc., which currently operates 44 hospitals within ten states.

Florida Hospital Flagler has 99-licensed beds with 16 additional observation beds and employs nearly 1,000 caregivers, of which nearly 75 percent live in Flagler County. Florida Hospital Flagler continues to grow with the community and is now comprised of the hospital's main campus, Town Center Surgery, a freestanding outpatient surgery center, and the Parkway Medical Center with a Walk-In Clinic, Imaging Services, Women’s Center, Physical Therapy, Pediatric Rehab and physician offices.

Our belief is to not only grow with the community and provide the facilities and equipment to improve healthcare, but to also recruit the best physicians. We have recruited and attained expert physicians in the field of: Neurology, Family Practice, ENT, General Surgery, Plastic and Reconstructive Surgery, Medical Oncology, Radiation Oncology, Gastroenterology, Emergency Medicine, Anesthesia, Radiology and Vascular Surgery.

As the backbone of healthcare in the community, our not-for-profit hospital adds services that are needed in the community both profitable and not-profitable. Because our philosophy is to serve the community, 100% of our income is invested into healthcare services in Flagler County. We realize the community has a choice when choosing where to receive their healthcare and we thank you for choosing Florida Hospital Flagler both for inpatient and outpatient services.
General Information

Thank you for choosing Florida Hospital Flagler’s Total Joint Replacement program to help restore you to a higher quality of living with your new joint. Florida Hospital Flagler is a Joint Commision-Certified Orthopedic Center of Excellence. This designates the highest level of care available for total knee and total hip replacement surgery.

Each year approximately 700,000 people undergo total joint replacement surgery. Those individuals suffered from chronic joint pain or arthritis that complicated daily activities, including walking, exercise, leisure, recreation, and work. The surgery aims to relieve pain, restore your independence, and return you to work and other daily activities. Individuals who undergo total joint replacements typically recover quickly. They are able to walk the first day after surgery and even more remarkable, patients will be able to resume many of their social and some sporting activities within 4-12 weeks. This can include aerobic exercises, golf, dancing and weight training. Your surgeon will need to give you the final approval.

Our expert Orthopedic team has implemented a comprehensive planned course of treatment. We believe that you play a key role in promoting your own successful recovery. Our goal is to involve you in your treatment through each step of the program. This Orthopedics Patient Guide will give you the necessary information to promote a more successful surgical outcome.

Our Orthopedic Surgery Program Mission:

*Extending the healing ministry of Christ through a commitment to excellence in patient care, innovation and learning.*

Florida Hospital Flagler Orthopedic Surgery Medical Staff

From left: Dennis Alter, MD; Jeffrey Keen, MD; Ronald Bathaw, MD; David Gay, MD; John Russell, MD
The purpose of the Florida Hospital Flagler Orthopedics Patient Guide

Preparation, education, continuity of care, and a pre-planned discharge are essential for optimum results in joint surgery. Communication is essential to this process. This Patient Guide is a communication and education tool for patients, physicians, physical and occupational therapists, and nurses. It is designed to educate you so that you know:

- What to expect every step of the way
- What you need to do
- How to care for your new joint

Remember, this is just a guide. Your physician, nurses, or therapist may add to or change any of the recommendations. Always use their recommendations first and ask questions if you are unsure of any information. Keep your Patient Guide as a handy reference for at least the first year after your surgery.
Overview: Orthopedics Program at Florida Hospital
The Orthopedics program at Florida Hospital Flagler encompasses a multi-disciplinary care team including Rehabilitation, Surgery, Nursing and Home Health. Surgeries are scheduled Monday through Friday and patients are typically discharged after a three night stay in the hospital.

Features of the Orthopedics Program at Florida Hospital Flagler include:

- Expert Orthopedic surgeons with experience and the latest technology to provide customized care
- An orthopedic care coordinator (RN) works with you and oversees your care from pre-operative care through discharge planning, including follow-up after discharge. Orthopedic Care Coordinator (386) 586-4221.
- Registered nurses and therapists who specialize in the care of patients with joint replacements
- Calming, private rooms
- This comprehensive Patient Guide for you to follow from six weeks pre-op until three months post-op and beyond
- Coordinated after-care program with two rehab locations in Palm Coast and Home Health, if necessary

Role of the Orthopedic Care Coordinator

The Orthopedic Care Coordinator will be responsible for your care needs from the pre-operative class through discharge and post-operative follow-up.

The Orthopedic Coordinator may assist you with:

- Obtaining pertinent health information
- Assessing your home needs including caregiver availability
- Assessing and planning for anesthesia and medical clearance
- Answering your questions and assisting in coordinating your hospital care and discharge plan to outpatient services, home or a skilled nursing facility.
- Assisting with insurance questions
- Acting as your liaison throughout your treatment at the Florida Hospital Flagler
- Coordinating pre-operative care between your physician's office, the hospital, and testing facilities, if required.
- Verifying that all testing has been completed prior to surgery
After your surgeon’s office has scheduled you for joint replacement surgery, it will be necessary to:

- Schedule your pre-operative total joint class, which is MANDATORY per your physician request, and verify medical testing appointments. Call (386) 586-2085 to schedule your total joint class.
- Outline of pre-operative total joint class is as follows:
  - Explanation of what to expect on your day of surgery from members of your care team.
  - Discharge planning/Insurance/Obtaining Equipment
  - Learn about Assistive Devices and Joint Protection
  - Learn Breathing Exercises
  - Meet the Joint Replacement Team
  - Questions and Answers
  - Review and learn Pre-operative Exercises
  - Role of your caregiver

You may contact the Orthopedic Care Coordinator at any time to ask questions or raise any concerns regarding your surgery. Please see the beginning of this guide for contact information.

Frequently Asked Questions about Total Hip Replacement Surgery and Anesthesia

We are delighted that you chose Florida Hospital Flagler for your total hip replacement surgery and rehabilitation. Patients have asked many questions about total hip replacement. Below is a list of the most frequently asked questions along with answers. If you have any additional questions, please ask your surgeon or any member of the Orthopedic Surgery and Rehab team.

What is osteoarthritis and why does my hip hurt?

Joint cartilage is tough, smooth tissue that covers the ends of bones where joints are located. It helps cushion the bones during movement, and because it is smooth and slippery, it allows for motion with minimal friction. Osteoarthritis, the most common type of arthritis, is a wear and tear condition that destroys joint cartilage. Sometimes as the result of trauma, repetitive motion, or for no apparent reason, the cartilage wears down, exposing bone ends. This can occur quickly over months or may take years to occur. Cartilage destruction can result in painful bone-on-bone contact, along with swelling and loss of motion. Osteoarthritis usually occurs later in life and may affect one or many joints.
What is a total hip replacement?

Hip replacement surgery, also called total hip arthroplasty, involves removing a diseased hip joint and replacing it with an artificial joint, called a prosthesis. Hip prostheses consist of a ball component and a socket. The implants used in hip replacement are biocompatible — meaning they’re designed to be accepted by your body — and they’re made to resist corrosion, degradation and wear. Hip replacement can relieve pain and restore range of motion and function of your hip joint.

What are the results of total hip replacement?

Results will vary depending on the quality of the surrounding tissue, the severity of the arthritis at the time of surgery, the patient’s activity level, the patient’s adherence to the doctor’s orders, and the patient’s motivation and active participation in their rehabilitation and recovery.

When should I have this type of surgery?

Your orthopedic surgeon will decide if you are a candidate for the surgery. This will be based on your history, exam, X-rays, and response to conservative treatment. The final decision will be up to you.

Am I too old for the surgery?

Age is generally not a factor if you are in reasonable health and have the desire to continue living a productive, active life. You may be asked to check with your personal physician for his/her opinion about your general health and readiness for surgery.

How long will my new hip last?

All implants have a limited life expectancy depending on an individual’s age, weight, activity level, and medical condition(s). A total joint implant’s longevity will vary in every patient. It is important to remember that an implant is a medical device subject to wear that may lead to mechanical failure. While it is important to follow all of your surgeon’s recommendations after surgery, there is no guarantee that your particular implant will last for any specific length of time.

Why might I require a revision?

Just as your original joint wears out, a joint replacement will wear over time as well. The most common reason for revision is loosening of the artificial surface from the bone. Your surgeon will explain the possible complications associated with total hip replacement.
What are the major risks?
Most surgeries go well, without any complications. Infection and blood clots are two serious complications. To avoid these complications, your surgeon will use antibiotics and blood thinners. Surgeons also take special precautions in the operating room to reduce the risk of infections.

Should I exercise before the surgery?
Yes, consult your surgeon or physical therapist about the exercises that are appropriate for you. Attending our mandatory pre-operative total joint class will help to clarify which exercises you should perform prior to your surgery. Exercise prior to surgery helps to maximize mobility and strength and improve your rehab process post-operatively.

Will I need blood?
You may need blood after the surgery. You may use the community blood supply or donate your own blood if you are able. Discuss your options with your surgeon.

How long will I be incapacitated?
Remember, you have elected to undergo this surgery to improve your mobility and quality of life. You are not sick while you are here. You may even get out of bed on your day of surgery. The next morning you will get up, sit in a chair or recliner, and will be instructed in walking with a walker. Later that day you will participate in your first treatment session. We encourage all of our patients to stay out of bed in their chairs for most of the day to allow you to work on the exercises and mobilize your hip.

How long will I be in the hospital?
Most hip patients will be hospitalized for three days after surgery. There are several goals that must be achieved before discharge to ensure that you are safe enough to return home.

Where will I go after I am discharged from the hospital?
Most patients are able to go directly home after discharge. Some patients may transfer to a skilled nursing facility, if qualified. Case managers along with your surgeon can help you with this decision and make the necessary arrangements. You should check with your insurance provider to see if you have these benefits and home health care benefits. If you go home from the hospital, you may receive home health physical therapy for a short period before being referred for outpatient therapy.
What if I live alone?
Patients usually have three options. You may return home and receive help from a relative or friend, you can have a home health nurse and physical therapist assist you at home for two to three weeks, per guidelines, or you may stay at a skilled nursing facility following your hospital stay, depending on your insurance coverage.

How long does the surgery take?
Florida Hospital Flagler reserves approximately one to two hours for surgery. Some additional time is taken by the operating room staff to prepare for the surgery.

Do I need to be put to sleep for this surgery?
The preferred method currently for anesthesia is a spinal. This method is combined with a “light” general anesthetic which is like taking a “nap”. However, some patients may need to have a general anesthetic, which most people refer to as “being put to sleep.”

The choice is between you, your surgeon and the anesthesiologist.

Will the surgery be painful?
You will have discomfort following surgery, but we will try to keep you as comfortable as possible with the appropriate medication. Timely communication on your part and planning together will help to keep your pain under control, which will allow you to fully participate in the rehabilitation process which will help decrease your pain.

Who will be performing the surgery?
Your orthopedic surgeon will be performing the surgery.

How long and where will my scar be located?
Surgical scars vary in length, but most surgeons will make it as short as possible. It will vary in location and size based on the type of surgery you are having performed. Generally, a total hip replacement scar is vertical and located on the outside of your hip, but it may be located more toward the back or front of your hip depending on the technique used.

Will I need a walker or a cane?
We recommend that you use a walker immediately after surgery. You will be progressed to a cane when your surgeon and therapist think it is appropriate. The case manager will order the device you need before you go home.

Will I need help at home?
For the first few days at home you will need assistance. If you go directly home from the hospital, the case manager will arrange for a home health care nurse to come to your house as needed depending on your benefits by your insurance carrier.
Preparing ahead of time can minimize the amount of help needed. Having the laundry complete, house cleaned, yard work finished, and single portion frozen meals will help reduce the need for extra help. Having family and friends available to help can ease the burden.

**Will I need physical therapy when I go home?**

We will arrange for a physical therapist to provide therapy at your home depending on your benefits. Following this, you may go to an outpatient facility to complete your rehabilitation. The length of time required for this type of therapy varies with each patient. You should speak to your physician about your individual rehab needs.

**How long until I can drive, go back to work, and get back to normal?**

The ability to drive depends on whether surgery was on your right or left leg and the type of car you have. We recommend that most patients take at least one month off from work, unless your work is more sedentary. Please check with your surgeon or physical therapist for advice on your activity.

**When can I have sexual intercourse?**

Please consult with your orthopedic surgeon.

**How often will I need to be seen by my doctor after surgery?**

Typically the first visit with your physician is two to three weeks after discharge from the hospital. The frequency of follow-up visits is based on patient progress. Most patients are seen at three weeks, 3 months, 6 months and then once per year.

**Will there be any permanent restrictions after surgery?**

Yes, high impact activities, such as running, singles tennis, and basketball are not typically recommended. Avoid situations that may allow uncontrolled motions of your hip, such as skiing and contact sports. Please discuss with your orthopedic surgeon. You may have specific movement restrictions that your therapist and physician will review, known as hip precautions.

**What are some of the physical/recreational activities that I can participate in after surgery?**

You can participate in low impact activities such as walking, dancing, golf, hiking, swimming, bowling or gardening.

**Will I notice a difference in my hip?**

Yes, you may have an area of numbness around the scar area which may last a year or more. However, many patients with hip replacements state that their new joint feels completely natural. We always recommend avoiding extreme positions or high impact
activities. Sometimes you may notice that the leg of your new hip may feel longer than before. This can be due to the fact that your leg was previously shorter due to the arthritis in the joint. Sometimes you may also notice aching down the front of your thigh when standing on that leg for a few months after surgery. This is completely normal.

Anesthesia

What are the different types of anesthesia?
Decisions regarding your anesthesia are tailored to your personal needs. The types of anesthesia available are:

- General Anesthesia which provides loss of consciousness
- Regional Anesthesia that involves an injection of a local anesthetic to provide numbness, loss of pain, or loss of sensation in a large region of the body. Regional anesthetic techniques include spinal blocks, epidural blocks, and arm and leg blocks. Medications may be provided to blur your memory or make you drowsy.

What are some side effects?
Your anesthesiologist will discuss the risks and benefits associated with the different types of anesthesia.

Will I meet my anesthesiologist before my surgery?
Yes, you will meet your anesthesiologist prior to your surgical procedure.

Your general health will be reviewed and discussed and will include your medical history, laboratory test results, allergies and current medications. With this information, the anesthesiologist will determine the type of anesthesia best suited for you.

What will happen with anesthesia during surgery?
Anesthesia is provided to patients through an anesthesia care team. An anesthesiologist with a Certified Registered Nurse Anesthetist (CRNA) will monitor and provide your care while you are in the operating room. They will review your vital signs (blood pressure, heart rate, and oxygen levels) during surgery and administer medications as necessary to provide you the safest surgical procedure.

What can I expect after surgery?
After surgery you will be taken to a Post Anesthesia Care Unit (PACU) where specially trained nurses will monitor you closely. During this time, you may be given extra oxygen and your breathing and heart functions will be observed closely.
What to do Four to Six Weeks before Your Surgery

Choose a “Coach”

You will only stay in the hospital for 3 days on average. When you go home you will rely heavily on family and/or friends to help you, especially in the early days. You must designate a friend or family member to serve as a “Coach.” This person will assist you throughout your experience with us and will help you transition home more easily. We highly recommend that you choose your Coach early and it is someone who can stay with you for one or two weeks at your home after discharge.

1. Your Coach should attend the Pre-Operative Total Joint Class.
2. Your Coach should read your “Patient Guide.”
3. You and/or your Coach will be taught how to change your dressing and the signs and symptoms of infection.
4. Your coach should plan to attend at least two of your therapy sessions, while you are in the hospital. This is necessary to learn how to properly and safely assist you when you return home.
5. Your Coach should be with you when the therapist works with you at your home in order to help you perform your exercises when the therapist is not there.
6. Your Coach should be with you at the time of your discharge to hear discharge instructions and ask questions if needed.

Insurance Information

Prior to surgery, you will need to contact your insurance company to verify if a pre authorization, a pre-certification, a second opinion, or a referral from your physician is required and what your post-op benefits are. It is vital to verify insurance needs since failure to comply with your insurance company’s requirements may result in a reduction of benefits or delay of surgery. If you are a member of a Health Maintenance Organization (HMO), you will go through the same registration process as other insured patients. If you are uninsured, please notify the registration staff when they contact you for pre-registration in order to arrange a payment method. If you need to confirm co-payment or other insurance/payment information, call (386) 586-4579.

Obtain Medical Clearance

When you were scheduled for surgery, you may have received instructions for obtaining medical clearance. Your surgeon will tell you whether you need to see your primary care physician and/or a specialist. If you need to see your primary care doctor, it will be for pre-operative medical clearance. (This is in addition to seeing your surgeon pre-operatively.)
Billing for Services
Following your procedure, you will receive separate bills from the anesthesiologist, the hospital, radiology and pathology departments (if applicable), and surgeon. Please contact your insurance provider to verify if they have specific requirements regarding participation status.

Review “Exercise Your Right”
The law requires that everyone being admitted to a medical facility has the opportunity to make advance directives concerning future decisions regarding their medical care. Please refer to the appendix for further information. Although you are not required to do so, you may make the directives you desire. If you have advance directives, please bring copies to the hospital on the day of surgery.

Donating Your Blood
Your surgeon will consult with you if he wants you to donate blood for surgery and will provide you with a prescription for donating blood.

Anesthesia
Total Joint Replacement surgery requires the use of anesthesia. Either general or regional anesthesia will be provided by our anesthesia department. If you have questions or want to request a particular anesthesiologist, please inform the nurse in Pre-Admission Testing or the orthopedic care coordinator. See page 13 for more information.

Stop Smoking
It is strongly recommended to stop smoking before surgery. Smoking impairs oxygen circulation to your healing joint. Oxygen circulation is vital to the healing process. If you desire assistance to stop smoking, please see your Primary Care Physician for assistance.

Medications to Start
Prior to surgery your physicians would like you to build up your blood. These medications are purchased over the counter and do not require a prescription. *Stop these medications three days before surgery except for the multivitamin taken once daily.*

- **Multivitamin:** 1 tablet daily
- **Iron (FeSO4):** 325 mg. Start with one tablet daily and work up to three tablets daily (Only if anemic or donating blood. Your surgeon will direct you.)
Pre-operative Exercises, Goals, and Activity Guidelines

Exercising before Surgery

It is important to be as fit as possible before undergoing a total hip replacement. Always consult your physician before starting a pre-operative exercise plan. This will make your recovery much faster. Exercises are shown here that you should start doing now and continue until your surgery. You should be able to do them in 15-20 minutes and it is typically recommended that you do all of them twice a day. Consider this a minimum amount of exercise prior to your surgery.

Also, remember that you need to strengthen your entire body, not just your leg. It is very important that you strengthen your arms by doing chair push-ups before your surgery. This is extremely important because you will be relying on your arms to help you in and out of bed, in and out of a chair, walk, and to do your exercises after your operation.

If you need help with these exercises, ask your physician for a prescription for physical therapy. Your PT will evaluate you and establish a program that best fits you.

STOP ANY EXERCISE THAT IS PAINFUL.
DO NOT HOLD YOUR BREATH DURING THE EXERCISES.

Pre-operative Exercises (see the following pages for descriptions)

1. Quad sets .................................................. 20 reps. 2 times/day
2. Hamstring sets ........................................... 20 reps. 2 times/day
3. Ankle Pumps ............................................. 20 reps. 2 times/day
4. Gluteal sets (bottom squeezes) ................. 20 reps. 2 times/day
5. Heel Slides (slide heel up/down) ............... 20 reps. 2 times/day
6. Terminal Knee Extension ............................ 20 reps. 2 times/day
7. Abduction and adduction
   (slide heel out/in) ..................................... 20 reps. 2 times/day
8. Straight Leg Raises ..................................... 20 reps. 2 times/day
9. Long Arc Quads ......................................... 20 reps. 2 times/day
10. Seated hamstring stretch ......................... 5 reps. 2 times/day
11. Standing knee curls ................................. 20 reps 2 times/day
12. Armchair push-ups ................................. 20 reps. 2 times/day
Exercise Descriptions

1. QUADRICEP SET

Lie on back. With leg lying flat, tighten the muscles on top of your thigh as tight as possible, trying to straighten the knee. Hold 10 seconds.

2. HAMSTRING SETS

While keeping your knee slightly bent, try to pull your heel into the bed, without letting it slide. Feel the muscle tighten in the back of your thigh. Hold 10 seconds.

3. ANKLE PUMPS

Point toes up, then down. Also move side to side. Do slowly.

Perform for 30 to 60 seconds.

(DO EVERY HOUR IN HOSPITAL)

4. GLUTEAL SETS (Bottom Squeezes)

May do sitting or lying down
Squeeze your buttocks together as hard as possible, without holding your breath. Hold 10 seconds.
5. **HEEL SLIDES**

Lie on couch or bed. Slide your heel toward your buttocks as far as you can tolerate. Hold it there for 10 seconds. Then straighten as far as possible.

Do Slowly.

6. **TERMINAL KNEE EXTENSION** *(short Arc quads)*

Lie on back. Place a firm pillow or rolled towel under your thigh. Slowly lift your heel up as far as possible without bringing your thigh off the pillow.

*(THIS IS THE ONLY TIME YOU ARE ALLOWED TO PUT ANYTHING UNDER YOUR KNEE)*

Hold 5 seconds and then slowly lower.

7. **HIP ABDUCTION/ADDUCTION** *(wind-shield wipers)*

1. Lie on back.
2. Slide your leg out to side as far as you can. Keep toes pointed up and hips straight.

Hold 5 seconds, slowly relax and bring leg back to starting point.

8. **STRAIGHT LEG RAISE**

Bend opposite (good) leg and plant foot into bed. Keep your sore leg as straight as possible.

Lift 6 to 12 inches off the bed.

Pause and slowly lower.
9. **LONG ARC QUADS** *(Knee Extension-Sitting)*

While sitting in a chair, slowly lift up your foot to straighten your leg. Hold 5 seconds and then lower slowly.

10. **SEATED HAMSTRING STRETCH**

While sitting in a chair, scoot to the edge and let your leg rest with your knee straight and foot on the floor. Place hands on your thigh to keep knee straight as you gently lean forward. You should feel the stretch on the back of your thigh and knee. Hold 30 seconds.

11. **STANDING KNEE Curls**

While standing, holding onto a table, slowly lift your foot off of the floor toward your buttocks as you bend your knee. Hold 5 seconds and then lower slowly.

PRIOR TO SURGERY

PERFORM THE FOLLOWING EXERCISE TO PREPARE YOUR ARMS FOR USING A WALKER.

12. **SEATED ARMCHAIR PUSH-UPS**

Sit in an armchair as shown. Using your arms, push the weight of your body upwards until your elbows are nearly straight. Slowly lower back to the starting position. You should do most of the work with your arms.
What to do Seven Days before Your Surgery

Pre-Register

After you are scheduled for surgery, you should receive a call from a member of the pre-registration team. Pre-registration will save you waiting time at the hospital. You are asked to have the following information ready when you are contacted.

- Legal name and address
- Marital status
- Social Security number
- Insurance holder information
- Employer information
- Emergency contact/Nearest relative
- You are also able to pre-pay (Co-pay or deductible payment) for your services during pre-registration. You may pay by check or by credit card over the phone with one of our pre-registrars.

Pre-Admit Testing (PAT)

You may have an appointment with PAT approximately seven days prior to your surgery. Please allow approximately two hours to complete this phase. You should enter the hospital through the same-day surgery entrance to register. After you are registered you will be taken to PAT. The PAT staff will draw your labs and follow up with any additional testing ordered by your physician. They also initiate the necessary paperwork for your admission to the hospital. PAT staff will notify you of your arrival time on the day of surgery. You will be asked to arrive at the hospital two hours before your surgery to give the nursing staff sufficient time to start IVs, prep, and answer questions.

Please complete the following before you arrive:

- Nothing to eat or drink after midnight on the day prior to arrival at PAT
- Bring photo ID and your insurance card
- Be prepared to pay your insurance co-pay at this time
- Bring copy of Advanced Directives and Living Will, if you have one, as all patients are asked if they have completed them.
- Bring a complete medication list (there is one provided near back of this packet)
- Bring blood bank card with you (if applicable)
- Testing will include:
  - Blood Tests
  - Urine test
  - EKG
  - X-ray
- Complete nursing history and physical
- We do require Medical approval or ‘Clearance’ prior to surgery
Stop Medications That Increase Bleeding

**Seven to Ten days before surgery,** stop all anti-inflammatory medications such as aspirin, Motrin, Naproxen, Vitamin E, Fish Oil, etc. These medications may cause increased bleeding. If you are taking a prescribed blood thinner, you will need special instructions for stopping the medication. The Pre-Admissions staff will instruct you in what to do regarding your other medications.

Prepare for Your Return Home from the Hospital

Most of our patients are able to return directly to the comforts of their own home straight from the hospital. It is important that you are prepared for this ahead of time. Have your home ready for your arrival after surgery.

- Try to clean, do laundry, and get everything put away.
- Prepare your bed with clean linens.
- Prepare meals and freeze in single serving containers.
- Tend to the yard work.
- To help prevent falls, pick up throw rugs off the floor and store them away.
- Remove electrical cords and other obstructions from walkways.
- Install night lights.
- Arrange to have someone collect your mail and take care of pets or loved ones while you are away, if necessary.

Pre-operative Visit to Surgeon

You should have an appointment in your surgeon’s office 1-2 weeks prior to your surgery. This will serve as a final check-up and a good time for you to ask any questions your may have.

What to do the Night before Your Surgery

**Do Not Eat or Drink**

Do not eat or drink anything after midnight, unless otherwise instructed to do so. No chewing gum or candy. If you take blood pressure or heart medications, do so normally with only a sip of water.

What to Bring to the Hospital

**You must bring the following to the hospital:**

- Your Total Hip Replacement Patient Guide (recommended)
- Copy of your Advance Directives
- Insurance Card, Prescription Card, Drivers License/ID, and any co-pay required by your insurance company that was not paid during pre-registration.
- Comfortable, loose clothing to wear the day after surgery such as gym shorts, T-shirts, housecoats, etc.
Special Instructions

You will be instructed by your physician about medications, skin care, showering, etc.

- Please do not bring jewelry, valuables, or large amounts of money
- Do not wear makeup
- Wear loose comfortable clothing and non-slip rubber soled shoes or slippers
- Inform your doctor immediately of any bug bites, cuts, blisters or any changes on skin on the hip being operated
- Do not shave hair on your hip prior to surgery
- Bring CPAP machine if you use one

Pre-Operative Hibiclens Bathing Instructions

All throughout your surgical experience, you play an important role in your own health for the prevention of infection. You will be taught several ways to do this as you go along. One of the ways is a Hibiclens shower to be done just prior to your procedure to reduce the number of germs on your skin. You will need to shower with a special soap called chlorhexidine gluconate (CHG) or Hibiclens. Following are instructions for using this special soap as you shower the night before and the morning of your surgery.

PLEASE DO NOT USE IF YOU ARE ALLERGIC TO CHLORHEXIDINE. PLEASE NOTIFY YOUR DOCTOR OR THE CLASS INSTRUCTOR IF YOU ARE ALLERGIC TO GET AN ALTERNATIVE SCRUB.

1. Shower with CHG the night before and the morning of your surgery. Please do not shave the surgical area of your body where the surgery will be provided.
2. With each shower, wash your hair as usual with your normal shampoo.
3. Rinse your hair and body thoroughly after you shampoo to remove the shampoo residue.
4. Apply half of the CHG soap in the bottle to your entire body from the neck down. Do not use CHG near eyes or ears to prevent permanent injury to those areas. Wash your body gently for 5 minutes thoroughly, paying special attention to the area where your surgery will be performed. Do not scrub your skin too hard.
5. Do not wash with regular soap after using CHG.
6. Pat yourself dry with a clean, soft towel.
7. Repeat morning of surgery with the rest of the soap in the bottle.
Hospital Care

Day of Surgery

**Take any blood pressure or heart medications as normal, with only a sip of water.** On the day of surgery, please arrive two hours prior to your surgical time unless you are scheduled for 7:30 a.m. (in which case you should arrive at 6:00 a.m.). This will allow enough time to prepare you for surgery. This includes starting an IV and scrubbing your operative site. The operating nurse as well as the anesthesiologist will meet with you prior to surgery. After surgery you will rest in the recovery area for an hour or two. During this time, pain control is typically established, your vital signs monitored, and an X-ray may be taken to view your new joint.

Once you have completed recovery, you will be moved to your private room. You will be allowed to have one or two close family members or your coach visit you at this time.

Most of your discomfort with occur during the first 12-24 hours following surgery. In anticipation of this, our doctor has ordered a combination of medications to be given to you on a scheduled basis. During the time immediately following surgery and into the next morning, this will be primarily done through your IV. The following day the majority of medications will be given orally. Your surgeon will order medications for your pain, nausea and sleep. The nurse will asses your level of discomfort by asking you to rate your pain on a scale of 1 - 10. If you feel your pain is not well controlled or the side effects are intolerable, please let your nurse know. They can call the physician to address these issues. Some of the most common side effects are nausea and itching.

Diet, after surgery, will begin as liquids and will be advanced as tolerated. You will be asked to take a deep breath and cough frequently after surgery to help keep your lungs clear. You will also be given an Incentive Spirometer, called “SMI” which is a device used to help you take deep breaths. You may need to wear oxygen for a short period after surgery. The nurse may have you sit up on the side of the bed in the afternoon to get you moving.

You will also have Sequential Compression Devices (SCD’S) on both legs. These are used to prevent blood clots. The sensation on your legs will feel like a gentle massage from ankles to your thighs and helps to move your venous blood back to your heart.

Hospitalist Care

The hospitalists of Florida Hospital Flagler work together with your specialists to coordinate your care while in the hospital. A hospitalist is a physician who specializes in treating patients in the hospital. All of our hospitalists are board certified in internal medicine or family medicine, and some have additional specialties. The hospitalists rotate shifts to provide coverage in the hospital 24 hours a day, 7 days a week. As a result, you may see one or more of the hospitalists during your stay. They work together to ensure your care is as seamless as possible.
Day of Surgery:

What You Can Expect Today as Part of Your Nursing Care

- Encouraged to move around in your bed as much as you can while following your hip precautions
- Clear liquid diet advancing to a regular diet a tolerated
- Pain control medications
- Encouraged to cough and take deep breaths and use your incentive spirometer which will be given to you by your respiratory therapist

Rehabilitation Today

You may see a Physical Therapist (PT) today depending on your time of surgery and when you reach your room on the floor. Today, your rehab session may include:

- Monitoring and assessment of vital signs during activities
- PT evaluation at edge of bed
- Possibly standing or walking if the therapist determines it is safe to do so
- Review any hip precautions as determined by your surgeon

Day 1:

What You Can Expect Today as Part of Your Nursing Care

- To have lab work drawn
- To resume your usual diet
- Receive pain medication
- Have IV fluids discontinued
- Sequential stockings on both legs
- To continue to cough and take deep breaths using spirometer
- You will have your foley catheter removed
- You may have your surgical drain removed
- You may have an abduction pillow between your legs while in bed (posterior approach only)

Rehabilitation Today

You can expect to be seen by a Physical Therapist (PT) twice a day and an Occupational Therapist (OT) twice a day during your hospital stay. Today, your rehab sessions will include the following:

- Individual evaluations in the morning
- Begin exercises in bed/recliner chair
Day 2:

**What You Can Expect Today as Part of Your Nursing Care**

- To have lab work drawn
- To receive pain pills
- You may have your surgical drain removed
- You may have your dressing changed. Watch closely and ask questions if you have any.
- To continue to cough and take deep breaths and use your incentive spirometer
- You may have an abduction pillow between your legs while in bed (posterior approach only)

**Rehabilitation Today**

You can expect to be seen by a PT twice a day and an OT once a day during your hospital stay. Today, your rehab sessions will include the following:

- Exercise program
- Transfer training
- Continue walking with walker increasing distance
- Sit in chair
- ADL training and adaptive equipment education
- Joint protection education
- Showering technique and safety

Day 3:

**What You Can Expect Today as Part of Your Nursing Care**

- To have lab work drawn
- To have your dressing changed/ask nurse to let you or coach change the dressing to ensure proper technique
- To continue TED hose/take this home to prevent blood clots
- To have your pain controlled with pain pills
- To continue to cough and take deep breaths and use your incentive spirometer
Post-operative Care

Hip Precautions

Depending upon the surgical approach your physician decides is best for you, you may have hip precautions, which are restrictions in certain movements to prevent hip dislocation. These precautions are for specific types of surgical approaches only! The movements to avoid are hip flexion greater than 90 degrees, turning the toes in, and crossing the operated leg over midline. Your therapists will review these with you thoroughly if they apply to you.

Equipment

You will need a rolling walker with wheels in the front. You will have one in your room for you to use while you are in the hospital. Prior to discharge, the case manager will order one for you if you are going home. You may also want to purchase a 3-in-1 commode to aid you with getting on and off your toilet seat as well as ease of nighttime bathroom use. Generally, walkers are covered by insurance if you haven’t purchased one within 5 years. 3-in-1 commodes are not covered by insurance typically. You may also purchase equipment at a durable medical equipment store to assist with activities of daily living such as a sock aid, long handled reacher, sponge and shoe horn. There are photos of all of the equipment at the end of this guide.

Rehabilitation Today

You can expect to be seen by a PT twice a day and an OT once a day during your hospital stay. Today, your rehab sessions will include the following:

- Exercise program
- Transfer training
- Continue walking with walker increasing distance
- Home safety education and training
- Showering technique and safety

Today’s Goals

- Manage pain with pain pills only
- Perform exercises at least twice
- Sit in recliner chair most of the day
- Walk with walker; distance will increase each day
- Climb a minimum of 1 step if going home with stairs
- To go from a sitting position to a standing position w/ out help
- Discharge plans are to home or skilled nursing facility

Discharge teaching to prepare you for discharge today to your home or to a skilled nursing facility
Prevention of Blood Clots
Your surgeon may decide to put special hose on your legs. These are called TED hose. He also may decide to put pneumatic hose on you (the SCD’S previously mentioned). These are wrapped around your legs and fill with air periodically to help circulation. Ankle pumps are also good to do to prevent blood clots. You will also be prescribed blood thinner medication (anticoagulant).

Elimination
A thin sterile tube, called a Foley catheter, will be inserted during surgery into your bladder to drain urine. This will be discontinued on your first day after surgery. You will be given stool softeners daily and can also be given laxatives upon request to help you have a bowel movement. Pain medication and decreased activity can create constipation.

Infection Control
Please understand that we don’t want anyone to visit you who is sick – even with a cold. You will be given several doses of antibiotics through the IV before and after your surgery. These are given to prevent infection. Continue to deep breath and cough and use your incentive spirometer 10 times every 1-2 hours as this will help to prevent infection in your lungs. Hand washing by you and all who come in contact with you is crucial in prevention of infection.

Showering
You will be instructed by the occupational therapist about proper and safe techniques to complete showering using assistive devices and protective dressings as needed. This will be done upon clearance from your physician.

Physical Therapy and Occupational Therapy
Physical therapy and occupational therapy may begin the day of surgery and day after surgery, respectively. During the initial visit on the day of surgery with your physical therapist, he or she will assess your vital signs, range of motion, and motor strength as well as sit you at the edge of the bed with the possibility of standing and walking if it is safe to do so. You will also be instructed on your hip precautions and exercises that you can start immediately after surgery. The following day, the therapist will help you out of bed and instruct you on walking with the use of the walker. You will also go over transfer techniques to get from bed to chair. The day after surgery, occupational therapy will also review ADL performance, the use of assistive equipment, and home safety as well a joint protection techniques during their daily visit. Be sure you are taking your pain medication as directed by your physician so you can fully participate in your rehabilitation. Therapy goals will be set after your initial evaluation with your physical and occupational therapists and are based on your individual impairments and discharge needs.
Once you are discharged from the hospital, you will either go to a skilled nursing facility for rehab or home with home health and nursing.

Florida Hospital Flagler offers outpatient physical and occupational therapy at two locations for one-on-one individualized therapy sessions. We would be happy to have you continue your rehabilitation here. For more information, please call us at (386) 586-4420.

Discharge Planning
A Case Manager will meet with you during your stay to discuss a safe discharge plan. It is important that you be thinking about your discharge plan before you have your surgery. Your surgeon and physical therapist will help you decide which discharge plan is best for you. It is important that you know what benefits you have with your insurance company. Call your insurance prior to admission to see what benefits you have and what your co-pay will be for the topics discussed next.

If you are going directly home
If your plan is to return home after your stay with us, there are several criteria that have to be met. You will need someone responsible to drive you home. You should receive written discharge instructions regarding medications, physical therapy, activity, and home health care. We will make sure that you have a walker and strongly recommend a 3-in-1 commode. This commode can be placed over the toilet to provide a raised toilet seat and can be used as a shower chair as well. We will order a walker for you and can have it delivered to your hospital room or home. Take this Patient Guide home with you.

You also need to be able to walk with the walker a minimum of 100 feet unassisted. If these criteria can be met, we will arrange for a nurse and physical therapist to come to your house. Physical therapy will visit at least three times per week until they feel you can be discharged from their service to an outpatient service if necessary. The Case Manager will provide you with a list of local home healthcare agencies. The agency you select may depend on which type of insurance you have.

If you are going to a Sub-Acute/Rehab Facility
The decision to go home or to a sub-acute rehab facility involves you, the case manager, your surgeon, physical therapist, and your insurance company.

Your transfer papers will be completed by nursing staff. Either your primary care physician or a physician from a sub-acute rehab facility will be caring for you in consultation with your surgeon. Your length of stay will depend on your progress while there. Upon discharge, instructions will be given to you by the sub-acute rehab staff. Take this Patient Guide with you.

Keep in mind that sub-acute stays must be approved by your insurance company. A patient’s stay in a rehab facility must be in accordance with the guidelines established...
by Medicare. Upon evaluation of your hospital progress, your insurance company may recommend that you return home with other care arrangements. Therefore, it is important for you to make alternative plans pre-operatively for care at home.

If your stay in a rehab facility is not approved by your insurance company, you may stay and pay privately.

**Discharge Medications**

You will be discharged with a prescription for pain medication. Your orthopedic surgeon will make final determination at the time of your discharge. You will also be prescribed a blood thinner.

**Transportation**

Transportation to your home or to a Sub-Acute/Rehab Facility can be provided by a friend or family member as long as you can get in and out of the vehicle safely. The vehicle you travel in cannot require that you step up into it (i.e. a four-wheel drive truck is not appropriate). We can assist you with arranging transportation. Most facilities have their own transportation and will pick you up for free or will pay for the transportation. Sometimes this is not possible if your discharge is over the weekend.

**Caring For Yourself at Home**

**Control Your Discomfort**

- Take your pain medication as directed
- Gradually wean yourself from prescription medication to a non-prescription pain reliever.
- Change your position every 45 minutes throughout the day
- Use ice for pain control. Applying ice to your affected joint will decrease discomfort, but do not use for more than 20 minutes each hour. You can ice the joint before and after your exercise program. A bag of frozen peas wrapped in a towel will make an ideal ice pack.

**Body Changes**

- Your appetite may be poor. Be sure to drink plenty of fluids to avoid getting dehydrated. Your desire for solid food will return.
- You may have difficulty sleeping. Do not sleep or nap too much during the day.
- You will notice that your energy level will be lower than normal for the first month.
- Pain medication that contains narcotics promotes constipation. You may need to use stool softeners or laxatives.

**Blood Thinners**

You will be given a blood thinner to help avoid blood clots in your legs. This will be pills or injections for up to a month. See discharge blood thinner instructions in the Appendix.
Caring For Your Incision

- Showering and wound care will be discussed throughout your hospital stay and upon discharge.
- Staples are removed, usually after 10-14 days.
- Do not scrub the incision but “pat” dry.
- If you still have drainage from your hip incision then you must wrap the incision site with plastic before you shower. After showering, apply a dry dressing.
- Notify your surgeon if there is increased drainage, redness, pain, odor, or heat around the incision.
- Call your surgeon if your temperature exceeds 101°.

Dressing Change

Your Home Health Care Nurse will inspect your incision and will teach you how to change the dressing. Your doctor will specify how long to keep the dressing on the incision site.

Infection

Caution! Possible complications: If you notice any of the following, please report it to your nurse, therapist or physician.

Signs/Symptoms of Infection

- Fever above 101F
- Incision becomes hot and red
- Incision begins to drain excessively or with odor
- Swelling to the incision

Signs/Symptoms of Deep vein thrombosis (DVT) or Pulmonary Embolism

- Difficulty breathing (call 911)
- Chest pain (Call 911)
- Pain in your calf muscle not relieved by medication
- Hardness, redness, warmth to your calf

Anticoagulant Complication

- Excessive bruising
- Excessive bleeding (use electric razor)
- Nose bleeds
- Bleeding gums (use soft toothbrush)
- Blood in urine or stool
- No aspirin
Prevention of Surgical Site Infections

Florida Hospital Flagler is dedicated to doing all we can to prevent infection. As part of our efforts to reduce surgical site infections, we want to be sure that our patients and their families understand the steps that they can take after discharge to reduce their risk. These are general instructions geared toward preventing infection. If you have specific questions regarding the care of your incision, please speak with your health care provider.

Tips:

◆ Avoid touching your incision unless instructed to do so by your health care provider. If you must, be sure to thoroughly clean your hands immediately before touching it.

◆ Do not allow family or friends to touch your wound/dressing.

◆ Expect that health care providers are cleaning their hands before examining you. Hands may be cleaned with soap and water, or waterless alcohol-based hand sanitizer. If you do not see your provider clean their hands, ask them to do so.

◆ Keep the incision and the area around it clean and dry. Avoid sweating.

◆ Follow your health care provider’s instructions regarding the care of the incision.

◆ Use clean, freshly-laundered towels for bathing and wear freshly-laundered clothes.

◆ No bathing, swimming, or hot tub until cleared by physician.

◆ If antibiotics are ordered by the physician, take them all as ordered.

◆ Keep any follow up appointments.

◆ If diabetic, keep your blood sugar normal.

◆ Do not smoke.

◆ Going forward after your joint replacement, call your primary care physician for antibiotics prior to all dental procedures.

Watch for signs and symptoms of infection: redness, swelling, drainage, fever, increased pain to the site, chills, nausea or vomiting.

Post-operative Exercises & Goals

Activity Guidelines

Exercising is important to obtain the best results from total joint replacement surgery. Always consult with your physician before beginning an exercise program.
**Weeks One through Two**

After three days you should be ready for discharge from the hospital. Most patients go directly home, but you may be instructed to go to a rehabilitation center for up to a week. Common two week goals include:

- Continue with walker unless instructed otherwise
- Walk 300 feet with supervision and proper assistive device
- Climb and descend a flight of stairs with a rail once a day (with assistance).
- Independently sponge bathe/shower (after staple removal) and dress
- Gradually resume homemaking tasks
- Do 20 minutes of home exercise twice daily

**Weeks Two through Four**

In weeks two through four you will become more independent. Even if you are receiving outpatient or home therapy, you will need to be very faithful to your home exercise program to be able to achieve the best outcomes. Your goals for this period are:

- Achieve previous two week goals
- Wean from full support to a cane or crutch (as instructed by your surgeon and therapist)
- Walk daily with increasing distance

Additional Comments:

____________________________________________________________________________________
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**Weeks Four through Six**

- Achieve previous four week goals
- Begin progressing on stairs from one foot at a time to regular stair climbing (foot over foot)
- Continue home exercise program twice daily
- Begin driving. You will need permission from your physician.

Additional Comments:

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Post-operative Exercises, Goals, and Activity Guidelines

Weeks Six through Twelve
During weeks six to twelve you should be able to begin resuming all of your previous activities. Your goals for these weeks are:

- Achieve all previous goals
- Walk with no cane, crutch or limp
- Climb stairs in normal fashion (foot over foot)
- Walk one half to one mile
- Improve strength to 80 percent
- Resume activities including dancing, bowling, and golf with physician’s permission

Additional Comments:
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Post-operative Exercises, Goals, and Activity Guidelines

Post-operative Exercises (see pages 17-19 for descriptions)

1. Ankle Pumps ..........................................................20 reps 2 times/day
2. Quad Sets ............................................................20 reps. 2 times/day
3. Gluteal sets (bottom squeezes) ...............................20 reps. 2 times/day
*4. Abduction/Adduction (Slide heels in and out) 20 reps. 2 times/day
5. Heel Slides (slide heel up/down) .............................20 reps. 2 times/day
6. Short Arc Quads ....................................................20 reps. 2 times/day
*7. Straight Leg Raises ................................................20 reps. 2 times/day
8. Seated knee extension (Long Arc Quads) ...............20 reps. 2 times/day
9. Seated hamstring stretch ...................................... 5 reps. 2 times/day

*Consult with your physical therapist after surgery to assure that you are safely able to perform all of these exercises.
**Home Safety Tips**

**Things to Remember**

All joint patients need to have an exercise program in place to maintain health of the muscles surrounding the joints. With your orthopedic and primary care physicians’ permission, you should be on a regular exercise program three to four times per week lasting 20-30 minutes. Running and tennis are not recommended. High risk activities such as skiing are also discouraged due to high risk of fractures and damage to the prosthesis. Low impact sports and recreational activities including golf, bowling, walking, gardening and swimming may be allowed. Please discuss with your surgeon.

**The following is a checklist to use as a guide:**

**Stairs and Steps**

- Make sure light switches are at both the top and bottom of stairs
- Provide enough light to see each step and landing
- Keep flashlights near by in case of a power outage
- Install handrails on both sides of stairway (if possible) and use them
- Do not leave objects on the stairs
- Do not place loose rugs at the bottom or top of the stairs
- Prepare a temporary living space on the same floor (if possible) because walking up/down steps is difficult in early recovery

**Bedroom**

- Clear clutter from the floor to provide a clear path for the walker or other device to fit
- Place a lamp and flashlight near your bed
- Install night lights along the route between bathroom and bedroom
- Choose a bed height that is easily entered and exited
- Keep a telephone near your bed

**Living Area**

- Consider width of the wheelchair (if needed) to assure ease of mobility through doorways
- Arrange furniture to create clear pathways between rooms
- Install easy access light switches at the entrance of rooms so you do not walk into a darkened room in order to turn on the light
- Remove all throw rugs
- Do not sit in a low chair or sofa that is too difficult to stand up from: Use a stable chair/firm seat (18-20" high), firm back, two arms and foot stool for intermittent leg elevation.
- Do not use a chair with wheels unless it is a wheelchair with brakes

**Kitchen**

- Remove all throw rugs
- Immediately clean up any liquid, grease, or food spill on the floor
- Store food, dishes and cooking equipment at easy-to-reach waist level
- Prepare extra meals prior to surgery and freeze them for easier meals when arriving home
Lying in Bed
When lying in bed, keep your leg straight with a pillow under your ankle. DO NOT place a pillow under your knee. You will need to use your abduction pillow as instructed by your physician and therapist.

Standing up from a Chair
1. Sit in a chair with armrests, high seat height and firm seat when possible.
2. Do not pull up on the walker to stand.
3. Push up with both hands on the chair armrests. If you are sitting in a chair that does not have armrests, push off the side of the chair with both hands.
4. Balance yourself before grabbing the walker.

Getting into Bed
1. Back up to the center of the bed, halfway between the head and foot of the bed, until you feel it on the back of your legs.
2. Reaching back with both hands, sit down on the edge of the bed and then scoot back toward the center of the mattress.
3. Slide your walker out of the way while keeping it within reach if needed.
4. Scoot your hips around so that you are facing the foot of the bed. Lift your surgical leg into bed with the assistance of a cane, rolled bed sheet, belt or theraband.
5. Keep scooting and lift your other leg into the bed.

Getting out of Bed
1. Scoot your hips to the edge of the bed.
2. Sit up while lowering your non-surgical leg to the floor.
3. Next, lower your surgical leg to the floor. If needed, use a cane, rolled bed sheet, belt or theraband to assist in lowering this leg, or place other leg under operative leg.
4. Scoot to the edge of the bed.
5. Use both hands to push yourself off of the bed.
6. Balance yourself before grabbing your walker.

Getting into the Tub Using a Bath Seat
1. Place the bath seat in the tub facing the faucets.
2. Back up to the tub, in front of the bath seat, until you can feel it at the back of your hips.
3. Reach back towards the tub to place one hand on the bath seat while keeping the other hand on your walker.
4. Slowly lower yourself onto the bath seat while keeping your surgical leg out straight in front of you.
5. Move the walker out of the way, but keep it within reach.
6. Lift your legs over the edge of the tub, using a leg lifter if necessary for your surgical leg.
7. Hold on to the back of the shower seat.
*Please Note:* Even though bath seats, grab bars, long-handled bath brushes, and hand-held showers make bathing safer and easier, these items are not typically covered by insurance. Also, remember to always use a rubber mat or non-slip adhesive on the bottom of the tub or shower.

**Getting out of the Tub Using a Bath Seat**
1. Lift your legs outside of the tub while keeping your surgical leg straight.
2. Scoot to the edge of the bath seat.
3. Push up with one hand on the back of the bath seat while holding on to the center of your walker for balance with the other hand.
4. Balance yourself before grabbing your walker.

**Getting into an Automobile**
1. Push the car seat all the way back, reclining it if possible.
2. Place a plastic trash bag or shopping bag on the seat of the car to help you slide in and turn forward.
3. Back up to the car until you feel it against the back of your legs.
4. Reach back for the car seat with one hand and lower yourself down while keeping your surgical leg straight and out in front of you. Duck your head so that it does not hit the door frame.
5. Turn frontward in the seat, leaning back as you lift the surgical leg into the vehicle.
6. Return the seat to the upright position for traveling.

**Walking**
Move the walker forward and place all walkers’ legs firmly on the ground. Step forward with the surgical leg. Place the foot in the middle of the walker area. Do not move past the front legs of the walker. Finally, step forward with the non-surgical leg while you support yourself with the walker. NOTE: Take small steps. DO NOT take a step until all walker legs are flat on the floor.

**Climbing Stairs**
Let your physical therapist or occupational therapist know if you have stairs in your home before leaving the hospital so that you can be trained in stair climbing before you leave.

**Personal Care**
**How to use a “reacher” or a “dressing stick:”**
When putting on pants or undergarments, sit down first. Put your surgical leg in first and then your non-surgical leg. Use the reacher or dressing stick to guide the waist band over your foot. Pull your pants or undergarments up and over your hips so that they are within easy reach. Finally, stand with the walker in front of you with all legs firmly on the ground, and pull your pants or undergarments up the rest of the way.
When removing your pants or undergarments, back up to a chair or bed where you will be undressing then unfasten your pants and let them fall to the floor. You will need to push your undergarments to your knees. Lower yourself down to the chair or bed, keeping your surgical leg straight. Take your non-surgical leg out first and then the surgical leg. A reacher or a dressing stick can help you remove your pants or undergarments from your feet and off of the floor.

**How to use a sock aid:**

Slide your sock onto the sock aid and then hold the cord and drop the sock aid in front of your foot. It is easier to do this with your knee bent. Slip your foot into the sock aid and then straighten your knee. Next, point your toe towards the floor and pull the sock on. Keep pulling the sock aid until it pulls out completely and the sock is placed on your foot.

**If using a long-handled shoehorn:**

Before you try and put on your shoe, use the shoehorn to slide it in front of your foot. Place the shoehorn inside the shoe against the back of the heel with the curve of the shoehorn matching the curve of your shoe. Lean back, if necessary, as you lift your leg and place your toes inside your shoe. Step down into your shoe, sliding your heel down the shoehorn. NOTE: Wear sturdy slip-on shoes, or shoes with Velcro closures or elastic shoe laces. DO NOT wear high heeled shoes or shoes without backs.

**Around the house:**

Here are a few tips to help you save energy and protect your new joint around your house:

- DO NOT get down on your knees to scrub floors, instead use a long-handled mop or brush.
- When cooking your meals, plan ahead and sit down while preparing the ingredients. Make sure that frequently used cooking utensils are easily within reach.
- Use a high stool, or put cushions in your chair to provide a better workspace and ease of getting in and out of your chair.

**Safety and Avoiding Falls:**

- Remove throw rugs and tack down any loose carpeting prior to your surgery. Cover any slippery surfaces with carpet that is firmly anchored to the floor or that has skid resistant pads.
- Keep an eye out for any floor hazards such as pets, toys, or uneven areas and use night lights to help you see in the evenings.
- Sit in chairs with arm rails so it will be easier for you to sit down and get up.
- Do not lift anything heavy for the first three months after your surgery and then only after receiving permission from your surgeon.
Appendix

About Coumadin

Coumadin (Warfarin) helps keep your blood from clotting. Take your Coumadin as directed and follow these tips to make sure it works as it should.

Keep Your Diet Steady

Many of the foods you eat contain Vitamin K which helps your blood clot. When you take Coumadin you do not need to avoid foods containing Vitamin K, but you should limit them. The important thing is to keep the amount of Vitamin K that you eat the same from day to day. Then your health care provider can adjust your Coumadin dose. If you change your diet for any reason such as illness or to lose weight, tell your health care provider.

These foods are high in Vitamin K and can affect the way your Coumadin works.

Keep the total amount of foods high in Vitamin K about the same every day.

- Broccoli
- Brussels sprouts
- Cabbage
- Coleslaw
- Collard greens
- Endive
- Garbanzo beans
- Kale
- Lettuce
- Lentils
- Liver
- Mustard greens
- Soybeans
- Swiss chard
- Turnip greens
- Cabbage
- Coleslaw
- Collard greens
- Endive
- Garbanzo beans
- Kale
- Lettuce
- Lentils
- Liver
- Mustard greens
- Soybeans
- Swiss chard
- Turnip greens

- Canola oil, soybean oil, and mayonnaise are high in Vitamin K.
- Wine, beer and hard liquor can affect the way the Coumadin works.
- Speak with your health care provider about the use of alcohol.
- Avoid green and herbal teas.
- Go for your blood test called a “prothrombin time” as advised by your health care provider. This is the only way to check if you are on the correct dose.

About Coumadin or Xarelto

- Take the medication at the same time each day. If you miss a dose, take the next one at the normal time. Never take two doses at once. Ask your health care provider before you make any changes.
- Check with your health care provider before taking any other medications or vitamin supplements. Do not take Aspirin or Aspirin products unless ordered by your doctor. Read labels and ask the pharmacist for help.
- If you cut yourself, hold firm pressure on the area for at least 10 minutes.
- Use a soft bristle toothbrush and an electric razor for shaving.
- Protect yourself from injury or falling. Follow these safety tips.
  - Don’t go barefoot.
  - Wear shoes with non-skid soles.
  - Use non-skid rubber mats on the floor.
  - Remove throw rugs.
  - Avoid rough contact sports.
Remember to tell all of your health care providers (doctors, dentist and others) that you take Coumadin. It is a good idea to wear a medical alert bracelet and carry an identification card that says you take Coumadin.

Call your health care provider if you have any of the following:
- Bleeding that does not stop in 10 minutes.
- Coughing up or vomiting blood.
- Dark urine or black stools.
- Bleeding gums.
- Dizziness or tiredness.
- Red or black-and-blue marks that become larger.
- A fever or an illness that gets worse.
- Diarrhea, nausea, vomiting or lack of appetite.
- Chest pain or trouble breathing.
- A serious fall or blow to the head.
- A heavier than normal menstrual period or bleeding between periods.

Exercise Your Right

It is our policy to place patients’ wishes and individual considerations at the forefront of their care and to respect and uphold those wishes.

What are Advance Medical Directives?

Advance Directives are a means of communicating a patient’s health care wishes to all caregivers. If a patient has a Living Will or has appointed a Healthcare Agent and is no longer able to express his or her wishes to the physician, family, or hospital staff, the hospital is committed to honoring the wishes of the patient as they are documented at the time the patient was able to make that determination.

Types of Advance Directives:
- Living Wills – A living will is a written set of instructions that explain your wishes for healthcare if you have a terminal condition or are unable to communicate.

- Appointment of a Healthcare Agent – This is referred to as a Medical Power of attorney and is a document that allows you to indicate the person (your agent) who will make medical decisions for you, if you are unable to do so.

- Healthcare Instructions – These are your choices for the use of life sustaining equipment, hydration and nutrition, as well as the use of pain medications.

Upon admission to the hospital, you will be asked if you have an Advance Directive. If you do, please bring copies of the documents to the hospital with you so they can become a part of your Medical Record. Advance Directives are not required for hospital admission but are available upon request.
The above are available at most medical equipment stores. They are sometimes put together and referred to as “the hip kit”.

Equipment Photographs

**Long-handled reacher**

**Sock aid and long handled shoe horn**

**Long-handled shower sponge**

The above are available at most medical equipment stores. They are sometimes put together and referred to as “the hip kit”.
Equipment Photographs continued

Incentive spirometer

Used to encourage deep breathing.
## Medication List

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<thead>
<tr>
<th>Name of Medication</th>
<th>Dosage</th>
<th>Frequency</th>
<th>Date Last Taken</th>
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*Note: Please fill in the blank columns with your medication information.*
Notes