

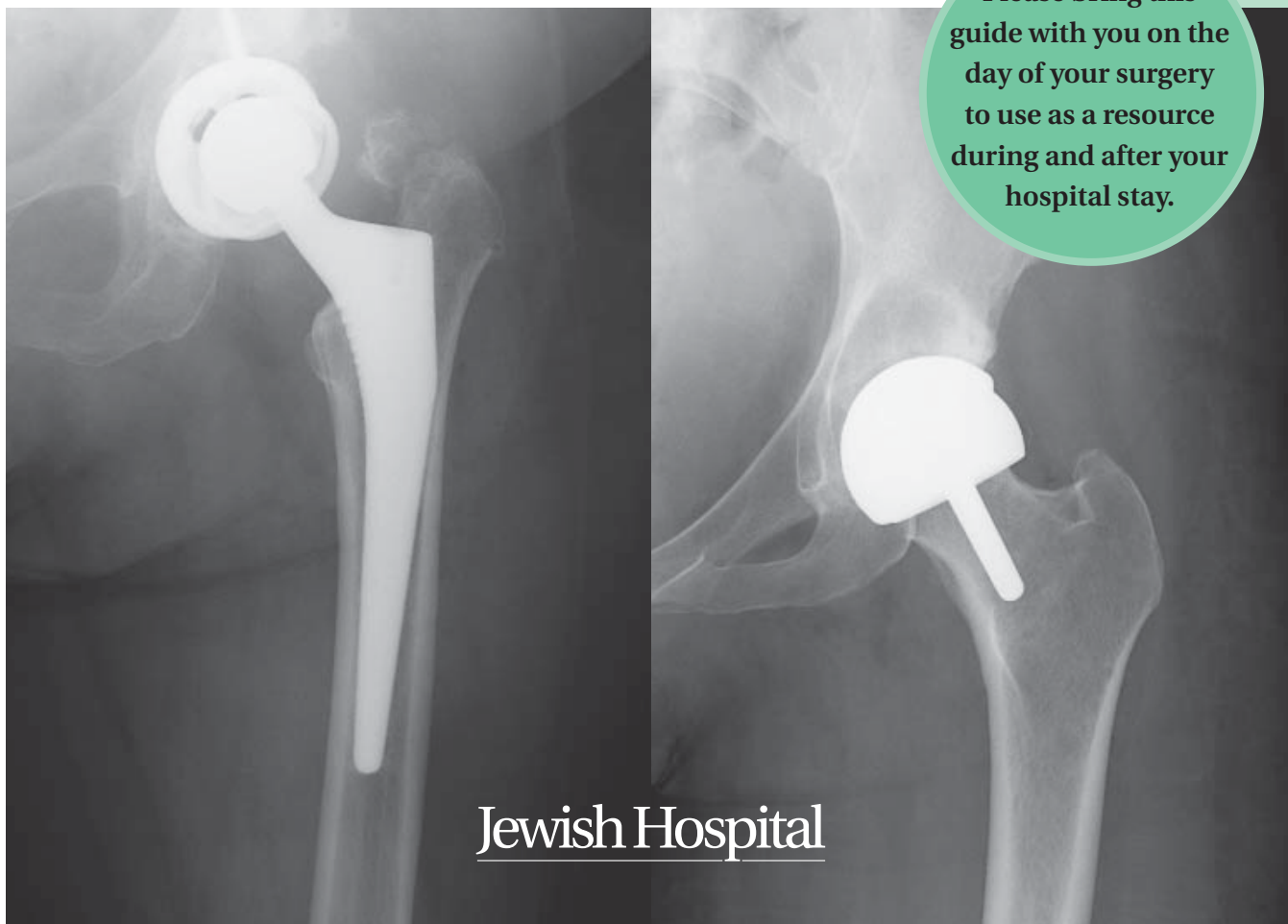
Your Guide to Hip Replacement Surgery

Patient Information

The Jewish Hospital Joint Replacement Center

www.JewishHospitalCincinnati.com

Please bring this
guide with you on the
day of your surgery
to use as a resource
during and after your
hospital stay.



Jewish Hospital

Outpatient Rehabilitation Services

Rehabilitation Services at The Jewish Hospital would like to take the opportunity to inform you of the outstanding outpatient therapy services we provide.

The Jewish Hospital offers outpatient physical, occupational and speech therapy within our Rehabilitation Services department.

We offer comprehensive services to individuals ranging from young adults to the elderly. We are staffed to assist several diagnoses including but not limited to neurological disorders, sports related injuries, lymphedema and community re-entry for those who are returning to their activities of daily living following a stroke, head injury or other impairment.

We pride ourselves in providing competent and individualized care. Patients are often grateful for the amount of one-on-one time we offer with a licensed therapist. Initial evaluations are always given one full hour and follow-up visits are scheduled for at least 30 minutes.

For many of our patients, accessibility is a top priority. Rehabilitation Services has five reserved parking spots located directly outside our department, as well as a ramp to the entrance door for those who use a wheelchair or cannot use the steps. Our gym equipment has been recently updated to better meet the needs of our sports injury/orthopedic patients. Additionally, there are no Medicare caps for rehabilitation services that are received within a hospital based outpatient clinic.

Please consider us for your outpatient rehabilitation needs once you are discharged from the hospital. When you are ready to set up your initial evaluation or if you have any questions, please call us at 513-686-3254.



Rehabilitation Services
Jewish Hospital
4777 East Galbraith Road
Cincinnati, OH 45236
513-686-3254

www.JewishHospitalCincinnati.com

Jewish Hospital

WELCOME

Thank you for choosing The Jewish Hospital Joint Replacement Center. We want your stay with us to be as comfortable and successful as possible. While you are here in Pre-Admission Testing, you will meet with several of our team members. Nurses, physical and occupational therapists, and an anesthesiologist will be gathering information from you and answering any questions you may have.

TO OUR PATIENTS

The following information explains the care that you will receive before, during and after your surgery visit. It also explains the steps your doctors and nurses are taking to make sure everything goes as planned. Knowing what to expect and what to do before and after anesthesia will make the day in surgery go smoothly for you, your family and friends. If you should have any questions after reviewing these materials, please ask your nurses or therapists to answer them for you.

Pre-Admission Testing at The Jewish Hospital (513-686-3827)
Rehabilitation Services at The Jewish Hospital (513-686-3254)

Before Your Operation

- Arrange for someone to drive you to the hospital, take you home after surgery, and to be available to stay with you 3–4 days after surgery.
- It is a good idea to have some easy or frozen meals prepared ahead of time.
- The night before your operation:
 - Do not drink alcohol.
 - Do not drink or eat anything after midnight, including water, candy, mints, gum and lozenges.
 - Remove all jewelry, including all body piercing. Remove all metal from your body, including hair clips.
- All fingernail and toenail polish should be removed before surgery.

The Day of Your Operation

- If you were told to, bring a urine specimen and your medications.
- You may brush your teeth but do not swallow any water or mouthwash.
- If your pre-admission testing nurse, surgeon, primary care physician or anesthesiologist told you to take your pills, be sure to do this with only a sip of water.
- Do not bring wallets, credit cards, valuables or insurance cards.
- Dress in loose, comfortable clothing.

What should I bring to the hospital?

- Pack a small overnight bag with any essential personal items. Patient gowns are primarily for surgery. You should plan to bring and wear loose comfortable street clothes and non-skid shoes. You will be more comfortable in your own clothing.
- Loose shorts, sweat pants or knee length robes work best.
- Please leave cash and valuables at home.
- Do not bring canes or walkers with you on the day of surgery.

Where do I go when I arrive?

- Enter The Jewish Hospital through the west entrance, nearest the parking garage.
- Proceed to the information desk and give your name.
- A staff member will escort you to Same Day Services.
- You will be asked to verify your name, birth date, your surgeon's name, your scheduled operation and if you have any allergies.
- Your vital signs will be taken, which include blood pressure (BP), pulse, respirations and oxygen monitoring. A temperature strip will be placed on your forehead.

What will happen to my clothes?

- You will be given a bag with your name on it to place your clothes in.
- The bag will be kept in a secured closet until you are ready to go to your room.

Why do I have to come in so early?

- You will need to have your intravenous line (IV) started.
- Your surgeon may want to give you pre-operative medications through your IV.
- The anesthesiologist may want to talk to you about the anesthesia that you will receive during your operation.
- You may need additional lab work.
- Your family may come in and visit before your operation.

ENSURING CORRECT SURGERY

Before Your Surgery

- Review all the information on the Acknowledgement of Informed Consent form before you sign it.
- You, or a legally authorized representative, must sign this Acknowledgement of Informed Consent form before any surgery can take place. It should be written in words that you can understand. If you are not sure about something, please ask. Many of your questions will be answered by reading the consent form.
- You should know: the name of the surgery to be done, where or what body part will be operated on, who your doctor is, and about how long it will take to recover after the surgery.
- You should expect to be asked by several different people, what procedure is being performed.
- Do not mark your surgical site in any way prior to your arrival at the hospital. When you arrive, the entire surgical team is involved in a special protocol to ensure that you have the correct surgery done at the correct site.

An Hour, or Less, Before Your Surgery

- While you are still awake, a doctor or nurse will ask you to say your name, birth date, surgeon's name and part of your body that will be operated on. Don't be alarmed by these questions; your doctor knows who you are. This is how we make sure that we have everything correct.

Just Before Surgery Begins

- Everyone in the operating room will take a short time out and check for the last time that they have the right patient and are doing the right operation on the right body part. You may be asleep for this part.

The doctors and nurses at The Jewish Hospital are taking these important steps to make sure that everything goes as planned for your surgery.

WHEN DO I MEET THE OPERATING ROOM STAFF AND WHAT CAN I EXPECT?

- The nurse from the operating room will come greet you before you are taken into the operating room.
- Again, you will be asked to verify your name, birth date, surgeon's name and your scheduled operation.
- Your glasses, contacts and dentures (if applicable) will be removed.
- A hair covering will be placed on your head.
- You will be transported to the operating room by stretcher. The operating room is usually very cold and very bright. Don't worry, warm blankets will be provided.
- The Anesthesia Care Provider will greet you and place patches on your chest. This is to monitor your heartbeat.
- A blood pressure (BP) cuff will be placed on your arm to measure BP, and a clip will be placed on your finger to measure your oxygen level and pulse.
- A mask may be placed on your face to give you oxygen.
- Medication will be given to you through your IV to help you relax.

WHERE DOES MY FAMILY WAIT?

- Your family will be directed to the surgery waiting room and will sign in with the attendant.
- They will be given a beeper to use if they leave the area for lunch, etc.
- The attendant can help your family determine when you have moved to the recovery room and to your hospital room through our NaviCare computer tracking system.

AFTER SURGERY

- From the operating room, you will be moved to the Post Anesthesia Care Unit (PACU)/Recovery room. A nurse and/or your surgeon will speak to your family.
- When you wake up from surgery, you can expect to feel tired and groggy. Your mouth may be dry and you will not be allowed to drink until you are fully awake and do not feel nauseated.
- While you are in PACU, your blood pressure, heart rhythm and your surgical dressing will be checked frequently. There will be other patients in the area and you may hear a lot of activity.
- When your vital signs are stable, you will be moved to a room. Your family will be directed to the room as well and may see you at that time.
- Upon admission to your room after surgery, the staff will assist you with turning and repositioning in bed. You are welcome to resume drinking water and juices, which are available on your unit. If you tolerate fluids well, you may be advanced to your regular diet as soon as that evening.

- Pain medication will be administered as necessary. While some discomfort is expected after surgery, it can be controlled. Please tell your nurse if you are experiencing discomfort.
- A restaurant-style menu will be available in your room upon admission. Dial 6-FOOD (6-3663) 7:15 a.m. to 7:00 p.m. to order your made-to-order meal delivered to your room in 45 minutes or less. Guest tray information is printed in your menu. There is a charge and exact change is expected when delivered. (Servers do not carry change.)

Room Assignment Process

- Room assignments are made on the day of your surgery based on bed availability. We try very hard to honor each person's request for a private or semi-private room, however this is not always possible. Please accept our apology in advance if we are unable to accommodate your specific request.

Paying Your Bills

Mercy's billing and collection policies are consistent with our mission and values. When you receive a bill from Mercy, it covers the services you received at one of our healthcare delivery facilities. You may receive separate bills from your personal physician, surgeon, pathologist or other healthcare professional.

To make a payment by telephone, please call 513-981-6500 or 1-866-808-0078 and do the following:

- Make a payment on your account using a check or credit card.
- Request an itemized statement.
- Provide insurance information.
- Update your address and telephone number.
- Obtain information on our financial assistance programs and more.

You can also make a payment online using our convenient and secure online bill pay system.

If you have specific questions about your account, our Customer Service Representatives are available Monday through Friday, 8:00 a.m. to 4:30 p.m. We also offer a 24-hour automated customer service line and Spanish-speaking representatives.

We repeatedly offer patients access to financial help during their hospital stay and after, as well as with each billing notice. **We send bills to collection as a last resort, only:**

- When patients have the ability to pay some portion of their healthcare expenses but refuse to do so.
- When patients refuse to work with us to determine if they qualify for free or discounted care via federal, state, local or hospital assistance programs.
- When we are unable to locate the patient or the person responsible for the bill.

GENERAL INFORMATION FOR YOUR CONVENIENCE

The Jewish Hospital main number	513-686-3000
Patient Information	513-686-3201
Orthopedics (3 East Nursing Station)	513-686-5888

Using The Phone In Your Room

For local calls: Dial 9 and then the number

For long distance calls: Dial 0 and the hospital operator will assist you.

Telephone/Television

There is no charge for using the telephone and television in your room.

Cafeteria (located on Level 1)

Regular hours

Breakfast: 6:30 a.m. – 9:30 a.m.

Lunch: 10:30 a.m. – 2 p.m.

Dinner: 3:30– 6:30 p.m.

Weekend/Holiday hours

Breakfast: not available

Lunch: 11 a.m. – 2 p.m.

Dinner: 4:30 – 6:30 p.m.

Lobby Latte Coffee Shop (located in the Level 3 atrium)

Monday – Friday: 7 a.m. – 3 p.m.

Weekends: 7 – 11 a.m.

Customer Service

Clinical manager	513-686-5382
Clinical coordinator	513-686-3193
Clinical nurse specialist	513-686-3182
Social worker	513-686-5341
Rehabilitation Services manager	513-686-3254
Patient Representative	513-686-3399

Gift Shop

Monday – Friday: 9 a.m. – 8 p.m.

Saturday – Sunday: 10 a.m. – 6 p.m.

Parking

Free parking is available in the parking lot in front of the hospital or in the parking garage.

Visiting hours: 11 a.m. – 8 p.m.

Please keep in mind that you will be busy throughout the day with your therapy and you may have a roommate. Limiting visitors to one or two at a time may be helpful. Due to the fact that many of our rooms are not private, we may not be able to accommodate family members who wish to stay overnight with patients.

Web site

www.JewishHospitalCincinnati.com

GOALS AND EXPECTATIONS AFTER SURGERY

Total joint replacement surgery can provide patients with enhanced mobility and relief from pain. You can help yourself to return to your normal daily activities by following the instructions of your physician, nurse and therapists.

The process of total joint replacement has improved significantly over the past several years, resulting in excellent outcomes for patients. The Jewish Hospital offers some of the most advanced technology available. As a result, some patients can expect to go home as soon as the first day after surgery. By the second day after surgery, most patients are discharged home.

In order to be safe at home, you should expect to work on and achieve the following goals during your stay:

- the ability to use a walker or crutches,
- the ability to climb stairs, if necessary,
- the ability to transfer in and out of bed, up and down from a chair, on and off of the toilet, and in and out of the shower or tub,
- the ability to understand and perform all exercises,
- the ability to safely perform self-care activities such as bathing and dressing,
- the ability to follow any precautions needed to protect your new joint,

Even though the majority of our patients do achieve these goals by discharge and are able to go directly home, **we still recommend that you plan to have family or friends available to stay with you for the first three or four days at home.** This will help you feel safer and will give you plenty of time to focus on your rehabilitation. For this reason, it is helpful to have a family member or caregiver attend some of your therapy sessions. Family members and caregivers will be trained in how to help you continue your rehabilitation at home. If you are having difficulty with any of the above activities, they will be shown how to safely assist you.

NURSING CARE

We love what we do. You will be cared for by experienced orthopedic nurses – R.N.s, L.P.N.s, and P.C.A.s (patient care assistants).

Please alert your nurse if:

- you need to get out of bed. Never get out of bed without assistance.
- your IV is leaking or painful
- your pain medicine is not working (You should expect a decrease in your pain within one hour of taking pain medication.)
- you become nauseated, lightheaded, short of breath or have chest pain
- you cannot urinate
- you cannot sleep
- you have difficulty moving your foot or feel numbness in your foot
- you feel feverish or have chills
- any of your equipment is not working properly
- you have unusual pain or tenderness in your calf

Your PCA will help you with personal care and take your vital signs.

A Clinical Nurse Specialist may also visit you. She is an advanced practice nurse who assists the other nursing staff and helps coordinate your care with the physicians, therapists and social workers.

Our job is to make sure you are on the road to a healthy recovery. We will monitor your vital signs every four hours on the day of surgery and on the first day after surgery, so we apologize now for the interruption. We will also be examining your incision for swelling and drainage and will be making sure you have normal circulation and nerve function in your leg.

You will have pumps on your lower legs to prevent blood clots. The pumps will gently squeeze your calves intermittently. This should not be painful.

Performing ankle pumps while lying in bed will help with your circulation as well. Pull your foot toward your head and then point down toward the foot of the bed. Repeat this motion several times an hour.

You will be given an Incentive Spirometer (IS), to help you work on deep breathing. It is important that you do ten of these deep breathing exercises every hour to prevent pneumonia.

An overhead trapeze is there to help you use your arms to raise your bottom up to relieve any pressure. This may relieve backache as well.

Always call for help before getting up from the bed or chair. You may feel dizzy or lightheaded when first getting up. You will need assistance to get up safely!

If you become nauseated, tell your nurse. We can give you medication to help this. We also recommend eating some type of food when taking pain medication. Drinking soda and eating saltine crackers is often helpful. We have regular or diet soft drinks. Juices are also available.

If you are dissatisfied with anything we do, the nurse manager, clinical coordinator or patient representative can meet with you to resolve the issue.

Some of the equipment in your room may include the following:

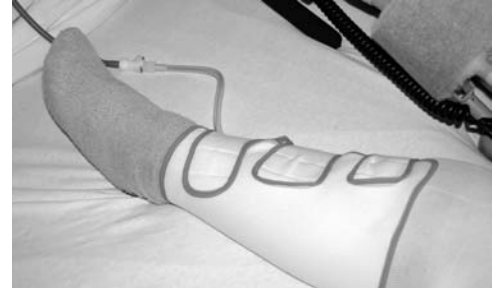
Abduction Pillow

To keep your legs apart after hip replacement, this special pillow will be placed between your knees.



Anti-thrombic Pumps

Anti-thrombic pumps will be applied to your legs. These should be on whenever you are in bed or sitting in a chair. The flow of air through the cuffs will gently squeeze your legs. This prevents blood clots by aiding circulation.



TED Hose

TED Hose are tight fitting stockings worn to help return blood to the heart, and therefore help to prevent swelling. They are typically worn the entire time you are in the hospital. If these stockings are ever uncomfortable, tell your nurse.

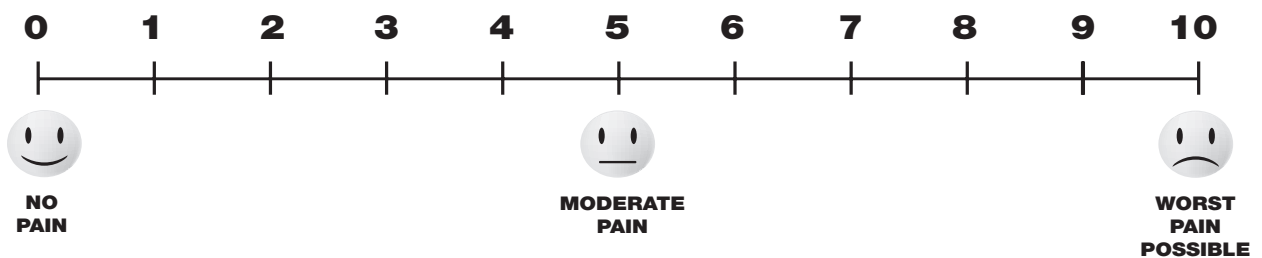


CONTROLLING YOUR PAIN

Managing your pain after surgery is very important to us. We want you to be as comfortable as possible and to be able to fully participate in physical and occupational therapy so that your recovery is right on course.

We will be asking you to rate your pain on a scale of zero to ten. Zero is no pain, and ten is the worst pain possible. We will be using pain medications to keep your pain score around four and will be watching for any side effects the pain medication may give you. If you have a different pain goal, one other than getting your pain score down to a four, please let us know.

Numeric Pain Score



Don't hesitate to ask for pain medication. We do not want you to suffer. Our goal is to deliver your pain medication within 15 minutes of your request. Please call the nurse again if more than 15 minutes has passed and you have not received your pain medication.

Some patients become too drowsy or have nausea with certain pain medications. We can adjust your medicine if this happens and still try to keep your pain score low. Just tell us if you experience any bad feelings after pain medication.

We encourage you to take pain medication before your physical or occupational therapy session. If you are having too much pain during your therapy, your movements will be limited and you will not get the most benefit from the session. If your therapists come in to work with you and you have not had any pain medication, please request it at that time. Your therapist will come back after you have had your pain medication.

Pain management is an area of medicine that changes and improves with recent advances in research. Your doctor may be using a method or treatment not described here.

Other methods to control pain may include: television, especially the relaxation channel which offers relaxing music and nature scenes, deep breathing exercises, prayer and meditation, changing your position, using ice and elevation, visits from friends, chaplain service or pet therapy. Please let us know if you would like to arrange a visit from the chaplain or one of our pet therapy dogs.

HIP PRECAUTIONS

Total hip replacement surgery can provide patients with enhanced mobility and relief from pain. You can help yourself to quickly and comfortably return to your normal daily activities by following the instructions of your physician, nurse and therapist. Feel free to ask questions while you are here. We want you to feel safe and confident about your new hip.

It is important to understand the precautions listed below in order to protect your hip during the rehabilitation process. The precautions are the same, whether you have had a total hip replacement or a Birmingham Hip Resurfacing procedure.

Precautions after hip replacement surgery may vary depending on your surgeon's approach. **Please follow the precautions that your therapist and surgeon have indicated are specific to your surgery.**

POSTERIOR OR ANTERIOR APPROACH

*DO NOT CROSS LEGS

Do not cross your legs or ankles when you are sitting.



Do not cross your legs or ankles while lying down. Use pillows between your legs when lying on your back or side.



POSTERIOR APPROACH ONLY
*DO NOT TURN YOUR TOES IN.

Do not turn your surgical leg inward.



Do not twist so that your surgical leg rotates in at the knee or foot.



Do not plant your foot and rotate your surgical hip inward.



POSTERIOR APPROACH ONLY
*DO NOT BEND YOUR HIP PAST 90 DEGREES.

Do not pull blankets up like this.



Do not bend forward at the hips from a seated position.



Do not bend too far forward from a standing position.



Do not lift your knee higher than your hip when sitting.



Do not sit in low chairs, which allow your knees to be above your hips. Also, avoid elevating your feet when sitting; this can raise your knees above your hips.



OTHER HIP PRECAUTIONS

In some cases, you may need to take the following additional precautions. Please talk to your doctor or occupational therapist if you have any questions.

Do Not Turn Your Toes Out:

Do not turn your surgical leg outward.



Do not twist so that your surgical leg rotates out at the knee or foot.



Do not turn the toes of the surgical leg out when standing.



ANTERIOR APPROACH ONLY

Do Not Extend Your Surgical Hip:

When stepping backward, **do not** step back with the surgical leg first. Lead with your non-surgical leg. Your surgical leg should never be behind your non-surgical leg when you are standing.

When scooting in bed, **do not** raise your hips off of the bed to scoot. This is also known as “bridging.”

PHYSICAL THERAPY AND EXERCISE

You will receive physical therapy two times a day, Monday through Saturday and once on Sunday during your stay. Your therapy will start the morning after your surgery.

Your physical therapist will assist you with your exercise program and show you the proper way to get in and out of bed and up and down from a chair. She will also help you learn to use a walker or crutches and go up and down stairs if necessary. Your physical therapist will also help you decide if a walker or a set of crutches is right for you.

EXERCISE DURING RECOVERY

Daily exercise will help strengthen your muscles and improve flexibility following surgery. Your physician and physical therapist will tell you how often to do these exercises and how many sets to do. Typically, we recommend ten repetitions, three times per day.

Exercises For Your New Hip

Lie on your back to do the following exercises. Exercises should be done on firm surface, but not on the floor.

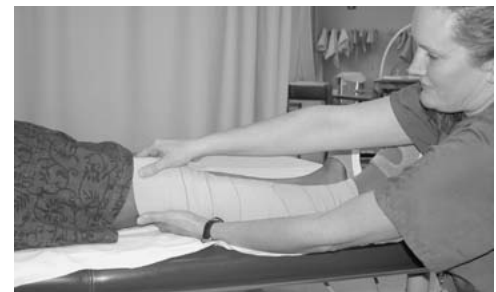
Ankle Pumps

Move both of your ankles up and down as if you are pumping the gas pedal of a car.



Quad Sets

Lie with your legs extended, toes pointed up. Tighten the muscle in the front of your thigh so that the back of your knee pushes down against the bed. Hold for a count of five to ten.



Gluteal Sets

Lie with your legs straight, toes pointing up. Squeeze your buttocks together and hold for a count of five to ten.



Heel Slides

Keeping your heel on the bed, slowly slide your foot toward your buttocks so that your hip and knee bend. Bend your knee as far as you can. Slowly straighten your leg back out. At home, this may be easier if you place a large plastic bag under your leg to create a slick surface.



Hip Abduction

Slide your affected leg out to the side, keeping the kneecap pointed toward the ceiling. Gently bring your leg back toward the center, but do not cross midline.



Short Arc Quad Sets

Lie with a bolster or coffee can under your knee. Straighten your knee as you keep the back of your thigh in contact with the bolster. Hold for a count of five and then lower slowly.



Straight Leg Raises

Bend the knee of your good leg and put your foot flat on the bed. With the surgical leg, do a quad set and then slowly lift your heel off the bed. Lift only as high as your bent knee, and slowly lower your leg back to the bed.



Seated Knee Flexion and Extension

While sitting in a firm chair, slowly extend your knee and hold for a count of five. Lower your foot and allow the knee to bend, bringing your foot as far back as possible.



USING YOUR WALKER OR CRUTCHES

After your surgery, you will temporarily be using a walker or crutches to provide you with better balance and safety. The walker or crutches will also make it more comfortable for you to start walking on your new joint right away. If your physician does not allow you to put your full weight on the surgical leg after surgery, your therapists will explain how to do this.

Be sure to use your walker or crutches at all times until your physician or therapist tells you otherwise.

Walkers

Standing up from a chair

- Scoot toward the edge of the chair and position the walker in front of you.
- Place both hands on the arms of the chair.
- Place your **surgical** leg in front of you.
- Push to a standing position by using your arms and **non-surgical** leg.
- Reach for your walker with one hand at a time.
- Be sure to avoid bending your hip past 90 degrees by keeping your shoulders and head upright as you stand.



Sitting down into a chair

- Back up until you feel the chair behind your legs.
- Place your **surgical** leg out in front of you.
- Reach back for one arm of the chair, then the other.
- Slowly lower yourself into the chair.
- Be sure to avoid bending your hip past 90 degrees as you sit down, by keeping your head and shoulders upright.



Walking

- Standing at the walker with feet apart, move the walker forward the distance of one step (6-12 inches).
- Be sure all legs of the walker are firmly on the floor, and then step forward with your **surgical** leg.
- Keep your hands on the walker and use your arms to support your weight as you then step forward with your **non-surgical** leg.
- Be sure to maintain proper weight bearing, as instructed by your therapist.
- You may now move the walker forward again and repeat these steps.



Going backward up one step with a walker

- Using the walker, back up to the step.
- Keeping your hands on the walker, step up backward with your stronger leg.
- Bring your surgical leg up next.
- Bring the walker up and back up until you have room to turn around.



Going forward up one step with a walker

- Place your walker as close to the step as possible and then step to the middle of the walker.
- After checking your balance, place the walker up on the step.
- Now step up onto the step by using your **non-surgical** leg.
- Finally, step up with your **surgical** leg, check your balance and begin walking forward.



Going down one step with a walker

- Walk up to the edge of the step, using your walker.
- Place the walker on the ground in front of the step.
- Keeping your hands on the walker, step down with your **surgical** leg first.
- Now step down with your **non-surgical** leg, check your balance and begin walking forward.

Remember: Up with the “good” and down with the “bad.”



Crutches

Standing up from a chair

- Hold both crutches on one side.
- Scoot to the edge of the chair and extend your **surgical** leg out in front of you.
- Push down on the arm of the chair on your **other** side and stand up.
- Check your balance.
- Put the crutches under your arms, pressing the top of the crutches into your ribs and begin walking.



Sitting down into a chair

- Back up to the chair until you feel the chair touch your legs.
- Put both crutches in your hand on one side, reach for the chair with your other hand and move your **surgical** leg forward.
- Lower yourself slowly into the chair, allowing your **surgical** leg to slide forward as you sit.



Walking with crutches

- Move the crutches ahead of you 6-12 inches.
- Pushing down on the handgrips, step up to the crutches with the **surgical** leg first.
- Now step forward with your **non-surgical** leg.
- Check your balance and move the crutches ahead again to take another step.



Going up stairs with crutches

- Start close to the bottom step and put both crutches under one arm and hold onto the railing with the other.
- Step up with your **non-surgical** leg first.
- Using the railing and crutch for support, step up to the same step with your **surgical** leg next.
- Bring the crutches up on the same step as your feet, and check your balance before you proceed to the next step.

Remember: Up with the “good.”



Going down stairs with crutches

- Start at the edge of the step, with one hand on the railing and the crutches on the other side.
- Place the crutches down on the first step below you and then place your **surgical** leg on the same step.
- Now, step down to the same step with your **non-surgical** leg.
- Check your balance and continue down the rest of the steps in the same manner.

Remember: Down with the “bad.”



Going up one step with crutches

- Start close to the bottom step.
- Keeping the crutches still, step up with your **non-surgical** leg first.
- Next, bring up your **surgical** leg and then the crutches.
- Check your balance and walk forward.



Going down one step with crutches

- Move close to the edge of the step.
- Place the crutches on the surface below the step.
- Step down with your **surgical** leg first.
- Step down with your **non-surgical** leg, check your balance and begin walking.

Remember: Up with the “good” and down with the “bad.”



Getting into a car

- Have the car seat moved back as far as possible, and partially recline the seat back.
- If your car seat is low, you may want to bring a cushion or pillow to place on the seat.
- Back up to the car, using your walker or crutches.
- Place your **surgical** leg out in front.
- Hold onto the car frame and/or seat as you lower yourself into the car.
- Be careful not to bend your operated hip past 90 degrees by keeping your head and shoulders upright.
- Place your legs into the car, one at a time, as you rotate to face the front.
- To get out of the car, do the reverse.



OCCUPATIONAL THERAPY

You will receive occupational therapy during your stay. Your occupational therapist will instruct you in performing your self care skills and bathroom transfers safely and independently. Equipment will be issued and/or recommended as needed.

DAILY LIFE MODIFICATIONS

During rehabilitation, it will be necessary for you to make adjustments to your daily activities in order to protect your new hip. The following instructions will help you understand how to correctly alter these activities.

Please bring two or three loose fitting outfits. You will be getting dressed in street clothes as soon as the day after your surgery. Loose fitting shorts work especially well for the first day.

Dressing

Use the adaptive devices so you can maintain your hip precautions and independence.

Underwear and Pants

- Use the reacher to grab the waist of the underwear or pants. Lower the reacher to the floor and slip the pant leg over your **surgical** leg first.
- Do the same for your non-operated leg.
- Stand by pushing up from your chair with **surgical** leg forward.
- Get your balance.
- Pull pants up.



Socks and Stockings

- Pull sock or stocking onto aid.
- Holding the straps, put the sock aid onto the floor and insert your foot.
- Pull up on the straps to bring the sock over your foot.



Shoes

- Wear slip-on shoes or use elastic shoelaces so you can avoid bending over.
- Use the reacher or long-handled shoe horn to put on or take off your shoes.



Bathing

For the first few weeks following surgery, you may want to bathe using a tub or shower chair.

Getting into the Shower Stall

- Back up to the lip of the shower stall with your walker or crutches.
- Step into the shower with the **non-surgical** leg first.
- Now, step into the shower with the **surgical** leg, pushing through the walker as you go.
- If you feel unsteady on your feet, you could benefit from purchasing a shower seat.



Bathtub Transfer Using a Tub Seat

- Using your walker or crutches, walk to the side of the tub.
- Back up until you feel the back of your knees touch the tub.
- Reach back with one hand for the back of the bath chair.
- Sit down on the bath chair, keeping the **surgical** leg forward.
- Lift legs over the side of the tub and turn to sit facing the faucet.
- To transfer out of the tub, lift legs out while turning on the bath chair.
- Stand up outside by pushing off from the chair.



Stepping in and out of the bathtub

- Using walker or crutches, line up sideways with bathtub if possible.
- Hold onto shower wall with both hands.
- Step into and out of tub with knee bent, facing faucet, keeping foot behind you.



Commode Transfers

- Using your walker or crutches, back up until you feel the back of your knees touch the commode seat.
- Extend your **surgical** leg out in front.
- To sit, reach back for the grab bars of the raised toilet seat while keeping your **surgical** leg out in front.
- To stand, place your **surgical** leg out in front and push yourself up using the grab bars of the raised commode.
- Make sure you look up to avoid too much bending at the hip.



GENERAL TUB SEAT INFORMATION

Rubbermaid Adjustable Shower Seat

- Sturdy monoblock construction
- Fits most standard bathtub designs (tub must be 21" from inside to inside)
- Height adjusts from 18 ½" to 24 ½"
- Weight capacity 300 lbs.
- Price ranges:
 - With removable back, \$55.95 to \$65.00
 - Without back, \$45.95 to \$55.00



Adjustable Bath Benches

- Multiple drainage holes & non-skid rubber tips
- Height adjusts from 14 to 20 inches
- Weight capacity 300 lbs.
- Price ranges:
 - With ergonomically designed back \$45.95 to \$75.00
 - Without back \$35.95 to \$48.00



Invacare Portable Shower Chair

- Sturdy monoblock construction
- Fits most standard bathtub designs
- Height adjusts from 18 to 23 inches
- Weight capacity 400 lbs.
- Price Ranges:
 - With removable back \$55.00 to \$60.00



***Please note that tub seats are not typically covered by insurance.**

Many local retailers and internet suppliers now carry tub seats and other home safety equipment at reasonable prices. Lowe's, Home Depot, Wal-Mart, and Target are some good sources. Check prices online and look for free shipping.

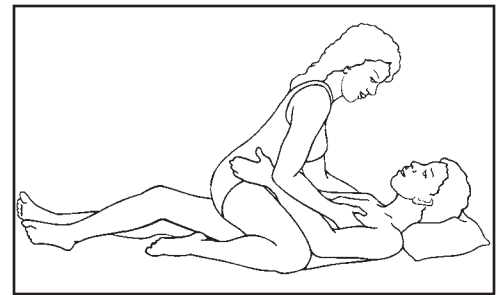
SEXUAL ACTIVITY FOLLOWING HIP REPLACEMENT

Many patients have questions about sexual activity following total joint replacement surgery. You may resume sexual intercourse as long as you follow the precautions given by your doctor and therapist.

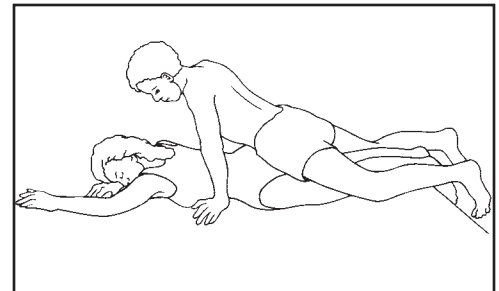
If you choose to abstain, remember that sexual activity can include more than intercourse. It is important to communicate with your partner to minimize the impact of your surgery on intimacy.

The following illustrations show positions that will help to protect your hip during sexual activity. Your doctor or therapist is also available to discuss specific questions or concerns with you.

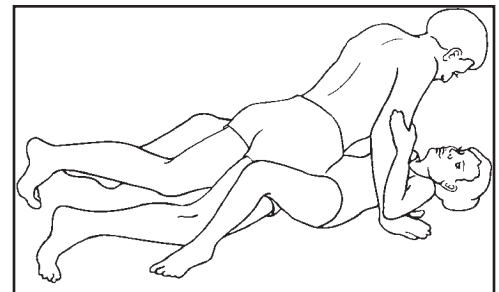
Hip patients use bottom position.



Hip patients use bottom position. You may use top position if weight bearing is permitted.



Hip patients use bottom position. You may use top position if weight bearing is permitted.



Hip patients use either position.



GOING HOME

Now that your surgery is complete, it is important to continue your recovery by walking and following the exercise program given to you by your therapist and/or doctor. Many patients will have home or outpatient therapy after leaving the hospital. Additional exercises or activities may be recommended at that time.

Social Services

A social worker will speak with you and your family about your discharge plans. The majority of our patients go directly home at discharge and may receive home care. Home care may include a nursing visit and/or home therapy, which your social worker will set up for you. The therapists and social worker will also address your equipment needs.

In the event that your doctor and therapists recommend a short rehab stay, your social worker will provide facility options and discuss transportation needs.

Outpatient Physical Therapy

If your doctor prescribes outpatient physical therapy, please consider The Jewish Hospital for your outpatient therapy needs. The department is easy to access and there is designated parking available for our therapy outpatients. Our therapists are also very familiar with the post-operative protocols of our surgeons. Call 513-686-3254 to set up an appointment.

Other Discharge Considerations

The Jewish Hospital Weight Management Center

The Weight Management Center at Jewish Hospital offers a number of treatment and support services to help you achieve your weight loss goals. Options include medically supervised weight management, nutrition counseling services, and weight loss surgery. Call 513-686-6820 for information or to schedule to attend a free information session, or check our Web site at www.morethanadiet.com.

Web sites for Gardeners

As you return to activities like gardening, you may want to investigate the following Web sites. They contain information and tools to make gardening safer for your joints.

www.gardenscapetools.com—a resource for ergonomic gardening tools

www.fse.missouri.edu/gardenweb—Gardens for Every Body

MAKING THINGS SAFE AND EASY AT HOME AFTER YOUR SURGERY

Small changes to your homemaking routine can make daily activities safer and easier during your rehabilitation at home.

General

- Remove all throw rugs.
- Have proper lighting and nightlights.
- Sit in chairs that are easy to get out of, preferably with arm rests. If needed, add firm cushions to raise the height of the chair. Avoid rocking chairs, armless chairs, chairs with wheels, low/soft chairs, and the middle of the couch.
- Reduce the amount of furniture in the living areas.
- Keep a phone close by. Cordless phones can be kept in a pocket or clipped to a belt.
- Place a sturdy table beside your chair to hold items you use often.

Kitchen

- Keep kitchen items in a place where they are easily accessible.
- Leave frequently used items on the counter.
- Slide objects along the countertop rather than carrying them.
- Prepare meals ahead of time and freeze them.

Bathroom

- Apply non-skid strips or use a non-skid rubber mat in the tub/shower. Use bathmats with non-skid backing next to the tub/shower and sink.
- If your therapist has recommended it, use a shower chair or tub bench.
- Use a raised commode as your therapist has recommended.
- Never hold onto or pull on a towel rack, tissue holder, or soap dish for balance or support. These items could pull away from the wall and cause you to fall.

NURSING DISCHARGE INFORMATION

Medical and/or Surgical Appointment Follow-Up

It is very important that you schedule and keep your physician appointment. You may need to schedule a follow-up appointment with your regular physician and your surgeon. This is approximately two weeks from the date of your discharge from the hospital. Your physician may have ordered home health services to be provided to **supplement** his or her care, **not to replace it**. Your physicians are the **only** people who can make changes in your medication and order tests that may be indicated. Discuss any transportation problems you may have with a social worker or home health nurse—there may be ways to help you. If you have any questions about home health or home physical therapy arrangements, contact the home health agency you were set up with at the time of discharge.

When to Notify the Physician or Home Health Nurse

Notify the physician or home health nurse if you have:

- signs of an infected incision (see below)
- temperature above 101.5 degrees twice, taken 3-4 hours apart
- calf pain, tenderness, or swelling
- sudden sharp pain in your hip joint or groin—this could mean that your hip has dislocated
- loss of control over leg movement or complete loss of active leg motion
- bad reaction to medication
- any scheduled surgery, dental work (including routine dental cleaning), endoscopy or colonoscopy. Antibiotics may need to be prescribed before any of these procedures.

Incision Care

Unless otherwise instructed by your doctor, examine your uncovered hip daily and look at your incision carefully.

Check for these signs of infection at your incision:

- redness
- warmth (increased since your discharge from the hospital)
- onset of drainage or change in color of drainage
- presence of a fever (temperature above 101.5) and chills
- increased pain or tenderness
- increased swelling
- areas along the incision line splitting open

Incision care varies by surgeon. Your nurse will give you specific instructions at discharge.

In general:

- **Do not** apply creams or ointments to your incision.
- Keep your incision clean and dry.
- If your surgeon has recommended a dressing for your incision, it should be changed daily and continued until drainage stops. When there is no drainage, your incision may be left open to air.
- If you are having a lot of drainage, the dressings may need to be changed more than once a day. Call your surgeon if the drainage increases significantly, changes color, or has an odor.
- If your incision was closed with Dermabond (glue), **do not** use alcohol to clean your incision.

Showering

- If you have staples, your nurse will tell you if your surgeon permits you to shower. Some physicians do not allow showering while the staples are intact.
- If your incision has been closed with Dermabond (glue), you may shower now.
- Once you can shower, do not scrub the incision. Allow the clean shower water to flow over the incision and pat dry when finished.
- The shower must be accessible, and you must be able to maintain your weight bearing status and balance.
- If you are showering in a tub, you will most likely need to use a shower chair for safety and to help you maintain your hip precautions.
- **Do not** take a bath or soak in any sort of tub or pool until your incision is **completely** healed. Dirty water from the tub can contaminate an unhealed incision and cause a serious infection.

Staples

- Staples are usually removed two to three weeks after your procedure by your home health nurse or on your follow-up visit to the surgeon.
- After the staples are removed, white steri-strips may be applied across the incision. Leave them in place until they fall off. If any of them are still on after a week, you may remove them gently. This is most easily accomplished in the shower.

Pain And Swelling

The discomfort after total hip replacement usually decreases rapidly during the first month. Sometimes there is a dull ache after long walks; this may occur for up to 18 months. “Start up pain” (pain with the first few steps after standing up) may be present for a while. This improves without treatment and does not mean the implants are loosening or failing.

If your physician has recommended medical support hose, you should continue to wear them at all times as they may also help control swelling. You may remove them for bathing. Avoid wearing tight fitting socks with elastic at the top, as these may constrict your circulation.

If you are experiencing lower leg swelling, lie down in a position that will place your foot higher than your heart for 20-30 minutes. You may use pillows to prop your leg, but be sure to follow your hip precautions. Ankle pumping exercises should be done while in this position. You should notice that your leg will feel less “puffy” after this amount of time. Repeat this procedure two or three times daily as needed. You should notice that swelling is less in the morning upon rising from bed. If your swelling does not decrease with the above elevation exercise, or if it is just as swollen when rising in the morning as it was when you went to bed, notify your physician.

Ice Packs

Each physician has his or her own preference for the use of cold therapy. Ice therapy is ordered to decrease swelling and pain. You may find it helpful to use the ice packs each time you complete your exercise program.

If your physician has chosen to use ice packs, place an ice pack on your hip for 20-30 minutes when it becomes swollen, painful or stiff.

DO NOT USE HEATING PADS ON YOUR HIP! The use of heat on your hip can cause increased swelling during the initial healing phase of your surgery.

Activity/Limitations/Restrictions

- Continue to follow the hip precautions given to you by your physician and therapists.
- You should continue your exercise program at home, spending about thirty minutes, three times per day on exercises and walking. If you are receiving home physical therapy, your therapist will modify your program and help you “graduate” to a cane or crutch and then to no device at all. Depending on the preference of your physician, you may need a walker or crutches for up to six weeks.
- If your physician has not ordered any home therapies, you may progress to one crutch or a cane, as you feel able. You should feel steady on your feet, and have minimal pain to progress from the walker. When using only a cane or one crutch, it should be placed on the side **opposite** your operative side. Eventually, you should be able to walk without any device at all.
- Continue to do ankle pumps to improve circulation of the legs.
- If your surgeon has ordered surgical stockings (TED hose), continue to use them until discontinued by the surgeon. Your stockings can be washed in warm soapy water (no bleach!) and hung to dry.
- Continue to do your coughing and deep breathing exercises and use your Incentive Spirometer to keep your lungs clear and decrease the risk of pneumonia.
- You may lie on your **operative** side with a pillow between your legs unless your physician tells you otherwise. The pillow should be at least 8-12 inches thick to provide separation and keep your hip in a neutral position.
- Flat, rubber soled shoes that do not easily slip off of your heel are safest.

Diet/Nutritional Intake

- To decrease risk of constipation, increase fluids—especially water. Drink 8-10 glasses of fluid per day. Prune juice or hot coffee and tea may stimulate the urge to have a bowel movement.
- Cut down on refined starchy foods and fatty foods (cooking oil, bacon, butter). Consume whole grain cereals, pastas and breads, nuts, fresh fruits and vegetables.
- If you are taking Coumadin, it is important to keep your diet consistent, eating the usual amounts of green leafy vegetables, which contain vitamin K. Vitamin K helps you form blood clots, and you are taking Coumadin to decrease clot formation. There should be no problem unless you make drastic changes in the amount of green leafy vegetables in your diet.
- Be sure to include calcium rich foods such as low fat dairy products for healthy bones.
- Foods high in protein and vitamin C help to speed the healing process. Examples of those foods include meats, fish, poultry, legumes/beans and citrus fruits.
- It is NOT advisable to start a restrictive dieting program immediately after surgery. To support your recovery, you should make healthy choices from all the food groups during the healing phase. Once you have recovered from your surgery, consult your physician regarding a weight loss program if this is a goal for you.
- **Smoking negatively affects the healing process, circulation and increases your risk of blood clots.** We strongly recommend that you do not smoke after your surgery.

Medications

- If iron supplements are continued, you may need a stool softener. Constipation and stool appearance changing to dark and tarry are side effects of the iron supplements.
- Your surgeon will prescribe pain medications for your use after discharge. Continue to take your pain medication as prescribed by your doctor. You may find it beneficial to take some before physical therapy sessions even if it is not needed at other times. Side effects of narcotic pain medication can include drowsiness, constipation, confusion, nausea and itching. Eventually, the prescribed pain medication will no longer be needed.
- After discharge, a laxative of choice may be taken for constipation. These can be purchased over the counter.
- Daily multivitamins help to meet recommended daily requirements of nutrition and should be continued after discharge.
- Oral anticoagulant medication (aspirin, Coumadin or others) may be prescribed to decrease risk of blood clots. If you are on an anticoagulant, avoid alcohol and do not take aspirin or any ibuprofen medications (Motrin, Advil). If you normally take aspirin for a heart condition or any other anti-inflammatory such as Naprosyn, check with your physician before resuming.

- Injectable anticoagulant medicine (heparin, Fragmin, or others) may be prescribed to decrease risk of blood clots. The technique for Fragmin injections is slightly different from other medication injections; instructions will be given to you and reviewed before discharge.
- Anticoagulant medications (blood thinners) should be taken as directed. Report any bleeding in your urine or stool to your doctor. Some bruising while on blood thinners is normal. Consult your surgeon if you have any questions or concerns.
- Do not take any over the counter medications or herbal supplements without consulting your physician.
- Do not take additional Tylenol along with your pain medication, which already contains Tylenol. Too much Tylenol can harm the liver.

Driving

- **You should resume driving according to the recommendation of your surgeon.**
- If you are still using narcotic pain medication, you should NOT drive.
- If your left hip was replaced, you should drive a vehicle with an automatic transmission.
- You should feel like your coordination and reflexes are back to normal before you resume driving. Generally, most people are able to drive short distances within six weeks.
- Keep in mind that you could be liable in an accident if you are taking narcotic pain medication or if you are not yet able to control your leg appropriately for driving.

Resuming Sexual Intercourse

Follow your surgeon's recommendation in regard to resuming sexual intercourse. When you are allowed to participate in this activity, follow the guidelines outlined in the "hip precautions" section of this booklet. In general, you should continue to avoid flexing your hip past 90 degrees and keep your feet pointed forward to avoid rotation at the hip.

Tell your physician if you suspect that your medication is affecting your sexual desire or abilities. Often medication can be adjusted or changed to correct sexual difficulties.



Thank you for choosing The Jewish Hospital Joint Replacement Center. We hope that your stay with us was pleasant and successful and that your quality of life will be improved by reduced pain and improved function.