

# Hip Surgery Information and Work Book



**ENGLEWOOD**  
HOSPITAL AND MEDICAL CENTER<sup>SM</sup>

Joint Replacement Center  
Orthopedic Institute



Dear Patient,

Thank you for choosing Englewood Hospital and Medical Center. Our aim is to provide you with expert care and a positive patient experience.

This book is provided as a resource for you and your family. It will guide you through what you can expect as you prepare for and undergo your orthopedic surgery and rehabilitation.

In this book, we have included information and tools to help make it easier for you to prepare for your hospital stay and follow-up care. If you have any questions about your surgery or about the material in this book, please ask your doctor or one of our Orthopedic Institute healthcare professional. You can reach our orthopedic Nurse Practitioner, Marie Sarubbi, at 201-894-3696 or 201-894-3750 with any questions or concerns before or after your surgery.

You will be required to stay in the hospital for several days following your surgery. While under our care, you can expect to be treated by compassionate, respectful physicians, nurses, and staff. We pledge to do everything possible to provide service that meets your needs and increases your comfort. If there is something we can do to enhance your stay, please let us know immediately. Your complete satisfaction during your stay is our ultimate goal. **If you have any concerns that you cannot rate us as providing very good care please contact the Patient Care Director or Nursing Supervisor.**

Following your discharge, you will receive a patient satisfaction survey in the mail. You will be asked to rate services such as the care you receive from our hospital staff, housekeeping services, personal issues, discharge planners, and overall assessment during your stay with us. Providing quality service in a caring, efficient, and courteous manner is extremely important to us. Based on your experience at our Medical Center, I hope you will feel comfortable in a responding to the survey questions with the optimal answer of 5 (Very Good)!

Thank you again for choosing Englewood Hospital and Medical Center.

Sincerely,

Edna Cadmus Ph.D, RN, CNAA  
Senior Vice President Patient Care Services



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Material in this publication was compiled by Marie Sarubbi, RN, MA, ANP-BC, ONP-C and the staff of Englewood Hospital and Medical Center in conjunction with Janet M. Dorrwachter, BS, RN, ONC.

# **Section 1:**

## **Preparing for Your Surgery**



## My Medication Checklist

Fill in with information on all the medications you are currently taking. This includes medications ordered by your doctor as well as over the counter medications including pain relievers, vitamins, herbal supplements, etc. Use an additional sheet of paper, if necessary.

Medication Name	Dose	Frequency	Route (by mouth or injection)	Additional Notes
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				

## Payment of Procedure

### **Coverage of Anesthesiology, Pathology, Emergency Room, Radiology, Cardiology and Other Professional Fee Assignment and Conditions**

In the event the patient is entitled to benefits of any type arising out of any policy of insurance covering the patient, the said benefits are also hereby assigned to the Anesthesiologist, Pathologist, Emergency Room Physician, Radiologist, Cardiologist, and/or other appropriate physician. I understand that it is the responsibility of the patient to obtain information from his/her insurance company to determine if the above-mentioned physicians are participating the patient's insurance plan.

**Participation by Englewood Hospital and Medical Center in any given insurance plan does not indicate participation by the Anesthesiologist, Pathologist, Emergency Room Physician, Radiologist, Cardiologist, and/or other appropriate physicians. I understand that I am responsible to the above-mentioned physicians for any charges not covered by my insurance plan.**

On the back of your insurance card there usually is a telephone number to check for this coverage. Please check *before* your surgery.

## Pre-Admission Testing (PAT) Checklist

Pre-admission testing is to the left of the main entrance of the hospital.

- \_\_\_\_\_ A pre-admission testing Registered Nurse will review your health history and perform a nursing assessment
- \_\_\_\_\_ An interview with an anesthesiologist/a certified nurse anesthetist/or a nurse practitioner who will review your health history and give you instructions regarding medications, foods, and liquids that are permitted prior to surgery. While this may seem redundant, we want to do a final check to ensure you are ready for your surgery and that you meet the criteria for receiving anesthesia.
- \_\_\_\_\_ Blood may be drawn
- \_\_\_\_\_ An EKG may be done if necessary
- \_\_\_\_\_ An X-ray may be done if necessary
- \_\_\_\_\_ Urine may be collected

## “Joint University” Checklist

- \_\_\_\_\_ The Orthopedic nurse practitioner will explain the progression of your hospitalization, starting from admission to discharge.
- \_\_\_\_\_ A physical therapist will explain the necessary equipment you will need and the course of your therapy during hospitalization.
- \_\_\_\_\_ An occupational therapist will teach you the use of adaptive equipment which will assist you with activities of daily living.
- \_\_\_\_\_ A care coordinator will help you to plan your discharge, and the possible options open to you.
- \_\_\_\_\_ If needed, the Physical Therapist or Occupational Therapist will recommend additional equipment for you.

## Frequently Asked Questions

- Q. How long should I expect to be in the hospital?**
- A. You should be prepared to be discharged from the hospital by day 2 if you are progressing in your recovery.
- Q. What is the prosthesis made of?**
- A. There are different materials that the hip could be made from. Check with your surgeon for the one he uses.
- Q. Will I set off metal detectors?**
- A. Yes.
- Q. How long is the surgery?**
- A. Approximately 1-2 hours. Revision surgery may be longer. However, there is also pre- and post-operative preparation time involved. The total time from when you enter the surgery area to when the doctor reports your status to your relatives in the waiting area will be approximately 2-3 hours.
- Q. How long do I have to keep hip precautions?**
- A. Usually six weeks, but check with your surgeon.

### *My Questions/Notes*

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## **Before Your Surgery: Preparing Your Home**

- \_\_\_\_\_ Move items in your kitchen, bathroom and bedroom to waist level or higher. This will keep you from having to bend over to reach things.
- \_\_\_\_\_ Remove scatter or throw rugs that may cause you to trip. Secure any loose edges of rugs and extension cords. Make sure hallways and rooms are clear of clutter.
- \_\_\_\_\_ Consider a cordless phone to keep near you for convenience.
- \_\_\_\_\_ Take showers only! Do not sit down in a tub. Place a rubber mat or non-skid surface in the tub or shower to keep you from slipping. Installing a grab bar on your tub or shower wall will help you keep your balance. Do not hold on to soap dish on the wall for support – soap dishes are not constructed to hold your weight. You may need a tub chair or bench after surgery.
- \_\_\_\_\_ If possible, prepare meals before your surgery and freeze them. Stock up on any necessary items. Complete food shopping and laundry.
- \_\_\_\_\_ Think about setting up a bed on the first floor of your home. It will be easier to manage until you are comfortable with using stairs.
- \_\_\_\_\_ Think about your pets as they may create a challenge to your recovery.

## **Items to Bring to the Hospital**

- \_\_\_\_\_ Flat, comfortable shoes or sneakers with Velcro closures are ideal for working with physical therapy and occupational therapy. Loafers, which are easy to slip into, are also ok. Occupational therapy can modify your laced shoes with elastic shoelaces to make it easier for you to slip into your shoes.
- \_\_\_\_\_ A short wrap-around bathrobe is recommended, so you won't trip.
- \_\_\_\_\_ You may bring your own pajamas, but sometimes it is easier to wear a hospital gown until the tubes in your vein or your bladder are removed. Loose fitting pants with an elastic waist (sweat pants) and a loose fitting shirt are also good to wear the second day after surgery.
- \_\_\_\_\_ Toiletries such as personal care items.
- \_\_\_\_\_ Books, magazines, or other hobbies such as knitting can help occupy your time.
- \_\_\_\_\_ Do not bring any personal valuables such as jewelry, wallet, or large amounts of money.

# **Section 2:**

## **Your Hospital Stay**

## Items Your Healthcare Team May Use

- **IV or Saline lock** – a small soft plastic tube inserted in your vein to give IV (intravenous) fluid or medicine.
- **Patient controlled analgesia (PCA)** – pain medicine that is in a pump attached to your IV. You control the amount of medicine you receive by pushing a button attached to the pump. Your nurse will teach you how to use it.
- **Incentive spirometer** – a device you use to exercise your lungs. It helps you to take deep breaths. It is used after surgery to help keep fluid from building up in your lungs and will help keep you from getting pneumonia. Your nurse will teach you how to use it.
- **Surgical dressing** – a sterile gauze pad placed over the incision to keep it dry and clean.
- **Urinary catheter (Foley)** – a soft tube placed in your bladder to measure the amount of urine you make. It also prevents retention of urine in your bladder.
- **Hemovac** – a drain that is placed at the site of your surgery to drain blood and fluid from the area.
- **IM (Intramuscular) injection** – an injection given into the muscle. Some pain medicine may be given by IM injection instead of using PCA.
- **Venodyne boots** – A tubular device that is placed around your legs, which inflates and deflates to help keep the blood moving in your legs. This helps improve circulation and prevents the formation of a blood clot.
- **TED stockings** – elastic stockings that help increase blood return to the heart, prevent swelling in your legs, and prevent blood clots from forming.
- **Assistive devices given by occupational therapy** – these include a reacher, long-handled shoehorn, sock and stocking aid, dressing stick, long-handled sponge, and elastic shoelaces. These items help you to maintain independence in your activities of daily living.
- **Hip abduction pillow** – A triangular shaped pillow which is placed between your legs.
- **Trapeze** – over the bed frame to assist with bed movements and to assist you out of bed.
- **Orthopat** – device used to collect fluid from wound.

## **Planning Your Discharge**

- You will meet with a person called a “Case Coordinator” while you are in the hospital. They will talk to you about the things you will need after you leave the hospital and will help to plan your discharge. They coordinate all inpatient rehabilitation and outpatient services such as physical and occupational therapy.
- Discharge time – every effort is made to arrange for you to be discharged in the morning by 11:00 AM.
- You will need to make plans for your transportation home. If you go to inpatient rehabilitation, transportation may be arranged for you.

## **Admission to the Hospital on the Day of Your Surgery**

- Upon entering the hospital, you will stop at the information desk where they will direct you to the appropriate area. The Same Day Admitting Department is on the 2<sup>nd</sup> floor. If you are late, your surgery might be delayed. The 2 West phone number is 201-894-3123.
- You will be prepared for transport to the operating room. Family members may stay with you until you are transported to the operating room. You will change into a hospital gown and you will be asked to empty your bladder before you leave the unit.
- You will be taken to the holding area where an IV – a tube in your vein for fluid – may be started and your surgeon will mark your skin for safety purposes and correct side. You will then be seen by an anesthesiologist. Family members and friends will be told to wait in the Waiting Area on the 2<sup>nd</sup> floor of the main building while you are in surgery. Please let your surgeon know if family members and friends will be in this area, or give a phone number to reach a contact person, so they may be kept informed.
- The surgeon will come to the waiting area when the operation is over to speak to your family. The recovery room (PACU) personnel will call the family to allow one visitor into the PACU when you are stable. Usually, you will remain in the recovery room for two to four hours. Please note that delays in transfer to the recovery room are not an indication of trouble.
- You will be asked many of the same questions several times. This is to ensure your safety.

## **Operating Room**

- You will have an IV started in your vein if not started in the holding area. You might be given some medicine to help make you sleepy. You will have a urinary catheter inserted after you have received an anesthetic. Your hip will be prepped.
- Hip replacement surgery takes approximately 1 ½ - 2 hours. Hip revision surgery can be longer.

## Recovery Room (PACU)

- You will be monitored closely in the recovery room. A nurse will check your pulse, blood pressure and temperature frequently. They will also check the circulation in your leg. You will be asked to wiggle your toes and report any pain or numbness in your leg.
- You will be given pain medicine by Patient Controlled Analgesia (PCA), PO (by mouth) or IM injections. The staff will periodically ask you to describe your pain level on a scale from 0-10: < 0 1 2 3 4 5 6 7 8 9 10>. Zero being no pain and ten being severe pain.
- You will start breathing exercises with the incentive spirometer device. This will help to keep fluid out of your lungs.
- TED stockings and/or pneumatic soft compression boots will be applied in the operating room to help with circulation. They inflate and deflate automatically.
- When you are stable, you will be moved to your assigned floor in your bed.
- Ice may be applied to your hip.
- A system to collect and return your own blood may be used to help eliminate the need for blood transfusions.

## The Days Following Your Surgery

### Day 1: (the day after surgery)

- You will continue to receive pain medication. Medication may be administered with a PCA, orally, or through intramuscular injections.
- You will continue with breathing exercises using the incentive spirometer and coughing and deep breathing.
- You will be given IV antibiotics to help prevent infection.
- You can start a clear liquid diet and advance to a regular diet when you are ready or passing gas.
- Your IV fluids may be stopped when you are taking fluids by mouth.
- The physical therapist and occupational therapist will begin working with you. You can expect to get out of bed and walk several steps with a walker. You will sit in a high or regular chair next to your bed for a few hours. Ask for pain medication a half hour before you are scheduled to reduce your discomfort.
- The occupational therapist will begin showing you how to use adaptive equipment (reacher, sock aide) to perform a variety of activities such as dressing and bathing.

- A Doppler (ultrasound test) may be done to check for any blood clots in lower extremities.
- You may be given an injection in your stomach one or two times a day to prevent blood clots.
- Your vital signs (pulse, blood pressure, and temperature) will be monitored. The nurse will check your blood flow to your toes.
- The dressing on your hip will be checked for drainage.
- If you have a hemovac drain, it will be removed 1-2 days after surgery.
- You may have blood drawn for certain lab tests per your surgeons' orders.
- An air mattress can be placed on your bed to keep the pressure off bony joints.
- The staff will be checking your skin frequently to make sure you are not getting any pressure sores.
- The staff will teach you how to move in bed safely.
- You will be asked to pump your ankles back and forth to help keep the blood circulating in your legs.
- Heels will be elevated off of bed.
- You may continue to wear TED stockings and/or pneumatic boots to help your circulation.
- An inpatient Care Coordinator is assigned to your case to meet with you and discuss discharge planning. This may include home with assistance or inpatient rehabilitation.

## **Day 2:**

- Your urinary catheter may be removed if not removed on day 1. You can get out of bed to a commode with assistance from your nurse or Patient Care Associate. Do not attempt to do this by yourself or with a family member.
- IV fluids will be stopped.
- Oral pain medication will be started when your PCA or IM injections are stopped. Note: some patients will be on a form of oral pain medicine from the day of surgery.
- You will practice walking (gait training) with a physical therapist. You will use a walker first and then you may be advanced to crutches. The physical therapist/occupational therapist and you will continue to do exercises and learn functional training. Ask for pain medications before therapy.

- The initial dressing from the surgery may be changed.
- If you are going to an acute rehabilitation facility this is a common day for transfer.

**Day 3:**

- You may be discharged to home or rehabilitation center.
- You will continue to work with a physical therapist. Gait training on stairs will begin when you are ready.
- An occupational therapist will continue to teach the use of adaptive equipment.
- Exercises will be reinforced.
- If not ordered prior to surgery, home equipment will be ordered if you are being discharged to your home.
- A Case Coordinator will continue to see you to discuss discharge planning.
- Home care services will be set up if needed for a visiting nurse and/or physical therapist/occupational therapist to go into your home. The visiting nurse and your doctor will determine how long you will need the treatment. Many skilled nursing visits are discontinued after a few visits if your wound is dry and clean.
- If you are discharged home you will be given prescriptions for pain medications and blood thinner. You will be taught to give yourself an injection and you will be taking it for 10 days in total.
- Based on your individual needs, you may be transferred to a rehabilitation facility. If so, this facility will order your discharge equipment.
- The rehabilitation facility will also give you any discharge prescriptions that you need.

**Day 4:** (if needed)

- You will continue to work with physical therapy and occupational therapy.
- You will receive any discharge equipment that you need if you did not receive it on day 3.
- If you are being discharged to a rehabilitation facility, transportation will be discussed or arranged.

# **Section 3:**

## **Returning Home**

## General Instructions

**Follow these instructions at home until you see your doctor for a follow-up appointment:**

- Adhere to your specific weight-bearing status.
- Use a walker or two crutches all of the time. Your surgeon will tell you how long you will have to use them.
- Knee high TED stockings should be worn when you are out of bed for 4-6 weeks. Have someone look at your skin for sores or redness when stockings are off.
- Do not sit for long periods of time without standing and stretching. Be sure to exercise your legs after getting up by standing up and down on your toes or taking a walk.
- Your surgeon will tell you if you may sleep on your side or stomach.
- If your doctor says it is okay to lie on your stomach, be sure to turn over in the direction of your operated side.
- Get in and out of bed on the same side as you had your surgery.
- To sit, use an armchair that is high and has a firm seat. Keep your operated leg out in front of you. Grasp the arms of the chair with both hands. Bend your good leg and ease into the chair.
- Do not cross your legs.
- Do not tie your shoes by leaning forward while you are sitting. Do not stick your foot out to one side while you are sitting. Keep your foot in line with your knee.
- Sit up straight while sitting on a commode or in a chair. Do not lean forward.
- Do not bend the hip beyond a right angle (90 degrees to the body).
- Do not externally rotate your operative leg when your hip is in extension. Example: Do not point your operative foot and knee out to the side while standing straight ahead (the position of a ballerina – ballet stance or Charlie Chaplin stance).
- Do not plant your right foot and turn to the left if you have had a right hip replacement. Do not plant your left foot and turn to right if you have had a left hip replacement – turn to the unaffected side.
- Do not pivot when turning, pick your feet up.
- You may be feeling more tired than usual. Listen to your body. If you start to have increased pain or swelling, you may be doing too much. Avoid frequent stair climbing the first few weeks.

- You may need a raised toilet seat and/or tub chair to help you get on and off the commode and for bathing. Some seats have arms attached and some do not. If you are of average height or shorter you may not need a raised toilet seat but will need arms for the toilet so it is easier to get up and down. Your physical therapist/occupational therapist will discuss what equipment is best for you and care coordination will make arrangements for equipment.
- Occupational therapy will see you to recommend and teach you to use assistive devices and instructions on how to use them. If you are discharge to home from the hospital, you will be seen before you leave. If you are going to a rehabilitation facility you will be seen there.
- Maintain hip precautions taught by physical therapist or occupational therapist, as needed.
- Remove all scatter rugs because they are a tripping hazard, and be aware of wet spots, toys, pets, small children, or articles on the floor.
- Follow your exercise program given to you by your physical therapist/occupational therapist.

**Actions to avoid:**

- No jumping or running
- Avoid any sudden jarring or twisting motion of your hip.
- Avoid heavy lifting, lift no greater than 40 pounds.
- No exercise equipment until you check with your surgeon.

Gradually, you will be able to increase your activity level as your endurance increases. This will take several months. Swimming, cycling, or golfing are good activities to begin at one to two months. Advance your activities as instructed by your surgeon.

Follow your exercise program given to you by your physical therapist/occupational therapist.

**Personal Care**

**Skin care:**

- Have someone look at your skin after you are sent home from the hospital.
- Areas where your bones are near the surface of the skin can break down and cause sores.
- A sore will start out looking pink or red. A blister may follow and then the skin might break open.

- Areas to look at include the elbows, heels, buttocks, hips and shoulders. These areas should be kept clean and dry.
- Rub these areas with lotion to help circulation, but do not put lotion directly on your hip incision.
- Let your doctor know if you have any areas on your skin that are red or have an open sore.

**Wound care:**

- You can shower when your doctor says it is ok. The general rule is to keep your hip incision clean and dry.
- A dry sterile dressing should be applied until there is no drainage. Then you can take off the dressing and let your incision be open to the air.
- If the staples are catching on your clothes, you may continue to cover it with a gauze dressing.
- The staples will be removed in about 14 days. The visiting nurse will be given orders when to remove them or you will be told to call for an appointment to return to the office for staple removal.
- If you go to a rehabilitation facility they will remove your staples.

**Avoiding, Spotting, and Responding to an Emergency**

**You need to call your doctor if:**

- You have any other infection such as a sore throat, skin infection, urinary tract infection etc.
- Dental problems must be addressed promptly (to your dentist) because they may indicate an infection.
- Your doctor can prescribe an antibiotic to prevent the spread of infection to your hip.

**Medication to prevent blood clots:**

Your surgeon will prescribe a medicine to prevent blood clots from developing. It is important for you to know the signs and symptoms of a blood clot. They are:

- Pain and tenderness in the calf of the leg.
- Swelling in the leg.
- Low-grade fever.

If your operative or non-operative leg becomes swollen, you must get into bed and elevate your leg on two to three pillows. If the swelling does not go down you need to call your surgeon. If you develop swelling and or tenderness of your calf and/or low-grade fever, notify your surgeon.

### **Antibiotics:**

You may need a few doses of antibiotics if undergoing the following procedures. Check with your orthopedic surgeon:

- Dental procedures other than extractions
- Genito-manipulations or instrumentation
- Drainage of skin infections
- Sigmoidoscopy or colonoscopy

### **When to call your surgeon:**

- If you have chills or fever greater than 101 F (38.3 C).
- If you develop pain at your incision site that gets worse.
- If you have redness, swelling, incision pain, drainage, such as blood, pus, or foul smell at incision site.
- If you develop calf pain or tenderness in either leg, swelling redness, or a low grade fever.

### **What to do in an emergency:**

- If it is an emergency situation go the Englewood Hospital and Medical Center emergency room or the closest emergency room. If it is a life-threatening situation call an ambulance at 911.
- If you have chest pain and/or shortness of breath call an ambulance and go to the emergency room at Englewood Hospital & Medical Center or the closest hospital.
- When you are able, have the emergency room physician notify your surgeon.

### **How to contact your surgeon:**

- The orthopedic offices are open Monday – Friday, 9AM – 5PM.
- If you call during office hours, a secretary will take a message and have your doctor call you back as soon as possible.
- If you call after hours, an answering service operator will take a message and have the doctor call you back.

**Phone numbers for orthopedic surgeons:**

- Dr. Salzer/Shah 201-569-2770
- Dr. Owens/Archer/Lindholm 201-608-0100
- Dr. Feldman 201-503-0447
- Dr. F. Lee 201-461-0708
- Dr. J. Scherl 201-569-4443
- Dr. Livingston 201-573-1202
- Dr. Betsey/Esformes 201-261-3333
- Dr. Lloyd/Miller 201-666-0013

**Phone number for orthopedic nurse practitioner:**

- Marie Sarubbi, ANP 201-894-3750 or 201-894-3696

**If you need outpatient physical therapy, you may want to consider Englewood Hospital & Medical Center Outpatient Rehabilitation Department:**

- Outpatient Rehabilitation 201-894-3285

***My Important Contacts (Doctors, Therapists, Nurses, and Others)***

Name	Title	Number

# **Section 4:**

## **Home Activities**

## The Four Hip Precautions

You will be in danger of dislocating your hip if you do not follow the precautions below:

1. Never bend beyond a right angle. This means you may not lift your knee higher than your hip or lean forward with your body. Example: never bend down to put on a shoe or lean forward when you are sitting.



**INCORRECT**



**CORRECT**

2. Do not combine flexion and internal rotation of your operated leg. Example: never place your foot out to the side while sitting. Do not internally rotate your leg.
3. Do not cross your leg over the midline of your body. Example: do not cross your legs or ankles.



**INCORRECT**



**CORRECT**

4. Do not combine extension with external rotation. Example: when standing or lying in bed, do not point your foot and knee outward. Do not extend your hip and turn your foot outward.

## General Guidelines

As you recover from your hip replacement surgery, please remember the following:

- Follow the hip precautions.
- Follow your exercise program given to you by your physical therapist or occupational therapist.
- Gradually, you will be able to increase your activity level as your endurance increases. This will take several months.
- Avoid any sudden jarring or twisting motion of your hip.
- Use the recommended adaptive equipment to help with self-care while adhering to your hip replacement program.
- Do not lean forward from the back of your chair.
- Do not flex your hip beyond a right, or 90 degree, angle.
- Never sit in a low chair or sofa.
- If a chair is too low, place several firm pillows on the seat to avoid sitting at a right angle.
- Always keep needed objects within reach to avoid bending.



**INCORRECT**

### Using Adaptive Equipment (For Reaching and Dressing)

Following your total hip replacement, activities of daily living may be difficult to perform. We may recommend the use of the following adaptive equipment for you to be independent and safe with these activities.

#### General safety tips:

- Use a reacher to pick objects off the floor.
- Remove all throw rugs from the floor to avoid tripping.
- Always wear rubber-soled shoes when walking to avoid slipping.
- Turn lights on to see where you are going.



## **Dressing:**

Note: when undressing, remove clothing from non-operative leg first for increased ease of movement.

### ***Pants and underwear:***

1. Sit on the edge of the bed or chair with the adaptive equipment within reach.
2. Hook the waists of the underwear or pants with the dressing stick and lower it down to the operated leg first. Then, slip pant leg over the operated leg, followed by the non-operated leg.
3. Pull the pants up over your knees.
4. Stand up with the walker and pull the pants up.

### ***Socks and stockings:***

1. Slide the sock or stocking over the sock aid. Make sure the toe is tight against the aid.
2. Drop the sock to the operated leg holding on to the cords.
3. Slip your foot into the sock and slide it on.
4. You may put the sock on your non-operated leg by bringing your leg up. If you are unable to, you may use the sock aid for this leg also.

### ***Shoes:***

1. Slip on shoes, or shoes with elastic laces, are recommended.
2. Use a long handled shoe horn to put your shoes on and off.

## **Positioning in Bed**

### **Lying on your back:**

1. Keep a pillow, or abduction pillow (large blue wedge) between your legs when lying on your back to prevent legs from crossing.
2. Do not cross your legs.

### **Lying on your side:**

1. You should get approval from your surgeon to lie on your side.
2. Once cleared by your surgeon, you should always keep a pillow between your legs. This should be done for approximately six weeks.
3. Do not allow your operative leg to fall off the pillow and cross your bottom leg.

## Getting In and Out of Bed

### Getting in to bed:

1. Sit down on the edge of the bed the same way you would sit in a chair.
2. Push your buttocks back on the bed as far as you can angling toward the head of the bed with the operated leg going into bed first on the same side you had surgery.
3. Once the operated leg is lifted onto the bed than lift the non-surgical leg into the bed while lying flat on your back.

### Getting out of bed:

1. When getting out of bed, slide your legs over the edge of the bed leading with your non-operated leg.
2. Push yourself to sitting using your arms, remember the 90 degree rule when sitting. Avoid rolling on your side.



## Positioning in a Chair

Always keep your hip at an angle less than 90 degrees. When your knees are above your hips, the angle is GREATER than 90 degrees. This can occur when you sit in a low chair/toilet, or when you bend forward.

1. When sitting, your knees must be below your hips.
2. Use an abduction pillow between the legs for several days after the operation. Keep the operated leg elevated to control swelling.
3. Always sit in a chair with armrests to assist with sitting and standing.
4. If the chair is too low, place several pillows on the chair to avoid sitting at an angle greater than 90 degrees.
5. To raise your toilet seat height at home you will need a commode seat/chair.
6. Keep objects within reach to avoid bending forward.

## Sitting and Rising from a Chair

Do not sit in a chair that does not have arms. Select an armchair with a firm and fairly high seat - a "captain's" or dining room chair are good choices.

### To sit down in a chair:

1. When you have approached the chair, turn and back up until you feel the chair with the back of your legs.
2. Place the operated leg far out in front of you. This is very important.
3. Place the two crutches/or walker in the hand of the non-operated side, and place the free hand on the arm of the chair.
4. Gently ease down into the chair.
5. Once you are seated, you may bring your operated leg back so your foot is under your knee.
6. The ankle and knee should be exercised while sitting to avoid stiffness.
7. In the early stages avoid sitting for long periods of time. Get up every 20 to 30 minutes to stretch up and down on your tiptoes or take a walk before sitting again.



### To rise up from a chair:

1. Place the foot of the operated leg as far out in front of you as possible.
2. Bring your hips forward to the edge of the seat. Keep your hip positioned at less than 90 degrees.
3. Again, place the operated leg out as far as possible.
4. Push up with both hands on the arms of the chair and rise on your non-operated leg.
5. Do not try to use your operated leg in standing up.

6. Place the two crutches in the hand on the non-operated side and finish standing up.
7. Once standing, place one crutch under each arm.

If using a walker, follow steps 1-5, and then transfer your hands to the handles of the walker. Never pull up on the walker.

### **Gait Training (Using a Walker, Crutches, and Canes)**

Gait training means learning to walk after you have had hip surgery. You will begin by using a walker until you are steady on your feet. You will then progress to using crutches.



#### **Walkers, crutches, and canes:**

These devices provide support through your arms to limit the amount of weight on your operated hip. Initially, after a total hip replacement you will use a walker to get around. Your therapist may advance you to crutches when you are ready. Eventually, you can advance to a cane when your surgeon clears you to put more weight on your leg. The amount of weight bearing on your leg ordered by your surgeon can be:

- **Touch down weight bearing:** almost no body weight should be placed on the operated leg; just touch the foot to the floor.
- **Partial weight bearing:** 20%-50% of your weight can be placed on the operated leg.
- **Weight bearing as tolerated:** as much body weight as you are able to put on the operated leg.

#### **Gait pattern for using a walker:**

1. Place all four legs of the walker flat on the floor before taking a step.

2. Place the walker one step ahead of you.
3. Lean into it and pick up the operated leg, bend the knee and step forward, planting the heel down first.
4. Do not turn your knee inward or outward.
5. Bring the non-operated (good) leg up in front of the operated leg.
6. Repeat the process.

Remember: Put only the amount of weight on your operated hip that was specified by your doctor or therapist. Always use caution!



#### **Gait pattern for using crutches:**

1. Place the two crutches one step ahead of you and slightly to the side.
2. Place weight on your good leg and bring the operated leg up between the crutches.
3. Bring the non-operated (good) leg up beyond the crutches.
4. Example: if your right hip was operated on, the sequence is crutches, right foot, left foot.

As you gain strength and endurance, you will advance to a three-point gait pattern. This means you will move the crutches and the operated leg at the same time, and then move the non-operated leg beyond the crutches.

It is important to remember that while standing still, the crutches should always be kept in front of you and slightly out to the side. If the crutches are even with your body when you are standing still, they will not keep you from falling. Also, do not carry your weight on the armpits when using crutches. This can cause permanent nerve damage. The weight should be taken on your hands and your non-operated leg. The physical therapist

will instruct you in proper gait training with crutches and how much weight is allowed on your operated leg.



### **Climbing and Descending Stairs**

If the banister is secure and sturdy, hold both crutches under the arm opposite the banister and use the banister when you climb and descend the stairs.

If you are not using a banister, place one crutch under each arm and follow the instructions below.

#### **Climbing stairs:**

1. Stand close to the bottom step.
2. Step onto the first step with the non-operated (good) leg.
3. Bring the crutches on to the same step.
4. Bring the operated (bad) leg to the same step.
5. Make sure your feet and the crutches are completely on each step.
6. If someone is with you, have them follow you.

#### **Descending stairs:**

1. If the banister is sturdy use it, if not use one crutch under each arm.
2. Stand on the top step with your toes just over the edge of the step.
3. Bring the crutches down onto the first step.
4. Bring the operated (bad) foot onto the same step.

5. Make sure your feet and crutches are completely on each step.
6. If someone is with you, have them in front of you, facing you.



## Getting In and Out of a Vehicle

### How to get in and out of a car:

Before entering a car, have someone slide the passenger seat all the way back and recline it slightly to create more leg room. For cloth seats, placing a plastic garbage bag over the seat makes it easier to slide.

Note: please do not drive until your doctor tells you to.

### Front seat:

1. Open the front door and back up to the front seat all the way.
2. Place one hand on the dashboard and the other hand on the back of the front seat. Roll down the window and place your hand on the windowsill.
3. From a position of standing on the pavement sit down on the front seat.
4. Slide back into the seat as far as possible in a semi-reclining position.
5. Then bring each leg into the car, helping the operated leg into the car with your hands.
6. Keep the operated leg straight (seat should be pushed back as far as possible do leg can be straight).
7. Reverse the procedure to get out of the car.

### Back seat:

1. Enter the car from the side that allows your operated leg to be supported by the car seat. Example: You would enter from the driver's side if you had a left total

hip replacement or from the passenger side if you had a right total hip replacement.

2. Slide back into the seat as explained above.
3. Reverse the procedure to get out of the car.

**Common obstacles to car travel:**

<b>Common obstacle:</b>	<b>Solution:</b>
Bucket seats	Add firm pillows to raise seat height. Push seat back and recline at a 45 degree angle.
Seats do not recline	Use the backseat method, if possible.
Patient is over 6'2" tall	Sit in the back seat.
Own a van or SUV	Use a sturdy step stool to get in.
Difficulty sliding onto seat	Place a garbage bag on seat before sitting down.

**Getting In and Out of a Shower**

Use a stall shower if you have one. It will be easier to get in and out of. It is okay to use a tub shower, but follow the directions below:

**To get in the stall shower:**

- Walk into the shower with your walker.
- First, place the walker in the stall.
- Follow with your operated leg then your non-operated leg.
- You can either stand up to shower or sit in a chair.

**To get into a tub shower (do not take a bath):**

- Use a tub bench. Do not sit in the bottom of the tub.
- Walk to the tub seat with your walker and face away from the tub.
- Keep one hand on the walker and reach behind with the other hand for the back of the chair.
- Gently sit down on the chair with your operated leg out straight.
- Lift your legs into the tub helping your operated leg with your hands.

- Keep your operated leg out straight.

**To get out of the tub shower:**

- Turn on the seat and lift your legs out of the tub.
- Push off the back of the chair and keep one hand on the walker.
- Stand up straight.

**Sexual Activity After Hip Replacement Surgery**

Good communication between you and your partner is essential and you may want to share this booklet with your partner. In addition, you can discuss the hip precautions that have been taught to you by your surgeon and therapist. It is hoped that by reading this booklet some of your concerns and questions dealing with sexual activity after hip replacement surgery will be answered. Of course, no booklet can address every circumstance in all patients. Therefore, if you still have any questions after reading this booklet, feel free to ask your surgeon or therapist.

- The vast majority of patients are able to resume safe and enjoyable intercourse after hip replacement. Patients with impaired sexual function caused by preoperative hip pain and stiffness usually find that after surgery their hips are pain free and have better motion. However, it may take several weeks before you are comfortable with your new hip.
- In general, it is safe to resume intercourse approximately four to six weeks after surgery. This allows time for the incision and muscles around your hip to heal. However the exact time varies greatly and you should discuss with your surgeon regarding the appropriate time to resume sexual activity. Some patients who have rapid postoperative recuperation are able to resume sooner, provided there is no hip pain.
- Total hip replacement precautions need to be observed during all activities of daily living, including sexual intercourse. Your surgeon and/or therapist instructed you on the precautions that you should follow for your everyday activities. You should avoid excessive hip flexion, adduction, and internal or external rotation as advised in the discharge therapy instructions.
- Most patients, both male and female, prefer to resume intercourse in a passive manner in the “bottom” position. This position requires less energy expenditure. As your hip heals you may resume a more active role.
- Males may also enjoy intercourse in the superior “top” position, while females may find intercourse comfortable lying on the non-operated side. After a few months, patients can resume sexual activity in any comfortable position.

The following diagram illustrates some positions which patients may find agreeable. You can use pillows under the knees, back or side for support and comfort.



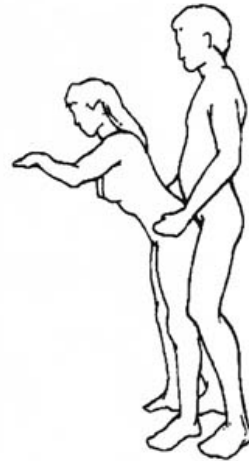
Patient on bottom, partner on top.



Patient on top, partner on bottom.



Patient on side with operated leg on top.



Standing position for both patient and partner.

### ***My Questions/Notes***

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# **Section 5:**

## **Building Strength**

## Rehabilitation

Your recovery from your hip surgery starts in the hospital and continues in other settings. Once you are discharged from the hospital you may still need some nursing care and physical therapy/occupational therapy.

Where you go from the hospital depends on how well you are up and around and if you have any other medical problems. One of the following can happen:

1. You may be discharged to home:
  - If you are up and around and doing well you may go directly home from the hospital. Home care services will be set up if needed for a visiting nurse and/or physical therapist/occupational therapist to go into your home. The visiting nurse service nurse and your doctor will determine how long you will need the treatment. Many skilled nursing visits are discontinued after a few visits if your wound is dry and clean.
2. You may be discharged to a Skilled Nursing Facility (SNF) or Transitional Care Unit (TCU):
  - If you are not independent enough to go home you may need to be transferred to an acute or sub acute facility. In this setting you will get nursing care and physical therapy/occupational therapy and begin to regain your strength and joint function. Different insurance plans cover care in different types of facilities.
3. You may be discharged to a rehabilitation hospital:
  - If you need a lot of care and therapy and have other medical problems you may be transferred to a rehabilitation hospital. Here you will be cared for by skilled doctors, nurses and therapists. Often transfer to a rehabilitation facility is 2-3 days after your procedure.

Regardless of where you go after the hospital, many patients will need outpatient therapy afterwards. Your doctor will refer you for more therapy if it is needed.

## Exercises

Your physical therapist will instruct you as to how many repetitions of the following exercises you are to perform, and how many times a day you should repeat them.

### Gluteal Squeeze:

- Lie on back.
- Legs straight.
- Squeeze buttocks together as tightly as possible.



- Hold for 10 seconds.

**Repeat gluteal squeeze \_\_\_\_\_ times**

**\_\_\_\_\_ times a day**

**Heel Slides:**

- Lie on back.
- Bend knee.
- Pull heel toward buttocks.
- Hold for \_\_\_\_\_ seconds.
- Repeat with other knee.

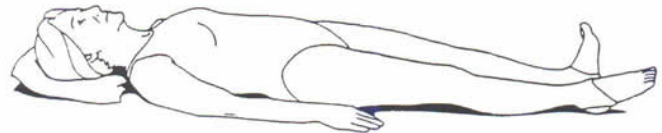


**Repeat heel slides \_\_\_\_\_ times**

**\_\_\_\_\_ times a day**

**Ankle Pumps:**

- Move foot up toward the shin, then downward.
- Switch legs and repeat.



**Repeat ankle pumps \_\_\_\_\_ times**

**\_\_\_\_\_ times a day**

**Quad Sets:**

- Lie down with leg extended.
- Tighten muscles on front of leg.
- Push back of knee into bed.
- Hold for 10 seconds.

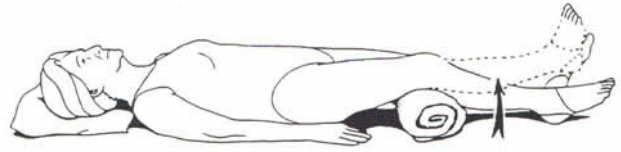


**Repeat quad sets \_\_\_\_\_ times**

**\_\_\_\_\_ times a day**

**Terminal Knee Extension:**

- When in bed, your leg should be supported with a rolled towel (about 6" wide).
- Straighten leg at knee by lifting the heel only off the bed.
- Hold for 5 seconds.
- Return to start position.
- Repeat on opposite leg



**Repeat terminal knee extensions \_\_\_\_\_ times  
\_\_\_\_\_ times a day**

**Out to the side:**

- Lie on back with legs straight and together.
- Slide operative leg out to the side.
- Keep knees straight and toes pointed up.
- Slide leg back to starting position.



**Repeat out to the side \_\_\_\_\_ times  
\_\_\_\_\_ times a day**

**Sitting quad sets:**

- Sit with back against chair.
- Tighten thigh muscle and straighten knee.
- Hold for 10 seconds.
- Repeat using other leg.



**Repeat sitting quad sets \_\_\_\_\_ times  
\_\_\_\_\_ times a day**

