



Hip Replacement

A joint approach | Patient education handbook

Asante Three Rivers Medical Center

Contents



This book belongs to:

Part I: Before Surgery

This section contains general information you will need to fill out, as well as tasks to complete prior to surgery. It also contains checklists and reminders for you.

What is a hip replacement?	2
The process at a glance.	2
Before surgery	3
Important information	4
Packing for the hospital	6

Part II: Surgery and recovery

This section explains the surgical process — from admission to discharge and recovery.

Understanding the risks	7
Surgery information	7-8
The night before surgery.	8
The day of surgery	8
After surgery	8-9
The remainder of your hospital stay	10
Physical therapy	10
General precautions.	10-11
Self-care after hip replacement surgery.	11
Precautions do's and don'ts	13-14
After discharge from the hospital	13-14
Living with your new hip	15

Part I: A joint approach

What is a hip replacement?

A hip replacement is a surgical procedure in which a hip joint that is worn out or injured and painful is replaced with an artificial joint. The surgery will benefit you by reducing hip pain, increasing leg strength and enabling easier movement.

How long the surgery takes

The surgery will take about two hours.

How is the hip replaced

The orthopedic surgeon makes an incision down the side or in front of the hip and removes the damaged joint. The surface of the old socket is smoothed, and the new socket is put into the pelvis. The surgeon then inserts the new ball-and-stem component into the head of the femur (thighbone), and the new ball and stem are joined with the socket.

The process at a glance

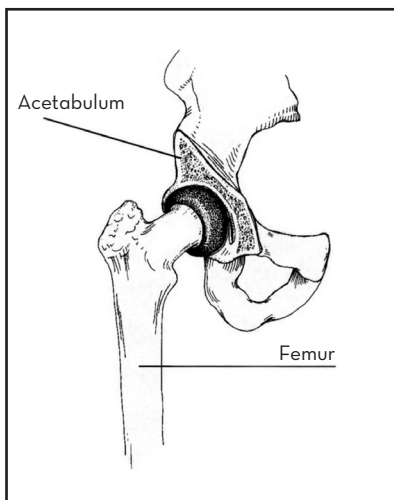
Here is an overview of the process of having total joint replacement surgery. This summary is to help you understand the general progression of events and the stages of the surgical and recovery process.

1. You and your doctor have agreed that you need surgery. Understanding what is happening to you will make your hospital

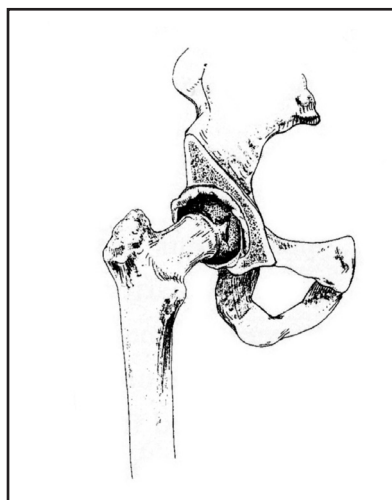
visit more pleasant and improve your recovery.

2. Your doctor's office obtains medical clearance for surgery.
3. You must read all the educational information provided by your doctor and the hospital. The information in this *Hip Replacement Handbook* is for you to read prior to surgery; it will help you understand what to expect once you come to the hospital.
4. On the day of surgery, arrive at the hospital at the time reserved for you.
5. Have surgery.
6. Begin recovery and rehabilitation in the hospital.
7. Be discharged from the hospital.
8. Take care of your new joint. Go to all appointments set or suggested by your doctor and orthopedic surgeon.

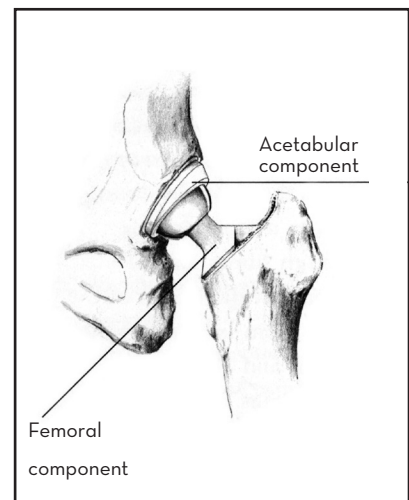
A partnership among you, the orthopedic surgeon, the hospital and your support team is vital to the success of the surgery. As a partner you need to be informed and knowledgeable about every aspect of the surgical and recovery process. Your understanding, participation and commitment are important to the success of the procedure.



Healthy hip



Arthritic hip



Hip replacement component

Part I: Before surgery

Please bring this handbook with you to all of your related appointments as well as to the hospital on the day of surgery. You may receive various instructions, information booklets and copies of forms as well. That information should be kept in this handbook. It is important that you have at your fingertips all the information you require when you need it.

Our goal is to help you have good results, and we are committed to assisting you on a successful journey.

Before surgery

You will receive a call from a registered nurse who will review your current medication list, including prescription and over-the-counter drugs as well as vitamins and herbal supplements. You will also be given a tentative arrival time for surgery.

You will have blood drawn, an electrocardiogram and any other tests your doctor has ordered.

What to bring

- Insurance/Medicare cards
- Identification
- Copy of your Physician Orders for Life-Sustaining Treatment, or POLST, form
- Advance directive
- This handbook. Please bring your medication list. Be sure to include prescription and over-the-counter medications as well as any vitamins or herbal supplements you take. Include doses and how often you take them.

Support team expectations

- You will need someone to cook and clean for you after you return home.
- You will need transportation for up to eight [per page 13] weeks following surgery.

This is a team effort

You, your orthopedic surgeon, physical therapist, hospital and your support team are vital to the success of the surgery. As a partner in your healing, you need to be informed and knowledgeable about every aspect of the surgical and recovery process.

Please bring this handbook with you to all of your related appointments as well as to the hospital on the day of surgery.

You may also receive various instructions, information booklets and copies of forms; that information should be kept in this handbook. It is important that you have at your fingertips all the information you require when you need it.

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Part I: Important information

Important telephone numbers

Please feel free to make photocopies of this completed page and share them with your family, friends and caregivers.

Emergency contact person

Name _____

Relationship _____

Home phone _____

Cell phone _____

Physician information

Physician name _____

General hospital information

Asante Three Rivers Medical Center

500 SW Ramsey Ave.
Grants Pass, OR 97527
*Telephone: (541) 472-7000 or
(800) 944-7073*

Asante Billing office
(541) 789-4111

Estimate line
(541) 789-7271

Asante Physician Partners Orthopedic Surgery and Sports Medicine

537 SW Union Ave.
Second Floor, 2C
Grants Pass, OR 97527
Telephone: (541) 507-2050

Visiting hours

Your caregiver or family member may stay with you, if you desire, and will be an active participant in your recovery.

Please inform us if you wish for your caregiver to stay overnight. Most of our rooms have a couch that converts to a single bed, and we will make every effort to accommodate you.

Post-surgery therapy is very important to your recovery. To avoid interruptions to your therapy sessions, please advise your visitors that they may remain during these sessions but that the therapist will continue the treatment; your visitors will be asked to wait until the therapy session is finished.

Part I: Important information

Medical information

Fill out this page unless you already have this information completed. If you do, please attach a copy.

Do you have any allergies? If so, list what you are allergic to and your reaction:

List all prescription medications you are taking, including strength and amount:

List all over-the-counter medications you take, including vitamins and herbal supplements (e.g., aspirin, Tylenol, Motrin, glucosamine, chondroitin, methylsulfonylmethane, saw palmetto, fish oil and flax seed oil):

What pharmacy do you use?

Have you had surgery before? If so, what surgery have you had and when?

Part I: Packing for the hospital

Things to bring to the hospital

- This *Hip Replacement Handbook*
- CPAP machine if you have and use one
- Ice machine if you have purchased one
- Comfortable attire for exercise if you desire, or you may wear hospital attire
 - Shoes that you can slip in and out of easily, such as tennis shoes, walking shoes or slippers as suggested by the nurse during the orientation session; no high heels
 - Socks/undergarments, if desired
 - Loose clothing, such as shorts and T-shirts; elastic waist only
- Knee-length nightgown and a robe that opens all the way down, if desired. This may not be able to be used if it impedes with IVs or monitors.
- Toiletries; be sure to include eyeglass case, contact lens case, hearing-aid batteries and other necessities
- Cell phone and charger, if desired; there are phones available for each patient for local calls
- A minimal amount of money — no more than \$5 or \$10 unless you need money for transportation at discharge
- Front wheeled walker; you may bring yours to the hospital if you desire, and the therapist will check it for correct height and good repair status

Things we ask that you do *not* bring

- Medications, unless requested by the nurse practitioner. This is for your safety.
- Valuables, jewelry, credit cards, insurance card and large amounts of cash. A wedding ring will be covered with tape for surgery if you decide to leave it on; all other jewelry must be removed. Please be aware that if your hand swells and it is deemed unsafe, we may need to cut off a wedding ring.

Part II: Understanding the risks

Understanding the risks

As with any major surgery, there are certain risks. This section outlines some of the common complications associated with hip replacement surgery and the precautions you can take to help prevent them.

Infection

With any surgery there is a risk of infection. Presurgery test results will affirm that you have no active infections, and antibiotics administered to you before and after surgery will further help prevent infection.

Coronary blood clots

With hip replacement surgery, circulation is impaired during the healing process. To counter this effect and promote circulation, we want you to pump your feet frequently, at least 20 times hourly while awake and exercise your ankles following surgery and during your recovery. While in the hospital, you will wear pneumatic stockings on both legs while in bed; these help prevent blood clots. A blood-thinning medication that helps prevent blood clots will also be prescribed for you. Each day in the hospital, blood may be drawn to check levels.

Pneumonia

To help prevent pneumonia, you may be asked to either use an incentive spirometer or take several very deep breaths hourly while awake to prevent fluid from pooling in your lungs. For the same reason, it is important to get out of bed often. Breathing deeply after surgery and using an incentive spirometer are important measures to prevent congestion in the lungs, which can lead to pneumonia.

Numbness

You will experience some numbness on both sides of your hip following surgery. This is normal and should not be cause for concern. During surgery the nerves around the hip are

disturbed; as these nerves heal, you may experience tingling sensations. You may have permanent numbness in the area around the incision, but this will not affect the function of your new hip. In only rare situations is there permanent numbness or weakness in the hip and/or lower extremity as a result of trauma to a nerve.

Dislocation of the prosthesis

There are certain positions and activities associated with some surgical approaches that are dangerous to the safety of your new prosthesis, especially for the first few months. You will be informed after surgery if you have these hip precautions.

The physical therapist will teach you how to sit, rise from sitting and turn onto the unoperated side safely; the physical therapist will also discuss precautions you should take. See pages 14 and 21 for the general hip dislocation precautions. If these precautions are applicable to you, the occupational therapist will help you incorporate them into your activities of daily living.

Severe complications

As with any major surgery, there is the possibility that any of the foregoing complications, as well as complications from the anesthesia, could be severe enough to result in death. If you have any questions or concerns regarding complications, please discuss them with the orthopedic surgeon.

Surgery information

Your surgery has been scheduled for a specific date and time, but sometimes it is necessary to change your arrival time due to circumstances over which we have no control. If the surgeon has a cancellation, for example, the lineup has changed since you were scheduled or there is an emergency, your surgery and arrival times may be revised.

Part II: Surgery information

To enable us to maintain the schedule as efficiently as possible, a nurse from the hospital preop clinic will call you the day before your scheduled surgery if the times have changed. If you do not receive a call, please come at the time given to you.

What kind of anesthesia will I have?

This depends on the type of surgery, your health history and what the anesthesiologist and the surgeon feel is best for you.

- Spinal anesthesia is given through a catheter that the anesthesiologist inserts into your spinal column. It numbs from the midchest to the toes. You will be asleep during the operation.
- General anesthesia is given through an intravenous, or IV, line or by breathing from a mask. It is like a deep sleep that happens very quickly.
- Other medications for pain and relaxation will be given.

The night before surgery

We recommend that you eat a light meal the night before surgery. Unless the anesthesiologist, nurse practitioner or registered nurse tells you otherwise, you should have nothing to eat or drink after midnight. This includes but is not limited to water, coffee, food and any kind of gum or mints. If you have any questions, please call us.

The day of surgery

Before coming to the hospital

- Unless told otherwise, do not eat or drink after midnight before surgery. You can brush your teeth and rinse your mouth, but do not swallow.
- Take only the medications that the doctor or nurse practitioner has told you to take, using just enough water to swallow them.
- Shower and use the antiseptic soap prior to coming to the hospital.

Once you arrive at the hospital

- Come in through the hospital's main entrance and go to Patient Registration.
- A nurse will complete your paperwork and finish the orders your doctor has written. You will have one or two IV lines started. You may have additional lab work done as ordered by your doctor.
- An orderly will come with a gurney to bring you to a holding area or directly to the operating room.
- If you are wearing dentures, hearing aids, socks or jewelry, please remove them unless arrangements have been made to keep them with you. You will be given a hat to cover your hair.
- The OR is bright and noisy. We can provide you with a warm blanket. The OR nurse will be with you throughout the surgery. There will also be an anesthesiologist, a scrub nurse or technician and an assistant to the surgeon.

After surgery

When the surgery is over, you will be taken to the Post-Anesthesia Care Unit. You will be cared for by specially trained registered nurses, who will monitor your vital signs (heart rate, blood pressure and temperature) and pain level. A good indication of how much pain you may be experiencing can be determined on a scale of 0 to 10, with 0 being no pain and 10 being the highest level of pain.

Your family is encouraged to stay in the waiting area outside of surgery if they wish to speak with the surgeon after the procedure is over. A volunteer will escort them to a private room, where the surgeon will apprise them of your condition. Family members are not permitted in the PACU, but you can see them when you return to your room.

Part II: After surgery

You will be in the PACU for one to two hours, depending on the type of anesthetic you had and how you are feeling. The nurses will keep you warm and comfortable.

Equipment you may see when you wake up

Intravenous line

An IV line is a tiny catheter that is inserted into a vein in your hand or arm. Attached to the catheter is a small tube that connects to a bag of fluid. The bag will hang from a pole near your bed.

Oxygen

You will receive oxygen through a nasal cannula or an oxygen mask. The presence of oxygen does not mean that there is a problem or that you are having difficulty breathing. The nurses will check your oxygen levels with a finger sensor.

Blood retrieval system

If the orthopedic surgeon advises, there may be a drainage tube inserted into your hip through two sites next to the incision. The purpose of the tube is to capture blood draining from your hip, filter it and return it to your bloodstream through the IV line, unless you do not want to receive it. This is a closed system, and the blood is reinfused for only six hours after surgery. At that time it becomes a collection chamber only and will be removed on the second day.

Abduction pillow

If ordered by the surgeon, you will have a soft, triangle-shaped foam pillow that straps between your legs and is secured with Velcro. If you have hip precautions, you may wake up with this between your legs. Per the surgeon's recommendation, the pillow is used to keep your legs in the correct position when you are turning in bed or sleeping. You will be turning with pillows between your legs when you go home.

The remainder of your hospital stay

- For safety reasons the staff will ask you to repeat your name and birthday before any procedure or medication.
- The nurses will closely monitor your heart rate, blood pressure, temperature and oxygen level.
- The nurses will ask you to rate your pain on a scale from 0 to 10. This enables them to assess the effectiveness of the pain medication.
- You will have a dressing after surgery that will remain in place for several days or less, depending on the surgeon's preference.
- You will have an IV line in your hand or arm for fluids until you are taking them well by mouth. At that time the IV site will be capped; it will be removed before you are discharged.
- After surgery you will be given ice chips, then water, clear liquids and full liquids. The nurses will monitor you for nausea and provide medication as needed. If you are not nauseated and have good abdominal sounds (as determined by the nurse), you will progress to solid food and a normal diet.
- Be sure to use your call light for any needs and questions
- All mobility must be with staff present
- The nurses will monitor your oxygen levels using a finger sensor. You may have oxygen on the night of surgery through a nasal cannula. This will be discontinued when you can maintain good oxygen levels on room air.
- Blood will be drawn for lab work early every morning or every other morning, depending on your doctor's orders.
- You will wear compression and pneumatic stockings on both legs while you are in bed. These assist the blood flow back to your

Part II: The remainder of your hospital stay

heart and help prevent clot formation and blood pooling in your legs.

- If you would like to turn onto your side, please use the nurse call system so that staff may assist you.
- Please ask nurses, therapists, your doctor or the discharge planner any questions you may have. We are here to help you.
- You may be discharged home the same day of surgery, or you may be required to stay overnight, depending on your medical condition and pain level.

Physical therapy

LEVEL I

Physical therapy

- Lying exercises: ankle pumps, quad sets, gluteal sets, short-arc quads, hip abductions and heel slides (active/passive)
- Instruction regarding position precautions and weight-bearing restriction
- Bed mobility and transfer training
- Walking with a walker, as tolerated

LEVEL II

Physical therapy

- Lying exercises: ankle pumps, quad sets, gluteal sets, short-arc quads, hip abductions, and heel slides (active/passive)
- Review of position precautions and weight-bearing restriction
- Progress transfer training, including a toilet transfer
- Progress walking, including to the bathroom with staff (if safe) and stair training (if able)

LEVEL III

Physical therapy

- Lying exercises: ankle pumps, quad sets, gluteal sets, short-arc quads, hip abductions and heel slides (active/passive)

- Reinforcement of position precautions and weight-bearing restriction; patient handout provided
- Progress transfer training
- Assess need for a leg-lifter, and issue if needed
- Progress walking toward goal of 200 feet; practice stair climbing
- Instruction in car transfers and assisting patient into car at time of discharge (if patient has hip precautions)

Nursing

- Sit in a chair for meals and walk to bathroom with staff

Frequency of treatment

Physical therapy: Twice a day

Occupational therapy: Once a day, usually one to two treatments

Note: Additional visit needed only if problems with learning are present.

General precautions

The time frame for healing will vary, depending on the type of surgery, the approach used and the individual patient. Whether you have hip precautions depends on the surgical approach and muscle involvement used by the surgeon. If you have precautions, the therapist will instruct you in them. Your body needs to heal around your new hip to provide proper support and control of leg movement.

For the direct anterior (frontal) approach

- Do not extend the hip by stepping backward.
- Do not perform deep lunges with the operated leg.
- Do not allow the operated leg to turn outward.

Part II: General precautions

For the lateral or posterior (side or back) approach

If you move your hips beyond the limits of motions set by the surgeon, your new hip could dislocate. The surgeon will tell you how long you must follow these precautions.

Hip precautions

- **Do not bend your hip more than 90 degrees.** Your knee on the operated leg should come no closer to your chest than 90 degrees. This means no reaching farther than your knees.
- **Do not cross your legs** at the knees or ankles. Do not allow your knees to come together while sitting or lying in bed. When lying on your side or sitting, place a pillow between your legs.
- **Do not rotate the operated leg** inward or outward to extremes. When turning, do not pivot; take small steps to turn.

Self-care after hip replacement surgery

General recommendations

- Attach a reacher to your walker with sticky-backed Velcro to retrieve objects from the floor or high cupboards.
- Cut the handles on a plastic grocery bag and tie it to the front of the walker. You can also use a purse or tote bag.
- To reduce bending and reaching, move most-used items in each room of your home within easy reach (shoulder to waist level). Leave items used daily out on counters.
- If you are alone part of the day, carry a phone, personal alarm or whistle with you in the walker bag to call for help in case of an emergency. Consider a contract with Asante Lifeline, a local emergency alert system. Call (541) 956-6201 or email lifeline@asante.org.

- A rolling cart or four-wheeled walker with a seat helps move heavier or multiple items from room to room.
- Remove throw rugs to avoid tripping. When a throw rug is unavoidable, use one that lies flat and has a rubber backing.
- Use a high nonswivel or rolling stool in the kitchen during meal preparation. Slide objects across countertops instead of carrying them.
- Move pet bowls up on a box, low table, or other raised surface to prevent the need to bend to the floor.
- For laundry, a reacher helps with loading and unloading clothes from the washer and dryer. A rolling cart helps move clothes to and from the laundry room. Store detergent for easy access that allows dispensing without lifting, bending and reaching.
- Acquire help to complete house cleaning and chores as needed (family, friends or hired help). Vacuuming, making beds and lifting more than 20 pounds should be avoided.

Transfers

The occupational therapist will make specific recommendations for your situation. The following are general recommendations.

Chairs

- Do not sit in any chair that rocks, swivels or rolls until cleared by the physician. If you have hip precautions, do not sit in low or soft chairs.
- Sit in a firm chair with armrests. Use the armrests to sit and rise; do not pull yourself up on the walker.
- Use a firm cushion, folded blankets or blocks to raise the surface of low chairs.
- Use your knee crease to determine if a surface is high enough to sit on. If the seat of a chair hits below the bend in your knees, it is probably too low.

Part II: Self care after surgery

Toilet

- Use an elevated toilet seat or bedside commode to raise the height of the toilet.
- After toileting, stand by pushing up from the seat, reaching forward with one hand at a time to your walker. Do not attempt to use the walker to pull up to stand.
- When out in the community, use the handicapped bathrooms, which provide grab bars and higher toilets.

Bathing

Tub bathing, swimming and sitting in a spa are not allowed until the hip has totally healed. You can shower when the doctor approves and the incision is healed with no drainage. Initially, you may need adaptive devices for safety and independence. The following are recommendations to improve the safety of bathing.

Shower stall

If the walker fits into the shower stall, step in with the weak leg first (the walker supports the weak leg). If unable to fit the walker into the stall, step in backward with the strong leg first. In both situations when transferring out of the shower, have the walker outside the shower stall and step into it with the weak leg.

- A shower bench with a back and adjustable legs is recommended. At times you can substitute the bench with a commode chair. A rubber mat will decrease the risk of slipping while bathing.
- A handheld showerhead allows you to control the water flow while seated for a shower.
- A grab bar placed vertically (shoulder to waist height) just inside the shower helps with your transfer in and out of the shower and provides support while standing.
- Make sure that surfaces both inside and

outside the shower are nonskid to decrease the risk of slipping.

Shower over tub

- A tub transfer bench or shower bench with a back and a large seat is recommended. Adjust the tub transfer bench to a comfortable height and lower the inside legs one level. This slight inward slope will help drain water into the tub and not onto the floor.
- A handheld showerhead allows you to control the water flow while seated for a shower.
- To better accommodate a tub transfer bench and promote ease of transfers, remove sliding doors from the track and hang a curtain on a spring tension rod inside the track.
- To transfer onto the tub transfer bench, turn with your back to the tub, with your legs touching the tub wall; put one hand on the back of the bench and the other hand on the walker, then slowly sit on the bench. Lean back when lifting your legs over the tub edge (knee on weak leg straight) to maintain hip precautions.
- Placing a hand towel on the bench will assist with the transfer by preventing wet skin from sticking to the plastic surface.
- Make sure that surfaces both inside and outside the shower are nonskid. Use a rubberized bath mat in the shower and a rubber-backed rug outside the shower.
- For safety, have someone assist you with the first few transfers to the tub.

TED hose/support stockings

If you were given TED hose in the hospital, they must be worn until you see the surgeon after discharge. The surgeon will tell you when you can discontinue their use. **TED hose should be removed at least once per day**

Part II: Precautions after surgery

for bathing and skin care. They are to be worn about 20 hours per day and should be hand-washed and hung to dry. To speed up the drying time, you can wring them dry in a towel or place in a dryer on the “air” setting (no heat).

Lower-body self-care

The occupational therapist will instruct you in the use of all adaptive devices issued. The following are general guidelines for maintenance of hip precautions.

- Use adaptive devices for all care below your knees. Use a reacher for foot care, including washing and drying between your toes.
- Always use adaptive devices from between your knees. Reaching from the outside causes your leg to rotate inward.
- When dressing your lower body, put clothing onto the weak leg first and off that leg last.
- When using a sock aid following your shower or when your feet are damp, sprinkle powder into the sock aid before putting your foot in.
- Wear slip-on shoes or use elastic shoelaces to prevent the need to reach your feet. High-heeled shoes are not recommended.
- Safety-pin a clean washcloth over a long-handled bath sponge to apply creams or powder to your legs and back.
- Use soap on a rope or liquid soap, which is less prone to fall to the shower floor.
- Complete dressing while seated, to prevent falling due to loss of balance (because of the shift in your center of balance following surgery and decreased vision as clothing is pulled over your head).

Key reminders if you have hip precautions

- Do not bend your hip more than 90 degrees.
- Do not cross your legs.
- Do not roll your leg inward or outward.

Precaution do's

- Turn only with a thick pillow between your legs while in bed.
- Get in and out of bed as instructed by the therapist.
- Allow for adequate room at the side of your bed to walk with a walker.
- Continue your exercises as instructed — three times each day.
- Walk frequently, keeping the weight-bearing restrictions in mind (if applicable).
- Continue to use an elevated toilet seat until told to discontinue by your doctor.
- Use a walker or crutches until seen by your doctor at your post-surgery follow-up visit.
- Lie on your unoperated side (pillow between your legs) or on your back.
- When sitting, keep your knees lower than your hips.
- If compression stockings are ordered, continue to wear them for six weeks or until your doctor tells you to discontinue wearing them. Do not roll them down your leg, as this will cut off the blood supply to your leg. Remove all wrinkles. If you are able to tolerate, please wear them at night as well. You may remove them at night if needed. Take them off for one hour each day and when bathing. Have someone help you put them on or use a sock aid.

Part II: After discharge

- Avoid small pets, remove throw rugs and secure electrical cords on the floor where you may walk.

Precaution don'ts

- Do not cross your legs.
- Do not bend your hip more than 90 degrees.
- Do not attempt to put on your own shoes or socks without a long-handled device.
- Do not pick up items from the floor without a reacher.
- Do not sit in low chairs or on sofas.
- Do not bend your leg so that your knee is higher than your hip.
- Do not turn your leg inward or outward.
- Do not pivot, squat or kneel on your weak leg.
- Do not put a pillow under your leg when lying on your back.
- Do not sit for more than one hour at a time, as this contributes to stiffness.
- Do not sleep on your new hip until approved by the surgeon.
- Do not lift or carry things while using a walker

After discharge from the hospital

After discharge from the hospital, whether you go home or to a rehabilitation facility, the following factors will be important for the care of your new joint.

Physical therapy

You are responsible for following the daily exercise program that physical therapist outlines while you are still in the hospital. The success of your hip replacement surgery

depends largely on your diligence, cooperation and attention in adhering to your physical therapy program. Remember to take your pain medication at least 30 minutes prior to your planned activity.

A nurse and a physical therapist will come to your home for treatment and therapy two weeks after surgery.

If your doctor wants you to go to outpatient physical therapy after your hospital stay, the nursing staff will communicate this with your discharge plan.

Blood-thinning medication

You will be on blood-thinning medication or aspirin after you are discharged from the hospital. Depending on the specific medication ordered, you may need to have blood drawn to check your blood-thinning level.

There are warning signs that your blood might be too thin; these include nosebleeds, bleeding gums, excessive bruising and blood in the urine. Please call your doctor if you have any of these symptoms.

It is also dangerous to take aspirin, ibuprofen (Advil, Motrin or Nuprin) and any over-the-counter or prescription arthritis medicine while you are taking blood-thinning medication. You may take acetaminophen (Tylenol) or pain pills that have been prescribed for you. You will be able to resume arthritis medicine and aspirin as needed after the blood-thinning medication is discontinued.

The hip incision

- Leave the dressing in place, as instructed.
- After the adhesive skin closures fall off, keep the scar clean and dry.
- Report to your doctor any redness, increased warmth to the touch, wound separation or increase in localized pain, bruising or drainage.

Part II: Living with your new hip

Driving

You will not be able to drive for the first two weeks following surgery. Although you may feel capable, you will need written approval from your doctor; otherwise your insurance coverage may be jeopardized and the safety of your new joint compromised. Your safety and well-being are of prime concern during the healing process. Remember, no driving while on narcotics.

Sexual activity

Once cleared by the surgeon, you may resume sexual activity, observing your hip precautions. If you have specific questions, please do not hesitate to ask the doctor, nurse or other staff member.

Living with your new hip

Infection

Your new hip is a metal and plastic prosthesis, so the body considers it a foreign object. If you become sick with a serious infection, bacteria can circulate in your body, go to the prosthesis and cause a bacterial infection in your new joint. For this reason, if you become ill with an infection or a high fever, your doctor should evaluate you immediately.

Surgical procedures

If you are scheduled for a medical procedure, even a minor one such as dental cleaning or surgery for an ingrown toenail, you may be asked to take antibiotics before the procedure in the first two years after hip replacement surgery. If the doctor is not sure of the appropriate antibiotics for you, please ask them to call your orthopedic surgeon. This may also apply to invasive procedures using a scope, such as a cystoscopy, bronchoscopy or gastroscopy.

Dental work

You may be asked to take antibiotics before any dental work; this includes routine cleanings. The reason for taking antibiotics is that bacteria are present in the mouth that are not present anywhere else in the body. When you have your teeth cleaned, bacteria gain entry into the bloodstream and can circulate to the hip prosthesis, causing it to become infected. Antibiotics kill the bacteria that cause this type of infection, so it is imperative that you notify your dentist of your prosthesis. If your dentist is not familiar with the correct type of antibiotics to give you, ask them to call your orthopedic surgeon prior to scheduling the dental procedure. Routine daily flossing, twice-a-day brushing and cleanings every six to 12 months are strongly recommended.

We suggest the following guidelines.

- If you have rheumatoid arthritis, systemic lupus erythematosus, insulin-dependent diabetes, previous total joint infection, malnourishment or hemophilia, or if you have had radiation or drugs to decrease your immune system, you may need to take antibiotics before certain dental procedures.
- If you are otherwise healthy, for two years after surgery you may be asked to take antibiotics briefly if any dental work being done could cause bleeding in the mouth.

The suggested use of antibiotics is as follows:

- ***Patients not allergic to penicillin:*** Take four 500-milligram amoxicilli tablets one hour before the procedure.
- ***Patients allergic to penicillin but able to take cephalexin:*** Take four 500-milligram cephalexin tablets one hour before the procedure.
- ***Patients allergic to penicillin and cephalexin:*** Take 600 milligrams of clindamycin one hour before the procedure.

Part II: Living with your new hip

If oral medications cannot be taken, intramuscular or intravenous drugs should be given.

This relates only to preventing the spread of bacteria from your mouth to your prosthesis during dental work. If you develop a bacterial infection of the skin, lungs, gastrointestinal tract, urogenital tract or other site, it should be treated for as long as it takes to eliminate the source of the infection. Viral infections such as colds and flu do not require antibiotics to protect your new joint.

Your dentist is ultimately responsible for making the decision for or against antibiotics based on their knowledge of the dental work to be done. If you or your dentist have any questions, please have them call your orthopedic surgeon.

Skin conditions

It is important that you advise the orthopedic surgeon of any skin conditions or problems prior to surgery. These may include athlete's foot, dermatitis, nail biting with or without bleeding, and rashes or skin breakdown in skin folds, under the arms or in the groin. Your doctor can instruct you in the care needed to heal these conditions.

If you have foot problems, it is important that you dry your feet well after bathing or swimming, wear well-ventilated shoes and absorbent socks and apply anti-fungal ointment or powder as directed.

Use a first-aid cream on minor cuts and abrasions to prevent infection, before and after surgery, indefinitely.

Do not razor-shave your legs, armpits or face within two days of surgery because this can contribute to wound infection of your new joint.

Follow-up care

Although your hip may feel fine, it is important to remember that your new joint has artificial components and for this reason you must see the orthopedic surgeon at the routine two-week, six-week, three-month, one-year and annual visits thereafter. Routine examinations to continually monitor your prosthesis are recommended because certain minute changes apparent only on an X-ray or in an examination may be detected. It is important to stay up-to-date on your health immunizations, especially flu shots, Pneumovax and tetanus booster.



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