

JOINT VENTURE

Total Hip Experience



PREMIER
SURGERY CENTER

WELCOME

We are pleased that you have chosen us to assist in your care. Premier Surgery Center is a freestanding, outpatient surgery facility that combines the latest surgical technology with a comfortable and relaxed atmosphere. Our skilled staff will provide you with the high-quality, compassionate medical attention you deserve.

We offer a unique and personalized experience that is suitable for all ages from children to active adults and seniors. After visiting with your surgeon and scheduling your procedure, Premier Surgery Center staff will assist with preparing you for surgery.

We are committed to providing you and your surgeon with all the services and support needed to make your total joint replacement surgery a success. This guide will provide you with a lot of information about your surgery and hopefully answer many of your questions. It is yours to take home, study and keep as a resource to help you prepare for your surgery and recovery.

We understand you may have questions about your surgery. Our goal is to make sure all your questions are answered and that your surgery experience is as pleasant as possible. If you have a specific concern that is not addressed satisfactorily, please feel free to call Premier Surgery Center of Georgia at (912) 264-9029.

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BEFORE SURGERY

We believe the more you know the better you will feel about your upcoming visit to our facility and your overall surgery experience. Being informed about your experience will reduce your anxiety leading up to surgery, which has shown to improve your health the day of surgery. Being well-informed also gives you plenty of time before your surgery to plan and prepare for things that can help you recover well and have a successful outcome.

Please take the time to read this guide as soon as possible, ask questions of our Total Joint Coordinator/Pre-admission Nurse, and get yourself prepared for surgery.

THE IMPORTANCE OF YOUR COACH

Family and friends are a major part of everyone's life, and during your Total Joint experience their involvement is very important. We highly recommend you to choose a family member or a trusted friend to act as your coach as you go through joint replacement surgery and recovery. Their help and support will make your journey easier. Your coach can help you prepare before surgery, support you day of surgery and help guide you through your post-operative care. After discharge, your coach will be by your side helping you with your exercises, keeping you motivated, and generally doing what is necessary to get you back on your feet and enjoying the benefits that should come from surgery.

Here are a few suggestions of things your coach can do to help you:

Before surgery

- Help you understand what to expect by reading this information guide and joining you in conversations with your care team.
- Make sure you follow your pre-operative instructions, particularly during the 24-36 hours before your scheduled surgery time.
- Prepare for your return home, using the Pre-Op Checklist following this section.

Day of Surgery

- Come to the facility with you, spend time with you and encourage you prior to surgery.
- Comfort and encourage you after surgery.
- Assist with comfortably getting you back home after discharge.

Following Surgery Discharge

- Make sure you follow your post-operative instructions, including medications, appointments and activity.
- Make sure you do the at-home therapy exercises as directed by your surgeon or physical therapist. NO EXCEPTIONS!
- See that you use your walker and other equipment according to your surgeon or physical therapist throughout your recovery process.
- Comfort and encourage you to increase your activity level and do things gradually as your strength improves according to the directions of your surgeon or physical therapist.

PRE-OP HOME CHECKLIST

Preparing for your homecoming prior to your surgery will make your post-op days go much smoother. Being prepared is the key to a relaxed and successful recovery.

Complete the list below:

- Make arrangements to have someone stay with you until you are comfortable being alone.
- Have enough food on hand and/or arrange for someone to go shopping for you. Prepare meals ahead of time and freeze, as you will not be able to cook right away.
- Do the laundry, change the linens, and complete other housework before your scheduled surgery.
- Have a pair of closed toe/closed heel shoes with good support and non-skid soles.
- Have easy access to a bed and bathroom on the floor level where you can spend most of your time. Choose a bathroom with a door wide enough to accommodate a walker.
- Install a handrail, if possible, for any steps you may be using routinely.
— A handrail on each side of the steps is preferable.
- Make arrangements for walking your pets, mowing the lawn, and bringing in the mail.
- Remove any obstacles that may cause you to trip, such as throw rugs, extension cords, pets, pet toys, or low hanging bedspreads.
- Make sure you have adequate lighting especially at night.
- Fill your routine prescriptions.
- Take care of any financial matters such as bills, having cash on hand, etc.
- Due to bending limitations, arrange for plates, pans, and kitchen utensils to be within reach, as well as any other items you may frequently need. Plan how you will transport your food to the table while using the walker (slide on the counter, walker basket, etc.).
- Have a phone within reach and pre-program important contacts and emergency numbers.
- Have a comfortable chair with arms to help you when rising.
- Complete any scheduled procedure like a dental cleaning before surgery.
— If a more in-depth procedure is required, please let your surgeon's office know to avoid interference with your joint replacement.
- Have a full tank of gas in your vehicle before and after your scheduled procedure.
- Make arrangements for someone to drive you to physical therapy and follow-up appointments until released to drive by your doctor.
— Time frame varies based on your procedure, right or left side of the body, and how quickly you are recovering. Questions regarding driving should be addressed with your surgeon's office.

Other Important Information

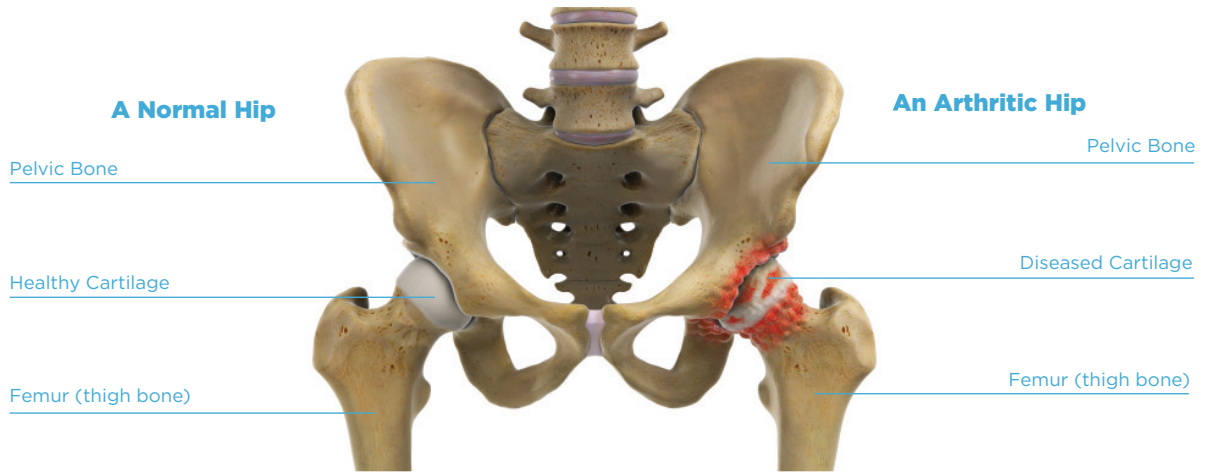
- **DO NOT** eat, drink, smoke, use tobacco or take medications after midnight before your surgery unless otherwise instructed by your surgeon or pre-admission nurse.
- Talk with the pre-admission nurse and/or surgeon about your diabetic medication, blood thinners, and other medications to stop prior to surgery.
- Surgery usually lasts 1.5- 2 hours for a single joint replacement. Every patient is different. The surgery may take longer in some instances.
- Post-operative recovery time will also vary patient by patient.



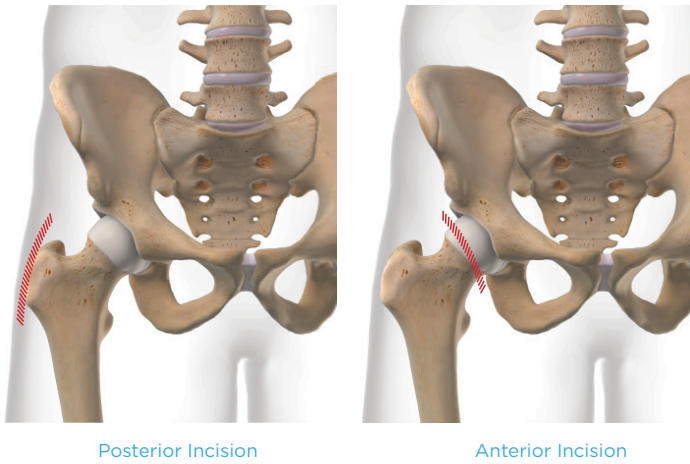


TOTAL HIP REPLACEMENT

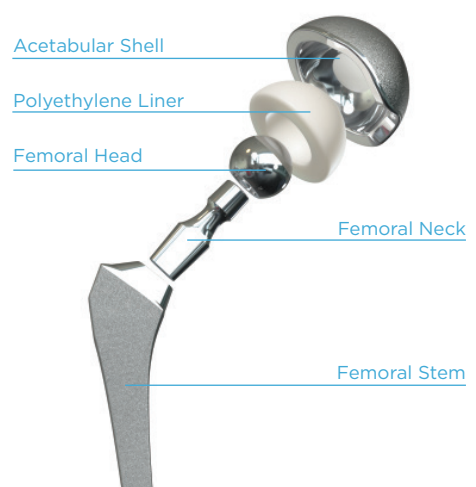
NORMAL VS ARTHRITIC HIP



INCISION SITE



IMPLANT PIECES



ARTHRITIS REMOVED



MODEL WITH REPLACEMENT



TOTAL HIP REPLACEMENT



NORMAL HIP X-RAY



ARTHRITIC HIP X-RAY



REPLACED HIP X-RAY

PREPARING FOR SURGERY

Diet and Nutrition

- Healthy eating and proper nutrition in the weeks before surgery aids the healing process.
- Drink plenty of fluids and stay hydrated.
- Eat more fiber to help avoid constipation (often caused by pain medications). Foods that contain fiber include corn, peas, beans, avocados, broccoli, almonds, whole wheat pasta and breads. Avoid fiber supplements such as Metamucil or Benefiber.
- Eat foods rich in iron. This includes lean red meat, dark leafy vegetables, raisins, and prunes.
- Eat foods high in Vitamin C to help your body absorb iron. This includes oranges, cantaloupe, and tomatoes.
- Make sure you are getting enough calcium, which is needed to keep your bones strong. Foods that are high in calcium include milk, cheese, yogurt, dark leafy greens, and fortified cereal.

Eat light meals, especially the day before surgery. The combined effects of anesthesia and your medications may slow down your bowel function. This can cause constipation after surgery. Anesthesia can also cause loss of appetite, so smaller frequent meals and/or snacks after surgery will help ensure you are getting the proper nutrition needed to support your healing process.

Smoking

Smoking causes breathing problems, increases the risk of medical complications, and slows recovery. Smoking also increases the risk of infection and blood clots after surgery. **Some insurance companies require patients to stop smoking before they will approve a total joint replacement. For more information on how to quit or decrease usage, please contact your surgeon or primary care provider.**

Alcohol Use

Before surgery, it is important to be honest with your health care providers about your alcohol use. Tell your health care provider how many drinks you have per day/week. This information helps determine if you are at risk for alcohol withdrawal or other alcohol-related problems that could occur after surgery and affect your recovery. **Alcohol is also considered a blood thinner, it should be avoided at least 48 hour before and after surgery, and while taking pain or certain other medications.**

Diabetes and Blood Glucose Management

Managing your blood glucose is always important, but it is extremely important before surgery. Stress before and after surgery can cause your body to release hormones that may make it more difficult to manage blood glucose levels. Surgery can also affect your normal diet and may change your usual medication routine. Your diabetes will be managed throughout the entire surgical process, starting with a thorough review during pre-operative testing and continuing through the post-operative period.

Medications

Some medications thin your blood, increase the risk of bleeding after surgery, or interfere with healing. These medications may need to be stopped before surgery. If you take medications that contain aspirin, anti-inflammatories (such as ibuprofen [**Motrin, Advil**], naproxen [**Aleve**]), blood thinners (such as warfarin [**Coumadin**]) or arthritis medications, ask your surgeon when to stop taking these medications. Some supplements and vitamins (such as **Vitamin E, Fish Oil, Turmeric, Ginger**, etc.) can also thin the blood and may need to be discontinued before surgery. Since blood-thinning medications affect clotting and bleeding, these medications (plus all your other medications) will be reviewed with you either by your pre-admission nurse or surgeon's office. **If you have any questions about your medications, please contact your surgeon's office.**

Exercise

Exercising, up to the day before your surgery, helps improve your strength, range of motion, and endurance. Talk with your surgeon about a referral for physical therapy if you would like help in developing an exercise program. In addition, see the exercises at the end of this guide. Upper body conditioning is also important to help reduce muscle soreness and fatigue that can occur with use of a walker, cane, or other aids necessary to your recovery.

THE DAY BEFORE SURGERY

You should receive a call from the facility to confirm your procedure and the time you need to arrive.

If you do not receive a call by 4:00 PM the day before surgery, please call our facility. For a Monday surgery, call Friday afternoon.

You will be told during your pre-admission interview which medications to take the morning of surgery with a small sip of water.

DO

- Remove all nail polish.
- Shower and wash your hair the night before. Bathing helps reduce the amount of bacteria on the skin and may lessen the risk of infection after surgery. Use the antibacterial wipes or hibiclens soap following the instructions given by your pre-admission nurse.
- Sleep in clean pajamas or clothes.
- Sleep on freshly washed sheets; NO PETS.
- Get a good night's sleep – it is important to be well-rested before surgery.

DO NOT

- **DO NOT** eat or drink anything after MIDNIGHT unless instructed otherwise. Ice chips, gum, mints, cough drops and tobacco are NOT allowed either.
- **DO NOT** use lotions or powders after your shower the night before surgery nor the morning of surgery.
- **DO NOT** shave the leg or groin area that surgery will be performed on for 7 (seven) days prior to surgery.
- **DO NOT** allow your pet to sleep in the bed with you the night before surgery.

“

Excellent service! My husband had to have hip surgery and was treated with great care and respect.

- Ellie

”

THE DAY OF SURGERY

It is very important you remember several things on the day of your surgery. **If you do not do the following, your surgery could be cancelled!**

1. Take only the medications you have been told you are allowed to take; take them with a small sip of water.
2. **You must follow the strict instructions given about food and beverage consumption.**
3. Wash with the wipes or soap as directed.

WHAT SHOULD I BRING WITH ME?

(All personal items may remain in your vehicle until they are needed.)

A Positive Attitude! Confidence in yourself and a desire to return to a more active lifestyle.

Personal Care:

- Toothbrush/toothpaste
- Deodorant
- Eyeglasses/contact lenses, dentures, hearing aides
- CPAP machine with all accessories needed to operate
- Other personal comfort items

Clothing:

- Loose fitting shorts or pants and a comfortable shirt
- Non-skid footies will be provided; however, you should bring a pair of closed toe/closed heel shoes with good support and non-skid soles

Miscellaneous Items:

- Please bring all medications in their prescribed bottles if you are staying overnight
- Insurance card(s)
- Driver's license or photo ID
- Contact phone numbers
- You may bring personal mobile phones and small personal battery-operated electronic devices if desired
- **ONLY AFTER SURGERY:** Hard candy after you are fully awake: This will help with dry mouth due to the side effects from the pain medication

What should I leave at home?

- Cash over \$20
- Valuable items such as wallets, credit cards, checkbooks, and jewelry
- Weapons are not permitted on our facility's campus

FOR YOUR FAMILY/FRIEND

The Surgery Waiting Area

Waiting during a surgical procedure may seem like a very long time for your family. We strive to take excellent care of your family while doing the same for you!

Once you are admitted to the Pre-Operative (Pre-Op) unit, your family may wait in the surgery lobby. Your surgeon will speak with your family immediately after the surgery. You will remain in the Post Anesthesia Care Unit (PACU) until it is safe for you to be moved to the next stage of the recovery process, generally this will take 1-2 hours. Once you are awake, up, and moving, your family will be instructed when they can see you. The nursing staff will guide your family through the recovery process until time for discharge.

ANESTHESIA

Anesthesia is the use of medications and techniques to prevent you from feeling pain during surgery and other procedures. The anesthesiologist is a medical doctor who specializes in administering anesthesia and taking care of you before, during, and after your surgery. The anesthesiologist is assisted by Certified Anesthesia Assistants and Certified Registered Nurse Anesthetists. Together these professionals will be your anesthesia team.

Many medications and procedures are available to your anesthesiologist to prevent you from feeling pain during your surgery. Some surgeons utilize general anesthesia while others use a spinal option. Generally, your surgeon will discuss which method they prefer for you.

General anesthesia is commonly used for patients having joint replacement surgery. Your surgeon will plan to use this technique for you unless indicated otherwise. Several different medications may be used for general anesthesia – some are inhaled, and some are given through an intravenous (IV) line, which is placed while you are in the pre-operative unit. With general anesthesia, you may have a tube placed in your windpipe to deliver inhaled medication. This may cause your throat to be sore following surgery.

If the spinal option is utilized, once in the operating room (OR), the anesthesiologist will have you sit on the side of the bed. A numbing agent will be injected into your back. Once the area is numb, the spinal medication will be administered. This medication will help numb you from the waist down. Then a sedative will be given to help make you sleepy.

With either option, your anesthesia team will monitor your breathing, heart rate and blood pressure during surgery. We value your safety and concerns. You do not need to worry that you will wake up too early or that you will feel the surgery being performed. Your anesthesia team will make sure you feel no pain and wake up at just the right time!

Please feel free to talk with your surgeon, anesthesiologist, or nurse if you have any questions or concerns about your anesthesia options.

AFTER YOUR SURGERY

Immediately after surgery you will be taken to the Post Anesthesia Care Unit (PACU) to begin your recovery. Our staff will be with you when you wake up from surgery. The anesthesia medications will most likely cause you to have blurred vision, dry mouth, chills, and they may also cause some nausea.

As you wake up, you may see the nurse checking your bandage. Your nurse will also be asking if you are having pain or nausea. Medications are usually available to make you more comfortable. The nurse will be monitoring your vitals such as blood pressure, heart rate, and oxygen level. You will hear these monitors beep. You may also receive oxygen through clear plastic tubing in your nose or via face mask. These are normal things that happen in PACU and you should not be alarmed.

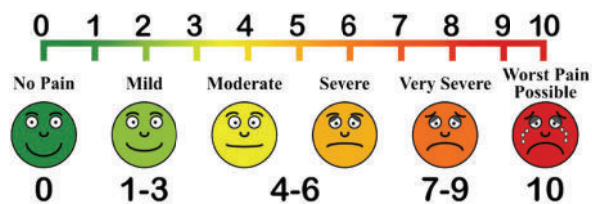
You will remain in PACU until it is safe to move you to the next stage of the recovery process, generally this will be 1-2 hours depending on the anesthetic you had and your individual reaction to it. Please be assured that your family/friend will be updated on your progress and will be notified when they may see you.

PAIN MANAGEMENT

Following a joint replacement surgery, pain needs to be managed adequately. Your team is ready to help you; however, for them to help, you **MUST** tell them about your pain. By telling us about your pain, we can become partners in managing your pain. It is important to be realistic when dealing with pain. The amount of pain that a person feels varies from one individual to another. No two people are exactly alike.

It is important to think along the lines of “under control” as opposed to “no pain”.

Please tell your care team if you believe your pain is under control or preventing your ability to participate in your care and rehabilitation. If you are unable to use the pain scale, your care team will rely on other signals of pain such as facial expressions, activity, movement, and sweating to name a few. You will be assessed routinely for existing pain and pain relief using the following scale.



Other Possible Ways to Manage Pain

- Changing your position every 1-2 hours
- Positioning your pillows for comfort
- Sleeping
- Listening to music, watching television, or reading a book
- Walking
- Talking to family and friends
- Breathing exercises/relaxation techniques

FOR YOUR SAFETY

Patient safety and satisfaction are our #1 goals. Here are some simple ways that can help keep you safe:

Avoid Falls

- **DO NOT** attempt to raise or lower the bed rails or lean out of your bed. Call for assistance when you need it.
- When you get out of bed wear the hospital provided socks with skid resistant soles to help prevent slipping and falling.
- **ALWAYS** call for assistance when getting in and out of a wheelchair, bed, or reclining chair.
- Call for assistance when going to the bathroom.
- Before getting out of bed, sit on the edge of the bed for a few minutes and make sure you are not dizzy before standing and starting to walk.
- Use your call bell so the nurse and aids can help you.
- Remember the simple rule: **CALL DON'T FALL!**

FREQUENTLY ASKED QUESTIONS



You will be instructed by your joint care team to avoid specific positions of the joint. **Avoid activities such as jogging, tennis, basketball, skiing, football, golf, pickle ball, swimming etc. Talk with your surgeon about if or when you can resume these activities.** Always consult your surgeon prior to participating in any high impact or injury prone sports.

When can I return to work?

The physical demands required for your job, as well as your own progress, will determine when you can return to work. Your surgeon will guide you in the process of returning to work.

When can I drive?

How soon you can resume driving will depend on several factors such as your progress, type of car you drive, which hip is replaced, and if you are still taking prescription pain medications. Your return to driving is largely dependent on your progress as well as your commitment to your exercises and physical rehabilitation. **You should NOT consider driving until you are released to do so by your surgeon.**

When can I resume having sexual intercourse?

After surgery, it will take time to regain your strength as well as your confidence in your new joint. Most people feel able, physically and mentally, to engage in sexual activity about 4-6 weeks after surgery. Talk to your surgeon if you have any questions regarding your situation.

Are there any positions that should be avoided during sexual intercourse?

For total hip replacement patients, consult your surgeon prior to resuming this activity.

Other than my scar, will my joint be any different?

Most total hip patients feel like they have a normal hip again.

I feel a little depressed. Is that normal?

Yes. You have been through a lot. You are not sick. You probably do not like to be slowed down this much. Remember, your recovery is not a sprint, it is a marathon. Keep track of all your progress. Talk about how you feel with someone. Side effects of the narcotic medications will make these feelings worse. The sooner you can stop taking them, the better.

REHABILITATION SERVICES

Total Joint Precautions

While recovering from surgery, you will follow specific precautions provided to you by your physical therapist or surgeon. These precautions allow you to heal properly and help prevent potential complications. Make sure to ask your surgeon when it is safe to stop these precautions.

Note: Precautions vary depending on the surgical approach. Your surgeon and physical therapist will discuss your specific precautions, but please maintain the following precautions:

Anterior Hip (most patients receive this approach; incision is on front of thigh/groin area; see page 6 for picture)

- **DO NOT** lift leg up and over like getting on a bike or horse for 2 weeks
- **DO NOT** do lunges (extreme extension) for 6 weeks

Posterior Hip (incision is on the back/side of buttocks to thigh; see page 6 for picture)

- **DO NOT** bend your operated leg beyond a 90-degree angle
- **DO NOT** pivot or twist your operated leg
- **DO NOT** cross your operated leg or ankle

Physical Therapy

Some surgeons require physical therapy for their patients, while other surgeons do not. If your surgeon feels therapy would be beneficial for you, their office should give you a physical therapy referral order with instructions on when to start. To set up therapy, take your referral order to the therapy location you would like to use. If your surgeon does not order therapy, exercises found toward the end of the book can be used to progress at home.

LIST OF ADAPTIVE EQUIPMENT

You may need some equipment to help during your recovery. The Total Joint Coordinator/Pre-admission Nurse will let you know what equipment can be provided by the facility. Any remaining equipment needed, should be purchased before your surgery with a prescription from your surgeon. For questions regarding coverage of any equipment, please call your insurance company.

EQUIPMENT MAY INCLUDE:

Two-wheeled Walker:

Required for all total hip patients.

Three-in-one Bedside Commode:

The bedside commode can be used anywhere throughout the home. However, we recommend placing the bedside commode over your toilet to increase the height of sitting while also providing arms to help you get up and down. It may also fit in the shower to double as a shower chair. This is not a requirement, but can be helpful after a total hip replacement.

Additional equipment that may make life easier and help keep you safe include:

- Cane
- Reacher (grabber)
- Sock aid
- Long-handled shoe horn
- Travel basket for walker
- Elastic shoe laces
- Shower chair
- Hand-held shower head
- Long-handled bath sponge

Most of these items may be found at a medical supply store/pharmacy, but they are not typically covered through insurance. Therefore, you are encouraged to purchase any additional equipment you may need before your surgery.

GOING HOME AND AFTER CARE INSTRUCTIONS

Discharge Instructions

Your doctor will order your discharge from our facility and provide you with specific discharge instructions. These instructions will include:

- Information on how to take your medications
- Managing your pain and how to minimize swelling
- How to care for your dressing and incision
- Warning signs of problems like infection and blood clots
- Activity and diet information
- Contact number for questions
- Follow up appointment with your surgeon and physical therapy appointment if needed

Managing Pain and Discomfort

We encourage you to take your pain medication as soon as you begin to feel pain. **DO NOT** wait until the pain becomes severe. Follow the instructions on the prescription label. Remember to take your pain medication before activity such as therapy/home exercises and at bedtime. You should slowly wean off pain medication as pain becomes more tolerable.

If you need more pain medication you must give a three-day advanced notice before you run out of medication. Please plan ahead, especially for holidays and weekends.

At your surgery follow up appointment, you may have stitches or staples that will be removed. Please take pain medication before this appointment to help manage pain, as well as ensure you have someone to drive you to and from this appointment. Pain medication may cause nausea. Make sure you take your pain medication with a meal or snack to reduce this side effect. If nausea persists, please reach out to your surgeon for a prescription for nausea medication, or they may need to change your pain medication depending on the severity of your side effects.

Tylenol may also be used to help manage pain. For example, if you take pain medication before you go to physical therapy, you can take two (2) Extra Strength Tylenol (1,000 mg) when you return home. This can help reduce the pain and prevent it from becoming too intense until it's time for your next pain medication. Remember, you should not exceed a maximum dose of 4,000 mg of Tylenol within a 24-hour period, unless instructed otherwise by your doctor. It's important to note that some pain medications already contain Tylenol, so you need to consider this when calculating the total amount of Tylenol you consume in a day.

For example, Percocet 5/325 is made up of 5 mg Oxycodone and 325 mg Tylenol. If you are taking one (1) tablet of Percocet every six (6) hours you are taking 1,300 mg of prescribed Tylenol in a 24-hour period. This means you can only take an additional 2,700 mg of over-the-counter Tylenol to stay under the 4,000 mg max dose you are permitted to take in a day. Therefore, you can only take approximately five (5) Extra Strength Tylenol (500 mg each) along with your four (4) Percocet in each 24-hour period. Write down what you are taking to help you keep track of the amount of Tylenol taken so you do not exceed your limit.

Also remember:

1. You are not permitted to drive a car while taking narcotic pain medication.
2. It may take several days to have a bowel movement. Anesthesia and pain medication often cause constipation. Drink plenty of fluids and eat whole grains, fruits and vegetables. A stool softener or laxative can help bowel function return to normal.
3. Please, do not hesitate to call your surgeon's office with any questions or concerns.

Incision Care

Your incision will be covered with a bandage called a “dressing”. Before you go home your surgeon or nurse will explain how to take care of your incision and when to remove your dressing. Make sure you understand these instructions before you leave the facility and who to contact if you need assistance.

Note: How to care for your incision is included in your discharge instructions.

Call your surgeon immediately if you notice any increase in drainage, redness, warmth, or have a fever of 101 degrees Fahrenheit or higher for more than 24 hours. These may be signs that your incision may be infected, and it may require immediate medical attention.

Walker / Cane

Use your assistive devices for balance as instructed by your surgeon or physical therapist. By your first post-operative visit with your surgeon, you may have already improved and changed from using a walker to a cane as recommended by physical therapy or your doctor.

The First 48-hours at Home

No matter how much you prepared for your homecoming, it will be an adjustment. You will likely experience anxiety and question whether you were discharged too early. This is a normal feeling, so relax and focus on your recovery. **DO NOT** ignore signs or symptoms discussed that may indicate you are having a problem, but **DO** expect a moderate level of discomfort and feelings of anxiety in the beginning of your recovery.

Expect a call from our nurses to check on you. This is your opportunity to report any problems and ask questions.

Activity

- Continue your exercise program and increase activity gradually; your goal is to regain strength and function
- Follow all therapy instructions
- Resume activity as you regain strength and confidence
- Continued exercise at this early stage is important to achieve the best outcome with your new joint replacement. Based on your needs, your therapy may be continued at home or in an outpatient setting of your choice if your surgeon requires formal therapy. If no formal therapy is required, please follow the exercises found toward the end of this book.

DO NOT sit for longer than 30 – 45 minutes at a time. Use chairs with arms. You may nap if you are tired but do not stay in bed all day. Frequent short walks – either indoors or outdoors – are the key to a successful recovery. **Make sure to walk on level surfaces to prevent falls.**

You may experience discomfort in your operated hip, and you may have difficulty sleeping at night. This is a normal part of the recovery process. Getting up and moving around relieves some of the discomfort.

DO NOT drive before your first post-op visit. The decision to resume driving your vehicle is made by your surgeon.

Icing and Elevation

Swelling of the hip and groin area is common during the first 2-3 weeks following surgery. It is important to do a little at a time and rest often. This prevents over doing things and allowing too much swelling to develop. Abrupt increases in activity create swelling. When this occurs elevate your leg above the level of your heart (place pillows under your calf or foot) and apply ice with a barrier (bath cloth or pillow case) directly to the hip. **Swelling can cause increased pain and limit your range of motion, so taking steps to reduce swelling is important.** Continue with ice and elevation at least 5-6 times a day for 20-30 minutes at a time.

Children and Pets

Small children and pets can pose a safety hazard. Small children may need to be taught how to interact with you in ways that keep you safe. If you have pets, make arrangements to keep pets in another area of the house when you arrive home. Pet hair and dirt can cause infections at the incision site, so we encourage you to keep pets out of your bed and launder linens prior to surgery. **Wear clean pajamas to bed each night until your incision is completely healed.**

Diet

Resume your diet as tolerated and include vegetables, fruits and protein (meat, fish, chicken, pork, nuts and eggs) to promote healing. Also, remember to have adequate fluid intake (at least 64 – 80 ounces of water a day). It is common after surgery to lack an appetite. This may be the result of anesthesia, pain medications or anxiety.

Proper nutrition and hydration are needed for healing. During the healing process the body needs increased amounts of calories, protein, vitamins A and C, and sometimes the mineral Zinc. Eat a variety of foods to get all the calories, proteins, vitamins and minerals you need.

If you have been told to follow a specific diet, please follow it! What you eat can help heal your incision and prevent infection and potential complications.

If you're not eating well after surgery contact your healthcare provider about nutritional supplements. Small, frequent snacks such as peanut butter on an apple, yogurt, nuts, cheese or other foods high in protein and other nutrients will help to stabilize blood sugar and help you feel stronger throughout the day. Protein shakes like Glucerna or Boost can be used as a meal replacement as well.



- Chicken
- Turkey
- Lean Beef
- Fish/Shellfish
- Wild Game
- Eggs
- Tofu
- Protein

- Berries
- Pomegranate
- Watermelon
- Cantaloupe
- Oranges
- Apples
- Apricots
- Grapefruit
- Cherries
- Grapes
- Kiwi
- Mango
- Peaches
- Plums
- Bananas
- etc...

- Kale
- Spinach
- Brussel
- Sprouts
- Broccoli
- Asparagus
- Beets
- Tomatoes
- Squash
- String Beans
- Bell Peppers
- Carrots
- Cauliflower
- Artichokes
- Eggplant
- Peas
- Cabbage
- Cucumbers
- Celery
- Lettuce
- Mushrooms
- Onions
- etc...

- Sweet Potatoes
- Potatoes
- Quinoa
- Beans
- Lentils
- Edamame
- Non-fat Refried Beans
- Brown Rice
- Wild Rice
- White Rice
- Corn
- Oatmeal
- Cream of Wheat
- Hominy
- Pasta
- Couscous
- Crackers
- Cereal
- Bread
- Waffles
- Pancakes
- English Muffin
- Bagels
- Tortilla (Corn and Flour)

- Skim/Low-fat Milk
- Yogurt
- Greek Yogurt
- Low-fat Cheese
- Ricotta Cheese
- Cottage Cheese
- Soy Milk
- Almond Milk
- Coconut Milk

CONSTIPATION

Did You Know?

Narcotic pain medication causes constipation in most people. This medicine slows down the natural motion in the intestinal tract and causes the stool to become hard. If you have hard bowel movements, have trouble passing bowel movements, and the movements are not often enough, then you have constipation.

Constipation Prevention

Make a plan and stick to it as long as you are taking narcotic pain medication. Here are some things to include in your plan:

- Eat or drink things that have helped you to relieve constipation in the past.
- Eat foods high in fiber or roughage. This includes foods such as uncooked fruits, raw vegetables, and whole grain breads and cereals.
- Take a daily stool softener that contains the compound docusate (for example, **Colace**). This increases the water absorption in the stool and keeps it soft.
- Bulk laxatives, like Metamucil®, absorb water and expand to increase bulk and moisture in the stool. They may not be the best to use for constipation relief from narcotics.
 - They should only be used if you are able to drink plenty of fluids throughout the day because without extra fluids they can cause further constipation.

Drink plenty of liquids. 64 – 80 ounces of fluid each day will help keep your stools soft. Warm liquids often help your bowels to move. Try warm prune juice.

Three “active” laxatives that may be taken daily:

- **Milk of Magnesia:** Take two (2) tablespoons at bedtime. If you do not have a bowel movement the following morning, take a second dose of two (2) tablespoons that morning. This is to be followed that evening by a third dose of two (2) tablespoons. Normally, you will have a response to the MOM by the 2nd or 3rd dose.
- **Dulcolax® (bisacodyl):** Take one (1) capsule at bedtime. If you do not have a bowel movement the following morning, take a second dose of one (1) capsule that morning. This is to be followed by a third dose of one (1) capsule at night. You should have a response to the Dulcolax by the 2nd or 3rd dose.
- **Senokot® (senna):** Take two (2) capsules at bedtime. If you do not have a bowel movement the following morning, take a second dose of two (2) capsules that morning. This is to be followed by a third dose of two (2) capsules at night. You should have a response to the Senokot by the 2nd or 3rd dose.

If the above laxatives do not work, you may need a more “active” laxative.

- **Magnesium Citrate:** Drink one, full bottle, “chilled”. It will taste like a salty, lemon-lime soda and drinking through a straw may make it easier to tolerate. You may notice some abdominal gurgling and it should work anywhere from 1 to 12 hours. It is recommended that you stay near a bathroom if you take this laxative.



POST OPERATIVE URINARY RETENTION (POUR)

Urinary retention is the inability to empty the bladder and is fairly common following anesthesia and surgery. We follow standard guidelines to identify individuals with risk factors of POUR. Interventions are initiated if needed.

Preoperative Risk Factors	Intraoperative or Postoperative Risk Factors
Age over 50	Prolonged length of surgery
Male	Excessive exposure to cold
Diabetes	Narcotic pain medications
Excessive alcohol intake	Pain
Constipation	Anesthesia
Elevated serum creatinine (kidney function)	Immobility
Renal insufficiency or kidney disease	Fluids consumed by mouth or IV infusion
Urethral narrowing (BPH, prostate cancer, tumor prostatitis)	
Cystocele, rectocele, bladder suspension (female)	
History of chronic Urinary Tract Infections	

Medications such as antihistamines (allergy medicine), antidepressants, anticholinergics/antispasmodics (treat muscle spasms, stomach cramps and urinary incontinence) can be used to help wake the bladder up after surgery.

Bladder Basics

When you urinate, the brain signals the bladder muscle to tighten, squeezing urine out of the bladder while at the same time, the brain signals the sphincter muscles to relax. As these muscles relax, urine exits the bladder through the urethra. When all signals occur in the correct order, normal urination occurs.

Urinary retention can be caused by an obstruction (blockage) in the urinary tract or by nerve problems that interfere with signals between the brain and the bladder. If the nerves aren't working properly, the brain may not get the message that the bladder is full. Even if you know that your bladder is full, the bladder muscle that squeezes urine out may not get the signal that it is time to push, or the sphincter muscles may not get the signal that it is time to relax. A weak bladder muscle can also cause retention.

Urinary retention can be acute, short term but serious complication, or it can be chronic, an ongoing problem that can persist for weeks or months. Symptoms of acute urinary retention include bladder discomfort or pain, having the urge to urinate but can't, and your lower abdomen bulging above the pubic bone. Symptoms of a less serious form of urinary retention that can happen after surgery include a delay in getting the urine stream started or feeling as though the bladder is still full after urinating.

For patients with no history of having difficulty urinating prior to surgery, the problem is often attributed to a combination of risk factors that include anesthesia, pain medications and fluids given by IV during surgery. Following your surgery, the nursing staff will be measuring your INTAKE (the amount of IV fluids you receive and the fluids you drink) and measuring your OUTPUT (amount of urine, collected drainage from your wound, and if you should vomit).

If you are unable to urinate within 4-6 hours after surgery your bladder volume may be checked using a device called bladder scanner. This device is moved over your lower abdomen and it will read the amount of urine in your bladder. If there is 400-600 ml (13 - 20 ounces) your nurse will initiate some interventions such as assisting you out of bed, offer toileting or bedside commode, standing with urinal at bedside (males) and providing privacy. If these don't work, then a soft flexible tube called a catheter will be placed into your bladder to drain the urine and relieve the pressure in your bladder. The catheter may be left in for 24 hours to allow time for your nerve impulses to "wake up" after surgery or it may be removed as soon as the bladder is drained.

You should inform your nurse of any pre-existing problem with urination so measures to avoid urinary retention may be started early. Many times, this involves taking medicine, so the use of a urinary catheter may be avoided.

WARNING SIGNS OF COMPLICATION AND INFECTION

If present, the following conditions are serious and could have life threatening consequences if not treated. If you have blood saturating through your dressing, other signs of a serious infection, or symptoms of Deep Vein Thrombosis (DVT) you should contact your surgeon immediately. If you are unable to contact your surgeon about bleeding concerns, or you think you are experiencing a Pulmonary Embolism (PE) then go to your nearest emergency room or call 911 immediately.

WARNING SIGNS OF INFECTION

Notify your surgeon if you experience:

- Fever of 101 or higher for more than 24 hours
- Persistent redness and drainage from the surgical incision (pus, foul odor)
- Increase in pain and/or localized tenderness and swelling

A small amount of bleeding or clear/pink tinged drainage on the dressing or around the incision is not alarming and should decrease in 2-3 days following surgery.

Preventing Infections

- **DO NOT** put anything on your incision unless directed by your surgeon until incision has completely healed. This includes NO Vaseline, lotions, ointments, oils, etc.
- **ALWAYS** wash your hands before and after going to the bathroom to prevent infections.
- KEEP incision clean and dry.
- **DO NOT** allow pets to sleep with you. Keep bed linens and sitting area clean of pet hair.
- **DO NOT** allow your pet to lick your wound.

WARNING SIGNS OF DEEP VEIN THROMBOSIS (DVT)

Notify your surgeon if you experience:

- Increased pain in your calf or thigh.
- Tenderness or redness above or below the incision.
- Increased swelling in your calf, ankle or foot that does not decrease with elevation.
- Pain in thigh or calf muscle when walking, pain may decrease or go away when resting, then comes back when you get back up to walk again.

Preventing Blood Clots

- Ensure you are wearing your compression stockings provided during surgery to prevent blood clot formation. These should be worn until your follow up appointment and usage is based on your surgeon's instructions. If you need a break from wearing the stockings, you can take them off for a few hours and then put them back on.

WARNING SIGNS OF PULMONARY EMBOLISM (PE)

Call 911 or go to the nearest medical facility if you experience:

- Sudden increased shortness of breath
- Sudden onset of chest/shoulder pain
- Localized chest pain with coughing

POST-OPERATIVE NAUSEA AND VOMITING

All patients are given medication to prevent nausea and vomiting before, during and after surgery. Some patients still have nausea and vomiting even after receiving medication.

To help prevent further nausea and vomiting the following are recommended to try:

1. Clear liquids at first then slowly progress to non-spicy and bland foods such as jello, mashed potatoes, grits, soup and toast.
2. Take prescribed medications for nausea if given at discharge.
3. Drink ginger ale which has been known to help calm nausea and vomiting.
4. If none of the above help call your surgeon.

PROPHYLACTIC ANTIBIOTICS

Dental care and invasive procedures can potentially cause an infection in your artificial joint. Prophylactic antibiotics may be required prior to, during and after certain procedures.

These precautions vary based on your surgeon's recommendation, but usually remain in place for 2-5 years following the joint replacement. In some instances, your surgeon may want you to continue these precautions the rest of your life depending on your health history.

Notify your physician or dentist if you are having any of the following procedures after your joint replacement:

- Any dental procedure (cleaning, cavities filled, teeth pulled, root canal) or gum disease/irritation
- Hysterectomy
- Gallbladder removal
- Genitourinary procedures (urinary catheter insertion)
- Colonoscopy, gastroscopy, barium enema
- Liver biopsy
- Bronchoscopy
- Any infection

EXERCISING YOUR LUNGS

Deep breathing can help prevent pneumonia or other problems that can slow down your recovery and lengthen your stay inside the facility.

Your doctor will want you to use a device called an incentive spirometer, which helps you breathe in and out correctly. It is important to perform your breathing exercises every 1-2 hours while you are awake.

We encourage patients to take the incentive spirometer home and continue to use for several weeks until you have resumed normal activity.

Incentive Spirometry Technique:

1. Sit up as straight as possible.
2. Hold the incentive spirometer in an upright position.
3. Exhale normally.
4. Place your lips tightly around the mouthpiece.
5. Breathe in slowly and as deeply as possible, raising the volume indicator toward the top of the column. Keep the colored flow rate guide in the "best" range. This coaches you to breathe not too fast or too slow.
6. Hold your breath as long as possible (for at least 5 seconds).
7. Remove the mouthpiece from your lips and exhale slowly.
8. Allow the volume indicator to return to the bottom of the column.
9. Rest for a few seconds and repeat at least 10 times every 1-2 hours while you are awake.

After you complete your breathing exercises you should cough to help remove any fluid that may be in your lungs.

EXERCISE PROGRAM: TOTAL HIP REPLACEMENT

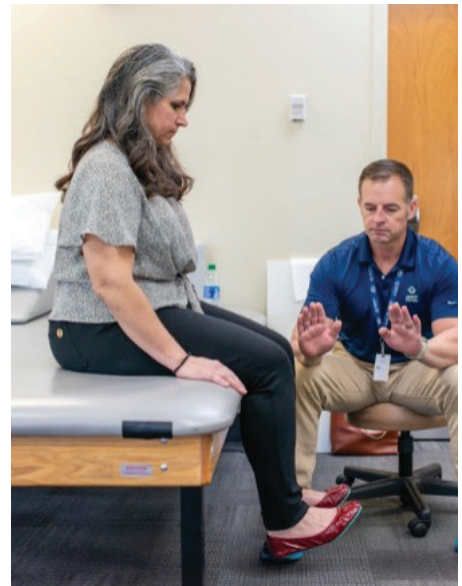
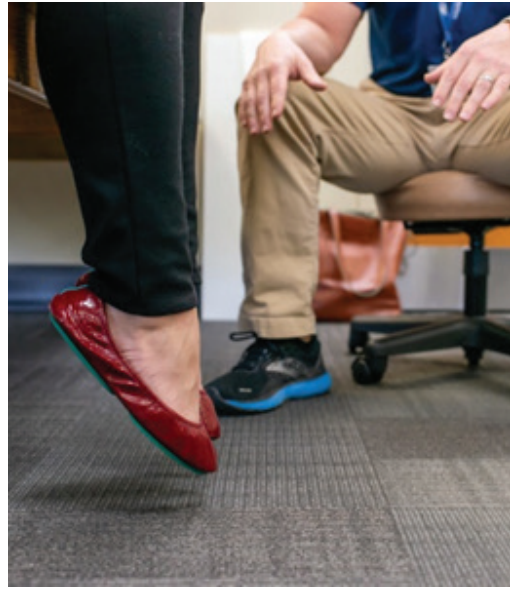


Remember if any particular exercise causes unexpected/unexplained pain prior to surgery, skip over that particular exercise or decrease the amount of repetitions to a level you can tolerate. The goal of these exercises are to strengthen the muscles around the knee to aid in recovery. It is normal to feel a burn in these muscles as you build strength. After surgery, it is important to complete all exercises even in the presence of pain or discomfort unless it is extreme. If extreme pain, consult your physical therapist or call your surgeon's office.

Important Tips for Beginning Your Exercise Program

- Take short rest periods between exercises if needed.
- Use slow steady movements.
- Take slow deep breaths while exercising; breathe out during the most difficult part of the exercise. Counting your repetitions out loud will help you remember to breathe.
- **DO NOT** continue with an exercise if it causes increased pain or discomfort as this can cause more damage to the joint (prior to surgery). However, you may be able to “modify” the exercise without completely eliminating it.
 - For example, if a particular exercise causes increased pain after 20 repetitions, then try doing less repetitions and gradually add more repetitions back as you are able.
- It is recommended that you start exercising the 4-6 weeks before your surgery and continue until physical therapy releases you from their program after surgery.
- Perform these exercises two (2) times daily.
- These exercises are designed to strengthen the affected leg. However, completing the same exercises on the non-affected leg is beneficial to your recovery as well.
- Stop exercising and contact your doctor if you notice chest pain, dizziness, or excessive perspiration while exercising.

TOTAL HIP REPLACEMENT EXERCISES



Elevated ankle pumps (*enhances leg circulation and ankle motion*)

- Sit on the side of the bed
 - Move foot up and down, pumping the ankle.
- Perform 3 sets of 10 repetitions, 2 times a day.**
Rest 1 minute between sets.
Perform 1 repetition every 4 seconds.

TOTAL HIP REPLACEMENT EXERCISES



Seated leg extension (*strengthens front of thigh*)

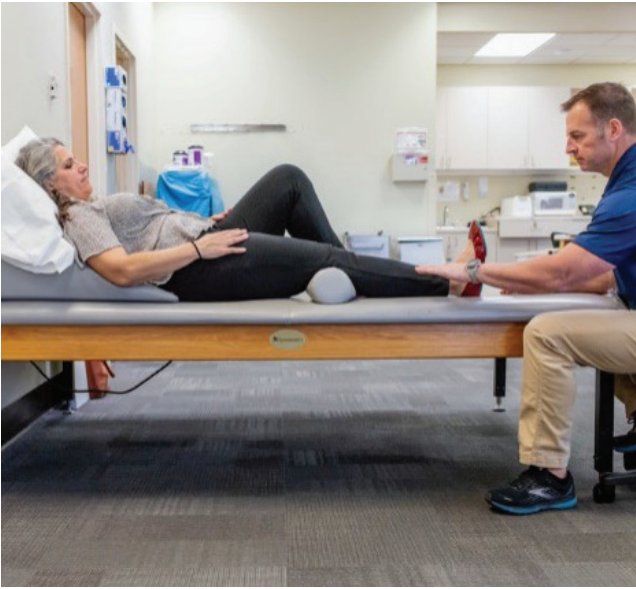
- Sit with involved leg bent to 90 degrees, as shown.
- Straighten leg at knee.
- Return to start position.

Perform 3 sets of 10 repetitions, 2 times a day.

Rest 1 minute between sets.

Perform 1 repetition every 4 seconds.

TOTAL HIP REPLACEMENT EXERCISES



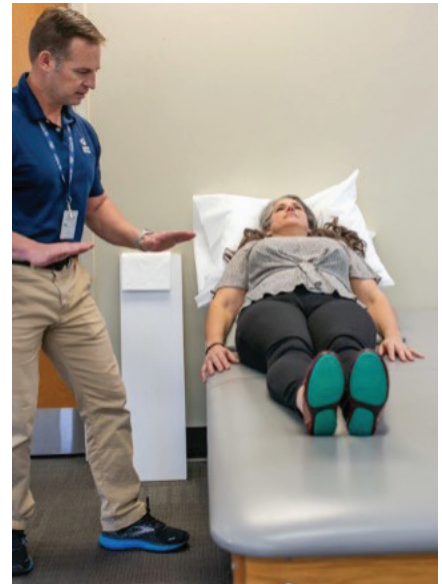
Quad Setting (*strengthens front of thigh*)

- Sit with leg extended.
- Tighten quad muscles on front of leg, trying to push back of knee downward.
- SPECIAL INSTRUCTIONS: Do not hold breath.

Perform 3 sets of 10 repetitions 2 times a day.

Hold exercise for 5 seconds.

Rest 1 minute between sets.



Glut squeezes (*strengthens rear-end muscles*)

- Lie on back with legs straight.
- Squeeze buttocks together.
- Hold and repeat.

Perform 3 sets of 10 repetitions, 2 times a day.

Hold exercise for 5 seconds.

Rest 1 minute between sets.

TOTAL HIP REPLACEMENT EXERCISES



Thigh squeezes (*strengthens inner thighs*)

- Lie in bed or on firm surface with towel roll or pillow between knees.
- Squeeze legs together.
- SPECIAL INSTRUCTIONS: Do not hold breath.

Perform 3 sets of 10 repetitions, 2 times a day.

Hold exercise for 5 seconds.

Rest 1 minute between sets



Short lever extension (*strengthens inner thigh*)

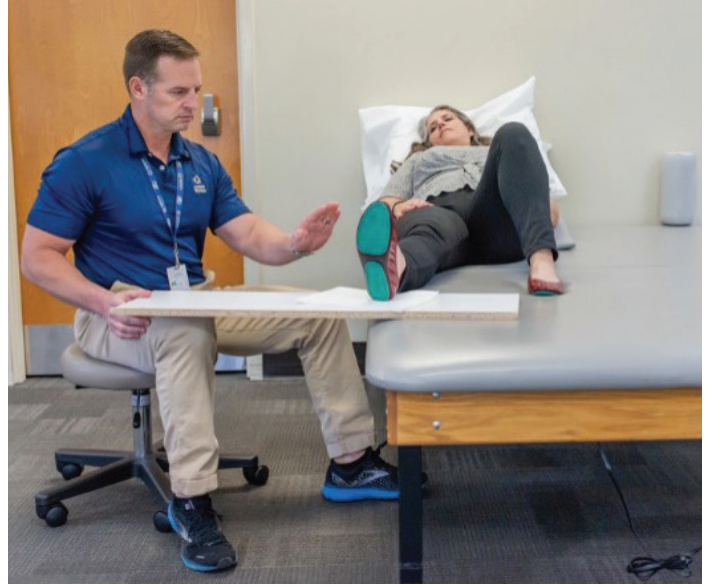
- Lie on back, with involved leg bent to 45 degrees, supported with a pillow or rolled towel as shown.
- Straighten leg at knee.
- Return to start position.

Perform 3 sets of 10 repetitions, 2 times a day.

Rest 1 minute between sets.

Perform 1 repetition every 4 seconds.

TOTAL HIP REPLACEMENT EXERCISES



Out and in (*strengthens inner and outer thigh*)

- Lie on back on firm surface (bed) with legs together (**non-affected** leg can be bent).
- Move leg out to side, keeping knee straight.
- Return to start position.
- SPECIAL INSTRUCTIONS: Use a pillow case under sliding foot to reduce friction.

Perform 3 sets of 10 repetitions 2 times a day.

Hold exercise for 5 seconds.

Rest 1 minute between sets.

TOTAL HIP REPLACEMENT EXERCISES



Heel slide (*increase knee and hip bend*)

- Lie on back with legs straight (**non-affected** leg can be bent).
- Slide heel up to buttocks.
- Return to start position.
- Repeat with other leg.
- SPECIAL INSTRUCTIONS: Use a pillow case under sliding foot to reduce friction.

Perform 3 sets of 10 repetitions, 2 times a day.

Rest 1 minute between sets.

Perform 1 repetition every 4 seconds.

Upper Body Conditioning Exercises

(Pre-Surgery Strengthening Exercises)

UPPER BODY CONDITIONING /STRENGTHENING EXERCISES

Before undergoing joint surgery, it's important to prepare for your rehabilitation. The following exercise program should be started 4 to 6 weeks before surgery. These exercises should be done daily if possible or at least five times per week. May be appropriate post-operatively as well. Consult your surgeon or physical therapist.

CONDITIONING/STRENGTHENING EXERCISES

1. Move shoulders forward in a circular motion for a count of 10. Then, move shoulders backward in a circular motion for a count of 10.
 - Repeat 10 times (1 set).
 - DO two sets per day.



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2. Pinch shoulder blades together by pulling arms back toward each other. Remember to keep elbows straight. Hold for 5 seconds, then relax.
 - Repeat 10 times (1 set).
 - DO two sets per day.



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3. Stand with one arm bent to 90 degrees at side. Slowly bend elbow and raise the weight toward the shoulder. Remember to keep the palm up. Repeat with the opposite arm. Movements should be slow and controlled.
 - Repeat 10 times (1 set).
 - DO two sets per day.



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Upper Body Conditioning Exercises

4. Stand or sit and bring arm up so elbow is near the ear. Support the arm that is holding the weight with the other hand by the elbow. Now slowly straighten the arm then bend it. Repeat using the opposite arm.

- Repeat 10 times (1 set).
- DO two sets per day.



5. Keep elbow straight and raise arm above head. Very slowly return arm to side. This exercise may be performed sitting or standing. Repeat with opposite arm.

- Repeat 10 times (1 set).
- DO two sets per day.



6. Sitting with back against chair, scoot to the edge of the chair, then scoot back. Remember to use both arms during this activity.

- Repeat 10 times (1 set).
- DO two sets per day.

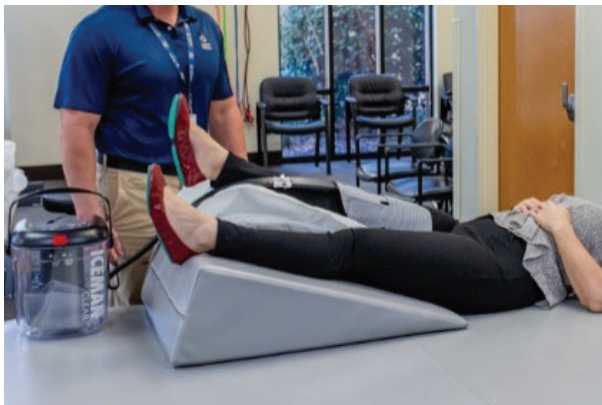


7. Sitting on the edge of the chair, place hands on arms of the chair and push body up out of chair. Lower body slowly back into the chair. Remember to use both arms during this activity.

- Repeat 10 times (1 set).
- DO two sets per day.



Icing and Elevation



After your total hip replacement, it is important to ice over the groin/incisional area to help decrease swelling and tightness. Make sure to place a barrier between skin and ice pack.

Do not over ice! Ice for 30 minutes on, take a break, and then rotate back on as needed.

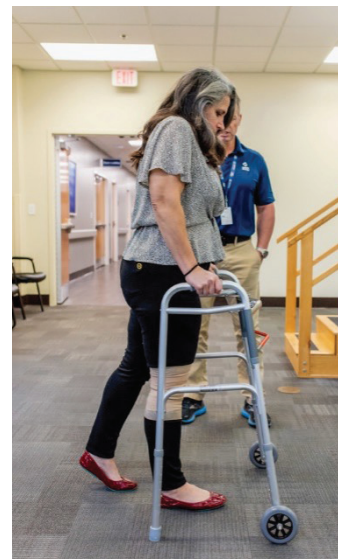
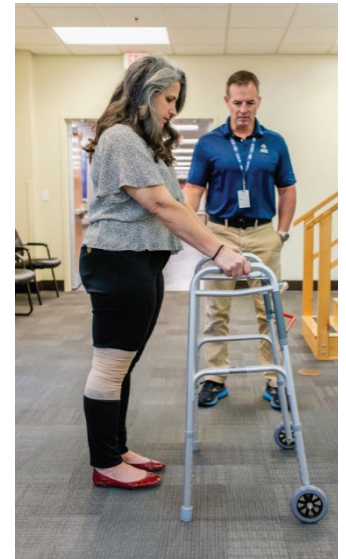
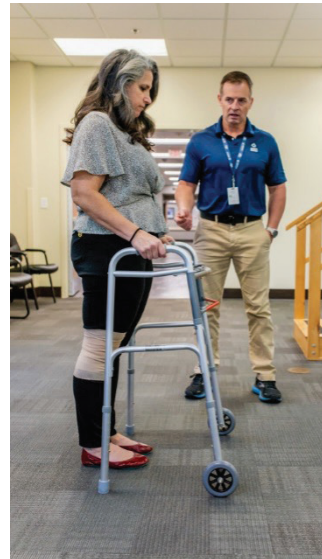
Elevation allows gravity to pull fluid from the leg back into the body. Elevate the leg with pillows/blankets under the foot to calf, and try to get your knee even with the level of your heart as pictured. You want your leg to be straight when elevating. Ice and elevation should be used 5-6 times a day for the first few weeks and decrease use as swelling naturally goes away.

Homemade Icepack Recipe

- 2 Parts water
- 1 Part rubbing alcohol
- Combine in a gallon-size zip-lock plastic bag. Double bag, place in freezer

A heating pad may be used on the thigh to help relax the muscles. **Do not place heat over the incision.** Again 30 minutes on, take a break, and rotate back on as needed.

Walker Use



Push walker forward, step forward with surgical leg, and then step forward with non-surgical leg, then continue process.

Stair Training: Up with non-surgical leg.



Down with the surgical leg.



Side Effects of Commonly Used Medications

Weeks 1 to 6 at Home

Medication Use	Medication: Generic Name	Common Side Effects
Pain Medication	Examples: <ul style="list-style-type: none"> Hydrocodone/Acetaminophen (Vicodin, Lortab, Norco) Oxycodone/Acetaminophen (Percocet) Tramadol (Ultram) Acetaminophen (Tylenol) 	May Cause: <ul style="list-style-type: none"> Constipation Drowsiness Dizziness Rash Nausea/Vomiting
Nausea/ Vomiting	Examples: <ul style="list-style-type: none"> Ondansetron (Zofran) Promethazine (Phenergan) Scopolamine Patch Metoclopramide (Reglan) 	May Cause: <ul style="list-style-type: none"> Headaches Constipation Fatigue
Blood Clot Prevention	Examples: <ul style="list-style-type: none"> Aspirin Heparin Clopidogrel (Plavix) Rivaroxaban (Xarelto) Enoxaparin (Lovenox) Warfarin (Coumadin) 	May Cause: <ul style="list-style-type: none"> GI Discomfort Easy Bruising Risk of Bleeding
Prevention of Infection	Examples: <ul style="list-style-type: none"> Amoxicillin/Clavulanate (Augmentin) Cefazolin (Ancef) Ceftriazone (Rocephin) Cefoxitin (Mefoxin) Clindamycin (Cleocin) Ertapenem (Invanz) Levofloxacin (Levaquin) Metronidazole (Flagyl) Piperacillin/Tazobactam (Zosyn) Vancomycin (Vancocin) 	May Cause: <ul style="list-style-type: none"> GI Discomfort Rash/Flushing Headaches
Inflammation	Examples: <ul style="list-style-type: none"> Celecoxib (Celebrex) Ketorolac (Toradol) 	May Cause: <ul style="list-style-type: none"> GI Discomfort Insomnia
Muscle Relaxer	Examples: <ul style="list-style-type: none"> Methocarbamol (Robaxin) Cyclobenzaprine (Flexeril) Tizanidine (Zanaflex) 	May Cause: <ul style="list-style-type: none"> Drowsiness and fatigue Dizziness Nausea Headache Dry Mouth
Nerve Pain Management	Examples: <ul style="list-style-type: none"> Gabapentin (Neurontin) Pregabalin (Lyrica) 	May Cause: <ul style="list-style-type: none"> Drowsiness and fatigue Dizziness Dry Mouth Constipation Mood Changes

Our health team members are available to assist you. You or a family member/friend can call and receive answers to general questions as well as instructions in the event of an emergency. Do not hesitate to call your surgeon's office regardless of the issue. Our nursing staff will be contacting you after surgery to assess your recovery process and allow you to ask any questions. Refer to the phone numbers listed on the back cover for contact information.

During the first six (6) weeks after discharge you should be making progress week by week. Most patients are eager to report their progress at follow-up visits and are ready to move to the next level in their recovery. Most patients can accomplish the following during the first six weeks after total joint replacement:

- Walk without assistance on a level surface or with the use of a walker or cane as appropriate. Wear off walker and cane as directed.
- Climb stairs as tolerated.
- Get in and out of bed without assistance.
- Get in and out of a chair or car without assistance.
- Shower with minimal to no assistance.
- Resume your activities of daily living including cooking, light chores, walking, and going outside your home. You should certainly be awake and moving around most of the day.
- Some patients return to work within 6-8 weeks of surgery. This is approved on an individual basis and should be discussed with your surgeon.

Weeks 6 to 12 at Home

This period after joint replacement is a time of continued improvement. You will probably notice an increase in energy, a desire to do more activities, and a noticeable improvement in your new joint. Please keep in mind that every patient is different and will improve at a different pace. If you are not happy with the pace of your recovery, please contact your surgeon's office to discuss your concerns.

Tips to remember for returning to work include:

- Avoid heavy lifting after you return to work.
- Avoid standing or sitting for long periods of time.
- Avoid activities such as frequently climbing stairs or climbing ladders.
- Avoid kneeling, stooping, bending forward or any position that puts the new joint under extreme strain.
- Expect a period of adjustment. Most people return to work with very few problems. However, you may find the first several days very tiring. Give yourself time to adjust to work again and gradually this should improve.

Continue to exercise. Many patients stop working with physical therapy (if it was ordered) during this time. However, exercising is the most important activity to increase strength and leads to the best outcome. Work or home activities should not replace your exercise program. Daily exercise for 30-45 minutes in length is recommended to help build strong and healthy bones. Discuss with your physical therapist or surgeon a good exercise program to continue at home.

Three Month Follow-Up

You will see your surgeon for another follow-up visit about three (3) months after surgery. We encourage you to resume normal activities both inside and outside your home.

- Be realistic; pace yourself and gradually resume activities.
- Increase your walking distance and activities, but not all at once.
- Keep a cane in your vehicle to aid discomfort when going over uneven or icy ground (if still needed for safety).
- Enjoy the benefits of your total joint.
- Continue to call your surgeon with any questions or concerns.

Six Months and Beyond

Your next appointment is six (6) months after surgery, then once a year unless told otherwise. These appointments give you a chance to discuss any concerns about your total joint replacement or other joints in which symptoms may develop.

The goal of your surgery is to give you a new joint that allows you to perform everyday activities without pain. However, this joint is not indestructible. Avoid sports or other activities that may put stress on the joint until discussed with your surgeon. Stay as active as you can after recovering from your surgery.

Ask your surgeon or physical therapist about activities and exercises that are right for you. It may or may not be appropriate to return to the exercise routine that you used before surgery.

An increase in body weight puts stress on the hip and knee joints, so try to maintain a healthy weight.



You are Doing Great!

Call Joint Coordinator/Nurse

Call Your Surgeon

Pain

- Every day I am getting better
- I can perform my exercises and I feel better after taking pain medication or using ice
- I am able to sleep 4-5 hours at night (time will improve as stiffness decreases)

- I am moving around ok but less movement than before
- My pain is getting worse
- Pain medication is not helping as much as it was before
- I am getting less than 1-2 hours of sleep at a time

- My pain is so bad that I cannot do much
- I have pain that is sharp or stabbing
- Medication, ice, nor rest help my pain
- My pain keeps me from sleeping at night

**Surgical Dressing/
Incision Site**

- My surgical site and dressing are clean and dry (clear to light pink drainage is normal for the first few days after surgery)
- My temperature is normal
- Swelling is normal for 2-3 weeks, and incision may feel slightly warm to touch
-

- Increase in drainage since surgery
- My temperature is 100-100.5 degrees
- My surgical site feels and looks different that when I left the facility

- The skin around my surgical site is red and swollen and/or the skin is hot to the touch around my surgical site
- I have a fever of 101 or higher
- I see green or yellow discharge from site
- I am unable to complete exercises due to swelling

Bowel Movement

- I have had normal bowel movements since surgery
- My appetite is good
- The stool softeners are working

- I have hard, small poop within the last 1-2 days or I have not pooped within the last 3 days
- The stool softeners do not seem to help
- I feel bloated
- I eat ½ or less of my meals

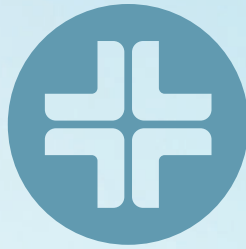
- I have not pooped within 7-10 days
- The laxatives are not working
- My belly looks bigger or I feel like I am going vomit
- I am not able to eat much

Exercise/Activity

- I have not had any concerns
- I am able to perform all of my exercises
- I feel like I am progressing as I should be

- I have lost my balance and still need to hold onto things to walk
- I don't feel I am where I should be in my recovery
- I am doing my exercise, but progressing slowly

- I am not able to do my exercises
- I spend most of the day resting
- I feel confused, dizzy or weak
- I am not making progress with physical therapy



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