



# total hip replacement

PATIENT HANDBOOK



## Teamwork



A team of healthcare providers is ready to help you prepare for your hip replacement and care during your recovery. Physicians, nurses, physical therapists, and discharge planners are the principal players on your team.

As a patient, your role before and after your hip replacement is important for a fast and successful recovery. It is also important to involve a family member or significant other before, during and after surgery. This includes accompanying you to the doctor's office, classes and physical therapy. You will find having the emotional support of a loved one who has a thorough understanding of the physical side of the procedure will help you return to a full and active life.

This handbook has been developed to give you information and help prepare you for your surgery and recovery process.



## Helpful Contact Information

**Orthopedic Clinic Nurse Advice** (323) 857-2731

Mon-Fri 7:30 am to 5:30 pm

After hours Nurse Advice--- KPONCALL (888) 576-6225

**Orthopedic Periop Medical Review Team** (800) 954-8000

(Medical Optimization)

**Orthopedic Surgery Scheduler** 323) 857-4186

Mon-Fri 8:00 am to 4:00 pm

(After hours leave messages for your surgeon or regarding surgery scheduling)

### Anticoagulation Services

(Coumadin/Warfarin protocols)

Outpatient Anticoagulation Services (OACS)

Mon-Fri 9:00 am to 4:30 pm

(323) 857-2144

For after-hours, weekends and holidays, call (323) 857-2147 and press 3 to speak with an Inpatient Pharmacist.

**Case Management Department** (323) 851-2108

**Home Health Department** (323) 783-4375

(Home Physical Therapy for 2 weeks after surgery)

**Physical Therapy (Out-patient PT)** (323) 857-2476

**Membership Services** (800) 464-4000

**Kaiser Durable Medical Equipment** (855) 805-7363

**Surgical day arrival times:** Arrival times may change due to last minute cancellations. If you have not already been contacted with your check in time on the day before your scheduled surgery, please call the Surgery Scheduling Center at (323) 857-4186 between the hours of 11:00 am- 4:00pm on the day before surgery.

If your surgery is scheduled on a Monday, please call the Friday before. If you call after hours, then call (323) 857-2800.

**WEST LOS ANGELES MEDICAL CENTER** (323) 857-2000

6041 Cadillac Avenue, Los Angeles, CA 90034

Please check in on the 3<sup>rd</sup> Floor of the New West Tower.

Take elevators in front lobby to 3<sup>rd</sup> floor.

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# Before Your Hospital Stay

## Purpose of a Total Joint Replacement

- To alleviate pain.
- To restore lost function - walk without pain.
- To improve quality of life and maintain your independence.

We are over 90% successful in achieving these goals. This is not a surgery for recreational sports / activities.

## Risks and Possible Complications of Total Joint Replacement Surgery

The following is a list of potential complications and risks associated with major surgeries such as total joint replacement. The list is provided not to frighten you, but to inform you of the possible risks of the procedure. The chance of a complication occurring is very low. Possible complications include:

- anesthesia complications (very rare)
- infection (less than 1 in 100)
- dislocation of the joint (less than 2 in 100)
- loosening of implants (or Failure/Breakage of implants)
- injury to blood vessels (very rare)
- injury to nerves (less than 1 in 200)
- leg length inequality (i.e., leg longer or shorter)
- fracture of your bone during implantation (very rare)
- thrombophlebitis (blood clots form in your legs or pelvis, less than 1 in 200)
- pulmonary embolus (blood clots in the lungs, less than 1 in 200)
- blood loss leading to a transfusion of blood (less than 1 in 10)
- transfusion reactions (very rare)
- heart attack (less than 1 in 300)
- stroke (less than 1 in 300)
- death (less than 1 in 300)

Your physician is aware of these possible complications and takes many precautions to reduce these risks. If you have any questions or concerns about these or other complications of surgery, please discuss them with your surgeon.



## How can I Minimize my Risks and Maximize my Results?

Prior to having your surgery scheduled, we want you to be in the best possible health. We will have you work with a team of health care providers to make sure that your surgery is as safe as possible.

- Excess weight makes your surgery more difficult and places you at an increased risk for complications. If you are overweight (BMI > 30) you need to enroll in a weight loss program. There are several options at Kaiser Permanente depending on how much weight you need to lose. You may contact Kaiser Permanente Health Education Department at (323) 298-3300 for further information. There are many community programs available as well. Patients suffering severe Obesity (BMI>40) are at a much higher risk for infection.
- Diabetes is a risk factor for surgical complications including infection. If you are a diabetic, your blood sugars need to be under good control. This is measured by your daily blood sugars and by your hemoglobin A1C. The best goal for hemoglobin A1C is 7 or lower. To be considered for total joint replacement, your hemoglobin A1C must be below 9 and your daily blood sugars well controlled. If needed, you will work with your primary care physician to meet these goals.
- Smoking and use of tobacco products increases your risks for surgery. We want to help you stop smoking prior to scheduling your surgery. For more information to help you stop smoking, you may contact the Health Education Department at (323) 298-3300.
- Dental and gum infections can cause infection of your total joint. We will need a letter from your dentist stating that you are free of gum and dental infections prior to scheduling surgery. Your medical assistant will give you a copy of the letter for your dentist to complete.
- Osteoporosis (weakening of the bones) needs to be treated prior to replacing your joint. We want to have the best possible foundation for putting the new joint in place. If you are a woman over age 65 or a man over age 70 you will need to be evaluated for osteoporosis. If you are found to have this



condition, you will need treatment. The orders for testing can be placed today and should be completed as soon as possible.

- Conditions such as **heart attack** (myocardial infarction), **valve replacement**, **stroke**, **rheumatic fever**, **liver failure**, **kidney failure**, **lung disease**, and other **major health problems** may require additional testing and management. Our peri-operative specialists will work with you and your primary care physician to manage these conditions prior to scheduling your surgery.
- Hip and knee surgery increases your risk for developing **blood clots** which may be life threatening. Previous blood clots, smoking, use of birth control pills, lack of activity and certain types of cancer can increase your risk of developing a blood clot. If any of these apply to you, please be sure and tell your surgeon.
- Many conditions can decrease the strength of your immune system: HIV, chronic illness, smoking and certain medications may cause you to be more susceptible to infection. Please let your health care team know if any of these apply to you.
- Alcohol may interfere with anesthesia and pain medications. Do not drink any alcohol beverages (beer, wine or hard liquor) within 1 week (7 days) of your surgery.
- If you are in recovery from drug or alcohol dependence, please discuss this with your surgical team. Our pain management and addiction specialists can help you and your family manage your pain medications to decrease the risk of relapse.

## Illness

If you develop any illness such as a cold, flu, temperature, skin rash or infection, or “flare-up” of a health problem in the 10 days prior to your surgery, it is important that you notify your surgeon’s office immediately. Sometimes minor health problems can be quite serious when combined with the stress of surgery. Please try not to damage, cut, or scratch the skin, especially on your operative leg. Animal scratches/bites or infection, etc., could result in your surgery being postponed.

# Preparing for Your Surgery

## Appointments Needed Prior to Surgery

In order to help you be as ready for a safe surgery as possible you will need to **attend a number of appointments**. These include but are not limited to the following:

**Dental Clearance Form-** Your dentist will need to see you to evaluate the health of your teeth and gums and sign the dental clearance form stating you are free of dental infection prior to scheduling your surgery. This will help diminish risk of infection traveling to the joint. This form **must** be on file prior to your Peri-operative Medical Review and being released to be scheduled for surgery.

**Total Joint Class-** Once you have been given a surgical date you will be scheduled for this group class. This class is taught by our Clinical Health Educator, Physical Therapist, and a Pharmacist. There is a great deal of information at this class that is very important to the success of your surgery and your recovery. This appointment lasts approximately 1 ½ to 2 hours. Please bring this book with you to your class.

**Pre-Operative Appointment-** (1) You will be seen by one of our Physician's Assistants who will do a history and physical, go over the risks and possible complications along with the benefits of the surgery, have you sign your surgical consent, and order any remaining lab tests that may be needed, along with any additional x-rays your surgeon has requested. You will be given all needed instructions and directions for your surgery. (2) You will also be seen by the Anesthesia Department for the first time. You will be evaluated by the anesthesiologist and have an opportunity to ask questions about your surgical anesthesia.

## Other Considerations prior to surgery

A total joint replacement is an elective surgery and you have time to prepare and to be in the best possible health before you have surgery. Other considerations prior to a total joint replacement include but are not limited to:

- time off work
- recovery time
- need for assistance after surgery
- transportation for multiple appointments before and after surgery
- cost of surgery and recovery (depends on your co-pays and coverage)
- impact on family
- pet care while you are in hospital and recovering
- some changes to lifestyle after joint replacement

### Have Help Available

Until you learn to become more independent, you will need help with your daily activities so it is important that you arrange for someone to be available to assist you for about 2 weeks after you are discharged from the hospital. **In choosing a caregiver, consider that this person should be physically able to give you assistance in the following activities:**

- Standing up from a chair, sofa, or bed.
- Stand-by support while walking or managing stairs.
- Assist as needed with bathing, dressing and housekeeping chores.
- Transportation to appointments, back home after your surgery, picking up prescriptions and grocery shopping.
- Assist in meal preparation.

## **Hip Kit**

Prior to coming into the hospital for your hip surgery you will want to consider purchasing a “Hip Kit” to maximize your independence and protect your hip from dislocation after surgery.

The hip kit includes:

- a reacher
- contoured scrub sponge
- dressing stick
- elastic shoe laces
- shoehorn
- leg lifter
- sock assist

The “Hip Kit” can be purchased from the Healthy Living Store on the 1st floor of the West LA Kaiser West Tower Medical Center. Other medical supply stores in the community may also carry these kits. It would be beneficial to try your new equipment at home before surgery.

## **Medications**

Two weeks before your surgery, you may be required to discontinue or avoid aspirin containing products (for example: baby aspirin, Bufferin, Anacin, Excedrin, Fiorinal, Aspirin with Codeine, Darvon Compound, Soma Compound, all Alka Seltzer products, Pepto Bismol) and non-steroidal anti-inflammatory medications (Ibuprofen, Nuprin, Advil, Motrin, Alleve, Indocin, Naprosyn, and Relefen). If you are taking or need pain medicine during this time, the following products may be used: Tylenol, Vicodin, Darvocet, and Tylenol with Codeine.

You should also avoid Ginko Biloba, Vitamin E, Fever Few, and Green Tea capsules. All of these can thin your blood, increasing the risk of blood loss during surgery.

**If you are on any of these medications for a medical condition, talk with your surgeon before discontinuing use.**

If taking any diet pills, discuss these medications as soon as possible with your doctor to avoid having to reschedule your surgery. Some of these medications should be discontinued a minimum of 14 days prior to surgery.

Bring a list of ALL medications you take to your pre-op appointment. Be sure to include both prescription and over the counter medications and include the dose and frequency. At this time, your doctor may give you your discharge medication prescriptions so that they may be pre-filled prior to surgery.

### **Physical Therapy Exercises Before Surgery**

It is important to begin to exercise as soon as you know you are having surgery. Performing these exercises will help to strengthen your arms, thighs, and hip muscles. Having stronger muscles will help you recover quicker after surgery.

Start slowly, and if exercise causes pain, fatigue or shortness of breath, call your surgeon.

## Cardiovascular Conditioning

Begin a cardiovascular conditioning program. Start slow and increase your time as your endurance and hip will allow. If your pain increases, slow down, decrease your time or stop the program. Work up to a 20 minute program. You should be able to carry on a conversation while exercising, but feel as though you are working fairly hard.

- **Swim:** This would ideally be done in a warm pool. Swim laps, walk or perform general exercise in the pool.
- **Bike:** If you are unable to use a pool, biking would be the next choice. If balance is challenging for you, use a stationary bike.

### 1. Chair Push Ups

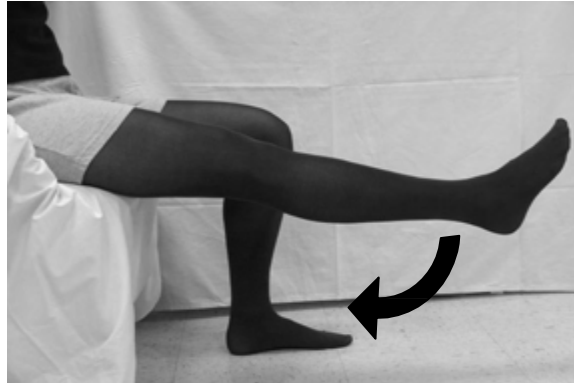
Put your hands on the arms of the chair and push down in order to lift your body up. Repeat 10 times, 2-3x per day as able.





## 2. Long Arc Quads

While sitting in a chair, slowly raise your foot until your knee is completely straight. Repeat 15 times, 2-3x per day as able. Don't forget to exercise both legs.



## 3. Straight Leg Raises

Lie down on your back with your good knee bent and foot flat on the ground. Lift the other leg up while keeping the knee straight. Raise your leg no higher than the height of the other leg's knee. Repeat 15 times, 2-3x per day as able for both legs.



## **Getting Your Home Ready**

For your safety it is important to make some alterations in your home environment. This should be done **before** you come to the hospital for surgery.

### **Bedroom**

- If you have a two story home, consider arranging a bed or sleeping area on the ground floor.
- Make sure that you have lighting at night between your bed and bathroom.
- Keep a flashlight at bedside.
- Place a cordless phone within reach on nightstand.

### **Bathroom**

- Consider installing grab bars on walls of the shower or tub
- Move toilet paper so you do not have to reach forward or twist around when using the bathroom
- Explore purchasing a hand - held shower head and a shower chair which will allow sitting while bathing once showers are allowed; a long handled sponge is useful.
  - o Note: high rise toilet seats and shower chairs are not covered by Kaiser Permanente or Medicare and will be an out of pocket cost for you.

## **Living Space**

- Remove scatter rugs or other objects on the floor, such as electrical or telephone cords. These items could cause you to trip and fall.
- Have a firm chair that has arm rests, a high seat and a straight back available for you to use.
- Enlist help to rearrange furniture allowing clearance for a walker.  
Walkers are at least 2 feet wide.
- Low chairs, swivel chairs, or rolling chairs are not safe for you to sit in after surgery.
- Place a list of emergency numbers by each telephone.

## **Wardrobe/Closet**

- You will need low, broad-heeled or flat shoes that are properly fitted.
- Allow ease in dressing by wearing elastic waist or draw string garments.
- Find some knee length gowns/night shirts and robes that won't get in the way when you are walking.
- Find an apron with pockets to hold things like a cellular telephone, tissues, TV remote, medications, juice boxes, etc.
- Place frequently worn items in dresser drawers that do not require bending or stooping.
- If you have not purchased a Hip Kit, consider doing so before surgery. If you do not purchase a kit, consider obtaining a grabber and a long handle shoehorn to reach your feet.

## Showering and Skin Prep before Surgery

The morning of surgery (or the night before for 6:00am arrivals), it is important to shower with the special soap that you will be given at your pre-operative appointment. The soap contains chlorhexidine (CHG). Taking a shower with this special soap will help reduce the risk of infection, as washing with this soap reduces the amount of normal bacteria on your skin. The bacteria may be a source of infection during your surgery. Make sure you take a shower, do not sit in the bathtub filled with water.

Do not shave the surgical area 2 days before surgery.

## Nothing to Eat or Drink after Midnight the Night Before Surgery

**Diet Instructions before Surgery-** Failure to follow these instructions may cause delay or cancellation of your surgery.

- Stop all fluids, food, chewing gum, mints, or candy after midnight before your scheduled surgery. Nothing in your mouth after midnight, with the exception of:
  - Your usual morning blood pressure and heart medications on the day of surgery.
- You may brush your teeth but do not swallow any water. Please do not chew, suck or swallow anything.
- Do not take diabetes medication or insulin on the day of surgery, unless otherwise instructed.

## What to Bring to the Hospital

- **This Total Hip Replacement Handbook**
- A list of all medications and supplements you take, including dose and frequency.
- Loose slippers with non-skid soles and heel backs.
  - Your feet may be swollen after surgery
- Knee-length or short bathrobe
- Toiletries such as a toothbrush, toothpaste, comb, brush, etc.
- Glasses, hearing aids with extra batteries and their containers.
- Bring a container for dentures or partials
- Comfortable clothing to wear home
- Kaiser Permanente and other medical insurance card(s), photo identification.
- Co - payment. If your health plan coverage requires a co-payment for hospitalization or discharge medications, bring **ONLY** the amount of cash necessary, a check or debit/credit card to cover these expenses.
- Copy of your Advanced Directive if you have one. If you would like to fill one out prior to surgery, the forms are available in all Kaiser Permanente Health Education Centers.

Leave valuable items such as money, jewelry, watches, nonessential credit cards, laptop computers, and cellular phones at home (cellular phone use is not permitted in the hospital).

Do not wear any metal products such as hair clips, bobby pins, jewelry, or metallic nail polish on the day of surgery.

Inform hospital staff of any medication and non-medication allergies you may have. Non-medication allergies include latex, flower/plants, surgical or paper tape.

# Your Hospital Stay

## **Mobility**

At first, you will stay in bed possibly with a wedge pillow (also called a hip abduction pillow) between your legs. The nurses will help you turn to your non-operated side.

The physical therapists or the nurses will assist you to sit in a chair and walk with a walker.

## **Comfort and Mobility**

Shortly after your surgery, the nurse or Physical Therapist will get you out of bed. Getting up and out of bed will help prevent blood clots, constipation and pneumonia.

The goal is to keep you comfortable. If the medication to control your pain is not working, tell your nurse. You and your nurse will plan together to control your pain.

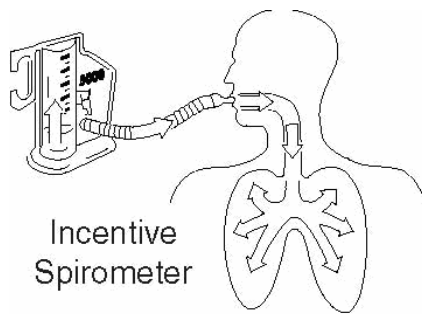
You may not have a bowel movement while you are in the hospital; however, constipation is a common problem following surgery, so please request a laxative if you think you need one.

**DON'T BE AFRAID TO SPEAK UP IF YOU'RE UNCOMFORTABLE**

## Treatments

You will have a water-proof dressing on your surgical site. You can take a shower 5 days after your operation. The dressing can be removed after your first shower and the wound can be allowed to be open to air after removal.

A small tube (Foley catheter) may be inserted into your bladder to drain urine. This catheter will be removed the morning after surgery. If you don't have a catheter and you think your bladder is full, please let your nurse know.



You will need to take deep breaths using your incentive spirometer (ICS) to open your lungs and clear secretions after surgery. You should use your incentive spirometer 10 times every 1 to 2 hours while you are awake.



## Total Hip Precautions

Certain positions cause undue stress on your hip and could cause the prosthesis to dislocate. Your surgeon will determine which precautions you should follow to make your recovery safe and comfortable. Please follow your precautions until cleared by your physician.

### Posterior Total Hip Precautions

1. Do not bend your hip past 90 degrees in standing, sitting or lying.

**Incorrect**



**Correct**



**Incorrect**



**Correct**



**Incorrect**



**Correct**



2. **Do not** cross your legs. This includes while you are sitting, walking, standing or sleeping (on your back or side).

**Incorrect**



**Correct**



**Incorrect**



**Correct**



## Physical Therapy in the Hospital

Starting your exercise program and getting you mobile early is vital to making your surgery successful.

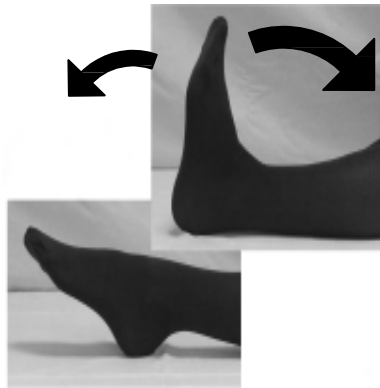
- You will participate in therapy 1-2 times each day.
- Your physical therapist will go over the exercises that you will be doing daily and make sure you are performing them properly.
- Your therapist will review all of the precautions your MD has prescribed for you following your surgery.
- From the first visit, your therapist will assist you and instruct you in how to get in and out of bed, stand, and begin walking.
- You will be using a walker to assist you while you are in the hospital and for some time after you leave.
- Once you are cleared for discharge from the hospital by your physician, you may require continued physical therapy treatment.

## Physical Therapy Exercises

In order to help strengthen your legs, decrease your pain, and increase circulation, the following exercises are recommended to be done each hour when possible. It is important not to hold your breath during the exercises.

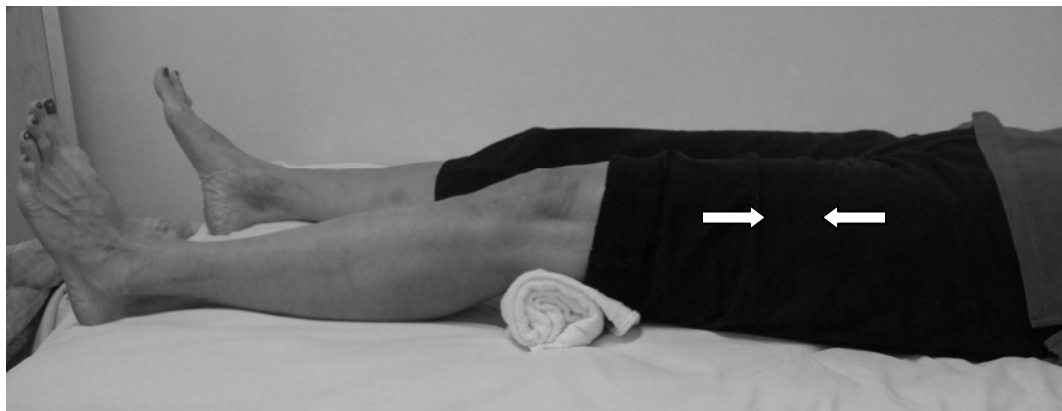
### 1. Ankle Pumps

Bring your toes towards your shin as far as possible and then point your toes down as far as possible. Do both feet together. Repeat 10-20 times.



### 2. Quad sets

Place a small towel roll behind the operative knee. Try to slowly squish the towel by tightening the muscles in the thigh. Hold for 6-8 seconds and repeat 10-20 times.



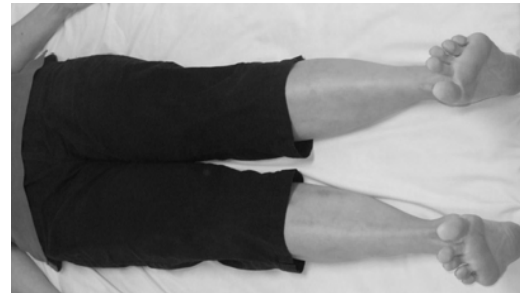
### 3. Gluteal Sets

Squeeze your buttocks muscles together as tightly as possible. Hold for 6-8 seconds and repeat 10-20 times.



### 4. Hip Abduction/Adduction

With your legs straight, slide them apart then back to the starting position. Repeat 10 times.



### 5. Heel Slides

Loop a towel behind your knee. Bend your knee and pull your heel toward your buttocks using the towel to assist the motion. Do not go past 90 degrees. Allow the heel to slide back down slowly until the knee is straight again. Repeat 10 times.





# Planning for your discharge

## Discharge Planning

Discharge Planning is an integral part of your hospitalization. Coordinating services, medical equipment and care (as ordered by your doctor) after hospitalization can sometimes take a few hours to several days. This is why discharge planning begins before even arriving at the hospital.

Patient Care Coordinators (also known, as Discharge Planners) are registered nurses. They are available to assess and discuss your needs for post hospitalization care. By doing this they hope to achieve a smooth and successful discharge for you and your family when your doctor feels you are ready.

Some of the areas that Patient Care Coordinators can assist you and your family with are as follows:

- Assistance in determining your medical benefits
- Obtaining Medical Equipment
- Medical Social Worker referrals
- Transportation coordination
- Home Health coordination

Patients that have Hip Replacement Surgery are generally discharged the day after surgery or the 2<sup>nd</sup> day after surgery. Please make sure someone is available to give you a ride home as soon as you are discharged.

## Medical Equipment

Medical equipment and the amount of insurance coverage vary and are determined by your health plan. It is important that you understand which equipment will be covered and which you will need to take on as an additional expense of your surgery.

- 1.) Standard medical equipment that will be needed at the time of your discharge from the hospital is a front wheeled walker.
- 2.) The Doctor may also recommend a bedside commode; this may be covered under your insurance policy if specific criteria are met.
- 3.) Elevated toilet seats and hip kits are **NOT** a covered benefit by any health plan, and can be purchased at any medical equipment store.

These items can be arranged for by the discharge planning department. If your plan does not cover durable medical equipment, Kaiser Patients are eligible for preferred rates from Apria Health Care.

### **Home Care**

- Use your walker or crutches after surgery. Do not stop using your walker until you are stable and can transition to a cane or no assistive device. Your home health therapists can assist with this transition.
- Use an adjustable commode seat if needed.
- Put frequently used items on counter tops within easy reach.
- Use an assistive device for dressing, such as a sock-aid or dressing-aid for pulling pants up if needed.
- Walk for function only, for the first 2 weeks. This means that it is o.k. to walk in and around your home but don't go outside for extended walks. This may cause more swelling in your hip.

### **Pain Control**

It is normal to have pain in your hip following surgery. Pain at night can persist for 8-12 weeks after surgery.

- Use your pain medication as needed to manage the pain. Keeping your pain managed will help you do your exercises.
- If you experience significant pain or swelling, contact your doctor immediately.
- Increase activities gradually. You need to exercise, but don't overdo.

## Wound Care

### Incision Care and Hygiene

In most cases you may shower 5 days after surgery, unless your incision is draining or you are instructed otherwise. After showering, gently pat the area dry. **Do not take a bath or go into pools of water until advised by your surgeon after your first postoperative clinic visit.**

Keep the area dry and avoid using creams or ointments. Ask a family member to check your incision for signs of redness, swelling, drainage, increased tenderness, or bleeding.

Tell your physician and therapist if you notice any of these signs. The incision was closed with staples or suture. Staples will be removed approximately 2 weeks from your surgery date by the home therapist. Once they are removed, tape-like steri-strips may be placed over the incision and you are not required to cover the steri-strips with a dressing. The steri-strips should not be removed; they should fall off by themselves but may be removed after 2 weeks.

Sutures will be removed if needed at your first post-operative visit by your surgeon.

## Medications Used for Anticoagulation

**Description:** Aspirin and warfarin (Coumadin®) are “blood thinners” or anticoagulants used to prevent deep venous thrombosis and pulmonary embolism, a condition in which harmful blood clots form in the blood vessels of the legs or lung. Anticoagulants carry a small risk of bleeding if taken exactly as directed.

### Aspirin

- Take 325mg by mouth daily
- If you miss a dose, take it as soon as you remember but do not double the dose

### Warfarin (Coumadin®) [Refer to Appendix A for detailed instructions]

- If you are prescribed warfarin (Coumadin®), you will be referred by your doctor to the Outpatient Anticoagulation Service (also known as OACS or “Anticoagulation Clinic”), which is a group of Pharmacist Specialists working closely with your doctor to help manage your warfarin (Coumadin®) therapy. Your active participation is important to ensure that you receive the best care.
- All warfarin (Coumadin®) medication instructions and blood tests will be provided by Anticoagulation Pharmacist Specialists. You can report directly to the lab with the instructions given to you.
- The pharmacist will call you with the results of your blood test and will advise you of any changes in the amount of warfarin you are to take.
- Please follow the warfarin instructions carefully. Take prescribed amount of medication by mouth 1 time a day every day as directed by the Anticoagulation Pharmacist. DO NOT DOUBLE UP ON DOSES or take extra warfarin to make up for a missed dose. See Appendix A, “What You Should Know About Warfarin Tablets”, for detailed instructions if you forget to take your warfarin dose or take too much.

- Please inform us of any new medications or any medical conditions you may have.
- Avoid any big changes in the type or amount of food you eat, especially foods rich in vitamin K. See Appendix B, “Nutrition Keynotes: Dietary Guidelines for Vitamin K and Warfarin (Coumadin)” for more detailed information.
- Keep medications out of the reach of children.

### **Common Anticoagulant Side Effects:**

Because warfarin is a blood thinner, the most common side effects are related to bleeding.

Common side effects that may occur include gum bleeding from brushing your teeth (use a soft bristle toothbrush), nosebleeds, and small bruises. Some of the more serious side effects need to be reported to your doctor or anticoagulation pharmacist right away.

### **Serious side effects (seek immediate medical attention):**

- Unusual vaginal bleeding or heavy/prolonged menstrual bleeding
- Red or black, tar-like stools
- Red or dark brown urine
- Bleeding that does not stop when you cut yourself
- Unusual bleeding or bruising anywhere on the body
- Unusual pain, swelling, or discomfort
- Coughing up blood
- Vomit that is bloody or looks like coffee grounds
- Shortness of breath or chest pain for an unknown reason
- Severe headache
- Dizziness/fainting
- Unusual or persistent tiredness/weakness
- Difficulty swallowing



## Daily Activities after your Total Hip Replacement

The following instructions are a guide to help you manage daily activities after your hip replacement surgery. The physical therapist may instruct you to use slightly different techniques to meet your individual needs.

**Do Not** bend forward more than 90° until your doctor says you may. **Do Not** lift your knee higher than your hip height on the operated side. **Do Not** cross your legs (at the knees or ankles) until your doctor says you may.

### Incorrect



## Sitting

### Correct



Keep your knee lower than your hip joint at all times. In other words don't flex your hip past 90 degrees. Avoid low chairs or use pillows if needed.

### Getting into a Chair

Use a firm, sturdy chair with armrests. You may sit on several pillows and put one at the small of your back to maintain your hip in a 90<sup>0</sup> position.



1. Back up to the chair until you feel the backs of your knees touching it.
2. Move your operated leg out as you reach back for the armrests and lower yourself slowly, keeping your operated leg straight out (see picture).
3. When getting up, scoot forward in the chair, keeping your knee lower than your hip. Push up using the armrests, again keeping your operated leg out in front.

## Getting out of a Chair

**Do Not** pull up on the walker when rising from sitting. Use an armchair so you can use the arms to push up from the chair.

This shows an **INCORRECT** way of rising from a chair



## Using a Walker

### Incorrect



**Do Not** rotate your hip at all. This means that you should not turn your foot inward or outward, as your foot indicates the position of your hip. The drawing shows an **INCORRECT** position for your hip to be in.

### Correct



Remember to keep your hip properly aligned and straight when using a walker.

**Do Not** put more weight on your operated hip than was specified by your doctor or therapist.

## Toilet Transfer - Using a bedside commode



1. Back up to the bedside commode until you feel the backs of your knees touching it. Reach back for the armrests. Bend your knee and hip on the non-operated side as you lower yourself onto the seat. Keep your operated leg straight out (see picture).
2. Reverse the procedure for getting up, using the armrests to push on. Get your balance before grabbing the walker.

## Toilet Transfer - Using a raised toilet seat



1. Back up to the toilet until you feel the backs of your knees touching it. Keep one hand on the walker while reaching back for the edge of the raised seat with the other.
2. Bend your knee and hip on the non-operated side as you lower yourself onto the seat. Keep your operated leg straight out (see picture).
3. Reverse the procedure for getting up, placing one hand on the walker and the other on the edge of the raised seat. Get your balance before grabbing the walker.

## Toileting

Use pre-moistened and flushable wipes. You may want to use a toilet aid to assist in reaching to wipe. Consult your therapist to find one that works for you. Remember:



- Do not twist trunk.

- Keep knees apart and do not bend affected hip past  $90^{\circ}$ .

You will want to use a shower chair or bench initially after surgery.

## Shower Transfer



1. Walk to the lip of the shower, and turn so that you are facing away from the shower stall.
2. Reach back with one hand for the back of the chair while leaving your other hand on the walker.
3. Sit down on the chair keeping the operated leg straight out.
4. Lift your legs over the lip of the shower stall and turn to sit facing the faucet.



## Tub Transfer

You will want to use a shower chair or bench initially after surgery.



1. Using the walker, walk to the side of the tub. Stop next to the chair and turn so that you are facing away from the tub.
2. Reach back with one hand for the back of the chair with the other hand on the walker.
3. Sit down on the chair, keeping the operated leg straight out.
4. While leaning back, lift your legs over the side of the tub and turn to sit facing the faucet.
5. To transfer out of the tub, turn in your chair and while leaning back lift your legs over the side of the tub. Stand up outside of the tub, pushing off from the chair.



Use a long - handle sponge  
and a shower hose to wash.

## Bed Transfer

### Correct



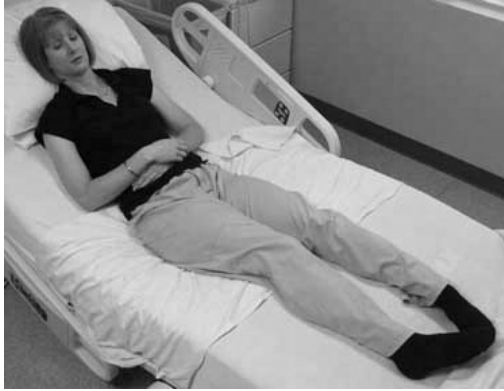
**Remember:** Use a firm bed and avoid a low bed.

1. Sit down on the edge of the bed in the same manner as you would a chair.
2. Get into bed lead with the operated side if possible.
3. Start two-thirds of the way down the bed and slide your buttocks so that your operated leg comes onto the bed first and you are lying flat on your back. When moving, try to move your body as a whole, keeping your legs apart.
4. When getting out of bed, reverse the above technique. Remember: **Do Not** roll onto your side. Keep your body aligned straight. Support your body with your elbows.
5. If possible, get out toward the non-operated side so your operated leg is supported until your legs are off the bed. Straighten your operated leg out in front before standing.

## Bed Positioning

Keep pillows or your post op wedge between your legs when you are lying on your side. This is to keep your legs apart and to keep your leg from rotating inward. It is generally recommended that you lie on your non- operative side.

### Incorrect



When laying on your back, **Do Not** inwardly rotate your hip (don't point your toes inward)

### Correct



### Correct



**Do** keep a pillow between your legs when lying on your back.

## Dressing

### Slacks and Underwear



1. Sit on the side of the bed or in an armchair.
2. Put on underwear and slacks first. Using the dressing stick, catch the waist of the underwear or slacks with the hook. Lower the stick to the floor and slip the slack over your operated leg first. Then do the same for your non - operative leg.



3. Pull the slacks up over your knees. Stand, with the walker in front of you, and pull the slacks up.
4. When undressing, take the slacks and underwear off with your non - operative leg first, reversing step #3 above.

## Socks and Stockings



1. Slide the sock or stocking onto the stocking aid. Make sure the heel is at the back of the plastic and the toe is tight against the end. The top of the sock should not come over the top of the plastic piece. Secure the sock in place with garters or notches in the plastic piece.



2. Holding onto the cords, drop the stocking aid out in front of the operated foot. Slip your foot into the sock and pull it on (see picture). Release the garters, or remove the sock from the notches with the dressing stick.
3. To take socks or stockings off, use the hook on the dressing stick to hook the back of the heel and then push the sock off your foot.

## Shoes



1. Wear slip - on shoes or use elastic shoelaces so you won't have to bend over to put the shoes on and tie the laces.
2. Use the dressing stick or a long - handled shoehorn to put on or take off your shoes.

## Household Activities



1. Use a reacher to pick up objects on the floor. Do not bend down to pick up objects.
2. Use an apron with several pockets to carry small items.
3. Carry hot liquid in container with covers.
4. Slide objects along the countertop, rather than carrying them.
5. Sit on a high stool when doing countertop tasks.
6. Get a walker bag. It fits on your walker and can be used to carry items including plates, silverware, food, sealed containers, etc.
7. Remove throw rugs from the floor to avoid tripping over them.

## Car Transfers

It is recommended that you use the front seat when riding as a passenger.



1. Have the front seat moved all the way back.
2. Recline the backrest as far as possible.
3. Back up to the car seat with the walker. Sit down as you would in a chair keeping your operated leg out straight. Watch your head as you sit down in the seat.



4. Slide up into the seat far enough to bring your operated leg into the car while leaning back. Remember to keep your operated leg rolled out and don't bend your hip more than 90°.
5. Sit semi-reclined using pillows between your legs.
6. **Do Not** reach forward to close the door, ask for help.
7. For getting out of the car,



reverse these instructions.

## Exercises for Total Hip Replacement

The following pages contain a set of exercises you will be required to perform before and after surgery. These may be started now.

- The exercises should be performed beginning today until the time of your surgery.
- Perform the exercises two to four times a day, 10 repetitions with each leg.
- Walk as much as is comfortable, wear good shoes when you walk.
- Gentle exercises help strengthen the muscles around your knee.
- Practice the following exercises before your surgery to give yourself the advantage of the strongest leg muscles possible.
- These exercises will be reviewed with you by your physical therapist after your surgery.
- You will be doing some of these exercises every 1-2 hours on your own while in the hospital and at home- practice them now.
- Do not hold your breath while doing exercises.
- The exercises also include arm strengthening. These are important to prepare your arms to support some weight when you begin walking with a walker after surgery.

### During your hospital stay

- Start the exercises the day of your surgery. Prior to discharge you will be instructed in a home program.
- Perform 10 of each exercise 3 to 4 times a day while you are in the hospital or as instructed in a home program.

### After discharge from the hospital

- A daily exercise program once you return home is extremely important in order to maintain strength and to maximize function in your knee.
- Exercise will also promote more rapid recovery from the surgery and prevent the formation of blood clots or leg weakness. We recommend these exercises be performed three or four times per day, 10 repetitions each time.

## Hip Exercises

**Ankle Pumps-** This exercise is done frequently during the day to promote good circulation and to assist in the prevention of blood clots. This is a simple exercise in which you pump your ankles up and down slowly with many repetitions.

**Quadriceps Sets (tightens the thighs)-** This exercise strengthens the quadriceps muscle on the front of your thigh. These muscles give your hip the stability and keep your knees from buckling while you are walking. This exercise is done by tightening your thigh until the back of the knee is flat on the bed, holding this straight leg position for the count of 10 seconds.

**Hamstring Sets (tightens the back of the thigh)-** This exercise will strengthen the muscles located on the back of your thigh. This is done by bending the knee very slightly and pushing down with the heel into your bed, holding for the count of 5.

**Gluteal Sets (buttock pinches)-** This exercise strengthens the gluteus maximus, which is a very important muscle for walking and stair climbing. This is done by pinching your buttocks together and holding the contraction for the count of 5.

**Hamstring Stretch-** This exercise will help you regain extension in your knee. Keep the knee as straight as possible when you stretch. Sit on a firm surface with one leg out in front and slowly lean forward, trying to touch your toes. Keep your head up and lead with your chest. **Do Not Bounce.** Hold the stretch for 15 seconds.

**Hip Flex Supine-** This exercise helps strengthen your hip and knee. Keep your involved knee as straight as possible as you lift the leg. Lie on your back with uninvolved knee bent as shown. Raise your surgical leg only 6 to 8 inches. Hold the lift for 6 seconds and slowly return to the starting position.

### Pre-Operative Arm Strengthening Exercises

- You will be requiring sufficient arm strength to help you get in and out of bed, out of a chair, and use your walker/cane following your joint replacement.

- The following exercises will help you to increase your arm strength for such activities.
- Do them up until the day of your surgery.
- Perform 10 times, at least twice per day.

1. **Chair Dips**- With hand on arms of a steady chair, push down to lift buttocks off the chair and straighten your elbows. You should feel the muscles behind your arms tighten. Perform slowly 10 times.

2. **Shoulder Blade Squeeze**- This exercise will strengthen the muscles between your shoulders and help you maneuver your upper body while in bed. Push your elbows down into the bed, feeling the muscles between your shoulder blades tighten. Hold for a count of 5. Repeat 10 times.

### **Important Reminders**

- ✓ Be aware that your prosthesis may activate metal detectors.
- ✓ You may acquire temporary disabled parking from Department of Motor Vehicles. Forms are available in the Orthopedic Clinic.
- ✓ If you are scheduled for dental work, you may need to take antibiotics. Prophylactic antibiotic therapy will prevent spread of infection to your prosthesis.

## Do Nots for HIP Patients

- **DO NOT** try to force your hip more than 90 degrees of flexion. This excessive angle may cause dislocation.
- **DO NOT** cross your legs when lying, sitting, or standing. This position may cause dislocation. Keep a pillow between your legs when sitting or lying down.
- **DO NOT** rotate your hip inward or outward. Instead, keep it in a neutral straight position when you are lying in bed and when you are walking.
- **DO NOT** sit on low stools, low chairs, sofas, low toilets, or in low seated cars. These allow excessive bending of your hip. Place an extra cushion or pillow on your favorite chair and use your raised toilet seat.
- **DO NOT** sit in armless chairs. Chair arms are needed to aid in rising to a standing position while following hip precautions.
- **DO NOT** get up from a chair until you have first moved to the front edge of the chair. Place you involved leg in front of you, with your uninvolved leg well under the chair. Keep your involved leg in front of you while getting up.
- **DO NOT** lie on your side until instructed to do so.
- **DO NOT** sit in chairs with roller wheels
- **DO NOT** sit in a bathtub. Use a shower stall, or use a bathtub seat for safety.
- **DO NOT** spend too long at any one activity.
- **DO NOT** try and carry anything in your hands while you are walking with your walker. Use a walker bag if necessary.
- **DO NOT** try to put on your shoes, socks or stockings unless you use a long-handled reacher or sock aid, which prevents excessive bending of your hip.
- **DO NOT** pick up any objects from the floor or reach into lower cupboards or drawers unless you use a reacher.
- **DO NOT** wear high-healed shoes. Wear low or flat, closed-toe and closed heel, supportive shoes for optimum safety.
- **DO NOT** forget to keep your house free of clutter, throw rugs, and electrical cords in your walking paths. Walkers and canes require more room to maneuver than you may think.

## Commonly Asked Questions after Total Hip Replacement

**Q: How do I bandage my hip incision?**

**A:** Keep the bandage that you received in the hospital on your hip until the 5<sup>th</sup> day after surgery. If the bandage has blood on it, you may change it with fresh gauze daily. If there is active bleeding or if there is continued spotting on the bandage on the 5<sup>th</sup> day after surgery, you need to be seen in the Orthopedic clinic. Come in between 7:30 a.m. and 5:30 p.m. or call (323) 857-2731.

**Q: Should I cover my wound or leave it open to air?**

**A:** After removing your bandage on day 5, you can leave it open to air.

**Q: Should I be worried about swelling in my leg?**

**A:** Swelling is a common and normal part of healing. Rest, Ice and Elevation can help reduce swelling in your leg.

**Q: Should I be worried about numbness or tingling in my leg?**

**A:** Numbness and tingling can commonly occur due to swelling in the leg. Rest, Ice and Elevation can help reduce swelling in your leg and therefore reduce numbness and tingling.

**Q: Should I be worried about redness or bruising?**

**A:** It is normal to have some skin color changes including some redness or bruising after surgery. Keep track of the discoloration. If there is redness and it is getting bigger, then you need to be seen in the Orthopedic clinic. Come in between 7:30 a.m. and 5:30 p.m. or call 323-857-2731. Bruising will typically resolve on its own and you can discuss it with your surgeon at your first visit.

**Q: When should I expect to have a bowel movement?**

**A:** We would like for you to have had your first movement at the hospital. If not, then we would expect you to have one within 3 days of arriving home. You should have a high fiber diet and use stool softeners at home due to the strong pain medications that also cause constipation. You can try over the counter laxatives as well. If you have not had a movement by the 3<sup>rd</sup> day of being home, then please call 323-857-2731 for further instructions.

**Q: I haven't heard from Home PT (Physical Therapy) or Home Health. Who should I call?**

**A:** Call the Home Health Dept at (323) 783-4375.

**Q: My in home PT has ended. Do I need outpatient PT?**

**A:** Home PT will usually last for 2 to 3 weeks. After this, you should continue your exercises as taught to you by your home therapist. Most hip replacement patients will continue to recover on their own without more formal PT. If you or your therapist feel that you would benefit from further outpatient PT, then please address this at your first visit after surgery or by contacting your surgeon via e-mail or phone.

**Q: When can I take a shower?**

**A:** Remove your hip dressing and shower 5 days after surgery. If there is any drainage, come see us in the Orthopaedic department.

**Q: How often should I exercise and how far should I try to walk?**

**A:** Mild or moderate exercise is beneficial. Excessive exercise can be painful and possibly harmful. Your physical therapist will supply a list of exercises in the hospital for you to continue at home. If you experience increased soreness that lasts for more than two days, you may want to decrease your activity slightly until you feel ready to progress.

**Q: How long will I have to use a walker after surgery?**

**A:** Most patients will use a walker for 2 to 4 weeks. However, your therapist will help you to decide when it is safe to wean off the walker.

**Q: Should I use ice packs?**

**A:** Ice may be used to help relieve pain and reduce swelling. Apply for 15 to 20 minutes followed by 15 to 20 minutes off for a couple hours per day.

**Q: Should I put lotion on my incision?**

**A:** Not until after your first postoperative visit with your surgeon. When your incision is well healed, it is permissible to apply creams and ointments. They are not necessary for healing, but may help prevent itching and stretching sensations. Circular application of lotion over and around the healed incision will also help with the proper scar

mobilization.

**Q: How long will my hip be painful?**

**A:** The pain after hip replacement usually decreases rapidly during the first month. Sometimes there is a dull ache after long walks that may reoccur for up to 18 months. Start-up pain (pain with the first few steps after standing) is usual and may be present for as long as two years after surgery.

**Q: My pain medication is not adequately controlling my pain. What should I do?**

**A:** You have been given strong narcotic medications to help control the pain. You will not be pain-free, but our hope is that your pain is at a tolerable level. Rest, ice and elevation can also help reduce pain. If your pain is not improving with time, then please call (323) 857-2731 to discuss it further.

**Q: How do I get more pain medication?**

**A:** Most patients will be given a couple of refills for their pain medication. Simply call the pharmacy at (866) 391-2673 or visit [kp.org](http://kp.org) and go into the pharmacy section for refill requests. If you do not have a refill then please contact us at (323) 857-2731 to request a refill.

**Q: How long should I take Iron after surgery?**

**A:** We encourage you to take Iron supplements with a multi-vitamin that includes Vitamin C and Zinc for 3 months following surgery.

**Q: How long will I be off work after surgery?**

**A:** You should have been given an off-work note for 90 days. Most patients are able to return to work sooner, but this can be addressed with your surgeon on your follow-up visit.

**Q: How do I get a piece of Medical Equipment such as a raised toilet seat, shower chair, bathroom, hand rails, etc.?**

**A:** These are non-covered items that you will need to purchase. Your Clinical Health Educator will provide vendor resource information so that your equipment needs can be met. **Please see equipment catalog that has been provided for you. When ordering from the catalog, please use code: KSPR03 for a 10% Kaiser discount.**



**Q: When can I travel?**

**A:** Long distance travel should be minimal for 6 to 8 weeks during the most common time of dislocation. You should make frequent stops where you can get out and walk. You are a high risk for developing blood clots in your legs because of the surgery. Support stockings are recommended for travel to help with your circulation.

**Q: Will I set off the alarm at the airport security booth?**

**A:** On occasion it has happened. Your surgeon can give you a special card stating that you have an artificial joint.

**Q: When can I have intercourse with my partner?**

**A:** Waiting four to six weeks after surgery will allow your new hip time to begin healing. During your 1 month follow-up appointment your physician can assess the stability of your new joint and make recommendations. The partner with the new hip should assume a passive position on the bottom until flexion has returned to full strength. Sexual desire may be diminished after surgery due to the amount of energy being directed towards relearning walking skills. A woman may benefit from placing a pillow under her thighs.

**Q: How can I obtain a handicapped parking permit?**

**A:** An application can be obtained from the Department of Motor Vehicles. Your physician can assist you by completing the portion requiring his signature.

## Other Information Resources

- For information on preparing for surgery, please visit <http://www.ahrq.gov/consumer/surgery/surgery.htm>, which offers additional questions to ask your physician and surgeon about surgery.
- For information on quality of hospital care, visit Hospital Compare at <http://www.hospitalcompare.hhs.gov>. It includes information on how often hospitals provide some of the recommended care to get the best results for most patients.
- For information on the Joint Commission's Speak Up program, which includes safety tips for surgical patients and infection prevention, visit <http://www.jointcommission.org/PatientSafety/SpeakUp>
- For patient information concerning anesthesia, please visit <http://asahq.org/patientEducation.htm>
- For more information concerning surgery, visit the American College of Surgeons at [http://www.facs.org/public\\_info/ppserv.html](http://www.facs.org/public_info/ppserv.html).
- American Academy of Orthopedic Surgeons [www.aaos.org](http://www.aaos.org)
- Pico Medical: (323) 936-4104 on Pico Blvd & Crenshaw
- Apria Medical Supply: 800-900-0305

This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other health care professional. If you have persistent health problems, or if you have additional questions, please consult with your doctor.





