



Hip Replacement Surgery

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INTRODUCTION

You are scheduled to be admitted to NYU Medical Center for **hip replacement surgery**. Please read this handout, which has information that should answer most of your questions about your hospital stay and discharge. Please share this information with your family members and/or friends.

It is anticipated that you will be ready for discharge approximately **3-4** days after your surgery although this will vary depending on your individual needs. The health care team: doctors, nurses, social worker, physical and occupational therapists, will be helping you with any concerns you have about discharge.

Included in this booklet is a list of questions to help you plan for discharge. Other discharge options, including the need for transfer to acute rehabilitation or another type of rehabilitation facility may be discussed with you, if appropriate.

Bring this packet to the hospital with you, as the staff will be reviewing the information with you.

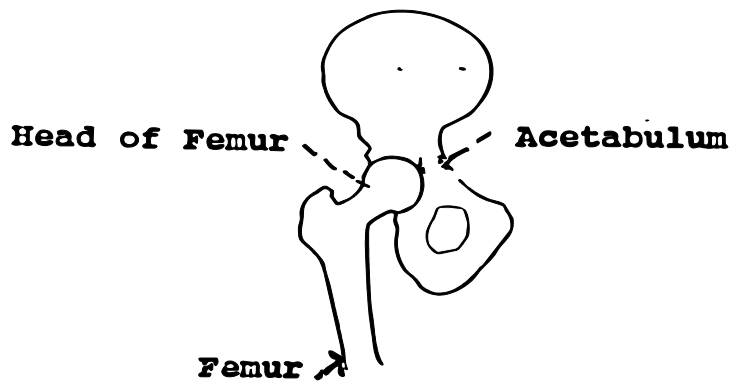


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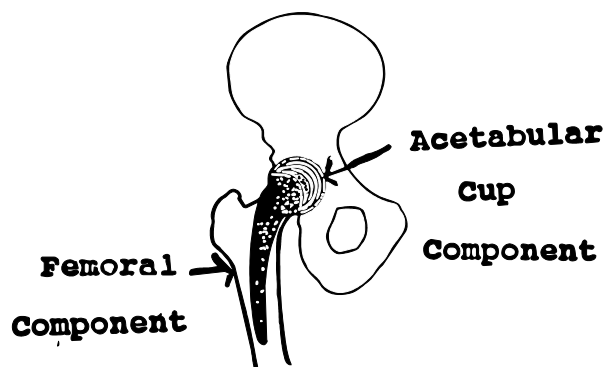
ABOUT HIP REPLACEMENT

ANATOMY OF THE HIP

The hip joint is where the head of the femur (the large upper bone of the leg) fits into the acetabulum on the pelvis. The hip joint is a “ball and socket” type joint, which allows you to move your leg in multiple directions. Below is an illustration depicting these structures.



During surgery both the head of the femur and the acetabulum are replaced with an artificial joint called a prosthesis. The top part of the femur is replaced with a metal piece that has a stem and a “ball like” section. The acetabulum is replaced by a metal and plastic component. The illustration below shows the artificial joint.





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BEFORE SURGERY

DOCTOR'S OFFICE:

You will be given a pre-admission packet in your doctor's office containing information necessary to complete the admission process. This packet includes the following forms:

- Personal and insurance information for the admitting office
- Health care proxy
- Health history that you will need to complete and bring with you to Pre-Admission Testing (PAT)

At this time you will also discuss the need for blood transfusions with your surgeon. If transfusions are needed, he/she may recommend that you donate your own blood in advance. This donation may be done the day of your PAT appointment. If this is not possible, family members or friends may be able to donate for you.

PRE-ADMISSION TESTING

During the week before surgery, you will be scheduled for several appointments in Pre-Admission Testing. During this time you will:

- Attend an educational session describing how to prepare for surgery, what to expect during your hospital stay, and discussing guidelines for discharge
- Be interviewed and assessed by a nurse practitioner or a resident from your surgeon's service.
- Meet with the anesthesiologist who will explain the type of anesthesia you will have and pain relief options after surgery.
- Have blood tests, an EKG, and any additional tests or X-rays needed.
- Sign a consent form, after it has been explained to you, giving your permission for the surgery



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MEDICATIONS AND ADDITIONAL PREPARATION FOR SURGERY

One Week Before Surgery:

- Do not take aspirin, aspirin-containing products, or medications from the class known as non-steroidal anti-inflammatory agents (NSAIDS) for one week before surgery. However, if you are taking one aspirin a day for heart, vascular or neurological reasons, check with your doctor for specific instructions.
- If you are taking Coumadin (warfarin), check with your doctor for specific instructions.
- Check with your surgeon regarding taking diuretic or diabetic medications on the day of surgery.
- Pack items you will need during your hospital stay. Bring only skid-free shoes or shoes with rubber soles, and a bathrobe to the hospital. Please do not bring any valuables, such as jewelry, cash, or credit cards.

The Night Before Surgery:

- Shower the night before or morning of surgery.
- Do not eat or drink anything after midnight the night before your surgery.

The Morning of Surgery:

- The morning of surgery, take your usual medications with a sip of water as recommended by your doctor. If you are taking diuretics (water pills) or medications for diabetes, you should get specific instructions from your doctor regarding whether or not they should be taken on the day of surgery.



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DAY OF SURGERY

You should report to the **Same Day Admission Unit, 400 East 34th Street, Elevator K, 6th Floor**, at the time specified. Here you will be admitted and final preparations for surgery will be completed.

- Before you go to the Operating Room, you will need to change into a hospital gown and remove all jewelry, including wedding ring, dentures, etc. (It is best to leave jewelry at home.)
- You may be given a sedative to help you relax.

The surgery generally takes 3-4 hours (preparation and actual surgery) and an additional 2-4 hours is spent in the Post-Anesthesia Care Unit (PACU) on the 6th floor until the effects of the anesthesia wear off. Visitors are not allowed in the PACU. From the PACU you will be transferred to a room on one of the surgical floors, where your family members and friends can visit you during posted visiting hours.

- While you are in surgery, your visitors can wait in the Same Day Admission waiting area (maximum of 2 visitors), or in the Stoler Family Waiting Area in the Tisch Hospital lobby. It is advisable for one contact person to let the surgeon's office know a phone number or location where he/she can be reached after surgery.



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WHILE IN THE HOSPITAL

The following is an overview of what to expect during your hospital stay. Your “*Patient Pathway*” is a day-by-day plan of what to expect and what you should do to assist in your recovery.

ASSESSMENT

- Initially after surgery, your blood pressure, pulse, and temperature will be taken frequently by your nurse.
- Your incision site will be inspected. Your circulation and level of comfort will be assessed. You will be assisted in changing position while maintaining **hip precautions** to help make you comfortable. Pain medications will be adjusted as needed.
- As your recovery progresses, these observations will be less frequent.

DIET

- Initially after surgery, you will not be allowed to eat or drink anything.
- You will progress to a clear liquid diet. If you tolerate liquids, you will resume the diet you followed before surgery.
- Eating a well balanced diet is important to help promote wound healing. It is important that you eat even if you do not feel like it to ensure wound healing.

COUGHING/DEEP BREATHING

- One of the most important ways you can help yourself, in addition to turning, is by doing the coughing and deep breathing exercises that your



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nurse will demonstrate, and by using the incentive spirometer or Inspiron.

- Unless otherwise instructed by your nurse, you should use the inspiron 10 times every hour while awake and do the coughing and deep breathing exercises to clear your lungs of mucus.

ACTIVITY

- Following surgery, a special pillow will be used to help maintain your legs separated and keep your hip in place (hip precautions) while in bed.
- The nursing staff will help you turn every 2-4 hours when in bed. Changing your position will help keep you comfortable and help prevent skin breakdown.
- The day after surgery, you will be helped out of bed to a chair maintaining your hip precautions.
- The day after surgery you will be evaluated by a physical therapist who will instruct you in prescribed exercises and review your hip precautions with you.
- Most patients are allowed to bear as much weight as they can tolerate on the operated leg. The Physical Therapist will teach you how to use an assistive device such as a walker or crutches to use when walking.
- Each day you will gradually increase the frequency and distance that you walk.
- You will be taught how to climb stairs.
- You will be seen twice a day for the first few days following surgery
- The occupational therapist will instruct you on how to safely perform daily activities such as dressing, personal hygiene, bathing, home



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management, and work activities using adaptive equipment, proper body mechanics, and techniques to conserve your energy.

- Your bed will be equipped with a special device called a *trapeze*. The trapeze can be used to help you get out of bed right after surgery. The nursing and physical therapy staff will give you instructions on how to use it. As your activity increases, you will be able to get out of bed without using the trapeze.

PAIN MANAGEMENT

- Your surgeon and anesthesiologist will determine the most appropriate pain relief medication for your specific needs. As your level of discomfort decreases and you are able to tolerate liquids and food, you will receive pills for pain management.
- Right after surgery, you will receive medications for pain relief in the form of intravenous or intramuscular injections. An intravenous infusion of pain medication using a method called **PCA** (Patient Controlled Analgesia) may be prescribed. This PCA allows you to push a button and give yourself a dose of pain medication if you need it. The machine is set so that you can only get a specified amount of pain medication at a given time. Sometimes this method of pain medication delivery may be given through a **spinal catheter**, which is inserted in the **epidural** space of the spine. Your nurse will instruct you on the use of the PCA machine.
- To help the staff evaluate your level of pain, you will be asked to rate your pain using a scale of 0 - 10 with 0 meaning no pain and 10 indicating the worst pain. Using this scale will help your physicians and nurses make sure that your pain is adequately controlled.
- **It is important that you do the exercises both in bed and with the physical therapist. It may be helpful to take pain medications before your physical therapy appointment or your walks on the unit.**

OTHER MEDICATIONS

You will receive:



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- Laxative medications or stool softeners for constipation.
- Medications such as aspirin or anticoagulants to minimize the possibility of blood clots.
- Iron and folic acid to prevent or decrease anemia.
- Antibiotics given intravenously for one day following surgery.
- Medications that protect your stomach lining.

PREVENTION OF DEEP VEIN THROMBOSIS (DVT)

- ◆ Your physician will order the use of a device called **antiembolic boots** that help promote blood flow in the legs and help decrease the chance of blood clots from forming.
- ◆ You may be instructed to wear special elastic stockings or anti-embolism stockings after your surgery. These special stockings will help improve circulation for the legs and minimize the risk of the formation of blood clots in your veins.
- Doing toe and ankle exercises that your nurse or physical therapist will demonstrate will also help prevent formation of blood clots.

BLADDER AND BOWEL FUNCTION

- The Foley catheter that was inserted into your bladder during surgery will be removed as soon as possible.
- After it is removed, you are encouraged to walk to the bathroom or transfer to the bedside commode. If you are unable to do this, you may use a bedpan or urinal.



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- Due to the decrease in your activity and use of pain medicine, you may experience constipation after surgery. A bowel regimen, including stool softeners and mild laxatives, will be started as soon as you are tolerating food. It is also important that you increase your fluid intake as well.

CARE OF INCISION SITE

- Your incision will be covered with a dressing that your surgeon or one of the residents will change on the third day. Afterwards, the nurse will change the dressing as needed.
- In addition, during surgery a drain may be inserted. Depending on the amount of drainage, this may be removed one or two days after surgery.
- Usually when you go home, no dressing over the incision is needed. It is very important to keep the incision clean and dry at all times.
- Before you are discharged, you should look at your incision so that you can report any changes to your physician. Look for the following:
 - Redness
 - Drainage
 - Increased temperature



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DISCHARGE INFORMATION

DISCHARGE

- Most patients are ready for discharge approximately **3** days after surgery.
- Your nurse, physical and occupational therapists, and physician will discuss specific discharge information including medications, incision care, activity instructions, equipment needs, and follow-up appointments at this time.
- Discharge time is 10:00 a.m.
- The team will evaluate the need for transfer to a rehabilitation facility for further physical and occupational therapy after discharge.
- If you are discharged home directly from Tisch Hospital, a Visiting Nurse referral will be made for the continuation of physical and occupational therapy at home to assess your safety and increase your level of independence.
- If you are going home, the physical therapist will arrange for any bathroom equipment (such as a raised toilet seat, shower chair, or grab bar) to be delivered to your home. Since reimbursement for equipment will vary depending on your insurance, the Discharge Planning Unit (DPU) will contact you regarding what your plan covers.
- Equipment that you need to safely get into your home will be delivered to the hospital on the day of discharge. Other equipment may be delivered directly to your home (such as bathroom equipment).
- You should continue to use the walker or crutches and adaptive equipment for as long as your physician or physical and occupational therapist recommends.



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RETURN VISIT TO PHYSICIAN

- When you get home, call your surgeon's office to arrange a follow-up appointment.
- Usually, you will be asked to return to see your surgeon 6 weeks after your discharge.
- At that time, your doctor will remove any stitches or staples and give you further instructions regarding increasing your activity.

BATHING

- Discuss with your physician when you can shower or tub bathe. A tub bath is not recommended because of the need to maintain hip precautions.
- You should use a shower chair and a long handled sponge to make it easier for you to maintain hip precautions. Also, it is advisable to have someone available to help you the first few times you shower.
- Drying your feet and putting on shoes before leaving the bathroom are recommended to prevent falls. In addition, the use of a rubber mat can prevent slips when getting in or out of the tub or shower.

GENERAL ACTIVITIES

- It is helpful to arrange the most commonly used objects in the kitchen, bathroom, and bedroom so that they are within easy reach.
- Determine the most efficient method of accomplishing your daily activities.
- Plan your activities so that you can do them at a moderate pace. Avoid rushing, which can contribute to falls.



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- Plan rest periods during the day.

STAIRS

- Stair climbing is permitted but should be limited to once or twice a day. Remember the adage--up with the good, down with the bad. When going up steps, your unoperated leg should go up first. When coming down steps, your operated leg should step down first.
- Use the assistive device as you were instructed by the physical therapist.

SEXUAL ACTIVITY

- No sexual activity for 6 weeks.
- Remember when you resume sexual activity that you need to maintain hip precautions ensuring that your operated leg does not pass the midline of your body, that you:
 - 1) do not bend the hip less than 90°
 - 2) do not bend forward
 - 3) you do not roll your leg so that your hip is pointing in or out.
- If you have questions, ask your physician or physical therapist.

CAR TRAVEL

- Riding in a car is permitted but for longer trips you should stop frequently so that you can stretch to decrease stiffness and swelling.
- You should not drive until your physician gives you permission (approximately 8-12 weeks).
- Remember to maintain hip precautions when getting into or out of a car as well as when seated in the car. Riding in the back seat if the car has bucket seats may be a better choice. Speak with your physical therapist regarding your options.



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HIP PRECAUTIONS

- Do not bend at the waist more than **90 degrees**.
- Do not pick anything up from the floor without using a reacher.
- When sitting, your knee should be lower than the hip.
- Do not cross your legs.
- Do not turn your operated leg inward or outward.

These guidelines are to protect your new hip from being dislocated. Your physician will discuss with you how long these precautions need to be continued after surgery.



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OTHER SPECIFIC DISCHARGE INSTRUCTIONS

PREVENTATIVE (PROPHYLACTIC) ANTIBIOTIC THERAPY

If you have had a hemiarthroplasty or total hip replacement, you will need antibiotics before certain diagnostic procedures, especially those involving the GI (gastrointestinal), the GU (genitourinary) tract or dental procedures. The antibiotics will prevent bacteria from collecting on your artificial joint.

The antibiotics are prescribed to be taken before and after any dental work or diagnostic procedure. The medication usually prescribed is a derivative of penicillin. However, if you are allergic to penicillin another drug will be prescribed.

It is very important that all doctors and dentists who treat you know that you have had a hemiarthroplasty or total hip replacement. If they have any questions, they should contact your orthopedist.

The following are the most common procedures that usually require antibiotics:

GI TRACT	GU TRACT	DENTAL
Sigmoidoscopy	Cystoscopy	Periodontal treatment
Colonoscopy	Surgery on prostate or bladder	Cleaning
Surgery on the anus or rectum	D&C	Extraction



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WHEN SHOULD I CALL THE DOCTOR?

Your physician should be notified if any of the following symptoms develop:

- Sudden increase in pain of the operated hip.
- Fever equal to or greater than 100.8° on two or more occasions during the first 1-3 weeks after surgery. For a reliable temperature reading, no aspirin, acetaminophen (Tylenol), ibuprofen, should be taken for 3-4 hours before. Hot liquids should not be taken immediately before taking your temperature.
- Signs of possible infection, such as redness, tenderness, and swelling in the operated site and surrounding area.
- Increased drainage from the incision site or drainage with a foul odor.
- Bleeding from the incision site.
- Separation of edges of the incision site.
- Sudden onset of leg or calf pain or swelling.
- **If you experience sudden onset of chest pain or shortness of breath, go to the nearest Emergency Room or call your local emergency number.**

After you have completed reading this handout, please speak to your nurse regarding any additional questions. Please remember that we would like to make your stay as comfortable as possible.



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GENERAL FACT SHEET: AFTER TOTAL HIP REPLACEMENT

The following are recommendations to be observed for **6 months** after your surgery unless otherwise specified by your doctor.

1. Do not cross your legs.
2. Keep a pillow between your legs while in bed.
3. Do not sit on low chairs. Your hips should not be lower than your knees. Put firm pillows on any low chairs to build up the height.
4. When coming up to stand, push up from non-operated leg side of the chair.
5. Do not spin and twist on your operated leg.
6. You should not put on your own shoe, sock, or stockings without the use of your long handled shoehorn.
7. Do not pick up any object off the floor (use your reacher).
8. Follow “General Tips for Orthopedic Patients.” (See next page.)



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GENERAL TIPS FOR ORTHOPEDIC PATIENTS

The following are recommendations that are to be observed for 6 months after your surgery unless otherwise specified by your physician.

- After discharge, if you have any evidence of infection, contact your physician. Signs of infections are:
 - Fever
 - Redness
 - Heat in joint
 - Persistent swelling
 - Drainage from the incision
- Do your exercises regularly. If they cause significant pain, contact your surgeon.
- Do not spin or twist on your operated leg when turning. Never pivot or twist your operated leg.
- Use your walker until your physician advises you otherwise.
- If you are using a cane, use it in the hand opposite to your operated leg.
- Go **up** stairs and curbs leading with your **strong** leg and **down** stairs and curbs leading with your **operated** leg.
- Try to get up, move around, and use your leg as much as possible.
- While you are sleeping, do not put any pillows under your knees. However, if you sleep on your side you may place a pillow between your knees.
- Check with your physician and/or therapist before doing any new activities that involves your operated leg.



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HIP REPLACEMENT HOME EXERCISE PROGRAM

Exercises are to be performed 2 times a day. Do each exercise 10 to 15 times.

NOTE: Avoid pain or fatigue.

LYING ON YOUR BACK

1. Tighten buttocks and hold for a count of 3 and release.
2. Pressing the back of your knees into the bed sheet, tighten your thigh muscle.
3. Raise your ankle up for a count of 3 and then point down for a count of 3.
4. Slide heel toward your body keeping heel in contact with bed and hold for a count of 3, then SLOWLY return your leg to starting position.

SITTING IN STRAIGHT BACK CHAIR WITH THIGH SUPPORTED

1. Starting with feet flat on floor, straighten your leg holding for a count of 3 then SLOWLY lower.
2. Same as above BUT only lift leg half way.
3. Gently turn head in a circular direction to the left and then to the right.
4. Move shoulders in a circular motion: up, back, down and forward.

STANDING ALONG SIDE OF A COUNTER TOP

1. Lift leg with knee bent BUT do not lift knee above hip level.



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WEIGHT BEARING INSTRUCTIONS

- Crutches
- Step
- Repeat

Weight may be placed on involved extremity. Crutches are placed forward. Step with the involved extremity up to the crutches. Weight is placed on the crutches and involved extremity. The uninvolved leg steps through and lands in front of the crutches.

INSTRUCTIONS FOR STAIR CLIMBING

Ascending Stairs

- Raise the non-operated leg up to the step.
- Bring the operated leg up onto the step.
- Follow with the crutches (or cane) up onto the step.
- Repeat.

Descending Stairs

- Place the crutches (or one) down onto the step.
- Lower the operated leg down onto the step.
- Step down with the non-operated leg onto the step.
- Repeat.



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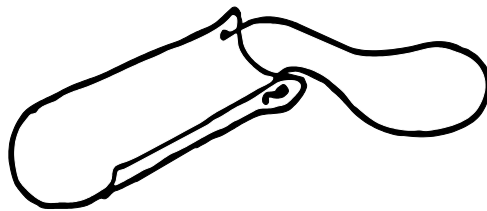
ASSISTIVE DEVICES

The following assistive devices may be recommended by your occupational therapist. These devices are designed to prevent unnecessary bending while you attempt activities of daily living. Their use is temporary until the time your physician eliminates hip precautions.

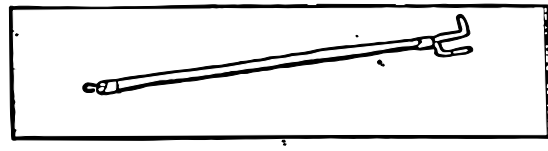
DEVICES TO HELP YOU GET DRESSED

During your recovery, you may find that putting on clothes such as stockings, trousers, underwear, shorts, or trying shoes presents a temporary problem.

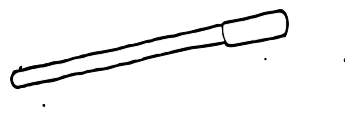
SOCK AID: To assist in putting on socks/stockings.



DRESSING STICK: To assist in putting on and/or removing lower extremity garments; stocks, and stockings.



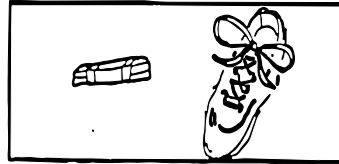
LONG SHOE HORN: To assist in putting on or taking off shoes.





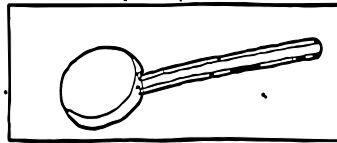
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SHOELACES: To slip foot in/out of shoe without tying/untying shoe laces.

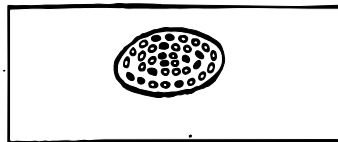


DEVICES TO HELP YOU BATHE:

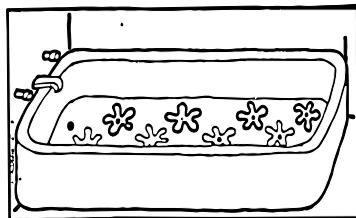
LONG HANDLED SPONGE: Used to wash back, legs, or feet. Wrap a towel around the sponge for drying.



SUCTION SOAP HOLDER



BATH MAT or STRIPS: To prevent slipping in the wet tub or shower.

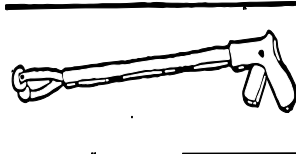




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OTHER ASSISTIVE DEVICES:

LONG HANDLED REACHER: To assist in picking up things from the floor and shelves.



Ask your doctor when you can assume regular activities without observing precautions or using assistive devices. You may wish to ask your doctor questions related to other important activities for work and leisure.



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PREPARING YOUR HOME FOR DISCHARGE

LOOK AROUND YOUR HOME

- Think about objects you frequently use which are in low spaces; for example, bottom drawers of dressers, low bins in the refrigerator, low cupboards, bottom of closets, storage area below sinks, and file cabinets.
- Are there scatter rugs?
- Are pathways clutter free?
- How is your furniture arranged -- will you be able to walk through your home easily using a walker, crutches, etc?
- What furniture do you usually sit on -- will it be too low?
- If you have sliding glass shower doors, they will need to be removed.

These areas will be discussed in more detail when you meet your occupational therapist after surgery.



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TOTAL HIP REPLACEMENT

Test Yourself

Watch the videotape on *Total Hip Replacement* on Channel 8. It is on at 8 am, 12 Noon, 4 pm and 8 pm. After watching the program, test yourself by answering the following questions:

1. What signs and symptoms should you report to the doctor?

2. What steps can you take to prevent your new hip from being dislocated?



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Answer to Question No. 1:

What signs and symptoms should you report to the doctor?

- Sudden hip pain
- Fever, redness, drainage or swelling
- Shortening of the operative leg
- Leg turning inward or outward
- Pain or tenderness around incision

In addition, call your doctor for any numbness, tingling, or decreased sensation in the operative leg.

Answer to Question No. 2:

What steps can you take to prevent your new hip from being dislocated?

- Do not bend hip more than 90° (knee should be lower than hip).
- Do not cross legs.
- Place pillow between legs when in bed.
- Shower. **Do not take tub baths.**
- Use elevated toilet seat.
- Do not run, jump, or play high impact sports.